



# Valuing the Community Voice

The Coordination and  
Integration of **Aboriginal**  
**Early Childhood**  
**Development**  
**Programs**

Prepared for the  
**BC Aboriginal Child Care Society**  
by Kathleen Jamieson

November 2005

---

**Valuing the  
Community  
Voice**

The BC Aboriginal Child Care Society is a non-profit charitable society. We are a provincial organization serving Aboriginal early childhood programs throughout British Columbia. Our mission is to Build on our Nations' past for our Children's Future

## Acknowledgements

We would like to thank the more than two hundred Aboriginal Early Childhood Development workers from across BC who participated in this BC ACCS project. We are grateful to them for sharing with us their views on integration and coordination of Aboriginal Early Childhood Development (AECD) programs as well as their knowledge and vision for the future of AECD programs and services in their communities.

Local AECD workers played a key role in organizing the four workshops in their regions and in organizing a presentation on successful AECD initiatives in their communities. We thank them for their invaluable help. These workers were: Terry Barnes, Carrier Sekani Tribal Council in Prince George; Stella Kuppenbender in Kelowna; Lexi Charlie in Duncan; Candace Robotham in Harrison. Cathy Hall ably organized the accommodation for the workshop participants. Five AECD workers from across BC made insightful comments on the draft report on the workshops. They were: Terry Barnes, Carrier Sekani Tribal Council; Joan Hunt, Gitksan Wet'suwet'en Tribal Council; Jessie Nyberg, Vernon; Candace Robotham, Seabird Island; and Grace Tait, Vancouver Aboriginal Mothers' Centre.

In the workshops, at least one local representative from the Ministry of Children and Family Development (MCFD) joined in the activities and listened to the information being shared by AECD workers. Dena Carroll of MCFD in Victoria was particularly supportive. Marilyn Ota of the Coastal Region Aboriginal Authority kindly assisted with organizing the venue for the Vancouver focus group.

Participants enjoyed the many creative and skillful ways in which the three workshop facilitators, Trevor Hogg, June Rich, and Harold Tarbell engaged them in identifying and discussing integration of services and the strengths and challenges they find in providing AECD in their communities. Thank you all.

Karen Isaac of BC Aboriginal Childcare Society (ACCS) was instrumental in securing the funding and oversaw every stage of the project. Lisa Faingold of BC ACCS helped to facilitate the workshops and also assisted with planning and communication, among other essential tasks. Lynda McMillen of ACCS ensured smooth and timely communication among all those involved in organizing the workshops.

We thank the BC Minister of Children and Family Development for kindly providing the funding for this project and for everyone's patience in awaiting the results.

The late Dr Martin Spigelman, a long time consultant for the BC Childcare Society, was responsible for the concept and initial development of the project. He was a fine researcher and a person of great integrity who is missed by all those who knew him.

**Song introducing a new child to the cosmos\***

*Ho! Sun, Moon, Stars, all you that move in the heavens,  
I bid you hear me!  
Into your midst has come a new life.  
Consent, I implore you!  
Make its path smooth, that it may reach the brow of the first hill!*

*Ho! Winds, Clouds, Rain, Mist, all you that move in the air,  
I bid you hear me!  
Into your midst has come a new life.  
Consent, I implore you!  
Make its path smooth that it may reach the brow of the second hill!*

*Ho! Hills, Valleys, Rivers, Lakes, Trees, Grasses, all you of the earth,  
I bid you hear me!  
Into your midst has come a new life.  
Consent, I implore you!  
Make its path smooth that it may reach the brow of third hill!*

*Ho! Birds, great and small, that fly in the air,  
Ho! Animals great and small that dwell in the forest,  
Ho! Insects that creep among the grasses and burrow in the ground  
I bid you hear me!  
Into your midst has come a new life.  
Consent, I implore you!  
Make its path smooth that it may reach the brow of the fourth hill!*

*Ho! All of the heavens, all of the air, all of the earth:  
I bid you hear me!  
Into your midst has come a new life.  
Consent, I implore you!  
Make its path smooth - then shall it travel beyond the four hills!*

\* Omaha song in Fitzgerald, Judith, and Fitzgerald, Michael O. (Eds.),  
*The Spirit of Indian Women*. Bloomington, Indiana: World Wisdom, Inc. 2005

## Table of Contents

Acknowledgements .....	i
Executive Summary .....	v
<b>Part I</b>	
Introduction .....	1
1.1 Purpose of Part I .....	1
1.2 Organization of Part I .....	2
2.0 The Regional Workshops .....	3
2.1 Values .....	3
2.2 Vision for AECD .....	3
2.3 Principles to Guide Action for Change .....	4
2.4 Barriers to Action .....	6
2.5 Perspectives on Integration and Coordination .....	7
2.6 Concerns about Social and Economic conditions .....	8
2.7 Goals for Action .....	9
2.8 Next Steps .....	10
2.9 Measuring results .....	12
3. Recommendations from the Workshops .....	13
4. Vancouver Voices .....	13
4.1 Values .....	13
4.2 Vision for AECD .....	14
4.3 Changes Needed .....	14
4.5 Next Steps .....	15
5. Vancouver Recommendations .....	15
6. BC ACCS .....	15
6.1 Response to Draft Paper .....	15
6.2 Recommendations .....	16
7. Conclusions .....	18
<b>Part 2</b>	
Introduction .....	20
1.1 Purpose of paper .....	20
1.2 Scope of paper .....	20
2. Overview of Recent Policy Changes in ECD .....	21
2.1 Federal/provincial/territorial Agreements on ECD .....	21
2.2 Integration of Federal Government programs .....	22
2.3 BC government AECD policies .....	22
2.4 ECD policies of First Nations and Aboriginal organizations in BC .....	25
2.5 Tracking Government AECD Spending .....	26
3. Different Understandings of AECD .....	26
3.1 Inherent Rights and Taking a Holistic Approach .....	26
3.2 The Social and Economic Environment for Implementation of Aboriginal ECD .....	27
4. Models and Planning Approaches for Integration .....	29
4.1 The Community Development Planning Process in Action .....	29
4.2 Lessons Learned about Community planning for AECD .....	31
4.3 Maori Community Development Planning Principles .....	33
5. Making Recommendations for Change .....	33
5.1 OECD Recommendations for change .....	33
5.2 National Aboriginal Organizations' Recommendations .....	34
6. Building on the 2003 Aboriginal Leadership Forum on ECD .....	34
7. Discussion and Conclusions .....	35
8. Appendices .....	37

**Valuing the  
Community  
Voice**

## Executive Summary

### Purpose of the Project

The main purpose of the project described in this report is to ensure that in the ongoing federal and provincial restructuring of Aboriginal Early Development Childhood<sup>1</sup> (AECD) programs and services, the voices of front-line AECD workers in BC have the opportunity to be heard<sup>2</sup>. AECD workers are uniquely qualified to advise on what works and what does not work in AECD programs in their communities. They have much to contribute yet they are seldom invited to participate in any government consultation or advisory process about AECD. The project described here was designed to set the stage for this necessary dialogue with government to begin and for their vision and voices to be heard.

The objective of the project was not to focus on the substandard living conditions and lesser life prospects of many Aboriginal people and children. These conditions are already well publicized though little change appears to result. Rather the intent of the project is to focus on AECD as prevention and on what needs to change in current AECD programs and in living conditions to improve the life chances of Aboriginal children and to give new hope to many Aboriginal families and communities.

### Approach and Organization of the Report

This report is in two parts:

Part 1 of this report, the *Voices of Front-line AECD Workers in BC*, consists of: 1) A composite of the rich information and the recommendations for change provided in four regional workshops by AECD frontline workers who came from reserves, smaller towns and rural areas in BC; this information was supplemented by comments by five regional AECD workers on the draft report. 2) Information provided

by AECD workers in the Vancouver area in a focus group and in interviews 3) Recommendations and comments on the draft report by BC ACCS staff members based in part on their experience of participation in other “integration and consultation” processes on AECD.

Part 2 of this report, *Communities Working together for a Common Goal: Integration and Coordination of AECD Programs*, is a slightly updated version of a background paper prepared in March 2005 for the regional workshop. The paper provides the policy context for Part 1. It includes an overview and some analysis of AECD government policies and the current drive to integration and coordination of AECD programs as well as some brief demographic information and other statistics. This information points to the overwhelming need for new, more effective AECD programs also to the need for programs to address the inequalities within and between Aboriginal communities in BC that are noted in some recent studies.

The two reports complement each other but can be read separately.

### The Regional Workshops

Four regional two-day workshops, a focus group and interviews in Vancouver were conducted between April and September of 2005. The workshop process and questions modeled a community development planning approach that was designed to demonstrate the process at the same time as it provided the opportunity for AECD workers to learn more about proposed program changes, to discuss the issues and to share their experience and knowledge with each other. This participants then developed recommendations for change grounded in their first hand experience of what works and does not work in their communities. The premise underlying the whole approach was that community development planning

---

<sup>1</sup> While the vast majority of the participants in this project were Aboriginal some of the AECD workers involved were not Aboriginal.

<sup>2</sup> [http://socialunion.gc.ca/news/2004/newsrelease2004\\_e.html](http://socialunion.gc.ca/news/2004/newsrelease2004_e.html)

<sup>3</sup> [www.polity.orgza/html/govdocs/white\\_papers/social97gloss.html](http://www.polity.orgza/html/govdocs/white_papers/social97gloss.html)

## Valuing the Community Voice

was an essential prerequisite for community-owned, appropriate and effective programs.

### Vancouver

In contrast to the wealth of information provided in the regional workshops, the information on AECD in Vancouver, collected through a focus group and interviews, is unfortunately rather brief. This information provides a small window into the major problems and lack of resources that so many large and small urban Aboriginal children and families and the Aboriginal agencies that support them described. The participants in this part of the process believed that the attention of governments and Aboriginal leaders in BC is focused on the on-reserve population and that their needs are largely ignored. In this context, coordination and integration of government programs seemed largely irrelevant.

### Approach

The overall intent in Part 1 of this report, *Voices of Aboriginal Early Childhood Development Workers*, is not to distract with analysis, statistics or footnotes but to give full voice to, and concentrate attention on, the very rich information that the participants in the project shared with us. The information provided here reflects and is a record, mostly in the words of the participants, of what was said during the workshops, focus group and interviews. However, to avoid repetition, a decision was made to create a composite of the information provided on each question asked in the four workshops. Some recurring themes are identified but the real value of this information lies in that it is unfiltered and is as true as possible to all that was said.

### New Funding for ECD and AECD and the Government Agreements

The current drive by governments to integration and coordination of AECD programs followed on formal agreements on ECD signed between 2000 and 2005

by the federal, provincial and territorial governments and the allocation of more substantial amounts of ECD funding than ever before.

Under: 1) the 2000 *Early Childhood Development Agreement* signed by the federal, territorial and provincial governments (except Quebec), \$3.2 billion was allocated by the federal government for transfer between 2001 and 2008 to provinces and territories to deliver early childhood development programs and services; 2) the 2002 *Federal Strategy for Early Childhood Development for First Nations and Other Aboriginal Children*, additional funding of \$320 million over five years was provided in recognition of the urgent need to eliminate the gap between the “life chances” of Aboriginal and non Aboriginal children; 3) the 2003 *Multilateral Framework on Early Learning and Childcare* another \$1.05 billion was allocated for five years for all Canadian children<sup>3</sup>. This 2003 funding is made available only after each province has separately negotiated and signed a new bilateral agreement on *Early Learning and Child Care* (ELCC) with the federal government. BC signed on in September 2005.

Additional smaller amounts of funding have been allocated in recent federal budgets for on-reserve preschool children. These funding commitments are a tangible recognition by governments of the critical importance of the preschool years in the development of a child and the man or women that that child becomes - something that many experts in the childcare/ child development field have been asserting for the last three or more decades.

### What do ECD and ELCC mean?

Although academic researchers propose various and evolving definitions of Early Childhood Development and Early Learning and Childcare, etc., it is the government *Agreements* that define the key areas that ECD and ELCC currently encompass for funding

purposes. They define, in effect, what the terms mean for governments and those seeking government support (Aboriginal people among others) for ECD at any given point in time. The Aboriginal participants in this project, however, provide a different view of what AECD should encompass.

A useful international definition of ECD is: “Early childhood development (ECD) is an umbrella term which applies to the processes by which children from birth to nine years grow and thrive, physically, mentally, emotionally, morally and socially. ECD programmes include a wide range of services directed at helping families and communities to meet the needs of children in this age group.<sup>4</sup>” In Canada the age range for inclusion in ECD programs tends to be from conception to less than six years of age.

## **Workshop Participants’ Vision for AECD**

Participants were asked to dream a little and to share their dream or vision of a perfectly functioning AECD program (s) in their communities.

Their shared vision:

### **Programs:**

- Programs are universal, inclusive and accessible to all. There is zero racism.
- Programs and services are owned by the community. We are self-governing nations and we know what we need
- Programs are holistic
- Policy development starts from the elders, the family, and the grass roots.
- Elders share their knowledge and traditional healing practices and we use the medicine wheel
- We are ensuring a healthy environment for future generations.

### **Working Environment:**

- We look after AECD workers and workers are paid what they are worth
- Workers have many great professional development opportunities
- ECE/ECD training is provided for staff in their communities
- We work with expecting parents
- Front line staff work with “using” [alcohol or drugs] mothers, and are able to go to where they are to provide support
- We teach parenting and ECD principles in school to fill the gap of lack of role models
- We are developing a system to address and facilitate volunteerism
- We have an Aboriginal curriculum

### **Health and Well-being:**

- There are few teen pregnancies
- We have accessible, healthy, quality housing
- We have access to TeleHealth in all communities
- We have access to early intervention therapies for children such as speech, physical and occupational therapies.
- We have a children’s centre/ hospital in a northern city or in a First Nations community with an FASD clinic
- Every community regardless of size has a holistic family resource/gathering place
- Parents are seen as the most important teachers and parents know how to parent
- Everyone has self respect and self esteem

### **Government:**

- Allocation funding formulas for AECD must not exclude smaller, isolated communities or urban communities
- We have a strategy of reclaiming/ undoing the effects of interaction with non-Aboriginal governments.

---

<sup>4</sup> <http://www12.statcan.ca/english/profil01aps/highlights.cfm>

## Themes

One underlying theme that emerges clearly here and was echoed throughout all the workshop discussions is that community ownership of program design and service delivery is fundamental to the participants' vision. It was also clear from early on in the workshops that ECD in an Aboriginal context includes the spiritual, physical and emotional health of children, their families and the community and the understanding that all of these are inextricably linked to each other.

A further emerging theme was that for children to thrive in healthy communities, communities had to be guided by traditional Aboriginal ways but also be able to take advantage of modern technologies.

