



Aboriginal Head Start (AHS) is a national early intervention program funded by Health Canada for First Nations, Inuit and Métis preschool children and their families living in urban and northern communities. There are 114 preschool centres across Canada operating in eight provinces and three territories. Approximately 3,500 children participate annually.

**SPRING/SUMMER 2002**

**COMPUTERS FOR SCHOOLS**

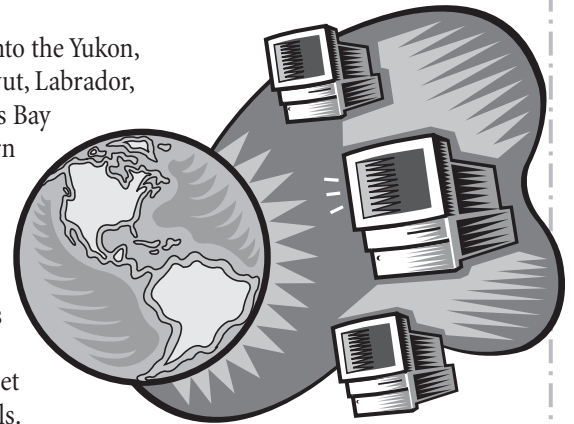


Following discussions with Industry Canada, Aboriginal Head Start (Urban and Northern) has been able to obtain two computers for each AHS site in urban and northern communities across Canada. Over the next several months, Industry Canada's Computers for Schools (CFS) program will upgrade and deliver two refurbished computers to each of our 114 sites.

As 80 percent of our sites are located in rural or remote northern centres, transportation of these computers has proven to be a difficult hurdle. To address this problem, Health Canada and Computers for Schools have partnered with National Defence's Junior Canadian Ranger Program, who will provide

transportation for delivery into the Yukon, Northwest Territories, Nunavut, Labrador, and Northern Québec (James Bay and Coastal Points). In return for this assistance, the CFS national office has committed to donate an additional 87 computers that will be placed in schools and communities where the Junior Canadian Rangers meet and learn traditional life skills.

It is expected that this initiative will unfold over the next several months with delivery dates planned for June and September.



*Computers for Schools*



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## **ABORIGINAL HEAD START** **(URBAN AND NORTHERN) STORY CONTEST**



For generations Aboriginal peoples have used storytelling to inspire, teach and amuse. In the spirit of this tradition, Aboriginal Head Start (AHS) released *Johnny National* to illustrate how AHS can impact a child's life and the lives of their family members. There are many true-life stories that tell us how the program is making a positive impact, not only in the lives of children and their families, but throughout communities. In an attempt to capture this, Aboriginal Head Start is running a story contest of first-person accounts that illustrate the impact the program has had on our participants, their families and their communities. AHS staff, parents, graduates, children, volunteers, and community members are invited to submit stories. Selected stories will appear in a book to be published later this year. Each person submitting a story will receive a prize! Submissions of children's artwork or photos reflecting positive images of AHS are welcome as well.

### **FORMAT:**

Entries should be no longer than 2 pages and should tell a story about how the AHS program has made a positive impact in your life, the life of someone you know or in your community. Get creative! Tell us about your funny story, memorable moment, inspiring event or about an unforgettable person you met through AHS. Think about having a storytelling event in your community to generate memories and ideas for stories. Be sure to include a cover sheet along with your submission telling us your name, telephone number and address.

### **DEADLINE:**

Stories should be submitted by June 30, 2002 (deadline extended!)

### **TO:**

Aboriginal Head Start Stories Contest  
AHS (Urban and Northern)  
Childhood and Youth Division  
9th Floor, Jeanne Mance Building  
Tunney's Pasture - PL: 1909 C2  
Ottawa, Ontario  
K1A 0K9



### **INFORMATION:**

If you need more information, call  
AHS National Office at  
613-957-6488  
Or contact us by email at:  
Karen.Roach@hc-sc.gc.ca

\* AHS (Urban & Northern) reserves the right to edit all submissions prior to publication.

### **THE AHS NATIONAL NEWSLETTER**

The AHS Newsletter continues to welcome submissions from community participants, staff and administration.

Please send your submissions, photographs and other materials to:

Aboriginal Head Start National Newsletter  
c/o Aboriginal Childhood and Youth Section

1909C2 Jeanne Mance Building  
Tunney's Pasture  
Ottawa, ON K1A 0K9

Or contact Karen Roach for more information:

E-mail: karen.roach@hc-sc.gc.ca

Tel: (613) 957-6488

Fax: (613) 952-1556

## ABORIGINAL HEAD START VOLUNTEER PROFILES



### AS YOU KNOW, IN 2001 THE AHS PROGRAM DECIDED

it was time to formally acknowledge the dedication and contribution of AHS volunteers by awarding three deserving people (Julianna Vautour of Toronto, Evelyn McKay of Winnipeg, and Burt Porter of Calgary) with a Volunteer of the Year Award. Deciding who would receive the awards amongst the outstanding nominations was difficult. It was never the intent to initiate a competition, or to determine which volunteer donates the most time. We do not believe that any volunteer activity is more or less important than any other. Our program needs volunteers who can advocate and participate actively on boards and committees, share their knowledge of culture and language, help in the class and at special events, fund-raise, organize and teach crafts, pick up groceries, clean, cook, drive, play, answer the phone, and help the children put on their coats at end of the day ... equally!

**IT IS OUR PLEASURE** to introduce you to a few more AHS volunteers through a new column in this and upcoming newsletters called AHS Volunteer Profiles . It is our goal to thank and acknowledge the volunteers that are featured in the column, and to promote volunteerism in the program.

### DONALDA MAY-BELL OF TORONTO

, Ontario has been volunteering her time with the Shawanong AHS Program for the past three years. Currently she is attending college on a full time basis. She participates in classroom activities, field trips and is the vice-chair of the Parent Advisory Committee. Donalda is a representative on the provincial AHS committee and takes on administrative duties. She also cooks and bakes for all the program's special events and feasts. She is described to us as



Thank you  
**Donalda May-Bell,  
 Carolyn McDonald  
 and Valerie A.N.  
 Stewart for  
 donating your  
 valuable time to  
 the AHS Program!**

a generous and mature women who can always be counted on and is deeply committed to AHS. Four of her grandchildren have attended the AHS Program. Donalda is dedicated to the survival of language and culture.

### CAROLYN MCDONALD OF IGLOOLIK

, Nunavut has been involved with the Ilinniarsarvik Igloolik Head Start Program for the past six years. She is considered a visionary in the community. Carolyn is known to initiate projects and then quietly devolve her involvement as others gain skills to take over. A firm believer in mentoring and training, Carolyn is always thinking of new ways to strengthen and enhance the program, and has arranged a large number of training events. Carolyn was the co-author and content advisor for the video, Small Steps to a Healthy Future: Learning from the Igloolik Intervention Project made by the Inuit Broadcasting System. Instrumental in setting up the centre in Igloolik six years ago, she provided training and development for the staff. Carolyn has acted as the centre's volunteer coordinator, trainer and fund-raiser since its inception. She chooses not to take a salary, preferring to allow more community members to learn and develop important child care and parenting skills. She recognizes the importance of having qualified local people manage their own early intervention project.

### IN THE COMMUNITY OF IGLOOLIK

, Carolyn works as a half time program support teacher at the Ataguttaaluk School and in this capacity she supports programs for children with special needs and trains classroom support workers. Among many other things, she developed a summer credit course in archeology for high school students and was involved in the community based education program as a facilitating teacher.