Another theme that was elaborated on throughout the workshops was that the AECD workers on reserve believed that ECD / ELCC was not well understood in their communities and that they were not adequately compensated for their work.

## Recommendations

Recommendations were developed 1) in the regional workshops 2) in the Vancouver focus group, and 3) by ACCS based on their somewhat different vantage points on AECD. These are presented separately below:

### I. Recommendations from the Regional Workshops

#### For Governments

- Listen to us – value the community voice
- Develop an Aboriginal Regional Task force that taps into existing tables
- Establish a non governmental agency, community-based with representatives from on and off reserve as the central structure through which AECD funding flows
- Address the needs of have-not communities to ensure equal access to all ECD programs and services
- Ensure AECD programs, services and practice are holistic and child, family and community-oriented
- Emphasize the requirement for programs to share/teach Aboriginal languages and to be responsive to Aboriginal cultural diversity
- Emphasize sustainable programs (5 years or more)
- Establish University/college extension programs for the delivery of AECD training for Aboriginal people in their communities
- Identify and integrate relevant life experience into qualifications for Aboriginal ECD work
- Develop measures to emphasize support for Aboriginal single mothers in access to ECD
- Seek, develop and implement ways to ensure job security
- Develop processes for supporting AECD workers' scope of work
- Develop measures to provide AECD workers with a living wage that also reflects the value of their work
- Develop and implement incentives program that will assist in training, recruitment and retention of AECD workers
- Develop measures to ensure equity in resources and programs for small, isolated communities
- Develop measures to ensure equity in resources and programs for urban communities
- Develop methods to ensure that elders are involved in ECD programs
- Advocate for increased accessibility of parents to ECD programs and the elimination/reduction of “hoops”.
- Provide computers and network access to all communities so that they can readily take distance education
- Involve “grass roots” people in decision making
- Ensure more hands-on approach by people in charge
- Monitor the follow-through of recommendations
- Put a communication plan and a network in place involving all parties, e.g. band councils, senior management, government.

### **For BC ACCS**

- Provide a short version of the workshop report that representatives can present to their stakeholders that includes the policy history and the recommendations
- Develop a teaching tool: What is AECD?
- Provide communities with an updated list of funders
- Provide more skill development workshops about three or four times a year
- For other organizations and agencies :
- Put ECD issues first
- Advocate for increased accessibility of parents to ECD programs and the elimination/reduction of bureaucratic “hoops”

## **2. Vancouver Group Recommendations**

- Develop a strategic plan for addressing the needs of Vancouver’s Aboriginal families that includes all programs serving Aboriginal families, frontline workers and organizations that have contact with families and MCFD
- ACCS, take a lead by helping to establish a Vancouver AECD planning committee table in early October
- Use the many existing reviews and planning documents in the Vancouver region that can support a strategic planning process
- Provide long term funding (not short term pilot projects) for programs that will allow for consistent services to children and families, some flexibility to address gaps, and planning for the future
- In Vancouver, review the Fraser region Aboriginal Supported Child Development Program (SCDP) approach that has been quite successful in reducing numbers of Aboriginal children taken into care
- Provide substantially more help of all kinds for under-serviced special needs children and for special needs parents
- Re-instate the “one-step” access program for the child care subsidy
- Change the qualifications for the subsidy. The

threshold for child care subsidies needs to be raised substantially

- Engage in more advocacy
- Develop a common voice for AECD in Vancouver
- Increase Wages for AECD workers. The wages are very low and need to be increased
- Increase childcare spaces in Vancouver. The only Aboriginal-operated nonprofit agency in Vancouver that provides childcare for Aboriginal childcare has a long waiting list. There is a need for an increase in child care spaces and particularly for spaces for children under three years of age
- Enhance programs that offer support for food-safe, child-safe services

## **3. ACCS Recommendations**

BC ACCS staff prepared the following recommendations and response to the draft “Voices” report:

### **Response to Draft Report**

Bringing the voices of front line Aboriginal ECEC workers to Aboriginal and Government Leaders and Decision-Makers, through the “Voices” project, has taken us another important step down the road towards our mutual goals for Aboriginal children and their families. The Aboriginal Child Care Society remains committed to continuing to collaborate with Aboriginal communities and Government as we travel on parallel paths towards those mutual goals.

It is recognized that this set of recommendations may be silent on some important aspects of integration. It will be left to other consultation, dialogue and community engagement efforts - including further, more in-depth consultation with front line Aboriginal ECEC workers - to identify the missing pieces of the puzzle and the ways that the pieces may fit together to create a holistic, comprehensive, integrated service delivery system. That said, the report and recommendations are intended to advise the two layers of Government as to how Federal Departments

## Valuing the Community Voice

and Provincial Ministries can organize themselves, and how the various Federal and Provincial Government Departments and Ministries should work with Aboriginal communities, to support the effective and efficient integration of culturally responsive programs, services and funding streams.

### Stakeholder Targeted Recommendations:

#### For Government and Aboriginal Leaders and Decision-makers

- Planning – Support planning at all levels, within Government and Aboriginal communities, organizations, and between Government and Aboriginal communities
- Support capacity building within Aboriginal communities and organizations for the purpose of ensuring effective Aboriginal participation in planning, policy development and the development of integrated services; Develop structures and processes for “evidence-based” planning and increased communication, coordination, collaboration, consolidation and integration, including the development of a “single window” for Aboriginal early childhood development;
- Support the creation of an Aboriginal ECEC Secretariat as an Aboriginal initiative that is arm’s length from Government, the scope and governance structure to be determined through further, more in-depth consultation and dialogue with Aboriginal Leaders, communities and service providers from rural, remote and urban on-reserve and off-reserve communities; as part of the dialogue on the Secretariat, explore support for establishing the Secretariat as the central structure through which Aboriginal ECEC funding flows from Government funding streams to Aboriginal programs and services;
- Create Aboriginal Regional “Task Force” structures that link with relevant, existing policy tables;
- Ensure the participation of “have-not” communities, i.e., small, rural, remote, northern and coastal communities in dialogue, consultation, planning and development processes to ensure that their unique needs are recognized and accommodated;
- Develop mechanisms to involve parents, family members and “grass roots” community members in planning and decision-making;
- Provide resources for the design and implementation of “Knowledge Translation (KT)” strategies to support the lateral transfer of knowledge amongst Aboriginal communities and Aboriginal “best/promising practices”, and to elevate the profile of research and consultation findings within public policy-making processes to ensure that Aboriginal knowledge and the findings of all research, consultation and community engagement initiatives reach the appropriate decision-makers and are translated into action plans leading to improved outcomes for children and their families;
- Support the development of reasonable, effective and efficient reporting and accountability requirements to reduce the burdens on families, communities and service providers while also ensuring that the evidence needed to support requests for additional funding for programs and services can be provided, and Government funding authorities have the information / data they require for accountability and planning;

#### For ACCS

- Provide a short, summarized version of the workshop and consultation reports that representatives can present to their stakeholders, including background information on the policy initiatives and the recommendations that are being made;
- Conduct a review of relevant literature to identify the factors that support or detract from optimal child development and Aboriginal “best practices”;
- Work with communities and service providers to design Aboriginal-specific “Knowledge Translation (KT)” strategies to support the lateral transfer of knowledge amongst Aboriginal communities and

Aboriginal “best/promising practices” and to elevate the profile of research and consultation findings within public policy-making processes to ensure that Aboriginal knowledge and the findings of all research, consultation and community engagement initiatives reach the appropriate decision-makers and are translated into action plans leading to improved outcomes for children and their families.

### **For Educators / Education and Training Programs and Institutions**

- As the entities responsible for human resource development in Aboriginal ECEC through the preparation (i.e., education and training of the Aboriginal ECEC labour force):
- Support the establishment of university/college extension programs for the on-site delivery of ECD training for Aboriginal people in their communities;
- Support Aboriginal human resource development by helping communities to identify and integrate relevant life experiences into the qualifications for Aboriginal ECD personnel and mechanisms to ensure quality care;
- Ensure that human resource qualifications for Aboriginal ECD are not limited to mainstream/western post-secondary education and training by supporting the identification and validation of traditional Aboriginal cultural knowledge and life experiences within post-secondary education systems;

### **For Parents / Extended Family Caregivers**

- As the ones with primary responsibility for the survival, health, development and well-being of Aboriginal children, and the consumers of ECEC programs and services:
- Become knowledgeable about the importance of healthy early childhood development;
- Engage in parenting/care-giving practices that support the healthy development of your children;
- Support community-based ECEC programs and services, and volunteer your time and energy to the greatest degree possible; Insist on quality programs and services for your children;

- Value ECEC service providers as important educators and caregivers of your children, and support a “living wage” and healthy terms of employment and workplaces.

### **For Elders**

- As cultural educators and supporters of healthy child development in communities:
- Become involved with ECEC programs and services and share your knowledge about culture-based Aboriginal child development and parenting with parents, caregivers and service providers.

### **For Community Leaders and Members**

As supporters of healthy child development in Aboriginal communities:

- Become knowledgeable about the importance of healthy early childhood development;
- Support community-based ECEC programs and services, and volunteer your time and energy to the greatest degree possible;
- Insist on universal access and quality programs and services for the children of your community.

## **Conclusions**

Most of the front-line AECD workers that participated in this project were not aware, prior to the BC ACCS workshops, of the drive by government to integration and coordination of AECD programs. However, in the discussions in the regional workshops, the majority of the participants indicated that they supported such an approach by governments if it did indeed lead to some improvements in the patchwork of programs and services that currently exist for pre-school Aboriginal children and families in BC. It was also very clear from all of the discussion that government AECD programs however they were reconfigured would still be a long way from the holistic vision for improving the life chances of Aboriginal children and for supporting their families that AECD workers described and that is recorded in this report.

## Valuing the Community Voice

The AECD workers who participated in this project had a strong, clear and optimistic vision of what can be done to improve AECD in the future. However, they said, they currently lack many of the basic resources they need to do their job and also often lack sufficient support in their communities for their work. They noted that there often little understanding of AECD among the influential members of their communities who could be a force for needed change. They said that their skills and experience are not sufficiently valued, that they are poorly paid, have few prospects for promotion and little or no job security.

They are of the opinion that if meaningful change is to occur, governments must strive for long term program planning that will enable Aboriginal communities to plan ahead instead of having to limp

from one short term project to the next. They also said that to be truly effective and valued, AECD programs must be designed and operated by Aboriginal people and that programs must be culturally appropriate and flexible enough to reflect the many different needs of, and differences between, their communities.

This report is a blend of many voices that speak as one voice. There is a great deal of consensus on what needs to be done. It is also clear, however, that inequalities exist between and within Aboriginal communities in BC that also impact on the overall wellbeing of young children and their families. These differences need to be explored further and better understood so that program changes are tailored to address different communities' strengths and needs.

## Part I

# Voices of Frontline Aboriginal ECD Workers

*“Listen to us. Value the community Voice.”*

(Comment by workshop participant)

## I. Overview

### I.1 The Community Development Planning Approach

This part of our two-part report brings together the wealth of information provided by BC Aboriginal frontline Early Childhood Development (AECD) workers about AECD programs and services and their working conditions in their communities. The intention is not to summarize or interpret but as far as possible to give free voice to the rich information that the participants wanted to share.

The information provided reflects three different processes: 1) Four regional workshops that modeled a community development planning approach; 2) A focus group and interviews with AECD workers and managers in Vancouver, and 3) An iterative response from BC ACCS and five regional AECD reviewers to a draft of Part 1, “Voices”.

About one quarter (39,540) of the Aboriginal population in BC (170,025) lives in Vancouver according to the 2001 Census<sup>5</sup>. This population tends to be quite diverse and includes many Aboriginal people from across Canada. The different methods used to hear their voices, a focus group and interviews, were meant to allow for this greater diversity and for the different experience of living in a large city such as Vancouver as well as for the different funding available off reserve. However, much more

time and resources need to be devoted to the Vancouver and urban experience in general than was possible in this project.

The four regional workshops were held in Prince George, Kelowna, Duncan and Harrison between April and June 2005. About 80 Aboriginal front-line ECD workers from on and off reserve communities across BC attended for one and one half-days.

The workshops were planned to facilitate the sharing of information about AECD policy changes and, in particular, information about governments’ current drive to coordination and integration of AECD programs, to record what the participants had to say about AECD, and to provide professional development and networking opportunities. The background paper (Part 2 here) was sent out to participants before the workshops to provide a common starting point for the discussion. It provided information on AECD policy change, the federal emphasis on the integration of programs and services, some information on current Aboriginal conditions in BC and an overview of the principles of community development planning.

The workshop participants were encouraged to review and build on the report of the 2003 Aboriginal Leadership Forum on Early Childhood Development, *Many Voices, Common Cause*. That two-day forum in Vancouver brought together 200 Aboriginal leaders, senior federal and provincial Ministers, senior

---

<sup>5</sup> <http://www12.statcan.ca/english/profil01aps/highlights.cfm>

## Valuing the Community Voice

government representatives and as well as ECD workers. Its focus was on building leadership and community awareness.

The approach to information sharing in the workshops started with asset mapping exercises on day one. The second all-day workshop, the basis for the information provided in this report, moved through six community planning questions and included: envisioning a perfectly functioning ECD for BC Aboriginal communities; articulating the values underlying this vision; an exploration of the participants' concerns and current conditions; barriers to change in their communities; goal setting for action; defining what would indicate that change was occurring and making recommendations for governments and others for advancing the goals of AECD through better coordination and integration.

It is important to note here that over the past decade, as a solution to dealing with a frustrating patchwork of government services, some Aboriginal communities in BC have learned to navigate among the various government programs and have independently integrated ECD services within their communities, usually as part of broader community planning process. An informal presentation based on first hand experience of some of these efforts was made in each workshop.

### 1.2 Organization of Part I

The organization of Part 1 of this report is based on the six main questions that were addressed in the workshop and in the focus groups:

1. What is your dream or vision for AECD?
2. What are the values that underlie your hopes and dreams for AECD?
3. What are the current realities and the barriers to implementing this dream?
4. What are the principles that must underlie any action or recommendations for change
5. What immediate actions can be taken to address these and how can we know that they are working?

6. What recommendations for change do you want to make to governments and others in positions of power or influence?

Time constraints meant that the questions were not always addressed fully in all the workshops or focus groups. In retrospect, it is clear that the agenda for the workshops attempted to provide an overview of the community development planning process in rather too short a time. Nevertheless, the vast majority of the evaluations completed by participants at the end of the second day, rated the various components of the workshops as "very good" or "excellent". Within two weeks one participant advised BC ACCS that she had been able to put to use in her small community some of the new techniques she learned in the workshop.

A few participants were already familiar with community development planning but only two or three front line Aboriginal participants said that they were involved in a consultation process with provincial or federal government agencies.

Whether participants came from on or off reserve communities, the north or the south, small isolated communities or urban communities there was remarkable agreement on what AECD should be concerned with, the main community issues affecting AECD, and on what needs to happen to "improve the life chances" of today's Aboriginal young children wherever they live. Some recurring themes emerged but within each workshop a few issues seemed to reflect different degrees of concern by people from different communities. For the most part the words used here are those used by the participants.

The information in this report is a snapshot taken at one point in time. To obtain an in-depth understanding of regional or individual communities' priorities, intensive follow-up work is required.

## 2. The Regional Worksops

### 2.1 Values

Following community development planning practice, the workshop program started with a brainstorming session about values. Participants were asked to describe the values that underlie their approach to AECD. Their responses were many and both detailed and diverse. The values they shared and most emphasized were:

- Trust, sharing, commitment, accountability, honesty and respect for all
- Wisdom, knowledge and education
- A holistic approach, wellness, spirituality
- Children, Youth, Elders, Family, Community
- Prevention
- Natural resources and the environment
- Economic development
- Connectedness to nature, to each other, to the past and future generations
- Culture, languages and tradition

### 2.2 Participants' Vision for AECD

Participants were asked to share their dream or vision of a perfectly functioning AECD program (s) in their communities.

The shared vision:

- Programs are universal, inclusive, accessible to all
- Programs and services are owned by the community – “we are self governing nations and we know what we need”
- Programs are holistic
- We are ensuring healthy environment for future generations
- Allocation funding formulas for AECD do not exclude smaller, isolated communities
- Policy development starts from elders, the family, the grassroots
- There is community involvement and respect for cultural ways
- Elders share their knowledge and traditional healing

- practices, and we use the Medicine wheel
- There is zero racism and we are all inclusive
- We look after AECD workers and workers are paid what they are worth
- Workers have many great professional development opportunities
- ECE/ECD training is provided for staff in their communities
- Workers are trained using an Aboriginal curriculum
- Workers are trained and have certificates for Infant Development Programs
- We work with expecting parents
- There are few teen pregnancies
- We have accessible, healthy, quality housing
- We have access to TeleHealth in all communities
- We have access to early intervention therapies for children (speech, physical, occupational therapies, etc.)
- We have a children's centre/ hospital in a northern city or in a First Nations community with an FASD clinic
- Every community regardless of size has a holistic family resource/gathering place
- Parents are seen as the most important teachers and parents know how to parent
- Everyone has self respect and self esteem
- Front line staff work with “using” [alcohol or drugs] mothers, going to them to provide support
- We teach parenting and ECD principles in school to fill the gap of lack of role models
- We are developing a system to address and facilitate volunteerism
- We have a strategy of reclaiming/ undoing the effects of interaction with non- Aboriginal governments
- We have an Aboriginal curriculum

### Themes

One underlying theme that emerges clearly here and was echoed throughout all the workshop discussions is that Aboriginal control of program design and service delivery is fundamental to the vision. It was also clear from early on in the workshops that ECD in an Aboriginal context encompasses much more than

## Valuing the Community Voice

mainstream ECD programs emphasize and cannot be separated from the spiritual, physical and emotional health of the children and their family and community or from the maintenance of their culture and community ownership of programs and services.

A further theme was that for children to thrive in healthy communities, communities had to be guided by traditional Aboriginal ways while also taking advantage of modern technology.

Effective ways to address alcohol abuse and its effects as well as huge improvements in the social and economic conditions in which the children and families live were seen as crucial.

Another theme that began to emerge early on and was later elaborated on during the workshops was that the workers on reserve did not feel that ECD was sufficiently understood or respected in their communities and that they were not adequately compensated for their work.

### 2.3 Principles to Guide Action for Change

*“We must go back to our traditional teachings that integrate healthy communities in a holistic, traditional, cultural way. By doing this everyone will be supported to reach their full potential and live a balanced healthy life.”*

Comment by workshop participant.

Participants were asked: What should be the principles that guide integration of AECD, actions for change and recommendations made to governments?

The principles that participants described are ordered here into eight different categories on which there was a good deal of consensus. The emphasis or order of priority given here, however, is somewhat arbitrary and in fact might differ between and within communities.

#### Children

- Children are our priority. Services are child and family centred.
- Every child has a gift. We build on the unique gifts and needs of every child and no child is left behind.
- Services are accountable to children
- Programs for children and families are high quality

#### AECD Workers

- ECD training for people is available in their own communities
- Staff are encouraged to seek training opportunities
- ECD staff attend regular recognized professional development and resources are there to support them
- Flexible job requirements for ECD value relevant life experience as much as academic background
- ECD workers' scope of work/ job descriptions is respected
- Wages are commensurate with the importance of the work - It is a living wage with adequate and sustainable funding. Wages are related to the specific demands of the position and comparable with social workers', or other educators.
- Encouragement exists for staff training opportunities
- There is job security

#### Leadership

- Leadership takes a stand on ECD and prevention
- A First Nation/Aboriginal ECD strategy is in place
- Long term planning is in place
- There is a focus on retention of staff in community and on their education
- We are self-governing and we know what we need

#### Programs

- Community elected (rather than government appointed) Aboriginal representatives sit on boards and committees that serve Aboriginal people
- Services and agencies communicate, are linked, accessible and available to all
- ECD program funding flows directly to FN / aboriginal communities (not through e.g. MCFD)
- Communities know best and have the inherent right

to establish and monitor services for children and families

- All Aboriginal communities in BC have access to the ECD services of their choice
- The individuality of each aboriginal community/ family is respected
- Funding is available from one place (one stop shopping)
- Services and agencies communicate, are linked, accessible and available to all
- Small, isolated communities and urban communities have equal services
- Programs have adequate and sustainable funding for services and administration
- Funding is equally disbursed
- Honour what is presently working (if it ain't broke don't fix it)
- Programs and services are community owned and community driven
- Equality exists in the disbursement of funding
- There is accountability and transparency in everything
- Programs are high quality
- Funders recognize that programs need to be flexible to meet community needs, rather than government's need for uniformity
- Evaluation tools exist to measure impact of programs and staff have adequate time to evaluate their programs
- All levels of government have an understanding of ECD
- Programs are sustainable and funded for at least 5 years
- Communities are consulted before dollars are sent
- Preventative services are funded
- Consultation is meaningful not token
- Respect exists for the individuality of each aboriginal community/ family
- Funders recognize that programs need to be flexible to meet community needs, rather than governments' need for uniformity

### **Culture/ language**

- Programs and services reflect sharing and the teaching of Aboriginal languages and are responsive to Aboriginal cultural diversity
- Languages are preserved, promoted, and used daily, including
  - in official documents
- All policies and procedures are grounded in culture and language
- Traditional teachings of each community are brought back
- The curriculum reflects Aboriginal values
- Teachings include traditional language and culture and make use of emerging knowledge, research and technologies

### **Single mothers**

- Support for single mothers is of central importance

### **Parents**

- Parents are the child's most important teachers
- There is increased accessibility for all parents and children and the elimination of the hoops that parents must go through (e.g. in obtaining childcare subsidies when there is no direct access to a Ministry worker. You can only leave a phone message)
- Youth are involved in ECD. There are many young parents
- Mutual respect exists between school and family
- Parents decide success for their children
- The assets of children and families are both developed to their full potential

### **Holistic Approach**

- The approach to services is holistic, that is, mental, emotional, spiritual, physical
- It is a child/ family/community approach
- Elders are accessed

### **Continuity in learning**

- School and community have a reciprocal relationship
- Mutual respect exists between school and family

## **2.4 Barriers to Action for Change**

Participants were asked to describe the barriers to implementing their vision for ECD and what needed to work better or change.

The barriers to change that workshop participants identified did not apply equally in every community but were generally accepted as true for many. Participants from remote areas and the north, for example, emphasized a lack of resources and access to ECD programs and other services of all kinds. In addition, there was general support for the observation that current funding criteria for some AECD programs were too inflexible and excluded children in small communities.

A northeast workshop participant from a smaller urban area said that the large number of Aboriginal children being taken into government care was a major concern for her community. Another participant from a small urban area in the interior said that they felt ignored by governments and by their own band chief because they lived off reserve.

In the mid-Island workshop, a participant commented that she saw a general lack of hope and an acceptance of a low standard of living in her community that she believed was in part based on limited life experience. These attitudes were accompanied by a fear of change and conservative “don’t-rock-the boat” attitudes.

### **The System**

- The system and policies don’t support working with families and proactive, preventive approaches to ECD
- We can talk integration but if we don’t meet the requisite funding criteria guidelines we lose the funding
- Infrastructure needs maintenance; capital implications are not considered. The dollars for capital projects need to be developed
- There is a lack of consistency in the application of licensing requirements

### **The role of ECD workers**

- People have differing expectations of their role and unrealistic demands are made of them
- ECD staff are overworked and have no time to be collaborative
- There are not enough staff members to meet their mandate or the number of clients to meet and report on targets; they can quickly get burned out
- They are impacted in their work by politics at every level and by social issues
- In rural areas there are very few ECD staff members and constant additions are made to their responsibilities
- Inappropriate delegation of tasks from administration to managers on to ECE workers is common.
- Funding is not stable and they lack job security. In some communities nothing is recorded on paper.
- There may be a high turnover of staff. There is no union and there is little or no positive reinforcement for workers
- Getting to know everyone takes time and staff have different levels of trust
- There are turf issues around the responsibilities of other professionals’ access to resources
- Health services are usually outside their communities but the travel is not funded
- ECD staff members are not trained in assessments of children that might have special needs yet workers have to do tests they are not trained for
- On-site assessment services are limited - sometimes once a month or once a week depending on the community
- The cost of addressing the special needs designation is prohibitive (e.g. the requirement for one-on-one supervision in addition to the cost of getting the designation)
- A stigma is attached to having children participate in special support programs
- Political changes and changes in priorities affect the security of funding
- Within a community there may be lots of different

programs and services

- Coordination is usually lacking
- The ECD program may pay for things every other service needs e.g. photocopying
- Within a tribal council region, individual communities, especially small isolated communities, can get fewer services and children fall through the gaps

### **Cooperation and support**

- AECD workers have to deal with the attitudes of provincial government staff dealing within their own cutbacks
- Key figures in the community (e.g. in the band office) lack knowledge of ECD
- Parents may not understand the importance of ECD and early intervention program activities. They may be reluctant to use programs.
- It is a struggle to involve fathers in programs and to get them involved in children's lives
- Its always the same people that attend the community meetings
- The loss of or shifts in government funding, narrow inflexible criteria, and competition over the same funding sources are major barriers
- A need to overcome resistance to ECD and to get buy-in and support from others (schools, medical professionals, legal professionals) is evident
- There is often an over- emphasis on administration versus the human side
- There is a lack of knowledge in communities of what services are available
- Community ownership is needed but there may be low participation in the services offered and the question is how to get buy-in/ support from the community
- There is a lack of respect for ECD, labels, and diagnoses
- Accountability is lacking everywhere

## **2.5 Perspectives on Integration and Coordination**

Workshop participants were asked at the beginning of one workshop what difference integration of AECD programs and services would make to their communities. A few participants voiced concerns about the intentions of governments but, in general, the participants focussed on the beneficial outcomes that they hoped might occur. These included:

- There would be less duplication of services and less frustration for parents who currently have to go to different places for services/information
- There would be fewer gaps in services and more of a focus on the community's needs
- It would mean better use of everyone's time
- One building in each community would house all representatives of the federal and provincial governments
- Increased communication would allow you to keep connected and in touch with what's happening in the community and provide support for healthy dialogue
- Everyone would have more enthusiasm and a greater commitment to AECD and more people will support, volunteer and donate time to the AECD program
- More consultation by governments with communities and front line workers on policy creation would result with more follow-through
- The sense that ECD/ECE is being used negatively by the province to get what it wants in terms of land claims, self government and so on would be eliminated
- A direct Federal/ First Nation/ Aboriginal government relationship directing policy and funding would be set up
- Policy development would be more likely to be done through Aboriginal eyes/ lens.
- It would allow for the development of new skills
- No communities would fall through the gaps because of a lack of capacity or numbers

## Valuing the Community Voice

### Themes

Almost all of these comments involve a subtext or messages about of what is not working well and needs to be fixed.

Throughout the workshops most of the participants seemed to be comfortable with the overall focus on, and the need for, integration and coordination of ECD services. A few participants indicated that they were not persuaded that governments' integration and coordination of funding or programs and services were necessarily going to be helpful to their communities.

One person, for example, had some support for the view that the discussion of integration was buying into a government-imposed agenda. Others expressed general suspicion about governments' motives. A slightly different argument given for keeping the status quo was that the current (dis)array of federal and provincial AECD programming allowed competent Aboriginal managers to be more flexible in meeting the needs of those community members that did not fit easily into any particular government-defined eligibility category. Another concern was that some communities were not ready to deal with the demands of an integrated approach and would lose out in the competition for funding.

## 2.6 Concerns About Social Conditions

Participants also had more general concerns about the social conditions in their communities which often affected their ability to have successful outcomes in their work. Some of these concerns and issues were emphasized more often and strongly in all workshops. These were:

### Poverty

- Limited ECD programming
- Unequal balance of power within the community, in partnerships, between families
- Many other concerns or issues were mentioned that impact on ECD in their communities. These included:

- High rates of teen pregnancy
- Sexual abuse and assaults
- Conflict between families
- Nepotism and favored families and fear of retaliation if others complain
- The need for more fluent language speakers for "Language Nests"
- The need for prenatal and intervention funding for children 0-6
- Waitlists for preschool
- Limited space for parent groups
- The justice system and the lack of RCMP to police the community
- The need for more active councilors (not enough are really actively working for the community)
- The absence of a forum for providing opinions or dialogue
- Politics generally
- Youth and age discrimination
- Addiction
- Homelessness
- A limited client commitment to all programs provided in a community
- Lack of transportation and distance between services that restricts accessibility
- Distance to hospital, lack of transportation and the absence of transportation to nearby services
- Limited access to supported child care in the community
- Limited FASD resources
- No home for elders
- Traumatic stress disorder
- Grief, suicide
- High number of children apprehended and taken into care
- FASD - No support or recognition of funding for FASD. Denial instead.
- Large number of single parents
- No support for abusers
- Unhealthy diet and lack of physical activity
- Lack of aboriginal treatment centres or/and culturally sensitive treatment centres
- Need to work with leadership

- Need to build community capacity by providing more dollars for training,
- Need for cultural and language programming
- Need for foster families
- Inadequate support for the child
- Including ECD in school curriculum and in post secondary courses

## 2.7 Goals for Action

Participants were asked to think about some short and long term goals they could start working on or would continue working on to achieve the changes they would like to see occur

### Culture and Tradition

- Culture and language need to be incorporated into all programs and services.
- Everyone learns to have a strong sense of his or her culture, spirituality.
- Strong family unity is based on strong family values
- There is respect for all cultures and traditions

### Communities

- Communities need to be able to meet their members basic needs
- Community gardens and kitchens need to be created
- Community togetherness should be improved through better communication
- Protection of traditional hunting areas and fishing needs to happen more
- Agreement should exist on priorities for funding – changes must be made in \ funding criteria
- Community planning and a needs assessment should be done
- Trustworthy decision-making bodies should explicitly embraces values
- Communities have affordable good quality housing for those who need it
- Community governance is the rule
- Communities need to be alcohol-free and drug-free
- Communities develop their own resources and are self sustaining

- Communities have access to healthy foods and water
- Communities are accountable to children
- Zero teen pregnancy
- Education, Training and Compensation
- A First Nations University needs to be established
- Schools need to have an Aboriginal curriculum
- Intergenerational programs and services need to be created
- Elders training elders programs need to be created
- Skill-building opportunities are available
- More Aboriginal experts need to be trained
- More language “nests” need to be developed
- Use of natural medicines and treatments needs to be increased
- More funding for staff wages and more secure funding sources found
- Guaranteed further education for ECD workers must be in place
- Wages for ECD workers need to be comparable to that of teachers or social workers (Teaching assistants earn \$17 and have less responsibility).
- They need \$30- \$50 per hour
- The creation of an ECD collective voice such as an ECD Confederacy (“Power in numbers”) makes for more power at all levels
- Transparency and accountability are incorporated in practice at every level.
- Everyone is involved with the children

### AECD Programs should:

- Have intergenerational programming – easy access education
- A program that meets the needs of families is under one roof
- Easy access to programs such as counseling services by providing transportation and ensuring affordability
- Long term funding
- Traditional parenting
- Support of elders- specific programming
- Incorporate nature into our programs and tradition, culture and language programs
- Use local food

## Valuing the Community Voice

- Provide holistic services, parenting skills in health, safety and nutrition and exercise
- Be accountable –equality of all communities

### 2.8 Next Steps

The question asked here was: What should be the next steps to achieve these goals?