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**VALERIE A.N. STEWART OF PRINCE RUPERT**, British Columbia has been volunteering with Cedar Road AHS Program for the past two years. Valerie is a Nisga'a artist, computer hobbyist, and First Nations role model. She is a self employed artist and has skills and experience in the area of public relations and marketing. Valerie lends these skills to the Cedar Road AHS Program at many levels both locally and regionally. Valerie has taken the lead in public relations and working to build a positive image for the program. She is also an advocate for youth, Aboriginal and Nisga'a cultural Initiatives, Healthy Living, and much more. Valerie created and maintains websites that build a positive image for AHS on and off reserve. She has also spearheaded the creation of a public relations committee (e.g. trade shows, promotional products, etc.). Currently Valerie is working on the translation of curriculum materials into the Nisga'a language for the 2002 school year.

## SHARE IN THE CELEBRATION

- JUNE 21<sup>ST</sup> IS NATIONAL ABORIGINAL DAY!



June 21<sup>st</sup> is National Aboriginal Day, a day when all Canadians can celebrate the contributions Aboriginal peoples have made to Canada. In co-operation with national Aboriginal organizations, the Government of Canada chose June 21<sup>st</sup> for National Aboriginal Day because it is also the summer solstice, the longest day of the year. For generations, many Aboriginal people have celebrated their culture and heritage on or near this day. Today, Canada is proud to recognize the rich cultural diversity and unique achievements of Aboriginal peoples with a national day of celebration. National Aboriginal Day is for all Canadians - so share in the celebration!

For a listing of National Aboriginal Day events in your region, visit [www.inac.gc.ca/nad](http://www.inac.gc.ca/nad)



## ATLANTIC REGION

### AHS REGIONAL NETWORK TRAINING MEETING

November 15-17, 2001

**IN NOVEMBER 2001, THE SIXTH ANNUAL AHS REGIONAL NETWORK MEETING** was held in Hopedale, Labrador. Hopedale is a small, isolated community on the north coast of Labrador. The population of Hopedale is approximately 700. During the winter, the only mode of transportation into the community is by plane.



Hopedale AHS staff and children enjoying lunch, October, 2001.

In 1996, Health Canada began funding an Aboriginal Head Start site in the community of Hopedale. It is called the Hopedale Suguset Centre and is sponsored by the Labrador Inuit Health Commission. It is set up to serve 20 children and presently has 14 children registered.

### THE HOST OF THE ANNUAL AHS REGIONAL NETWORK TRAINING MEETING

rotates and in 2001 it was time for the Hopedale Suguset Centre to host the network/training meeting. Each AHS Site sends approximately six participants to the meeting including the Program Director, a sponsor representative, Parent Advisory Committee representative, male representative, parent representative and an Elder.

The Atlantic AHS Committee decided to focus on Fetal Alcohol Syndrome training for the participants. The other

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half of the meeting was facilitated using the Open Space Technology Facilitation Process.

*"Open Space is an approach to meetings which promotes creative thinking and gets everyone participating. The approach also uncovers issues and opportunities within a theme that anyone present cares about, ensures a discussion of each issue, includes prioritizing of all topics and involves action planning." (Excerpt from Tools for Leadership and Learning)*



*Open Space laws and principles.*

**JANET SKINNER FROM THE LABRADOR LITERACY NETWORK**, along with Sarah Thompson, were hired to facilitate the Open Space sessions in Hopedale.

This was the first time the Open Space process was used at the Atlantic AHS Regional/Network Training Meeting so there was some uncertainty about using a new process for the meeting. Participation is a key component of Open Space and there was some doubt about whether this process would work for the training participants.

As the meeting proceeded it was clear that the Open Space process was a good choice and by mid-morning of the first day, participants had identified a range of topics and issues. Agenda items and topics/issues identified by the participants ranged from parental involvement, AHS Networking, language, special needs, Atlantic exchanges, daycare rules in Newfoundland, more activities and learning for infants and Elder involvement.

While Open Space is occurring, the facilitator types the reports from each of the sessions so that at the end of the meeting the participants leave with a report.

The Atlantic AHS Committee members have now reviewed the topics and issues identified and have separated them into



*Participants determining Open Space topics, Hopedale, 2001.*

site or regional responsibilities. Each committee member is responsible for moving their topic or issue forward and the Atlantic AHS Committee met in March 2002 to integrate the actions from the Open Space session into their Work Plan Document.

Participants not only enjoyed the meeting but also got to enjoy the richness of Inuit culture, through such things as the soapstone carvings created by the local carvers, traditional food like caribou, and traditional Inuit games at the banquet.

The surroundings were also an added bonus and contributed to the success of the meeting. Each day the participants were able to take in the sights around the community and were extra blessed with being able to watch three minke whales in the harbour while eating their meals.

The Atlantic AHS Committee and the participants at the Sixth Annual AHS Regional Network Training Meeting would like to thank the staff at the Hopedale Suguset Centre and the people of Hopedale for their hospitality and kindness.

*-Submitted by Teresa Palliser - Atlantic Region*



## CHILD-REARING TODAY - THE TRADITIONAL WAY



### I WAS RAISED BY MY MOTHER AND FATHER, AND BY MY GRANDMOTHERS,

by my aunts and uncles and my older brother. A mixed blood, or as I have come to call it, a potpourri of cultures. I was shown many things, but all of them wove together to create a fabric of understanding that acknowledged my relatedness to all. My measure as a human was said to be equal to the respect and compassion that I brought to all these relations. Spirituality was said to sit in the middle of the truth and honour with which I acted in these relationships and with which I was able to love our mother earth and the great mystery of creation. This loving and this appreciation of our natural environment directs our lives to the first principle of child-rearing: *To show and share our respect for Mother Earth and understand our connectedness to all living creation.* When we truly understand this connectedness, our desire to love and act with compassion is reinforced and our desire to hurt or react is diminished.

### WHETHER IT WAS FINDING MY MOTHER SEEKING QUIET DOWN IN THE WOODS,

my father's laughter as we jumped in a mountain lake, my brother's carrying me on his back to show me the incredible view of the mountain up the hill, or my grandmother pointing out the medicine plants growing around our home, I was continually shown the power of nature, of our mother earth to heal. Given this backdrop of collective wisdom, I was taught and I lived the second principle of traditional child-rearing: *Family as the centre of a child's constellation.*

### TRADITIONALLY, FAMILY WAS NEVER A "NUCLEAR" TERM,

but expansive and inclusive of all relations. It is this environment of community and physical place that shapes a child. Genetic inheritance, or blood, plays a role, but the biggest role is played by the teachings given to us as we live, and where we live. Twenty-four years as a parent and twenty-eight years as a teacher have only reinforced this thought and the understanding of what our ancestors knew and performed so well in the nurturing of a child within his or her band of people, and upon the child's mother earth. Teachings of natural and human responsibility were interwoven, demonstrating the interdependence of all of life.

### IF THE VILLAGE OR COMMUNITY

is the foundation upon which we build our child-rearing and parenting practices, we come to realize the many resources and kinds of help available to us as parents. We see not only the 'system's' help, such as from schools and agencies, but we also see who in our extended family circles, and what in our physical environment, will strengthen and build our children's minds, bodies and spirits. We can begin to understand, appreciate and use those sources of support, and let go of the sense of fear and frustration that come with raising our children in isolation. We can move beyond the pain and hurt of our own childhood by proactively learning what to put in its place for our children, and by learning acceptance and taking pride in this process shown to us by our elders.