Many creative and practical ideas were generated for steps that communities and workers could take immediately to bring about their goals and needed change. These included:

- Create a common vision for ECD
- Organize a community meeting to plan and design programs - send out invitations
- Hold workshops on communications
- Develop plans based on community needs
- Make and get commitment
- Streamline reporting requirements
- Sit on other community boards/advisory committees
- Educate the community
- Direct each staff member do one educational session a year
- Set up an AECD network with a web site with a chat group, sharing email addresses, lists
- Organize workshops on communications
- Share resources
- Create a communications plan
- Involve the youth in all of this
- Provide incentives (not just dollars)
- Invite ourselves to meetings both off an on reserve, (Say “I am available to make a presentation”).
- We need to be educating people about ECD and through networking share meeting load. Don't be afraid to be a voice
- Find out what advisory committees/ tables already exist, where they are and whether they are relevant
- Get to know who the funders of organizations are
- Organize an open house for the whole community by the end of the year
- Involve young role models involved in sports, culture, education
- ACCS provides all with updated list of government programs
- Put petition sheets on web for issues requiring government change (First lobby is for small isolated communities) funders
- Capitalize on new ECD funding
- Seek funding for action research on ECD
- Invite other ECD workers to form an ECD workers advisory committee
- Develop a community web site that has a network of human resources and expertise
- Arrange exchange programs
- Include younger council members
- Network with experts
- Provide early intervention visits with parents
- Modify the strict criteria at the band council level for accessing dollars for schooling
- Make governments aware that each community will have a different need for the government to work with them
- Hold an open house for the community at the beginning and end of the year
- Recruit young role models in sports, culture, education and involve them in ECD
- Provide opportunities for advancement for more frontline workers- not only for administration
- Hold more celebrations of success to make workers and volunteers feel appreciated and motivated
- Use more community members with life experience in programs and have practicum-based learning
- Change the time frame for ECD programs. They do not need to follow the schools' time frames.
- Advocate for licensing and the Early Childhood program to be more culturally sensitive. Aboriginal people and the Aboriginal way of life do not fit a lot of the criteria for funding
- Advocate for the licensing authorities of ECE programs and Aboriginal program developers to collaborate and develop a program that encompasses and integrates the best of both so that the kids have easier transitions between both if needed
- Change “politically active” to “culturally active”. At

- feasts, it is then a lot easier to learn about “laws” etc.
- Invest in social capital
  - Organize a professional association for AECD workers to promote regulation/ legislation for the profession of AECE
  - Organize programs to get most efficiency and service while considering the need for sustainability/stability and long term planning
  - Educate the public - have a poster campaign - “time for a change” - “not just babysitting” - invest in public relations for ECD
  - Advocate for the importance of a smooth transition between ECD and school by including 0-5 as an educational program. Currently under INAC it is K-12
  - Advocate for change in band education policy to include coverage of 10 month training in ECE.
  - Access capital funding from province
  - Strike for ECD funds to flow to communities
  - Enhance voices of aboriginal people at college/training level to make training more culturally relevant, more cultural content, specific FN ECD training
  - Have access to outreach, distance education
  - Capitalize on new AECD dollars
  - Post regular petition sheets on web for issues requiring government changes. With the first lobby to be for services for small isolated communities
  - Have interactive web site with secured site access administered by Aboriginal organization/ non-government body (AHRDA?) including specific expertise/ resource lists
  - Encourage training programs to incorporate a technical representative for each region

### **Strategies**

Some participants said they had used the following strategies with success:

- Networking with other service providers and other communities
- Identifying and supporting champions within the communities
- Being, and involving others as, role models

- Celebrating success
- Consulting elders
- Utilizing outside experts, for example for early intervention
- Approaching the media: TV, radio, newspapers
- Providing input/ speaking up at public forums
- Meeting with funders to ensure rural issue are recognized
- Developing a range of funding sources
- Being politically active

Other largely untested strategies that were suggested to accomplish goals included :

- Educate people in positions of power
- Use their own language, the economic argument and packaging focus on dollars and the bottom line
- Take over the band office
- Invite leaders to visit program - they need to be more knowledgeable of ECD
- Investigate why leadership is not listening
- Bring youth to offices
- Make presentations
- Workshops Fundraising events
- Go to media
- Women need to come together as a provincial voice
- Empower families to have a bigger voice and do self advocacy
- Show leaders how our programs work
- Create partnerships and share resources with e.g. similar programs dealing with same problems
- Model our values in our own actions
- Involve corporations and businesses, they can put pressure on leadership
- Advocate with Aboriginal health and wellness person
- Send out letters, make presentations
- Organize food boxes possibly sponsored by local businesses
- Organize community kitchens and gardens
- Advocate round huge housing huge needs
- Work with the churches in a partnership
- Form partnerships for funding. This is healthy and ends the competition for funds

## Valuing the Community Voice

- Redouble networking efforts
- Be a collective voice when seeking funds
- House education and childcare together
- Join outside agencies to educate about the culture and to abolish discrimination and racism
- Ensure policy changers become part of all of this
- Strengthen connections to youth, their identities, roles help them learn to accept themselves

### 2.9 Measuring Results

- Workshop participants were asked: How will we know that we have been successful?
- More parents and children are attending ECD programming
- Chief-in-council is advocating for ECD, participating with children
- Youth and child development programming is a continuum
- Respect for all generations is evident
- Improved child parent health status is evident
- We see increased cultural competence in children/youth
- Children are developing age-appropriately
- There is no violence in community
- Stable population growth, less people leaving because there are no services
- There is no child apprehension
- Children are doing better in school, socially and academically
- There is a decrease in preventable disease (e.g. Diabetes, FASD, NAS)
- There is increased in Aboriginal games leading to cohesive lifestyles
- One stop learning longhouse is established
- We see educated leaders and increased mainstream knowledge about aboriginal culture
- We are educating fundraisers
- Federal funding for ECD is stable
- Ongoing training for staff is present
- Increased elder support is evident
- We have traditional government
- We have strong aboriginal community voices/ involvement (like here today)

- CDC's with focus on S/P/M/E
- We see the clean up of mother earth
- Increased ceremonies
- Decreased FAS
- Increased parenting knowledge/ practices
- We have economic development with Aboriginal ownership
- Traditional foods/herbs/
- Zero Alcohol and drug abuse & few teen pregnancies
- Peer youth teaching
- Seamless services
- Governments have increased aboriginal representation
- Native Pride and respect for all
- Balance and wellness
- Everyone has a strong connection to their past as well as their future, the seven generations teachings and medicine wheel concepts
- We have many traditional healers and elders
- We have good affordable housing
- We have safe secure healthy communities
- We have self sustaining community
- One hundred percent of the people know the language and songs
- We have a First Nations university and education

Some indicators of change we can measure and watch for:

- Employment training opportunities for parents
- New resources/ buildings/ programs
- Number of youth on council
- Dare programs/ After school programs - increase numbers
- More elder involvement
- Health - increase in healthy babies/ infant mortality down/ more health education less trips to doctor
- More children learning language, clan system, harvesting, cultural resources
- Children are staying/finishing school
- Numbers of teen pregnancy
- Ages/stages/tracking of children and their developmental progress

- Number of graduates, levels of bullying in schools, less substance use/abuse
- Housing
- Access to recreation
- Number of children with MCFD
- Suspensions/ expelling and graduation rates
- Equity for isolated small communities

### **3. Recommendations from the Regional Workshops**

- Establish a non governmental agency community based with representatives from on and off reserve as the central structure through which AECD funding flows
- Address the needs of have-not communities to ensure equal access to ECD programs and services
- Ensure ECD programs, services and practice are holistic and child, family and community-oriented
- Emphasize the requirement for programs to share/teach Aboriginal languages and to be responsive to Aboriginal cultural diversity
- Emphasize sustainable programs (5 years or more)
- Establish University/college extension programs for the delivery of ECD training for Aboriginal people in their communities
- Identify and integrate relevant life experience into qualifications for Aboriginal ECD work
- Develop measures to emphasize support for single mothers to access ECD
- Seek, develop and implement ways to ensure job security
- Develop processes for supporting ECD workers' scope of work
- Develop measures to provide ECD workers with a living wage that also reflects the value of their work
- Develop and implement incentives program that will assist in recruitment and retention of ECD workers
- Develop measures to ensure equity in resources and programs for small, isolated communities
- Develop methods to ensure that elders are involved in ECD programs

- Advocate for increased accessibility of parents to ECD programs and the elimination/reduction of “hoops”.
- Provide computers and network access to all communities so that they can readily take distance education
- Involve “grass roots” people in decision making
- Ensure more hands-on approach by people in charge
- Monitor the follow-through of recommendations
- Put communication plan and a network in place involving all parties, e.g. band councils, senior management, government.

#### **For BC ACCS**

- Provide a short version of the workshop report that representatives can present to their stakeholders that includes the policy history and the recommendations
- Develop a teaching tool: What is AECD?
- Provide communities with an updated list of funders
- Provide more skill development workshops about three or four times a year

#### **For other organizations and agencies :**

- Put ECD issues first
- Advocate for increased accessibility of parents to ECD programs and the elimination/reduction of “hoops

## **4. Vancouver Aboriginal Voices**

### **4.1 Key Values**

- Respect for the family's situation
- Understanding the importance of extended family
- Understanding the impact of poverty
- Being a common voice for advocacy for urban Vancouver
- Seeking and accepting guidance, advice and direction from elders
- Accountable to urban Aboriginal population
- Life experience matters as much as credentials

## **4.2 Vision for AECD**

- There are long term programs - funding for 3-6 years
- Government requirements that are rigid and don't allow for flexibility in planning and involving elders or for culture change are overhauled and made responsive to Aboriginal needs
- Programs address reasons why families aren't accessing services
- Supported child development programs are operated by and for Aboriginal people
- Current piecemeal services are replaced by integrated programming
- Gaps in programs can be addressed from several pockets of provincial dollars
- Supported Child Development Program (SCDP) and health programs that currently do not address social or emotional areas change to address these needs
- There are no more waitlists for special needs children
- There is an annual review /reflection/catch-up for workers in programs providing comprehensive support for families
- Empowering the families involved is central
- Common direction and clear support is offered to each family
- The process is Aboriginal owned and driven
- Programs communicate, share and learn from one another

## **4.3 Areas where changes are needed for the vision to become a reality**

- Greater provincial government cooperation is required to deliver Aboriginal programs to Aboriginal people in the City of Vancouver that will address the urgent needs of many families with young children
- Sudden funding announcements and short application deadlines create a great deal of stress
- A transition needs to happen from non-Aboriginal to Aboriginal-delivered services and all involved need

- to be truly on board to transition to Aboriginal-operated services run in an Aboriginal way
- More support for this change needs to come from non-Aboriginal service providers currently providing services for Aboriginal children and families
- The lack of meaningful employment and training for Aboriginal people and families
- The scarcity of resources for families
- The absence of a continuum of care
- Information for families is currently limited. They don't know to access support
- There is a need to support parents to access services and recognize that some parents themselves have special needs
- Many parents find the government forms and process for obtaining a child care subsidy too complicated
- Staff turnover in the provincial government and the cutbacks in local social services
- Political changes are occurring in which Vancouver Aboriginal people do not have a voice
- Transportation to services becomes ever more necessary as local provincial government offices have closed offices
- Housing in Vancouver is the most expensive in the country. Aboriginal families, many of which are headed by single parents who live in poverty, are forced to move frequently. This transience affects their children and their schooling.
- Poverty is a major issue for many families. They often have no phone service and have difficulty getting help in an emergency. Social workers formerly based in community offices in Vancouver have now moved to a centralized office in the City of Richmond and they lose contact with their Aboriginal clients in Vancouver who cannot afford to pay for transportation and have no phone service.
- Social services are not transferable between agencies and criteria for services are very restrictive and difficult to understand
- Many Aboriginal families fall through the gaps and their children become wards of the government.

#### 4.4 Next Steps

- Establish an AECD planning committee to plan/hold community consultations
  - Liaise with other community planning processes being conducted by the City of Vancouver and the Health authority among others
  - Develop the terms of reference and communities select representatives to the planning committee
  - Start to review all AECD program criteria and make services transferable/ standardized immediately
  - Supported Child Development Program criteria change to address social and emotional areas of Aboriginal children as a high priority
  - More under age three AECD services and more affordable services must be put in place - only the YWCA Crabtree Corner currently provides these services right now in Vancouver
- Provide long term funding (not short term pilot projects) for programs that will allow for consistent services to children and families, some flexibility to address gaps, and planning for the future
  - Child care subsidy - reinstate “one-step” access program
  - Change the qualifications for the subsidy. The threshold for child care subsidies needs to be raised substantially
  - More advocates are needed
  - Increase wages for AECD workers. The wages are very low and need to be increased
  - AECD in Vancouver needs a common voice
  - Increase childcare spaces in Vancouver. The only Aboriginal-operated nonprofit agency in Vancouver that provides childcare for Aboriginal childcare has a long waiting list. There is a need for an increase in childcare spaces and particularly for spaces for children under three years of age
  - Enhance programs that offer support for food safe, child safe services

## 5. Vancouver Group Recommendations

### For Governments:

- In Vancouver, review the Fraser region Aboriginal Supported Child Development Program (SCDP) process which has been quite successful in reducing numbers of children taken into care
- Provide substantially more help of all kinds immediately for under-serviced special needs children and for special needs parents
- Develop a strategic plan for addressing the needs of Vancouver’s Aboriginal families that includes all programs serving Aboriginal families, frontline workers and organizations that have contact with families and MCFD
- ACCS, could take a lead by helping to establish a Vancouver AECD planning committee table in early October
- Use the many existing reviews and planning documents in the Vancouver region that can support a strategic planning process

## 6. BC ACCS Response to Draft ‘Voices and Recommendations’

As part of an iterative process, the following recommendations and response to the draft report were prepared by BC ACCS staff based on their experience:

### 6.1 Overview

Bringing the voices of front line Aboriginal ECEC workers to Aboriginal and Government Leaders and Decision-Makers, through the “Voices” project, has taken us another important step down the road towards our mutual goals for Aboriginal children and their families. The Aboriginal Child Care Society remains committed to continuing to collaborate with Aboriginal communities and Government as we travel on parallel paths towards those mutual goals.

## Valuing the Community Voice

It is recognized that this set of recommendations may be silent on some important aspects of integration. It will be left to other consultation, dialogue and community engagement efforts - including further, more in-depth consultation with front line Aboriginal ECEC workers - to identify the missing pieces of the puzzle and the ways that the pieces may fit together to create a holistic, comprehensive, integrated service delivery system. That said, the report and recommendations are intended to advise the two layers of Government as to how Federal Departments and Provincial Ministries can organize themselves, and how the various Federal and Provincial Government Departments and Ministries should work with Aboriginal communities, to support the effective and efficient integration of culturally responsive programs, services and funding streams.

### 6.2 Stakeholder Targeted Recommendations:

#### For Government and Aboriginal Leaders and Decision-makers

- Planning
- Listen to us – value the community voice;
- Support planning at all levels, within Government and Aboriginal communities,/organizations, and between Government and Aboriginal communities and organizations, by:
  - Support capacity building within Aboriginal communities and organizations for the purpose of ensuring effective Aboriginal participation in planning, policy development and the development of integrated services;
  - Develop structures and processes for “evidence-based” planning and increased communication, coordination, collaboration, consolidation and integration, including the development of a “single window” for Aboriginal early childhood development;
- Support the creation of an Aboriginal ECEC Secretariat as an Aboriginal initiative that is arm’s length from Government, the scope and governance structure to be determined through further, more in-depth consultation and dialogue with Aboriginal Leaders, communities and service providers from rural, remote and urban on-reserve and off-reserve communities; as part of the dialogue on the Secretariat, explore support for establishing the Secretariat as the central structure through which Aboriginal ECEC funding flows from Government funding streams to Aboriginal programs and services;
- Create Aboriginal Regional “Task Force” structures that link with relevant, existing policy tables;
- Ensure the participation of “have-not” communities, i.e., small, rural, remote, northern and coastal communities in dialogue, consultation, planning and development processes to ensure that their unique needs are recognized and accommodated;
- Develop mechanisms to involve parents, family members and “grass roots” community members in planning and decision-making;
- Provide resources for the design and implementation of “Knowledge Translation (KT)” strategies to support the lateral transfer of knowledge amongst Aboriginal communities and Aboriginal “best/promising practices”, and to elevate the profile of research and consultation findings within public policy-making processes to ensure that Aboriginal knowledge and the findings of all research, consultation and community engagement initiatives reach the appropriate decision-makers and are translated into action plans leading to improved outcomes for children and their families;<sup>6</sup>
- Support the development of reasonable, effective and efficient reporting and accountability requirements to reduce the burdens on families, communities and service providers while also ensuring that the evidence needed to support requests for additional funding for programs and services can be provided,

<sup>6</sup> This recommendation is based upon the recognition that there is a need for “Knowledge Translation (KT)” approaches that ensure the “lateral” transfer of knowledge amongst Aboriginal communities, as well as the more “vertical” transfer of knowledge between researchers and communities, decision-makers and consumers (Chandler). “KT” strategies reflect the evolution of communications and research dissemination activities.

and Government funding authorities have the information / data they require for accountability and planning;<sup>7</sup>

### **For ACCS**

- Provide a short, summarized version of the workshop and consultation reports that representatives can present to their stakeholders, including background information on the policy initiatives and the recommendations that are being made;
- Develop a teaching tool: “What is Aboriginal ECD?”
- Provide communities with an updated list of funders.
- Provide ongoing skill development workshops for AECD workers in their communities

### **For Aboriginal ECEC Service Providers and Employers**

- Work from a common understanding of Aboriginal ECEC: develop and use a common language to facilitate understanding;
- Ensure that ECEC programs, services and practices are holistic and child/family/community-oriented;
- Ensure that human resource qualifications for Aboriginal ECD are not limited to post-secondary education and training by identifying and integrating cultural knowledge and relevant life experiences into the qualifications for Aboriginal ECD and by designing mechanisms to ensure quality care;
- Seek, develop and implement ways to ensure job security;
- Develop processes for supporting ECEC workers’ scope of work;
- Develop methods to ensure that Elders are involved in ECD programs;
- Advocate for increased accessibility of parents to

ECD programs and the elimination/reduction of unnecessary “hoops”.

- For Collateral Service Delivery Organizations
- Become informed about Aboriginal ECEC;
- Put ECD issues first / support healthy child development;
- Advocate for increased accessibility of parents to programs and services that support healthy child develop and reduce or eliminate unnecessary “hoops”.

### **For Researchers**

- Conduct an environmental scan to identify the service providers and decision-makers for Aboriginal early childhood education, care and development and their policy, strategic and service delivery initiatives;
- Conduct a review of relevant literature to identify the factors that support or detract from optimal child development and Aboriginal “best practices”;
- Work with communities and service providers to design Aboriginal-specific “Knowledge Translation (KT)” strategies to support the lateral transfer of knowledge amongst Aboriginal communities and Aboriginal “best/promising practices” and to elevate the profile of research and consultation findings within public policy-making processes to ensure that Aboriginal knowledge and the findings of all research, consultation and community engagement initiatives reach the appropriate decision-makers and are translated into action plans leading to improved outcomes for children and their families.

### **For Educators / Education and Training Programs and Institutions**

- As the entities responsible for human resource development in Aboriginal ECEC through the preparation (i.e., education and training of the Aboriginal ECEC labour force):
- Support the establishment of university/college

---

<sup>7</sup> This recommendation is based upon a recognition of the often onerous burden of reporting placed upon communities (for example, as noted in the Assembly of First Nations (AFN) 2002 Health Background paper, “the Auditor General found that a First Nation without multi-year funding arrangements may have to submit as many as 200 reports annually) and the importance of accountability and good data to both Aboriginal and Government decision-makers and funders. The Assembly of First Nations (AFN), through the Canada Aboriginal Peoples Roundtable process, has indicated that: reciprocal accountability is required, as well as reducing the reporting burden on First Nations, based upon Government-to-Government relationships; a broad First Nations accountability framework would track whether real progress is being made in the priority areas; and, supportive institutions, such as a First Nations Auditor General is required. “Getting from the Roundtable to Results”, AFN, 2005.

## Valuing the Community Voice

extension programs for the on-site delivery of ECD training for Aboriginal people in their communities;

- Support Aboriginal human resource development by helping communities to identify and integrate relevant life experiences into the qualifications for Aboriginal ECD personnel and mechanisms to ensure quality care;
- Ensure that human resource qualifications for Aboriginal ECD are not limited to mainstream/western post-secondary education and training by supporting the identification and validation of traditional Aboriginal cultural knowledge and life experiences within post-secondary education systems;

### For Parents / Extended Family Caregivers

- As the ones with primary responsibility for the survival, health, development and well-being of Aboriginal children, and the consumers of ECEC programs and services:
- Become knowledgeable about the importance of healthy early childhood development;
- Engage in parenting/caregiving practices that support the healthy development of your children;
- Support community-based ECEC programs and services, and volunteer your time and energy to the greatest degree possible; Insist on quality programs and services for your children;
- Value ECEC service providers as important educators and caregivers of your children, and support a “living wage” and healthy terms of employment and workplaces.

### For Elders

- As cultural educators and supporters of healthy child development in communities,
- Become involved with ECEC programs and services and share your knowledge about culture-based Aboriginal child development and parenting with parents, caregivers and service providers.

### For Community Leaders and Members

- As supporters of healthy child development in Aboriginal communities:
- Become knowledgeable about the importance of healthy early childhood development;
- Support community-based ECEC programs and services, and volunteer your time and energy to the greatest degree possible;
- Insist on universal access and quality programs and services for the children of your community.

## 7. Conclusion

Most of the participants in this project supported any efforts that governments might make to improve the current piecemeal programs and services that are provided for pre-school Aboriginal children and families in BC. The coordination and integration of existing programs, the main focus of this project, is seen by most as perhaps one step forward but a long way from the holistic vision for improving the life chances of Aboriginal children and supporting their families that Aboriginal ECD workers have described in this report. They see good intentions in the new Agreements but few benefits from the new funding from the Agreements filtering down to their programs. They fear that the new funding may melt away in administration costs or through bureaucratic procrastination.

In general, AECD workers have a strong and optimistic vision of what can be done in the future but see, with regret, that they currently lack sufficient support in their communities for their work and that there is little understanding of AECD among the influential members of their communities who could be a force for change. They said that their skills and experience are not sufficiently valued and that they are poorly paid, have few prospects for promotion and no job security.

They believe that if meaningful change is to occur, governments must strive for long term program planning that will enable Aboriginal communities to

plan ahead instead of faltering from one short term project to the next, as they often do. They believe that AECD programs must be flexible and reflect the many different needs and cultures of their communities and that, to create real and meaningful change, AECD programs must be designed and operated by

Aboriginal people. The many creative and practical strategies for change that AECD frontline workers have described here need to be incorporated into current government policy, programs and services.

But the dialogue has just begun.

## Part 2

# Communities Working Together for a Common Goal:

## Community Development Planning and the Coordination and Integration of Early Childhood Development Programs

### I. Introduction

#### I.1 Purpose of Background Paper

This background paper is intended to provide a common starting point for the discussion at the March to June 2005 BC Aboriginal Child Care Society (ACCS) regional workshops. The workshops were designed to explore the potential for greater integration of Aboriginal Early Childhood Development (AECD) services within and between Aboriginal communities and to provide an opportunity for Aboriginal Early Childhood Development (ECD) community workers to work together more closely toward our common goal of promoting the well-being of Aboriginal<sup>8</sup> children and their families.

The current patchwork of ECD services barely begins to address the many needs in Aboriginal communities or to redress the profound effects of historical injustices and discrimination. However, the strong commitment to ECD made in 2000 by the federal, territorial and provincial governments and the subsequent promises of enhanced funding for Aboriginal ECD programs are encouraging signs. We need to ensure that these promises are kept and that the governments' new commitment to ECD results in substantial improvements in the lives of Aboriginal children and families.

The experience, knowledge and views shared in the workshops and the recommendations participants make will build on the principles and the strategy for action developed at the *Aboriginal Leadership Forum*

on *Early Childhood Development* held in Vancouver, March 10-11, 2003 (See Appendix 1).

The workshops are designed to focus on:

- Sharing information about current planning initiatives and issues that affect the well-being of children and families in our communities
- Examining existing models of integration in the delivery of ECD services at the Aboriginal community level
- Identifying the advantages and disadvantages of, and barriers to, Aboriginal communities working in a more cooperative, coordinated, collaborative or integrated way in the delivery of Aboriginal Early Childhood Development (ECD) programs
- Documenting the assurances, tools and supports that organizations/agencies need if they choose to work in this way
- Identifying the potential for establishing community-level pilot projects to test different models for integrated service delivery.

#### I.2 Scope of the Paper

The issues raised for discussion in this paper are based primarily on a review of the information contained in a number of published and unpublished reports related to Aboriginal ECD. These reports deal with: 1) Changes in policies for Aboriginal Early Childhood Development and, 2) Planning models, planning principles and lessons learned about the implementation of planning processes for integration of services in on-reserve First Nations communities.

---

<sup>8</sup> The word "Aboriginal" is used throughout this paper to include First Nations, Inuit and Metis peoples.

Planning models for urban or rural Aboriginal community development planning were, unfortunately, outside the scope of this paper.

## 2. Overview Of Recent Policy Changes In ECD

### 2.1 Federal/Provincial/Territorial Agreements on ECD

Most federal government ECD program initiatives are relatively recent in origin and emerged in or after the mid-1990s. Examples are: the Community Action Program for Children (CAPC), Healthy Babies, Head Start, Fetal Alcohol Spectrum Disorder (FASD), First Nations and Inuit Child Care Initiative (FNICCI), and the National Child Benefit Reinvestment Program. Over the last decade, child-care initiatives linked to parental training or employment have also gradually gained in importance. Indian and Northern Affairs Canada (INAC), Human Resources and Skills Development Canada (HRSDC), Health Canada (HC), and the relatively new department, the Public Health Agency of Canada, have now, in 2005, all become involved in some aspect of AECD.

Then in 2000 there was a sea change in governments' support for ECD. A major new commitment to Early Childhood Development was made in the *Federal/Provincial/Territorial Early Childhood Development Agreement* of September 2000.<sup>9</sup> The governments agreed on four areas for action: 1) promoting healthy pregnancy, birth and infancy; 2) improving parenting and family supports; 3) strengthening early childhood development, learning and care; and, 4) strengthening community supports. They also agreed to be publicly accountable and transparent in implementing these agreements.

*This Agreement* was implemented through the 2001

*Early Childhood Development Accord* in which the federal, provincial and territorial governments (with the exception of Quebec) agreed “to work together to ensure that Canadian children reach their full potential.” Funding of \$2.2 billion over five years was allocated for this initiative.

The 2001 *Accord* did not make specific funding provision for Aboriginal children. However, in October 2002, another initiative, the *Early Childhood Development Initiative* committed \$320 million nationally over five years for governments, aboriginal communities and organizations to “address the gap in life chances between Aboriginal and non-Aboriginal children” by improving and expanding services for Aboriginal children, birth to six years in four areas:

- “new investments to enhance existing programs (Aboriginal Head Start in Urban and Northern Communities, Aboriginal Head Start On Reserve, and the First Nations and Inuit Child Care Initiative) and to intensify efforts to address Fetal Alcohol Spectrum Disorder in First Nations communities;
- advancing research and knowledge;
- building capacity and networks and
- working toward better integration of federal early childhood programs and services”.<sup>10</sup>

In sum, the direct benefits to Aboriginal children and families involved the provision of more funding for three existing programs that come under Health Canada—Head Start on reserve and Head Start off reserve and the First Nations and Inuit Child Care Initiative—and for Fetal Alcohol Spectrum Disorder (FASD) projects.