For many, child-rearing and parenting must be a dual process of healing themselves and nurturing their children. No one's family circle is free of dysfunction, or grief and pain. Many,

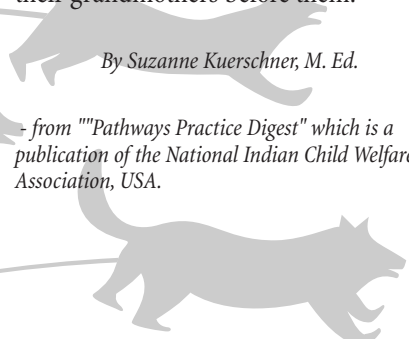
even some of our elders, have suffered too much to yet heal. I was one of twenty-eight cousins. Within this extended family and its support, we endured our share of physical and mental health issues: addiction, divorce, suicide and premature death. But through it all a strength borne of our circle and the sum total of ourselves always emerged. My grandmother said, "No one is ever given more than they can handle." I now understand that when she said "they" it included all our relations.

**OUR GRANDMOTHERS** still remember so many simple things that we must hold on to in this complex world. These teachings, these gifts of our ancestors, are our beacons for interpreting and walking in this life with balance. We must listen to those elders that carry our hearts. Our life and our children's lives depend on remembering their wisdom. This concept of *respecting our elders* becomes our third principle in child-rearing and parenting.

**AS PARENTS**, once we acknowledge and show our respect for our mother earth, our community and our elders, we can busy ourselves with some of the functions of this respect. These functions are timeless and functions that were the child-rearing and positive parenting practices of our grandmothers, great grandmothers and their grandmothers before them.

By Suzanne Kuerschner, M. Ed.

- from "Pathways Practice Digest" which is a publication of the National Indian Child Welfare Association, USA.

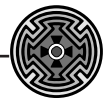




"In the Native community, all children are welcomed, regardless of where they come from or who their parents are. Each one is respected, right from birth. Everyone in the community is responsible for the children. If a child cannot be with his/her parents, then it is up to the community to help that child grow up strong. We all must support our children. We all must care for them; make them feel wanted; give them their culture for it is rightfully theirs. It is so important that our children be with our people while growing up. We have lost so many in the past... we cannot afford to lose any more."

Ann Jock  
Mohawk Clan Mother  
Akwesasne

*from the Native Child and Family Services of Toronto Website*



## DOCTORS URGED TO PROMOTE HEALTHY ACTIVE LIVING FOR CHILDREN AND YOUTH

Many Canadian children have unhealthy habits. According to the Canadian Fitness and Lifestyle Research Institute, three out of five children aged 5 to 17 are not active enough for optimal growth and development. A study published last November reported that Canadian children are becoming progressively more overweight. From 1981 to 1996, the prevalence of overweight increased 92% among boys and 57% among girls. During the same period, obesity in boys and girls more than doubled.

Experts agree that the availability of high energy, high fat foods is just part of the problem. Children are also leading increasingly sedentary lifestyles. They watch more television,


surf the Internet, and play video games. And they have fewer opportunities for high quality physical activity in school. It all leads to problems in childhood and adolescence, as well as the potential for poor health in later life.

"The disease process leading to osteoporosis, hypertension, and cardiovascular disease begins in childhood if physical activity levels are insufficient," says Dr. Claire LeBlanc, a paediatric sports medicine specialist. "We can help prevent these diseases through an active lifestyle."

-originally printed in The Canadian Paediatric Society News - May/June 2001

The Physical Activity Guide for Children and Youth was officially launched by Health Canada on Friday, April 5th. You will find the Guide for Children and Youth at:  
<http://www.hc-sc.gc.ca/hppb/paguide/youth.html>

## INUIT HEAD START IN NUNAVIK

 A new childcare centre providing Head Start programming has been set up in Kuujjuaq, Quebec, bringing the total of Nunavik (northern Quebec) sites up to sixteen. The *Tumiapiit Centre* is the second facility for the Iqitauvik Child Care Centre, a non-profit



corporation managed by the parents. Tumiapiit means little or tiny footprints, an apt name because the ceiling of the centre is covered with tiny footprints. Tumiapiit has a permit for 80 children which will allow it to meet the needs of some of the 95 children on the waiting list of its sister centre Iqitauvik.

Like all of the centres in Nunavik, Tumiapiit is run in Inuktitut. All of the staff speak Inuktitut, and a strong emphasis is placed on Inuit culture and tradition. All of the centres in Nunavik receive funding through the Kativik Regional Government (KRG) which administers this funding through contribution agreements. Funding for the sites comes from both the federal government (Health Canada (Aboriginal Head Start - Urban and Northern), and Human Resources Development Canada) and the Government of Quebec. As well, the KRG is responsible for issuing permits, carrying out inspections and providing support (financial, professional and technical) on behalf of the Government of Quebec. By combining operation and capital funds, and centralizing the administration of these funds, the KRG has simplified the payment of subsidies.

The parent fees for full-time children are \$5 per day per child. This promotes financial accessibility for the parents. This fee includes meals and snacks.

Training for the approximately 200 childcare employees is ongoing. College level courses are offered in Inuktitut in various communities. These full-time courses take about 18 months to complete. As part of their studies, the students learn how to use High/Scope programming in their centre.

Nunavik sites, including Tumiapiit, will spend this year focusing on acute anemia in infants. This condition effects between forty and sixty percent of infants in Nunavik and can lead to permanent developmental delays if not treated. Nunavik sites intend to focus their attention on the reduction of acute anemia in older children at a later date.

It is hoped that within a year, nearly all of the pre-school-aged children in Nunavik will have access to either a full-time or a part-time Head Start program. The long-term result of the program will be seen by the success of the Head Start children in school, as well as in their teen and adult lives. The short-term benefits of the program are already being observed in the school readiness demonstrated by the children leaving the centres and in the economic impact that each centre has in its community by providing well-paying jobs for the centre staff.

**Source:** Margaret Gauvin  
Regional Childcare  
Coordinator  
Kativik Regional  
Government  
P.O. Box 300  
Kuujjuaq, Quebec  
J0M 1C0  
February 8, 2002



## Aboriginal Head Start Association of British Columbia – First to Incorporate



In December of 2001 the Aboriginal Head Start

Association of British Columbia (AHSABC) became the first AHS provincial committee to incorporate. Members of the executive for the newly incorporated society are : Jackie Sinclair, President; Rhonda Davies, Vice-President; Anita Zakresky, Secretary; and Audrey Waite, BC Representative and NAHSC Committee Chair.

"When the idea of incorporation was first raised, we brainstormed and concluded that one important advantage would be the opportunity to raise funds in addition to what is provided by Health Canada," says Jackie Sinclair.

Executive member Audrey Waite notes that AHSABC already has plans for how additional resources could further AHSABC's goals. "We would like to support more training opportunities for staff and parents and channel more money into AHS sites," she says.



## AHSABC LOOKS THROUGH THE EYES OF A CHILD



AHSABC and Cedar Road AHS partnered in what one participant described as an "awesome" experience--the 6th annual AHSABC Conference of 2002, February 15-17. As first-time hosts, Cedar Road AHS and the community of Prince Rupert showed over 80 participants and visitors how warm a northern welcome could be.



Jackie Sinclair from Campbell River wins a prize

The conference theme was "Kinship... Looking through the Eyes of a Child." Theresa Faulker, AHSABC Conference Sub-Committee Chair says: "Our goal was to portray the relationships our children establish with their extended families and how valuable that is to their spiritual, emotional and intellectual well being."