Unfortunately, as BC ACCS has observed the various new ECD services that then emerged, while welcome, never met real needs and funding levels remained about the same from the inception of these programs to late 2003.<sup>11</sup>

<sup>9</sup> Government of Canada, *Early Childhood Development Activities and Expenditures, 2003-2004*. 2002:3

<sup>10</sup> *Early Learning and Child Care Activities and Expenditures, 2003-2004*. <http://www.socialunion.ca/ecd/2004/english/page09.html>

<sup>11</sup> Aboriginal Child Care Society. *Draft Policy Paper*. (2003).

## Valuing the Community Voice

In February 2003, an additional \$35 million over five years was announced for early learning and child care primarily for First Nations children living on reserve.<sup>12</sup>

In the 2005 federal budget, a commitment of \$5 billion over five years for an Early Learning and Child Care (ELCC) initiative was announced of which \$100 million is to be devoted to First Nations living on reserve. Four principles define the scope of this initiative: Quality, Universal, Accessible, Developmental (QUAD). The multilateral framework allowed each province to negotiate separate agreements.

The current federal strategy for working for better integration of Aboriginal ECD programs and services mainly involves three federal departments: Health Canada (HC), Human Resources and Skills Development Canada (HRSDC) Indian and Northern Affairs Canada (INAC). These departments have reported that they plan to use the findings of research conducted in 2003 “to develop recommendations for a more integrated (or “single window”) approach to ECD programming.”<sup>13</sup>

Given the current level of Aboriginal community need, the gaps in services and the increasingly confusing patchwork of services funded through different departments of the federal government or through provincial ministries, the many different eligibility categories for accessing services (First Nations on-reserve, First Nations off-reserve, Registered Indian, Inuit, Metis, Aboriginal, for example) and different programs’ varied reporting requirements, a move to integration of Aboriginal ECD programs whether at the government level or initiated by the community should have a beneficial effect on the way that Aboriginal Early Childhood Development (ECD) services in BC are delivered. At

the community level, we can take the initiative by seeking opportunities to work together more closely to improve Aboriginal ECD services by integrating services in a way that fits with a community’s own values, vision and goals. Some communities are already doing so.

## 2.2. Integration of Federal Government Programs

**Communication → Coordination  
→ Collaboration → Integration/One Window  
→ Consolidation**

The end goal of ECD agreements since 2000 is articulated in government documents as “integration” of programs or a “single” or “one-window” program delivery. In BC, however, no common understanding seems to have evolved within government about what these words mean in practice or whether the end goal of “integration” or “one window” for government ECD services, whatever that might look like, is indeed “doable”<sup>14</sup>.

The signposts along the path to the goal of integration have been laid out in various documents as points on a continuum usually described as going from increased communication, to cooperation, to coordination, to collaboration, to integration or “one window.” Sometimes “consolidation” is added to the mix after “integration”.

## 2.3 BC Government ECD Policies

The main focus of federal ECD programs has tended to be on First Nations children living on reserve. First Nations and other Aboriginal children living off-reserve have been regarded as coming under provincial jurisdiction and able to access programs (federal or provincial) meant for the population at large. The

<sup>12</sup> The term “First Nations” is usually interpreted by government to refer to persons who are registered as Indians under the provisions of the Indian Act and/or are considered to be members of an Indian band.

<sup>13</sup> Early Learning and Child Care Activities and Expenditures, 2003-2004.

<sup>14</sup> Whiteduck Resources Inc. ECD Community Planning: Pilot Project Report.2004

2003 *Aboriginal Initiative* propelled the province of BC in a very different direction - into planning and implementing separate programming for Aboriginal ECD.

This increased provincial involvement in Aboriginal ECD followed on a restructuring of provincial agencies and programs after the newly-elected (in 2001) BC Liberal government began a systematic “core” review of all its Ministries and programs. As part of this reorganization, most social programs including ECD were organized under new regional authorities that aligned with five new regional health authorities governed by appointed Boards.

Though the funding from the ECD *Accord*, and for the Aboriginal ECD *Initiative* for Aboriginal children and families, is mostly administered by the province, off-reserve Head Start is administered by Health Canada. On reserve, ECD funds are channeled through federal departments to bands, tribal councils and Aboriginal organizations. However, despite the existence of the “traditional” jurisdictional distinctions between programs designed for on-reserve and off-reserve Aboriginal people, some blurring of federal/provincial boundaries in social and health services now appears to be occurring.

Responding to pressure from Aboriginal organizations, separate Aboriginal ECD authorities with interim governing committees were established in each of the five regions in 2003 following the signing of a historic Memorandum of Understanding (MOU) between influential leaders of urban and reserve-based First Nations and Metis and the provincial government in September 2002.<sup>15</sup>

Reflecting the fact that child protection programs were a provincial responsibility, the MOU was initially quite narrow in its scope. The goal was to reduce the number of Aboriginal children in care and return

them to their communities where it was appropriate to do so. Currently, the scope of the Aboriginal authorities appears to have broadened to include other child and family well-being programs and potentially, given the reserve-based First Nations involved in the MOU, could encompass some on-reserve activities. However, implementation of the new structure is proceeding slowly and the legislation that will turn these aboriginal authorities into legal entities has been delayed and is not expected by BC government officials to come into effect until 2007.

In 2002-2003, \$8 million in new Aboriginal ECD funds flowed from the federal government to the province and was administered through five provincial regional offices “to develop and deliver early childhood initiatives.”<sup>16</sup> Cash transfers to the province between 2001 and 2008 in support of the various ECD Agreements are predicted to total \$420.8 million<sup>17</sup>.

On September 29, 2005 the Province of BC signed on to the ELCC initiative through an Agreement-in-Principle titled, *Moving Forward on Early Learning and Child Care*, that requires a BC Action plan to be developed by January 31, 2006. The government of BC will have flexibility to decide on priorities. The funding areas mentioned are capital and operating funding, fee subsidies, wage enhancements, training, professional development and support, quality assurances parent information and referral and also supporting integration with schools. The fund of \$633 million over five years is for regulated care for children under six and can be used in private and non-profit settings.

Since 2003, the province of BC has developed and is implementing about forty-one Aboriginal ECD projects through the Ministry of Children and Family Development (MCFD) on and off reserve. Capital funding for some of these projects has also been

---

<sup>15</sup> Greenwood, Margo. BC First Nations Children: Our Families, Our Communities, Our Future. 2003

<sup>16</sup> British Columbia, Ministry of Child and Family Development. Phase I: Evaluation Summary of AECD Initiatives, Draft, July 2004:2.

<sup>17</sup> Government of Canada. Early Learning and Child Care Activities and Expenditures, 2003-2004.  
<http://www.socialunion.ca/ecd/2004/english/page04.html>

## Valuing the Community Voice

provided. A July 2004 draft evaluation of these initiatives could not be completed successfully because of “the current reporting level of data collection across the programs.”<sup>18</sup>

Some of these AECD programs partially overlap with federal AECD programs. However, coordination and integration of provincial and federal programs does not seem to be seriously envisaged.

An ECD coordinating committee comprised of BC Ministers with responsibility for some aspect of services for Aboriginal children, families or communities has also been established.

In the political arena, changes in government to First Nations relationships in BC that are being described by the government as “transformative” may have a general impact on the way that AECS programs and services are funded and delivered. In May of 2005, the BC premier announced that his government was embarking on a new relationship with First Nations in BC based on the recognition by BC of First Nations’ rights and title. \$1 million was allocated to foster the new relationship.

Then, at a November 24-25, 2005, meeting of Premiers, the Prime Minister and leaders of five different Aboriginal groups (Assembly of First Nation, Metis National Council, Inuit Tapiriit Kanatami, and the Native Women’s Association of Canada) held in Kelowna BC, an agreement was signed by BC First Nations’ leaders, the Prime Minister and the Premier of BC that committed governments to closing the social and economic gap between First Nations and other people in BC within ten years. A federal initiative worth \$5.1 billion to address Aboriginal poverty was announced. The focus is on housing, education, health, economic development and government relations.

The meeting which had taken two years to organize, is described in one national newspaper as “negotiations [that] are an attempt to bring 19 organizations and governments into agreement on a course of action for the next 10 years on a policy area where there is little consensus on how best to solve the entrenched poverty of many Natives, both on reserves and in cities”.<sup>19</sup>

The meeting was held a few days before a federal election was called. A new government could carry the agenda and agreements of that meeting forward or delay or change policy, programs and funding promises.

The BC Premier’s in his closing remarks at the meeting said “We will enter a new era of accommodation and reconciliation. Jurisdictional overlaps or uncertainties must not be an excuse for inaction.”<sup>20</sup>

In the meantime, the effects of major cutbacks in social and other programs that have led to increases in poverty for the poorest citizens in the province and importantly here for Aboriginal single mothers and their children, are being highlighted by a newly elected opposition party in BC. Many of the effects of the cutbacks on poor families are documented in a report “Losing Ground” by two UBC professors that was presented to a United Nations Human Rights Committee in 2003. The UN Committee said that it was concerned about “changes in BC which have a disproportionately negative effect on women and particular Aboriginal women”.<sup>21</sup>

The highly disproportionate and increasing number of Aboriginal children taken into government care can also be regarded as one tragic outcome of the inadequacy of social supports for children and families.

---

<sup>18</sup> British Columbia, Ministry of Child and Family Development. Phase I: Evaluation Summary of AECD Initiatives, Draft, July 2004:2.

<sup>19</sup> Globe and Mail, November 19 2005. \$4-billion package to battle native poverty. pA1&11

<sup>20</sup> [http://www.gov.bc.ca/arr/popt/the\\_new\\_relationship.htm](http://www.gov.bc.ca/arr/popt/the_new_relationship.htm) 12/3/05

## 2.4 ECD Policies of First Nations and Aboriginal Organizations in BC

Recommendations that would support an integrated government strategy for “holistic child development” were made almost a decade ago by the Royal Commission on Aboriginal Peoples (RCAP) after extensive consultation with Aboriginal people. Whether early childhood services were provided as an extension of the education system or as part of health and social services, the Commissioners concluded, “the requirements for support for holistic child development are the same.” The context for these recommendations makes it clear that the essential requirement for a successful AECD integrated strategy was Aboriginal control. (See Appendix 1 for these RCAP recommendations)

In 2005, the consensus of Aboriginal leaders seems to be that an integration strategy involving a “single window” for federal government AECD programs is likely “a good thing” although some mistrust of the federal government’s intentions are expressed in reports of the leadership consultations. However, there is still a lack of clarity about what the so called single window will encompass, how it will be administered, by whom for whom and where, and whether Aboriginal control over service design and administration, a fundamental piece of the RCAP overall recommendation on AECD, is envisaged.

Since 2002, representatives of BC First Nations organizations, representatives from three federal government departments (INAC, HRDC and HC) and the provincial government have been participating in a BC “Roundtable” to provide a forum for sharing information and discussing coordination, collaboration and integration of Aboriginal ECD programs. The BC Roundtable sponsored the *Aboriginal Leadership Forum on ECD* in 2003, which

involved 200 community-based stakeholders from across BC. The input from the participants at that forum provided the basis for a set of principles and a plan for action on the integration of services at the community level.<sup>22</sup>

By the fall of 2003, the government departments represented at the Roundtable had not been able to reach a common understanding about what “integration” meant in practice or reached any agreement about whether this was a feasible goal. BC First Nations representatives at the BC Roundtable observed in 2004: “The federal government has primarily focused on the priority of streamlining or reducing administrative paper work and not on community needs or priorities”. They also expressed concern that an end result of government ECD integration efforts would be reductions in program funding.<sup>23</sup>

In December 2003, at a national discussion on ECD in Ottawa, the Assembly of First Nations (AFN) commented that the new ECD funding was not reaching communities and expressed some ambivalence about the government’s intent in pushing for integration of ECD programs and services.<sup>24</sup>

Then, in July 2004, delegates at a federally-sponsored Aboriginal ECD *Program Integration Initiative* forum held in Ottawa in July 2004 that included national Inuit, Metis and women’s organizations advocated for the establishment of an independent secretariat on AECD.

Reflecting Aboriginal concerns nationally about governments’ Aboriginal ECD agendas, BC First Nations have proposed that an independent secretariat be set up to facilitate and coordinate a First Nations ECD Strategy/ Agenda for BC. They have also proposed that a coordinated approach to service delivery for Aboriginal ECD be guided by a set of

---

<sup>22</sup> BC Aboriginal Child Care Society. *Many Voices, Common Cause*. Vancouver, 2003

<sup>23</sup> BC Aboriginal Child Care Society. *Draft Discussion Paper*, October 6, 2004

<sup>24</sup> Greenwood, Margo and Sarah Deleeuw. *A Report of the Assembly of First Nations Early Childhood Development National Discussion*. December 16, 2003.

## Valuing the Community Voice

principles that are meaningful to communities and organizations.<sup>25</sup> These principles are set out below:

### Principles for a BC First Nations ECD Strategy

1. First Nations in BC are distinct nations with their own spiritual values, histories, languages and political institutions;
2. First Nations in BC have an inherent right to establish, implement and monitor services for our children and their families;
3. There is a recognized commitment by all parties of the need for integration of programs and services for Aboriginal children and their families;
4. The approach to coordination will aim to ensure sustainable funding for programs and services;
5. The approach to coordinated services for children will be developed in partnership with governments and communities and organizations. Such partnership includes recognition and respect for Aboriginal history, heritage, culture, skills and knowledge;
6. The approach will be child and family focused, culturally based, holistic and reflective of concepts of healthy development within the context of the community;
7. The approach will be inclusive. All communities and organizations will have a right to participate in the creation of a vision and strategic plan for the well-being of Aboriginal children; and
8. The approach will be transparent and accountable to children, families, communities and governments.

Guided by these principles, there is an opportunity to move from the unilateral development of ECD policies and programs that affect our children to a coordinated approach that will enable our children to develop to their full potential.

## 2.5 Tracking Government AECD Spending

A preliminary review of the federal *Early Learning and Child Care Expenditures* for 2003-2004, shows that that in 2003 -2004, “much of the enhanced allocations were delayed” for the First Nations and Inuit component of the FASD program. The Expenditures notes that the First Nations and Inuit Health program of Health Canada redirected approximately half of the unused allocation of \$15 million to other programs. The Aboriginal Head Start On Reserve program had \$46.5 million available for 2003-2004 but expenditures were reported as being \$11 million less (\$35,095,244).<sup>26</sup>

Aboriginal groups have said that they are not seeing much impact on AECD needs as a result of the new funding. In mid 2005, ACCS, therefor, attempted to obtain a more detailed understanding of provincial spending of the new AECD and ELCC funds but was only able to verify that it is not possible to say how all of these program funds are being expended and how much of the funds so far have reached Aboriginal communities.<sup>27</sup>

## 3. Differing Understandings Of AECD

### 3.1 Inherent Rights and taking a Holistic Approach

Underlying the many difficulties that Aboriginal and non-Aboriginal government representatives struggle with as they try to find effective ways to meet Aboriginal ECD needs is that they usually have fundamentally different understandings of what Aboriginal ECD should encompass and who should control it.