The nine-member local parent committee, which worked with the AHSABC on all aspects of conference planning, were joined by other parents and community members, bringing the total number of conference volunteers to twenty-two. Participants included young grads from Prince Rupert High School who volunteered as part of their community service.

Participation in conference planning gave Cedar Road parents the opportunity to network and raise awareness of the AHS initiative with local businesses and organizations. It also strengthened their relationships with on-reserve AHS sites in the area. For many volunteers this was their first experience contributing to such an event; for others, it served as a reminder of how participant's lives have impacted each another with lasting effects.

Honoured guests included elders, parent representatives and staff from BCAHS urban sites, AHS on-reserve sites, a Yukon AHS site, host agency and Health Canada representatives. Workshops topics included: Planning and Evaluation, Early Childhood Development, Colours, Empowerment to Children, Kinship, Language of Parenting, Traditional Healing, Our



Gitmaxmak'ay Nisga'a Dancers



AHSABC Cultural Gala

Children/Our Teachers, Creativity, as well as a parent-run session on leadership and, for the athletically inclined, The Indian Olympics.

After a traditional banquet, participants were joined by members of the community for an inspiring cultural gala where Jennifer Kingsmill and Rhonda Davies each received a George Crawford Award for their volunteer work with AHS . Highlights of the evening included the 40-member Gitmaxmak'ay Nisga'a Dancers and the Kwe Unglis (Haida) Dancers. It was, however, the children of Cedar Road AHS that stole the show! From the moment they walked

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on stage in their traditional vests, the children were the focus of every eye. There was a warm glow in the audience as parents and community members saw the confident children sing songs they had been taught by AHS volunteers.

"The conference illustrates the importance of seeing through a child's eye and how teaching the roots and values of their Aboriginal heritage will encourage families to become active participants in their communities. This is what makes a difference in our lives, our communities and our world," concluded Cedar Hill AHS president Blair Stewart.

Website

<http://communities.msn.ca/CedarRoadAboriginalHeadStart> and  
<http://communities.msn.ca/AHSConference2002>

## CRAFT CORNER

### SPRINGTIME GRASS BUDDY

*Need:*

*White plastic cup*


*Markers*

*Large wiggle eyes*

*Potting soil*

*Grass seed*

*Spray bottle*

 Help the children glue the eyes on the cup. Let them use the markers to add facial features (nose, mouth, freckles etc.). Fill cup 3/4 full with the potting soil then sprinkle grass seed on top, cover with soil (just enough so seeds can't be seen, not too much). Let the children water their seeds with a spray bottle - keeping the soil moist. Keep them in a sunny area and, the grass will grow and look like green hair! And there you have it, a springtime grass buddy!

*Submitted by Kari Nisbet, AHS National Office*

Check out [theideabox.com](http://theideabox.com) website for more fun ideas activities, seasonal games, music and songs, recipes and crafts.

## EXPOSURE TO VIOLENCE IN THE HOME: EFFECTS ON ABORIGINAL CHILDREN



On January 24 & 25, 2002, the Aboriginal Nurses Association of Canada (ANAC) invited world-renowned experts to speak on the effects exposure to violence has on Aboriginal children. This conference, held at the Lord Elgin Hotel in Ottawa, attracted Aboriginal nurses and health and social service providers from across Canada. The ANAC discussion paper "*Exposure to Violence in the Home: Effects on Aboriginal Children*" served as the focus of discussion.

The discussion paper reveals that there is growing evidence to support the fact that children who are "exposed to violence" are as negatively affected as though they themselves were the direct targets of violence. These effects could manifest themselves in many ways. The children who are exposed to violence can have a multitude of behavioural problems, are at a heightened risk of being abused themselves, suffer from anxiety, are more aggressive, have more temperamental problems, are more depressed, have less empathy and verbal, cognitive and motor abilities, and are less developed compared to those children who grow up in a "violence-free" home/environment (Peled et al. 1995).

Children who are exposed to violence in the home are ten to seventeen times more likely to have serious emotional and behavioural problems when compared to children who are raised in a non-violent home environment (Jaffe et al. 1997). They may experience a variety of emotional problems such as: depressions, worry, refusing to attend school, withdrawal from social interactions and will sometimes have difficulty to separate from the mother. Preschool aged children are likely to display some or all of the following symptoms: aggressive acts, clinging, anxiety, cruelty to animals, destruction of property, Post-Traumatic Stress Disorder (PTSD) (1).

The range and intensity of the symptoms identified are linked to the following factors: the continuation or cessation of abuse, feelings of security by the child and mother, duration and force of abuse that was witnessed by the child, and the child's coping skills (A Handbook for Health and Social Service providers and Educators on Children Exposed to Woman Abuse/Family Violence).

The primary purpose of the ANAC discussion paper is to bring the issues of children exposed to violence in the home to the fore. Although some studies on the subject of violence

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in Aboriginal communities have been accomplished over the past several years, none have dealt with violence from this angle.

The discussion paper says that because of the particular demographics of Aboriginal people - a younger and more rapidly growing population - it is imperative and of utmost urgency that this issue be examined and solutions found to prevent Aboriginal children from being exposed to violence in the home and becoming future perpetrators and victims of violence. This perhaps is fundamental in stopping the "cycle of violence" that exists in many Aboriginal communities in Canada.

(1) Post-Traumatic Stress Disorder is defined by the **Diagnostic and Statistical Manual of Mental Disorders** as: the person has been exposed to an event involving actual or threatened death or serious injury, or a threat to the physical integrity of the self or others; and the person's response involved acute fear, helplessness or horror; or in the case of children, agitated or disorganized behaviour. In addition, the event is re-experienced (e.g. through nightmares, intrusive remembering of the event in response to cues that remind the of the event); there is persistent avoidance of stimuli that remind the person of the event; and there are persistent symptoms of increased arousal, such as difficulty falling asleep, irritability, outbursts of anger, difficulty concentrating, hypervigilance and exaggerated startle response (American Psychiatric Association, 1994)

Work cited:

Peled, I., Jaffe, P., Edleson, J.L., ending the Cycle of Violence: Community Responses to Children and Battered Women. Sage Publications, 1995.

Adapted from the discussion paper **Exposure to Violence in the Home: Effects on Aboriginal Children** prepared by Claudette Dumont-Smith for the Aboriginal Nurses Association of Canada



## THE USE OF THE WORK SAMPLING SYSTEM DEVELOPMENTAL CHECKLIST IN THE AHS IMPACT EVALUATION

by Lynne Robertson



The Work Sampling System Developmental Checklist is one of a package of tools that will be used to demonstrate impact of the AHS program on participating children. Teachers will record their observations in the fall and spring, and changes will be noted as children move through categories called "not yet", "in process" and "proficient". The WSS was designed as a tool to assist teachers to prepare group curriculum and individual

activities for children based on their performance in seven "domains", or program areas. It was selected as an impact evaluation tool because the Tool Development Team liked that its application increased observation skills in staff, influencing the quality of the early childhood program, and that it gave the staff an additional process for collecting materials that demonstrate the children's progress which could be easily shared with parents and caregivers. In addition, this process did not put the child in a testing situation, but allowed recording based on observations over time.

The Work Sampling System (WSS) assists teachers in observing, recording, and evaluating an individual child's skills in a number of program areas. By using the WSS Developmental Checklist, a teacher can chart a child's progress and identify both areas of progress and challenge in the child's development. Ratings on this scale are highly correlated with other standardized tests for school readiness. These scores are considered

to be good indicators of later school success.

The five Impact Evaluation Pilot sites are piloting this process. Staff from each site attended a three day training course, and they are now completing their spring checklists. The evaluation is using four of the seven domains as experienced teachers recommended that those four are the strongest indicators of performance, and that beginning observers should start with a reduced number of categories. They are :

- Personal and Social Development;
- Language and Literacy;
- Mathematical Thinking;
- Physical Development.

Staff from other sites have shown interest in taking the WSS training, as some were introduced to it at the National Training Workshop. We are all anxious to see how effective it is an evaluation Tool!.....Lynne



## BROAD INDICATORS OF "SCHOOL READINESS"

- Small motor development - able to hold a pencil, crayon, or small object with control in hands.
- May write some alphabet letters.
- Gross motor development - able to run, jump, hop on one foot, can control movements, balance.
- Understands and follows oral directions (in native language (mother tongue)).
- Can focus on an interesting task.
- Can sit still long enough to share a story.
- Can use language skills to solve problems and express thoughts and feelings.
- Knows what print is and what it is used for, and may know some letters and numbers.
- Knows what books are and the purposes of reading.
- Able to form social relationships with children and adults outside the family.

Each child is unique and develops at different rates. For example, some children are delayed in motor development but have very good language skills. Some children find it very hard to sit because they are kinesthetic learners or naturally very active.

- from "Creating Learning Environments for Children" in *Weaving Literacy into Family and Community Life* by Suzanne Smythe and Lee Weinstein



## ADVICE FOR CAREGIVERS ON FAS/FAE

The people caring for persons with FAS/E need skills, knowledge, good will and support to be most effective. The implications of FAS/E cross different segments of the community. In turn, it is the coordinated and team effort of the various disciplines, parents, extended families, community members and leaders working closely together that will bring success.

### Ideas for Families and Caregivers

The importance of building self-esteem in these children cannot be overstated. Early diagnosis and intervention are critical in this process so that the parents and the child can understand that the behaviour is not willful misbehaviour but a result of a neurological impairment. When the parents understand the reason for the difficulties and the child understands it is not his or her fault, they have taken an important first step in developing a life-plan that can accommodate and circumvent problems, build self-esteem and hopefully prevent another generation of FAS.

*continued on page 13*

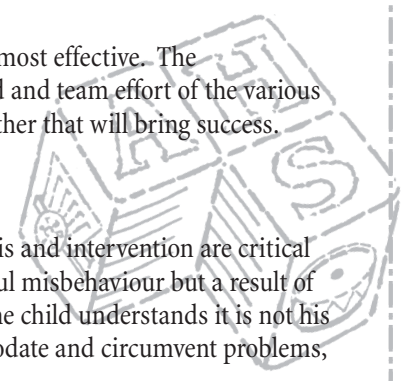
## FETAL ALCOHOL SYNDROME/EFFECTS RESOURCES



Aboriginal Head Start (AHS) in Urban and Northern Communities has partnered with The Fetal Alcohol Syndrome/Effects Strategic Project Fund to provide resources on Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) for use within each Head Start site and community.

In April 2002, each site received a kit developed by the BC Aboriginal Network on Disability Society for use in Aboriginal communities and a copy of the video "Before I Was Born" produced by Pauktuutit Inuit Women's Association. This video was recommended by the First Nation Inuit Health Branch (FNIHB) FAS committee and the Fetal Alcohol Syndrome/Fetal Alcohol Effects Strategic Project Fund for use in Aboriginal communities across the country.

The distribution of this material was made possible through the coordinated effort of many people and organizations. Heartfelt thanks goes out to the Fetal Alcohol Syndrome/Fetal Alcohol Effects Strategic Project Fund, BC Aboriginal Head Start Regional Office, the BC Aboriginal Network on Disability Society, the BC Aboriginal Childcare Society, Roberta Stout, Pauktuutit Inuit Women's Association, First Nations Inuit Health Branch, Janet York, Ontario Aboriginal Head Start Regional Office, and Tungasuvvingat Inuit Community Centre for making distribution of this information possible.



...continued from page 12

Community caregivers are often at a loss as to how they might provide support. A broad based understanding of FAS/E is a good place to start. Clearing away the myths and stereotypes will bring a shift in the attitude to a more positive perspective. There is a growing network across Canada of both parents and professionals. In British Columbia, a group of parents offer information, support and guidance to caregivers in need. They have set up a "Warm-Line" that takes calls from all over Canada. Their FAS/E NATION newsletter has published the following list of tips for community caregivers wanting to support families dealing with FAS/E:

- Listen, listen, listen! Really hear what is being said and what is not being said.
- Find an advocate for the family until they can fill that role themselves.
- Track down resources and help families use them. Make initial contacts and help sort out red tape.
- Help find respite care and/or a way to fund it.

- Some children with FAS/E have also suffered from abuse and/or neglect. Understanding how this effects the underlying neurological disorder and behavioural problems is crucial.
- Find a support group and/or buddy parent for the family.

The book, *Fantastic Antoine Succeeds* was written out of frustration and concern over the prevailing opinion about FAS - that it is a condition with little hope. The book illustrates a number of situations where positive advances have been made in the lives of a number of children with FAS/E. Such achievements can become common when families and caregivers are consistently supported in their efforts.

For more information, contact:

FAS/E Support Network BC

13279-72nd Avenue

Surrey, BC

V3W 2N5

Telephone: (604) 507-6675, Fax: (604) 507-6685

E-mail: [info@fetalalcohol.com](mailto:info@fetalalcohol.com)

Website: [www.fetalalcohol.com](http://www.fetalalcohol.com)



## UNDERSTANDING YOUNG CHILDREN WITH FAS/FAE

### Characteristics of Young Children

From toddler through preschool, children with FAS/E may be slow to develop. This may not be readily noticeable due to their young age and small stature.

### Health

- Severely affected children may continue to have health problems due to organ damage or being prone to infections.

### Development

- Delays affecting speech and vocabulary may be noticeable in the preschool years, indicating later learning disabilities.
- Late development of motor skills means children with FAS/E can be clumsy and accident prone for their age. They may require more intense supervision.
- Seeing and hearing may be delayed. FAS/E children rely more on touch to explore their surroundings. Hot stoves, camp fires, electrical outlets or eating non-edible

substances can be dangerous for the unsupervised child with FAS/E.

### Preschool

- Over-stimulation or changes in daily routines can lead to tantrums and destructive behaviour. A gradual introduction to preschool may ease this situation.
- Interacting with other children can be a problem. Adapting to class routines can be difficult.
- As the child nears school age, an assessment can determine what special services should be in place to ensure a successful transition to school.

*- adapted from "It Takes A Community - Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative - A Resource Manual for Community-Based Prevention of FAS and FAE" by Health Canada available from the AHS National Office.*

For more information on Fetal Alcohol Syndrome and Fetal Alcohol Effects visit [www.fas-fae.com](http://www.fas-fae.com)

# AHS LETTERS AND ARTICLES



**DAILY HERALD**  
YOUR PEOPLE. YOUR PAPER

SATURDAY, MAY 4, 2002

## Parents thankful for aboriginal preschool

**STEPHEN TIPPER**  
DAILY HERALD

Trena Laroque says she has seen a real change in her two children since they started an aboriginal day care.

Laroque, a parent of an eight-year-old girl and a five-year-old boy, says the Prince Albert Aboriginal Head Start preschool teaches children about aboriginal culture and prepares them for school.

"(My daughter) is proud of herself," says Laroque. "She might not have been if she didn't come here (before attending school)."

Laroque and 29 other women from across the province attended the Prince Albert location of Aboriginal Head Start, 202 10th St. E., to discuss a booklet called Johnny National, Super Hero.