<sup>25</sup> ACCS. Draft Document. 2004

<sup>26</sup> Government of Canada, *Early Learning and Childcare Expenditures, 2003-2004*. <http://www.socialunion.ca/eecd/2004/english/page05.html>

<sup>27</sup> Malcolmson, John D. *Aboriginal Early Childhood Development and Child Care Funding: Where Do the Dollars Go?* BCACCS. 2005

First Nations assert that they have the inherent right “to initiate, design and control programs for their children”.<sup>28</sup> Currently, non-Aboriginal governments control the development, design and the implementation of Aboriginal ECD programs.

Most Aboriginal people also stress that a holistic approach to understanding Aboriginal ECD should be the basis for policy. Taking a holistic approach implies, among other things, the understanding that health, education and social programs, for example, are interconnected; children’s health and well being is inseparable from that of family and community. In contrast, Canadian governments’ “traditional political view” of ECD, as international observers have observed, is quite limited and encompasses mainly day-care or child care necessitated by the parents’ absence from home for employment, education or training.

A 2004 international review of Canadian ECD by the Organization for Economic Cooperation and Development (OECD) describes the current Canadian government view of ECD as “narrow” compared to that of many other developed countries. The report notes that some slight change is occurring “to a more developmental perspective” but observes that this broadening understanding tends to be confined to ECD administrators and community groups<sup>29</sup>.

Clearly, the broad-based Aboriginal conception of ECD is not accommodated by most current government ECD government programs which tend to deal separately with some aspect of children’s well-being in isolation from the well-being of their families and the social and economic environment in which the children live. The delivery of these programs has also continued to perpetuate the historical distinctions made by governments between Aboriginal people who live on a reserve and those who do not and those who are registered with INAC as Indians and those who

are not. Since many young Aboriginal families are very mobile and eligibility can change with location and type of program, their ability to access appropriate ECD services may be hit or miss.

### **3.2 The Social and Economic Environment for Implementing Aboriginal ECD**

A recently released United Nations report on child poverty in 26 countries in the developed world helps to point up some fundamental contradictions in Canada’s social policies. The report shows Canada has a child poverty level of 14.9% — higher than that of 18 other OECD countries—and also shows that Canada was one of seven out of 26 OECD countries with decreased spending on social programs between 1990 and 2000.<sup>30</sup> One apparent contradiction is that all of these seven countries with decreased overall social spending maintained or increased the share of social spending devoted to child and family related benefits.<sup>31</sup> Despite this apparent emphasis on the child and family, the continuing lack of improvement in, and high level of, child poverty in Canada relative to the majority of other developed countries indicates that a more comprehensive approach to social programming and a general increase in social program funding is needed to effect real change in the lives of children who live in poor families.

For most Aboriginal children and families in Canada poverty is a constant companion, as statistics based on successive Canadian Censuses show. In 1996, for example, 58% of Aboriginal children were living in low-income families. In 1995, there were double the number of Aboriginal single mothers (32.5%) than other Canadian mothers (16.5%). 72% of these single parent Aboriginal mothers (compared to 49% for all single mothers) and their children from birth to age 15 were dependent on income assistance.<sup>32</sup>

<sup>28</sup> Greenwood, Margo and Deleeuw. A Report of the Assembly of First Nations Early Childhood Development National Discussion, December 16, 2003.2004:6

<sup>29</sup> OECD. Country Review: Canada. 2004.30

<sup>30</sup> UNICEF. Child Poverty in Rich Countries, 2005; Report Card No.6. UNICEF Innocenti Research Centre. Florence. 2005:04

<sup>31</sup> UNICEF. Child Poverty in Rich Countries, 2005; Report Card No.6. UNICEF Innocenti Research Centre, Florence.2005:24

<sup>32</sup> Jeremy Hull. Aboriginal Single Mothers in Canada, 1996:A Statistical Profile. INAC.2001.

## Valuing the Community Voice

One clear sign of Aboriginal family distress is the large, highly disproportionate and increasing number of Aboriginal Children “in care” in BC. In July 2005, the Ministry of Children and Families estimated that 48% of all children taken into government care in BC were Aboriginal children. In the North and the Vancouver Coastal region, 76 % and 60% respectively of all children “in care” are Aboriginal. In the Interior region, 46% of the children in care are Aboriginal, 37% in the Fraser region and 45% Vancouver Island region.<sup>33</sup>

MCFD reported in 2002 that between 1998 and 2002 the number of aboriginal children in care rose from 33% to almost 40% with variations in the then twelve health areas across the province. Three had over 50% of the children in care - Vancouver/ Richmond, Thomson/Caribou, and the North where 70 % of the children in care were Aboriginal.<sup>34</sup> Though the regional boundaries have changed and the statistics may not be directly comparable, they do show a significant increase in the numbers of Aboriginal children in care over last three years.

The health status of Aboriginal people in BC also varies across the province, but, on average, according to the Provincial Health Officer, life expectancy is 7.5 years less on average than that of the rest of the population. However, by “traditional” measures of health such as Aboriginal life expectancy and infant mortality rates, the north and the interior of BC have the best health status, Vancouver and the area south of Vancouver the worst.<sup>35</sup>

Some other documented evidence of differences between communities, besides the Provincial Health Officers’ indicators, are emerging in the work of the UBC team led by Clyde Hertzman that is researching Aboriginal children’s readiness for school.

Further light is shed on the differences and inequalities within and between Aboriginal communities in a 2003 recent study by Canadian sociologists entitled *Aboriginal Conditions*. This study analyzes the demographic characteristics of the Canadian Aboriginal population and also develops an index of human capacity for program transfer to Aboriginal communities. The aim is to be able to identify how ready and able different Aboriginal communities are to take over the delivery of government programs. The study authors developed an index of three levels of community capacity for program transfer and map the distribution across Canada.<sup>36</sup> For BC, the highest level of capacity appears to be related to proximity to an urban centre.

These sociologists also argue that inequalities are destined to increase in First Nations communities as a result of the 1985 Bill C-31. They predict that despite creating an initial increase in the numbers of registered Indians, the new Bill C-31 rules for the transfer of registered Indian status will result in a declining entitlement to Indian registration and the emergence of a number of different classes of citizens with different entitlements to various benefits. These different entitlements, they contend, will undermine community cohesion. They predict that, if the legislation does not change, around the end of the sixth generation there will be no individuals with further entitlement to Indian Registration.

---

<sup>33</sup> Email communication, Aboriginal Services Branch. 8/10/05

<sup>34</sup> Ministry of Children and Family Development. *The Health and Well-Being of Aboriginal Children and Youth in British Columbia*. June 2002. Victoria: BC MCFD. P.8.

<sup>35</sup> British Columbia, Provincial Health Officer. *The Health and Well-Being of Aboriginal People in British Columbia*. Annual Report 2001. Victoria, BC. Ministry of Health Planning. 2001

<sup>36</sup> Jerry P.White, Paul S Maxim & Dan Bevon. *Aboriginal Conditions: Research as a Foundation for Public Policy*. Vancouver: UBC Press, 2003

## 4. Models And Planning Approaches For Integration

### 4.1 The Community Planning Process in Action

It is clearly imperative that effective use is made of the new AECD funding to help strengthen services for all Aboriginal children in their families and communities. A community planning approach is one way to get the whole community working together to improve services and eliminate gaps. Taking this approach involves setting out tried and tested sequential steps for constructing a community plan. These steps involve the whole community in:

- Having a vision of what the community wants to achieve
- Setting goals and objectives based on community values to achieve this vision
- Defining the activities necessary to achieve these goals and objectives
- Setting timeframes for accomplishing the activities
- Establishing responsibilities and accountability
- Evaluating how the plan is working so that it can be adjusted if need be to fit changing circumstances.

What is most useful about the community planning approach for Aboriginal communities is that it is usually based on a set of principles and a process that puts ownership in the hands of the community as a whole. In practice, however, one or more individuals have to take leadership, enlist support, initiate the process and guide the planning through to completion.

#### **Carrier Sekani Family Services (CSFS)**

The Carrier Sekani developed a Family Services Action plan in 2002 designed to integrate services while promoting community development. The plan describes the principles, goals, challenges, and work

plan that was followed in implementing “integrated services that are community based and reflective of our culture and values, in order to support the health and well-being of children, families, and communities.”<sup>37</sup> The planning principles are described below:

Principles of Carrier Sekani Integrated Services Plan

1. Resources and services belong to the community.
2. CSFS is responsible and accountable for providing available resources and service delivery in the best possible way to meet the community’s need
3. The community has a collective responsibility to be involved in the planning of their services.
4. Every challenge is a learning opportunity
5. Each individual within CSFS contributes to serving the needs of our community
6. Healthy organizations include healthy staff and SCFS is committed to supporting and encouraging our staff in their personal development growth and learning
7. CSFS believes in and respects the knowledge and strength of each individual and community
8. CSFS is a learning organization. We believe in learning and working together.

#### **Other First Nations**

Some other First Nations communities in BC have also recognized the usefulness of community planning for coordinating early childhood and family development services. These communities can provide useful models for other communities to follow. For example, the four bands of the Nilha’ kampsx Nation (Lytton First Nation, Skuppah, Nicomen and Kanaka Bar bands) have taken a proactive approach to making more effective use of scarce resources through the establishment in 1993 of the Nzen’ man’ Child and Family Development Centre Society. Other communities, such as the small but economically successful Tsleil Wah Tuth in North Vancouver, have developed their own plan for enhancing community well-being.

---

<sup>37</sup> James (Carol), Action Plan for Integrated Carrier Services and Community Development. [2002]

## Valuing the Community Voice

In a 1998 report prepared for the Assembly of First Nations, researcher Martin Spigelman provides a diagram of a planning wheel that can be used instead of a linear planning method to guide an integrated planning approach. Spigelman suggests that leadership, most likely from the band council, is essential to get the process started. He also provides a description of the practical steps that need to be taken to involve the community and develop an appropriate community plan.<sup>38</sup>

### Training and the “Hook and Hub” Model

In another interesting approach, a long term planning process involved a partnership among three groups of First Nations communities in BC and the University of Victoria, School of Child and Youth Care. The three First Nations groups included Lil’wat First Nation, Tl’azt’en Nation and six of the First Nations in the Treaty Eight Tribal Association: Saulneau, West Moberley Lake, Prophet River, Halfway River, Doig River and Blueberry River.

The role of the University was to provide students from these communities with a two-year training in ECD and to conduct research on the steps taken by these communities “to strengthen their capacity to provide early childhood care and development programs, in ways that reinforce their cultures and languages and promote the well-being of young children and their parents or other caregivers”.<sup>39</sup> Since finding and keeping trained ECD staff is often challenging for communities, the investment in training of community members was both forward-looking and potentially risky.

However, four years after the students had completed their training program the researchers found that of the 35 graduates of the program 28 were working full time as staff or managers in child-care programs and other

services for children and families within their own communities. All three groups of First Nations had child-care programs and at least one other ECD program. All programs were doing well and there were wait lists for infant care.

The conclusion of the researchers was that a “community-centred model that uses early childhood care and development programs first as a “hook” to attract community members by delivering the quality childcare they both need and want, and then as the centre of a “hub” where community members can find other family development and health services may be more effective in meeting the diverse needs of children and families in First Nations communities than the dominant problem - and need specific – model”<sup>40</sup>.

The researchers believe that the “Hub” model works because it creates cost and resource efficiencies, increases access to social support, child care, health and family services and because they are tailored to the culture, circumstances, needs and goals of their own populations”.<sup>41</sup>

In some communities a special ECD facility was planned for and built before the students graduated and in some there was also co-location with other community services.

Keys to success in the Hook and Hub model were identified as:

- A commitment to the concept of family-centred practice
- Providing supports and services for children within the broader scope of their culture and community
- Working on a long term comprehensive, community development plan.

The study identified four levels of integration that communities planning for integration of ECD services

<sup>38</sup> Spigelman (Martin) et al. al. Pulling It All Together: An Approach for Integrated Planning in First Nations Communities. Assembly of First Nations. 1998.

<sup>39</sup> Ball (Jessica). Hook and Hub: Early Childhood Care and Development Programs as Hook and Hub: Promising Practices in First Nations Communities. 2004:1

<sup>40</sup> Ball. (Jessica) Hook and Hub. 2004:102-3

<sup>41</sup> Ibid: 108

might experience. The study illustrated these levels in diagrams that are included here in Appendix 3.

It is important to remember, however, that Aboriginal communities in BC are quite diverse. A solution that works well in one community may not work in another for a variety of reasons. The community may, for example, already be engaged in other community development processes or it may not be ready to start a community planning exercise for a variety of reasons. Solutions, such as the Hook and Hub model, that require significant new funding from government for capacity development or capital projects will probably need a longer time-frame and may be harder to implement.

Communities can also vary greatly in size and available resources. The majority of BC reserve communities, for example, are quite small. According to INAC, of the 198 reserve communities in BC, 50% have populations of less than 200 and 33% have populations between 200 and 600. Some communities are located in remote rural areas; others are located in large urban areas. Some are organized into larger tribal groups, sometimes for the purpose of negotiating treaties. Some have access to rich natural resources or can, like the Tsleil Wah Tuth in North Vancouver, use their proximity to a large city to develop housing projects on leased land for non-Aboriginals; others have few exploitable resources and very high levels of unemployment. All of these factors need to be considered at the pre-planning stage.

## **4.2 Lessons Learned about Community Planning for AECD**

The importance of pre-planning considerations are illustrated by three federally-initiated one-year pilot projects that used a community planning approach to achieve integration of services on ECD. Though only one was a BC project, together the three demonstrate some interesting lessons on what works and what does not work well. Two of the projects were initiated by

INAC and one by Health Canada. One of the INAC projects involved the Elsipogtog First Nation in New Brunswick, another the Alberta Treaty Eight Tribal Council which includes <sup>23</sup> communities. The third project initiated by Health Canada was a province-wide site led by the BC Regional Round Table.

These sites were selected to illustrate joint planning processes at three different levels of aggregation: 1) at the community level; 2) at the tribal council level; 3) at a provincial level with government agencies as participants in the process. Participants from all of these sites attended a three-day workshop that presented a nine-step process as a guide for doing community planning.