The story relates a message about the positive impact the Aboriginal Head Start program can have on a family.

Lily Robinson, director of Aboriginal Head Start in Prince Albert, says that instead of dwelling on the negative, aborigi-

nals talked Friday about something positive for a change. The women shared experiences and resources, and had a good time, she says.

As another example of the positive impact the program can have, a mom who has a child with speech delay was pleasantly surprised one day to listen to her child counting in Cree, says Robinson.

As a new initiative, Prince Albert Aboriginal Head Start is partnering with the Kids First program to have two people go to the homes of at-risk families and help them become better parents, she says.

"Head Start is about making families stronger," says Robinson.

The children going to the preschool might be shy when they first arrive but they don't want to leave once they begin attending, she says.

Laroque says she's going to send her next child here.

"I'm pregnant and our next one will definitely be coming here," she says.

85-96-82 13:48

October 30, 2001

Dear Everyone

We just want you all to know how much we appreciate the care, attention, education, food, and everything else that Tyren is getting from preschool. He absolutely loves to come there. Every day we have to guess the names of his friends and then his teachers. This week we guessed Miss Laroque and Miss Basset. Tyren reminded us of Dot and asked if we knew Shawna. "She is new you know."

Tyren is coming home singing cute songs and chatter, chatter, about how happy he is. He also learns a tonne of songs on the school bus. Some times he gets to ride in the front with Clint who is the bus driver. (Clint is also new. The other bus driver is very very sick you know.) We have spent a lot of time driving around the city so that Tyren can show us where his friends live. We have not been able to find the house where his friends live yet.

It is 10am and Tyren has his boots and coat on. He wants us to please drive him to preschool, and also to make Halloween hurry up. Basically what we want to say to the staff of Madeline Dumont Preschool, Elaine of course for her professionalism that puts it all together is Thank you. We think that you are all simply wonderful.

Sincerely

The Bailey Family



## PREVENT SCALDS BY LOWERING TAP WATER TEMPERATURE, PARENTS URGED



Do parents know that hot liquids can burn as severely as fire?

Safe Kids Canada, the national injury prevention program of the Hospital for Sick Children, believes there is a low level of awareness about scald prevention in Canada. So the program is running a national campaign this spring to raise parents' awareness of burns and scalds. The campaign, endorsed by the Canadian Paediatric Society, will focus on preventing tap water scalds.

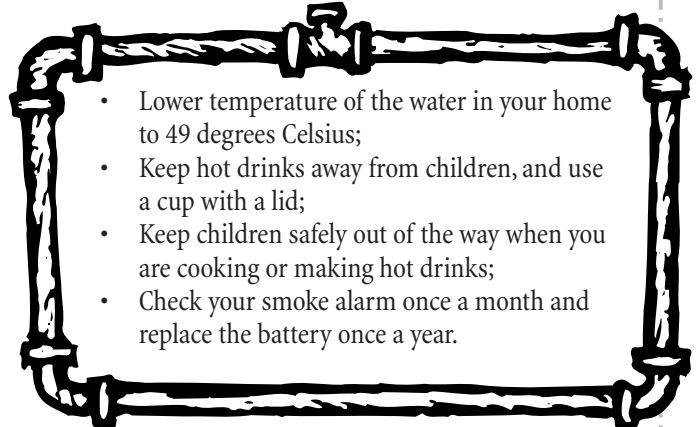
Tap water scalds tend to be more severe than hot liquid spills, says Dr. Richard Stanwick of the CPS Injury Prevention Committee. Both he and Dr. Lynne Warda, committee co-chairs, are members of Safe Kids Canada's expert advisory committee.

"Tap water scalds usually occur from a child sitting in dangerously hot water, or being exposed to hot water running from a tap," say Dr. Stanwick. "This causes burns that are more extensive and deep than those seen for hot liquid spills. Hospital stays for tap water scalds are usually twice as long as the treatment required for other scald burns, and more likely to be fatal. "These figures and associated carnage have not changed in twenty years of tracking this hazard."

The problem could be virtually eliminated if Canadians lowered the temperature of the hot water in their homes to 49 degrees Celsius

(120 degrees Fahrenheit). The Safe Kids campaign is offering thermometer cards that can be used to measure the temperature of tap water. Half a million cards have been produced by campaign sponsor Johnson & Johnson, and are being distributed free through stores.

The campaign, which includes a media program and local events in more than 300 communities, is focussing on four key messages:



For more information about Safe Kids Canada, call Pamela Fuselli at (416) 813-7287 or visit [www.safekidscanada.ca](http://www.safekidscanada.ca)

*-originally printed in The Canadian Paediatric Society News - May/June 2001*



## INTERNATIONAL NEWS

### - THE STATE OF THE WORLD'S CHILDREN - 2002



#### AT THE 1990 WORLD SUMMIT FOR CHILDREN HELD IN NEW

**YORK**, world leaders designed a blueprint for improving the lives of children and women within a decade. Their goals were straightforward: Reduce child mortality rates. Improve maternal health care. Cut malnutrition rates in half. Assure safe drinking water and access to sanitation for everyone. Deliver basic education to all children. Improve the protection of children.

Following the World Summit many leaders aggressively began the work that was called for, and the outcomes were impressive. Under-five mortality rates were reduced by 14 percent. Neonatal tetanus was eliminated in 104 of 161 developing nations. Vitamin A and iodized salt were delivered to nearly 75 percent of children.

But a decade that began with promise was marked by missed opportunities. One third of all children were still not being registered at birth at the end of the year 2000, resulting in no official record of their existence and leaving them vulnerable to denial of health care and schooling. Around 30 million infants are still not reached by routine immunizations. In sub-Saharan Africa, only 47 percent of children are immunized against diphtheria, whooping cough and tetanus.

A third of the children in the world suffered from malnutrition during the 1990s. Children's malnutrition rates declined by only 17 percent in developing countries rather than being halved. The drop in malnutrition in Asia was a mere 7 percent. In sub-Saharan Africa the absolute number of malnourished children actually increased. Today 1.1 billion people remain without safe water and 2.4 billion are without adequate sanitation.

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The goal of universal basic education has not been achieved. Over 100 million children of primary school age are not in school and many more receive poor quality education. The gender gap leaves more girls than boys out of the classroom.

The maternal mortality ratio remains at 1990 levels instead of being halved. The goal for all pregnant women to have access to prenatal care and trained attendants during childbirth has not materialized. Only 29 percent of South Asian births and 37 percent of sub-Saharan African births are attended. On balance, while there have been some notable successes since 1990, much more is needed from governments and individuals if the rights of all children are to be realized.

For more information on The State of Children 2002 report, visit the UNICEF website at <http://www.unicef.org/sowc02/brief1.htm>

## RESOURCES:

*Come Visit*

**The CAPC/CPNP Library Database**

<Http://www.hc-sc.gc.ca/Library>

You will find information about a wide range of products and resources available, including:

- Books pamphlets, videos, tool boxes, reports, etc.
- Information includes product, title, type (video, book, etc.) and description, language, cost.

Information on topics such as:

- Alcohol and substance abuse
- Breastfeeding
- Child Abuse
- Diabetes
- FAS
- Recipes/Cookbooks
- ...and much more

Health Canada Canada

### VISIT

<http://www.hcsc.gc.ca/ehp/ehd/psb/index.htm> for information about toy safety and child product safety issues.

**LOOKING** for information on the specific health needs of North Americans of Native ancestry? Visit [www.canadian-health-network.ca/laboriginal\\_peoples.html](http://www.canadian-health-network.ca/laboriginal_peoples.html) to find out about the health issues facing Canadians of First Nations, Metis and Inuit background.

**CONCERNED** about improving indoor learning environments for children? [www.healthyschools.com](http://www.healthyschools.com) is a proactive tool to help identify, prevent, and remediate indoor environment problems that could otherwise affect children's health and learning adversely. HealthySchools.com contains instructions on "best practices" for creating healthier indoor environments in schools.

**CHECK** out Pauktuutit's website [www.pauktuutit.on.ca](http://www.pauktuutit.on.ca) for a listing of Inuit craftspeople who can make traditional toys or program materials for young children. Products include all kinds of clothing such as *kamiit*, *silapaat* and *amaudit*, as well as sealskin animal

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toys, bone games, **qamutit**, dolls, puppets, wooden **qulliit** and many more items. If you don't have easy access to the Internet, call Pauktuutit at 1-800-667-0749 and ask for a copy to be faxed to you.

**DID** you know that diabetes affects over 2 million people in Canada and costs over 9 billion dollars annually? The Diabetes Division of Health Canada has launched a new website that provides information about diabetes and its complications.

Please go to [www.hc-sc.gc.ca/diabetes](http://www.hc-sc.gc.ca/diabetes) for further diabetes information.

### THE ABORIGINAL FINANCIAL OFFICERS ASSOCIATION OF CANADA (AFOA)

is committed to excellence in financial management for Aboriginal organizations. It is a national, professional association serving the needs of individuals who are working in, or aspiring to, positions with First Nations organizations. It is responsible for training, certification, and professional development in financial management. For more information visit their website at [www.afoa.ca](http://www.afoa.ca).

### ON DECEMBER 6TH, 2001 THE CANADIAN ASSOCIATION OF PHYSICIANS

for the Environment (CAPE) launched a new website - <http://children.cape.ca> - geared to health professionals, but written in plain enough English to be useful for everyone. It provides the information that parents and doctors need to know about the environment and children's health from environmental history taking to health impacts - ranging from reproductive to neurobehavioural effects on children. This attractive and easy to use website can be found at

<http://children.cape.ca> (no www) or through the CAPE website at [www.cape.ca](http://www.cape.ca).

For more information about CAPE or the website content, contact Dr. Kapil Khatter, CAPE, [kap@yorku.ca](mailto:kap@yorku.ca) or call (416) 463-3080.

For information about linking to the site, e-mail [cape@commonsgroup.com](mailto:cape@commonsgroup.com)

**OUR CHILDREN, OUR WAYS** is a unique Canadian video series demonstrating and promoting community relevant quality care in First Nations and Inuit communities.

Filmed across Canada, the series includes beautiful images from quality care programs in diverse First Nations and Inuit

communities. The six programs within the series are: Child Care in Our Communities; Speaking Our Language; Exploring The Natural World; Music and Dance; Telling Stories, Reading Books; and Supporting Children's Art. The series sells for \$ 399.00 all inclusive and is available from:

Manitoba Child Care Association Inc.  
364 McGregor Street  
Winnipeg, MB R2W 4X3  
Ph: 1-204-586-8587 Ext. 8  
Ph: Toll Free (Manitoba Only) 1-888-323-4676  
Fax: 1-204-589-5613  
Email: [clairefunk@mccahouse.org](mailto:clairefunk@mccahouse.org)  
Visit us on the Web: [www.mccahouse.org](http://www.mccahouse.org)

**METIS NATION OF ONTARIO** is pleased to announce the Healing Arms Diabetes Awareness Strategy. The program is funded by Aboriginal Diabetes Initiative, Metis, Off Reserve Aboriginal & Urban Inuit Prevention and Promotion of Health Canada. Prevention and Awareness workshops and information are available.

For more information contact:  
Melissa Adams, Provincial Diabetes Coordinator  
Metis Nation of Ontario  
226 S. May St. 2nd Floor  
Thunder Bay, ON  
P7E 1B4  
Phone: 807-624-5011  
Fax: 807-623-7036  
Email: [melissaa@metisnation.org](mailto:melissaa@metisnation.org)

### IN CARING FOR KIDS

[www.cps.ca/english/carekids/index.htm](http://www.cps.ca/english/carekids/index.htm) you'll find more than 50 plain-language documents for parents and caregivers. Many have been published in Paediatrics & Child Health, while others first appeared in Canadian Paediatric Society publications. The site covers a range of topics, from healthy pregnancies to positive parenting.

The Centre of Excellence for Early Childhood Development identifies and summarizes the best scientific work on social and emotional development of young children and makes this information available to planners, providers of public and community services and policy makers. The Centre also makes recommendations on services that, if established, would support optimal development in young children. For more information on the Centre, please visit their website at [www.excellence-earlychildhood.ca](http://www.excellence-earlychildhood.ca)

# CONFERENCE • EVENTS CALENDAR

**If you have an event you would like published in the AHS National Newsletter please send your submission to the AHS National Office.**

***Children’s Mental Health Ontario - 2002 Conference***

May 30-June 1, 2002

Chateau Laurier Hotel, Ottawa,  
Ontario For more information:

Meeting Management Services Inc.  
(905) 335-7993  
Email:  
marianne.mms@sympatico.ca

***Equity: Research in the Service of Policy and Advocacy for Health and Health Services***

June 14-16, 2002

Toronto, Ontario

For more information contact Xania Gordon:

Tel: (613) 954-8659

Xania\_Gordon@hc-sc.gc.ca

***Head Start - The First Eight Years: Pathways to the Future Conference***

The Administration on Children, Youth and Families, U.S. Department of Health and Human Services, in collaboration with Columbia University - Mailman School of Public Health and the Society for Research in Child Development, announces Head Starts Sixth National Research Conference, "The First Eight Years: Pathways to the Future," to be held June 26-29, 2002 in Washington, DC. For registration and other conference details, visit our website at <http://www.headstartresearchconf.net>. For questions regarding registration, please contact Bethany Chirico at [bchirico@xtria.com](mailto:bchirico@xtria.com) or (703) 821-3090, ext. 233.

For information regarding conference programming, please contact Dr. Faith Lamb-Parker at [flp1@columbia.edu](mailto:flp1@columbia.edu) or (212) 305-4154.

The 2002 North American Indigenous Games Host Society (Winnipeg) Inc. is proud and honoured to host the Games to take place in Winnipeg, Manitoba, Canada, July 25th – August 4th, 2002. This multi-sport and cultural celebration is anticipated to be the largest gathering of its kind in Canadian history.

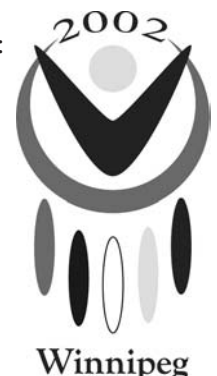
Sixteen different sports, three traditional Aboriginal sports and 13 non-traditional, will draw over 7,000 First Nation, Metis, Inuit, and Native American participants ranging in age from 13 years old to adults and including athletes with disabilities. Every province, state and territory in Canada and the United States are invited to compete in the sixteen (16) Sporting Events. They are:

Athletics	Basketball	Field Lacrosse	Swimming
3-D Archery	Boxing	Rifle Shooting	Tae Kwon Do
Badminton	Canoeing	Soccer	Volleyball
Baseball Golf	Softball	Wrestling	
As well as two (2) Special Olympics Sports which are:			

Swimming Athletics

Over 30 venues throughout the City of Winnipeg will be utilized to host the Games. Tickets for Opening Ceremonies, to take place at Canad Inns Stadium, will go on sale mid-June. All other events during the 11 days of sport and culture will be free and open to the public. The Forks will play host to the Cultural Village and the Closing Ceremonies of the 2002 NAIG.