After one year, at the projects' end, all three sites were expected to produce a community plan. Unfortunately, none were able to do so.

A report by Whiteduck Resources for INAC provides a description and insights into the processes that were followed.<sup>42</sup> The Whiteduck report concludes that the impact of community planning is probably greater at the community level than at the tribal or regional level but researchers were unable to determine based on these three projects whether community planning leads to integration or a single window approach or not. The authors noted: "Lessons point to a need for an introductory exercise or workshops with communities to explore the feasibility of pursuing a community development plan before anything is introduced."<sup>43</sup>

The information provided in the report on the Elsipogtog project shows that the community had already developed a comprehensive community plan that was in the process of being implemented. It appears that the pilot project might have been a duplication of effort (the report does not explicitly say so). The lesson appears to be that planning for ECD needs to complement or take into account the existence of other planning processes.

---

<sup>42</sup> Whiteduck Resources Inc. op.cit. 2004:37

## Valuing the Community Voice

The Treaty 8 project was, in fact, meant to complement other Treaty 8 planning processes that were also well advanced. It is not clear whether the goals of the project were achieved or not since the report concludes that: “It remains difficult to distinguish results from the *Bilateral Process*, the *Children’s Agenda* [two other planning processes in place] and the *Community Planning* process.”<sup>44</sup>

To support the BC Regional pilot, Health Canada funded “a salary for one departmental employee and associated operational costs for one departmental employee to coordinate activity that could complement the Regional Round Tables process.” The coordinator reported to Health Canada.<sup>45</sup> The stated objective of the Roundtable is to: “Develop an Early Childhood Development strategic plan for Aboriginal children in BC which facilitates a coordinated approach to ECD program delivery which reflects the vision of the community and stakeholders”.<sup>46</sup>

The BC Roundtable on Aboriginal ECD, which was organized in 2002, includes representatives of three federal government departments—INAC, HRSDC and Health Canada—as well as First Nations leaders and other First Nations’ representatives. It does not include non First Nations Aboriginal people. It has a small senior executive level steering committee. The extent of provincial government involvement is unclear and the Whiteduck report alludes to this albeit somewhat obliquely: “There are some linkages [from the Province] to the steering committee but the strength of this relationship and interaction is not well defined.”<sup>47</sup>

According to the Whiteduck report, “Within three months, the [Roundtable] *Steering Committee* determined that community planning was not “doable” or a desirable option for ECD activity at a

regional level [of] aggregation.”<sup>48</sup> Among the reasons given were that the Roundtable was trying to achieve too much with too few resources and that “the utility of various aspects of community planning was not well understood in meeting the focus of their objectives”. The report further noted that there were competing interests, different expectations, a lack of trust and a perception of a lack of equity between Steering Committee members because government members controlled resources.<sup>49</sup>

The projects described above all attempted to use a community planning or a community development planning approach, terms that describe similar planning processes and are sometimes used interchangeably. For example, municipalities in BC have official community plans developed in consultation with the community but decision-making is the prerogative of elected municipal council members and the scope of planning reflects the limitations of municipal jurisdictions.

Community development planning tends to take a broader approach and to proceed from more explicit assumptions about challenging power and powerlessness, being inclusive and placing decision-making in the hands of community members. It sets out to strengthen the capacity of groups to make and implement their own plans. If the assumptions underlying the planning are not teased out at the outset of the process, differing expectations of how the process should unfold can result.

### Off Reserve Community Planning

Current information on successful models of Aboriginal community planning for the off-reserve Aboriginal population was not examined for this paper and does

---

<sup>43</sup> Whiteduck Resources Inc. ECD Community Planning: Pilot Project Report.2004 :21

<sup>44</sup> Whiteduck Resources Inc. op.cit. 2004:37

<sup>45</sup> Whiteduck, Resources Inc. Op. cit. 2004:40.

<sup>46</sup> First Nations Early Childhood Development Roundtable. Draft Terms of Reference. 2004.

<sup>47</sup> Whiteduck.op.cit.40

<sup>48</sup> Whiteduck. op.cit. 40

<sup>49</sup> Whiteduck. op.cit.44

not appear to be well researched. Yet, the majority of First Nations and other Aboriginal people live off-reserve in BC and face many similar challenges to people on-reserve. Models based on on-reserve structures and experience, however, are not likely to be easily transposed onto off-reserve communities. Apart from northern Metis communities, off-reserve communities are likely to be less heterogeneous than reserve-based communities, fragmented into small communities of interest, and not easily defined or united by their geographic location. However, many urban-based Aboriginal organizations are involved in providing Aboriginal ECD and other social and health services. Whether and how these services can be delivered in an integrated manner to ensure all Aboriginal children and families are treated equally is also worthy of consideration.

### **4.3 Maori Community Development Principles**

A statement of community development principles that is endorsed by a New Zealand Maori community organization notes: “community development is crucially concerned with the issues of power and disadvantage”.<sup>50</sup> The following international principles for community development planning are cited based on this understanding:

#### **Internationally Accepted Principles for Community Development**

- Promote active and representative citizen participation so that community members can meaningfully influence decisions that affect their lives
- Engage community members in problem diagnosis so that those affected may adequately understand the causes of their situations
- Help community leaders understand the economic, social, political environmental and psychological impact associated with alternative solutions to the problem

- Assist community members in designing and implementing a plan to solve agreed upon problems by emphasizing shared leadership and active participation in that process
- Disengage from any effort that is likely to adversely affect the disadvantaged segments of a community
- Actively work to increase leadership capacity (skills, confidence and aspirations) in the community

## **5. Making Recommendations For Change**

### **5.1 OECD Recommendations**

Participants in the 2005 ACCS regional workshops need to develop their own recommendations for the kind of change that will be necessary and appropriate for integrating services in their communities. However, it may be helpful here to review briefly as further background information some of the recommendations or suggestions about changes needed in Aboriginal ECD programs that have been suggested by an international team from the prestigious Organization for Economic Coordination Development (OECD).

The OECD team reviewed early childhood education and care policies in Canada in 2004. Among other things, it examined government policies for Aboriginal children and noted that: “the overriding impression gathered by the review team was that the Aboriginal population - not least in urban settings - is very disadvantaged in comparison to the population as a whole”. They saw: “Generalized under-funding in the child care sector with respect to wages, learning environments and infrastructure both physical ... and non physical.”<sup>51</sup>

The team suggested, based on their knowledge of ECD systems in other developed countries, that ECD

<sup>50</sup> [http:// maaori.com/develop/commwhat.html](http://maaori.com/develop/commwhat.html)

<sup>51</sup> OECD, 2004:8

programs for all at risk children and families “are most effective when they take place within a general framework of anti-poverty and community development policies”. They said that wider issues such as “employment and job training, social support, income transfers, housing policies, substance abuse and community resources need to be addressed”.<sup>52</sup> They note that international experience of other indigenous peoples such as the Sami in northern Scandinavia and the Maori in New Zealand is that integrated socio-educational programs bring multiple benefits for children. The OECD team makes recommendations with regard to the need for increased funding, more equitable access and a higher quality of care. They also observe that in Canada obtaining appropriate child care for children with disabilities can be extremely difficult.<sup>53</sup>

## **5.2 National Aboriginal Organizations’ Recommendations**

National Aboriginal Organizations discussions held in 2004 on the integration of government programs reached general agreement that integration of these programs and services is “fundamentally a good idea”. However, the Aboriginal delegates had eleven stipulations that needed to be met. These included the need for flexible funding arrangements, flexibility in the basket of programs offered, the need for recognition and accommodation of regional differences, the need for the focus to be on children, families and communities and that the objective had to be improved results.<sup>54</sup>

## **6. Building On The 2003 Aboriginal Leadership Forum On Ecd**

Participants in the regional workshops should also take the opportunity to review the progress of the action plan for integration of ECD services in their communities since the Forum of 2003 and to refine their strategies for action. (See Appendix 1)

Two years have now passed since this plan of action was developed. The current workshops provide an opportunity for service providers to begin to assess how well the plan is working so far for them; to look at what they find works well and what does not; to examine together the barriers to change; to ask whether service providers are seeing greater collaboration within and between communities and within governments; to review how well progress or the lack of it is being monitored; and, among other things, to come to consensus once again on how the plan of action can be strengthened to help service providers to achieve their goals.

---

<sup>52</sup> OECD. 2004 12.

<sup>53</sup> OECD.62

<sup>54</sup> Aboriginal ECD Integration. Results of NAO Discussions. A Summary Report by the Institute on Governance. 2004:14

## 7. Discussion And Conclusions

Our governments current interest and investments in Early Childhood Development and Early Learning and Child Care programs appear to be driven by three main concerns: 1) the unmet need for quality and accessible child care for pre-school children created by the huge growth since the 1980s in the numbers of women with preschool children in the work force; 2) an acceptance of scientific findings on the importance of the early years in an individual's life and, linked to these findings; 3) the need for policies and programs aimed at redressing inequalities in the "life chances" of young children. The changes in policies and programs for pre-school Aboriginal children and families described in Part 2 of this report are largely designed to address this third driver.

The emphasis on coordination and integration of government programs for Aboriginal children accompanying the new funding is largely a federal initiative aimed at the on-reserve population. The extent of provincial involvement and cooperation in the design and delivery of AECD programs in BC is not clear though, following the federal provincial Agreements and the injection of new federal funding, BC began to provide some AECD services for children and families living on reserve

Most of the front-line workers who participated in this project were unaware of the government moves to integrate and coordinate AECD programs and services. However, if coordination and integration of the current fragmented services lead to improvements, most thought this was a positive step forward. A few expressed concern that governments' main goal was to save money and that in the end Aboriginal children and families would be no better off.

For the Vancouver Aboriginal participants in this project, coordination and coordination of government programs seemed to be somewhat irrelevant. They focused on the troubling conditions that many urban

First Nations and other Aboriginal children and families face and the funding difficulties that the Aboriginal agencies that support them currently experience. They believed that the attention of both governments and Aboriginal leaders in BC is currently focused on First Nations on reserve and that urban-based Aboriginal families and children are largely ignored.

In general, the participants in this BC ACCS project had a strong and optimistic vision of what can be accomplished for children and families through well-designed, culturally-appropriate AECD programs and services that are tailored to community needs. However, they said, they often lacked the resources to do their work effectively and also the necessary support in their communities for AECD. They said that their skills and experience are not sufficiently valued, that they are poorly paid, have few prospects for promotion, and little or no job security. They also believed that there is often little understanding of AECD among the influential members of their communities who could be a force for change.

Participants in the project further noted that despite their many similar concerns and experiences there are inequalities between Aboriginal communities and within Aboriginal communities that affect children's early childhood development and have implications for future program design and service delivery. Some current academic findings tend to confirm these views. Recent research on inequalities between Aboriginal communities is found, for example, in the report of the BC Medical Officer of Health, in the work of the UBC team led by Clyde Hertzman that is researching Aboriginal children's readiness for school, and in a 2003 study Aboriginal Conditions which, among other things, developed an index to assess the capacity of communities to assume the transfer of programs.

Participants also emphasized their belief that if meaningful change is to occur, governments must introduce long term and flexible project funding that will enable Aboriginal communities to plan ahead and

## Valuing the Community Voice

to do so cooperatively instead of being in competition with each other as they now are, often limping from one short term project to the next. They stressed that AECD programs must reflect the many different needs, strengths and cultural ways of Aboriginal communities in BC and that, to create meaningful change, AECD programs must be holistic and designed and operated by Aboriginal people.

In this report, the project participants describe many creative and practical strategies for change that need to

be incorporated into current government policy, programs and services for AECD. Their voices must be listened to if real change is to occur in the lives of Aboriginal children and their families. If governments are as truly determined to transform the future of Aboriginal people in BC as they are now saying, transforming the lives of all young Aboriginal children and their families through preventive programs and adequate social support is surely an important place to start.

## Appendix I

### **The Royal Commission on Aboriginal Peoples (RCAP) recommendations on ECD were:**

“Federal, provincial, and territorial governments co-operate to support an integrated early childhood education funding strategy that

- a) extends early childhood education to *all* Aboriginal children regardless of residence;
- b) encourages programs that foster the physical, social, intellectual and spiritual development of children, reducing distinctions between childcare, prevention and education;
- c) maximizes aboriginal control over service design and administration;
- d) offers one-stop accessible funding; and
- e) promotes parental involvement and choice in early childhood education options”.<sup>55</sup>

---

<sup>55</sup> Royal Commission on Aboriginal Peoples, Report. Education, Chapter 5: Ottawa: 1996 P:453-4

## Appendix 2

### Synopsis of the Aboriginal Leadership Forum on ECD 2003 — Action Plan

The report on the 2003 Forum, *Many Voices, Common Cause*, stresses that the 200 delegates from various levels of government leadership and the community who came to the Forum from across BC came together with some urgency to develop a strategic plan for ECD. The urgency was based on the need to take advantage of the new government direction on ECD and to harness limited resources to address “the grave obstacles still facing many Aboriginal children – obstacles like poverty, malnutrition, learning disabilities and Fetal Alcohol Syndrome (FAS)” and the need to focus on prevention not intervention.<sup>56</sup>

The report starts by reviewing the current major concerns brought out by the delegates: funding and multiple reporting requirements; lack of coordination of government programs; serious barriers to service for urban and non status Aboriginals; lack of trained Aboriginal practitioners; program gaps especially for single parents families; the need for more preventive services for FAS - rates are 30 times higher for Aboriginals than for the general population; funding directed to preschool special needs children – the rate of severe disability is very high on reserve.

Guiding principles and a plan for action were developed by the delegates for a new ECD model for BC’s aboriginal children.

- Guiding Principles for a New ECD Model for BC’s Aboriginal Children
- Universality, accessibility and comprehensiveness
- Sustainability
- Cultural Relevance
- Elder participant
- A holistic approach to care
- Communal responsibility

- Integrated and holistic service delivery
- Accountability

Workshop participants stressed that small communities had different challenges than large ones or urban communities but consensus was reached on the following eight goals and objectives:

- Promote healthy babies
- Teach positive parenting
- Provide support for single-parent families
- Enhance the link between ECD program and schools
- Capitalize on informal learning
- Encourage interaction between the young and the old
- Increase the number of skilled Aboriginal practitioners in communities
- Enhance partnerships within and between communities

Next, specific activities to achieve these objectives within varying timeframes were developed for service providers.

- Develop a range of funding sources
- Be aggressive about funding particulars such as the time frame for funding for a program
- Tie funding and accountability to a community plan
- Inform and be informed
- Network with other service providers and other communities
- Be politically active
- Identify and support champions within the community
- Educate key stakeholders
- Consult elders
- Develop programs through community focus groups
- Take every opportunity to provide input at forums, etc.
- Celebrate successes.

---

<sup>56</sup> BC Aboriginal Child Care Society. *Many Voices, Common Cause*. 2003:1