For information please contact our office at:  
2002 North American Indigenous Games  
Host Society  
Winnipeg , Manitoba  
Phone: (204) 927-2002  
Fax: (204) 927-2099  
Toll Free: 1-877-682-2002  
Website: [www.2002naig.com](http://www.2002naig.com)



# CONFERENCE • EVENTS CONTINUED

## *National Indian Head Start Directors Association (USA)*

### *12th National Training Conference*

#### *"Shared Accountability - Weaving Effective Head Start Management"*

July 7-12, 2002

Arlington, Virginia

For more information:

Three Feathers Associates

P.O. Box 5508, Norman, OK 73070

Phone: (877) 941-9174

## *International Institute for Qualitative Methodology - Thinking Qualitatively*

A week-long series of workshops for those beginning qualitative inquiries.

August 6-10, 2002

University of Alberta, Edmonton

For more information:

Tel: (780) 492-9041

[www.ualberta.ca/~iiqm](http://www.ualberta.ca/~iiqm)

[qualitative.institute@ualberta.ca](mailto:qualitative.institute@ualberta.ca)

## *Looking After Children - 5th International Conference*

A four day international conference offered by the Department of Health (UK) and the Centre for Child and Family Research, Loughborough University, United Kingdom. The conference will explore policy initiatives and research on the effectiveness of interventions to promote children's wellbeing and ask how these relate to other programmes

aimed at supporting vulnerable families and the communities in which they reside. Methods of monitoring the outcomes of interventions will form an integral part of the discussion.

23-26 September 2002

Worcester College, Oxford, UK

More information and a booking form can be found at [www.ccf.org.uk](http://www.ccf.org.uk)

Or contact:

Suzanne Dexter

Centre for Child & Family Research

Department of Social Sciences

Loughborough University

Leicestershire

LE11 3TU,

England

## *Child Health 2003 World Congress & Exposition*

This conference will bring together world-renowned health professionals and experts, scientists, and health-care authorities to deliberate key issues and introduce preventative measures and innovative approaches to reduce illness and death rates, and boost the level of wellness in children.

May 12-16, 2003

For more information contact:

Child Health 2003

Congress Secretariat

#645-375 Water Street

Vancouver, B.C.

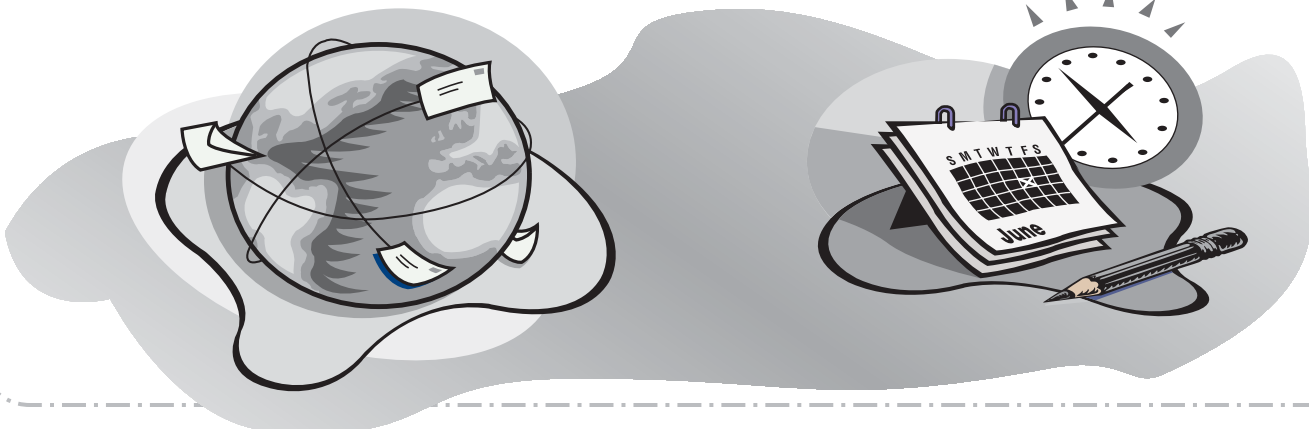
V6B 5C6

Tel: (604) 681-5226

Fax: (604) 681-2503

Email: [congress@venuewest.com](mailto:congress@venuewest.com)

Website: [www.venuewest.com/childhealth2003](http://www.venuewest.com/childhealth2003)





## ABORIGINAL HEAD START - HEALTH CANADA STAFF

For more information regarding AHS,  
contact a Program Consultant in your regions:

### Atlantic Region

Program Consultant  
1505 Barrington Street, Suite 1802  
Halifax, NS B3J 3Y6  
Tel: (902) 426-7148  
Fax: (902) 426-9689

### Quebec Region

Program Consultant  
212 - 200 Boul. René-Lévesque Ouest  
Montreal PQ H2Z 1X4  
Tel: (514) 283-3065  
Fax: (514) 283-3309

### Ontario Region

Program Consultant  
55 St Clair Avenue East, 3rd Floor  
Toronto ON M4T 1M2  
Tel: (416) 973-5778  
Fax: (416) 954-8211

### Manitoba/Saskatchewan Region:

#### Manitoba

Program Consultant  
391 York Avenue, Suite 420  
Winnipeg MB R3C 0P4  
Tel: (204) 983-2573 or  
(204) 984-1434  
Fax: (204) 983-8674

#### Saskatchewan

Program Consultant  
1920 Broad Street, 18th Floor  
Regina SK S4P 3V2  
Tel: (306) 780-7650  
Fax: (306) 780-6207

### Alberta Region

Team Leader  
#620, 220 - 4th Avenue S.E.  
Box 1236  
Calgary AB T2G 4X3  
Tel: (403) 292-5656  
Fax: (403) 292-6696

### British Columbia Region

Program Consultant  
440, 757 West Hastings Street  
Vancouver BC V6C 1A1  
Tel: (604) 666-9917  
Fax: (604) 666-8986

### Northern Secretariat (YK, NWT, NT)

#### Yukon

Program Consultant  
100 - 300 Main Street  
Whitehorse YK Y1A 2B5  
Tel: (867) 393-6780  
Fax: (867) 393-6774

#### NWT

Program Consultant  
60 Queen Street 14th Floor  
(PL # 3914A)  
Ottawa ON K1Y 5Y7  
Tel: (613) 952-9420  
Fax: 1-800-949-2718

### Nunavut

Program Consultant  
60 Queen Street, 14th Floor  
(PL#: 3914A)  
Ottawa, Ontario K1Y 5Y7  
Tel: (613) 946-8102  
Fax: 1-800-949-2718

### National Office - Ottawa

Aboriginal Childhood and Youth  
Section  
Childhood and Youth Division  
9th Floor, Jeanne Mance Building  
Tunney's Pasture - PL: 1909C2  
Ottawa ON K1A 0K9  
Fax: (613) 952-1556  
Email: ahs-papa@www.hc-sc.gc.ca  
Richard Budgell, Program Manager  
Tel: (613) 957-2917  
Rena Morrison, Senior Program Officer  
Tel: (613) 954-8615  
Kari Nisbet, Program Officer  
Tel: (613) 946-2056  
Karen Roach, Program Officer  
Tel: (613) 957-6488  
Lynne Robertson, Evaluation Analyst  
Tel: (613) 952-9769  
April Jacko, Administrative Assistant  
Tel: (613) 952-5845

