



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 3,200 children participate annually.

SPRING/SUMMER 2001

PRINCE GEORGE AHS II

Parents are keen about the new Prince George, British Columbia Aboriginal Head Start program, and the group that might have been viewed as the competition has turned out to be the strongest ally. Add to this a determined staff and the result is the highly successful Prince George AHS program, which blossomed in less than six months from a bud of an idea to a fully-flowering licensed preschool.

Prince George, a northern logging community, has a large Aboriginal population, predominantly Carrier, and a significant number of Métis people. When the forest industry is in difficulty, as at present, the poor economy affects the health of the community. As elsewhere in Canada, health status is significantly worse for the Aboriginal population. AHS preschool programs are one strategy to support early childhood development and prepare Aboriginal children for success at school, an important basis for good health.

In July 2001, Health Canada, concerned about the need for a second Aboriginal Head Start program in Prince George, asked the Prince George Native Friendship Centre, the largest friendship centre in Canada, to develop a program. They were keen to do so. While planning the program and securing the necessary staff and licensing, the Centre hosted a drop-in program which parents attended with their children. After considerable effort, AHS II got their preschool license in November.

Close partnerships, particularly from Tina Fraser, Program Coordinator of AHS I in Prince George, and word of mouth from supportive parents, got AHS off to a good start.

Today, the program has a full house, with 15 children attending in the morning and 15 in afternoon, and six on the waiting list. The program runs Monday to Thursday from 8:30 a.m. to 11:30 and 12:30 to 3:30 p.m. .

What has given the program a particular boost is the enthusiastic parent support. "We're very encouraged by the parent participation," says Anita. "About twenty to thirty families attend our meeting the last Wednesday of the month from 6:00 to 8:30 p.m.. The meetings are an opportunity for parents and staff to talk about how the program is going and what needs to be done to improve it. We serve a snack and provide child care and because most participants don't have cars, we provide transportation."

Meetings are advertised in a monthly newsletter and notes are sent home with the children. "At the first part of the meeting with staff and parents in the room,



Photo from Tourism Prince George website

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we talk about upcoming events, things parents would like changed, and we brainstorm about the program. The staff then leave and parents run a Parent Advisory Council (PAC) meeting. They may talk about fund raising or being involved in curriculum planning. This is a new experience for most parents, so they are just getting a feel about how to run a PAC. Parents who have previously been involved in AHS have shared their experiences which has encouraged people to become active."

The two young Aboriginal teachers, one Carrier and one Métis, put together a curriculum, which supplements the regular preschool curriculum with language and a cultural component. What has made the experience particularly heartening, is the support of the community and the other AHS program. "We work closely with the other Prince George Head Start Program. They've been running for five years and have been generous in their support. We work well together and sometimes we share staff and resources. They have two buses and we have one, the logistic of covering the whole city is a nightmare. We also shared a Halloween day with kids.

It's been cooperation all the way. "When we opened we accepted some of the children on the waiting list that AHS I had built up. We work hand in hand to try to provide a program for every child. Both programs have a waiting list system and we help each other by trying to figure out who needs it the most. And the winners are the children and families who find themselves part of these two AHS programs that are working together to provide a head start for Aboriginal children in Prince George."

Parent Testimonials

"Aboriginal Head Start II has given my son and me confidence. Since he's been in the program, I am confident he'll do well in kindergarten."

"I'm a single mother and couldn't afford to send my son Jeffrey to preschool or daycare. I found out about Aboriginal Head Start II from a friend and ever since he's been going, we're much happier. He's around kids his own age and in a school environment. Now, I'm not so scared to send him to kindergarten."

"The program was the best thing to happen to my son Jeffrey because he's doing things that were hard for me to teach him. He loves getting on the bus and going to school without me going also. While he's in school, I'm not worried at all because he is in the best care. He's not worried either."

KAY WILLIER

"My daughter will be more than ready for kindergarten after being in the Head Start Program. She has learned to share more and communicate with others better. As a mother, I would say this is the best program for aboriginal kids and parents, where both the child and parent learn."

LORRAINE WESTRAND

"Aboriginal Head Start II gives children confidence and healthy self-esteem. This was noticeable when my four year old daughter, Richelle, turned from a clingy, needy little girl into a confident, proud child just two weeks into the program."

KAY ROBINSON

"I feel that Head Start II has made my child Lazera learn to become more independent, to use her manners much better, as well as interacting with children her own age. Also, she has learned a great deal from listening to people with authority as in teachers, bus drivers and parents in general. She is also learning to adapt to a daily schedule, as she has not had to do in the past. I give Head Start II credit for changing my child's attitude into being a child instead of trying to be an adult. Lazera has also learned in a short period of time how to print her own name. Before, she would attempt printing her name, but she would print it from right to left, instead of left to right. Thank you Head Start II for being there for my child and for me as well, changing our lives for the better."

BARB WILLIER

FOR MORE INFORMATION

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Article submitted by: Melodie Corrigan

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 1B4 E-mail: ahs-papa@www.hc-sc.gc.ca Tel: (613) 952-5845 Fax: (613) 941-5492

UNITED NATIONS SPECIAL SESSION ON CHILDREN AN EVENT WE ALL SHOULD KNOW ABOUT!



The United Nations General Assembly will be convening a Special Session on Children. It is scheduled to take place September 19th-21st, 2001 in New York. It comes eleven years after the World Summit for Children (1990) and twelve years after the adoption of the United Nations Convention on the Rights of the Child (1989): two historic events that helped move children's rights to the top of the world's agenda.

You read about the Convention on the Rights of Child in the Spring 2000 AHS National Newsletter. At the World Summit for Children, of which Canada was one of the six initiating countries and co-chair, nations agreed that they have the means and the knowledge to protect the lives and to diminish enormously the suffering of children, to promote the full development of their human potential and to make them aware of their needs, rights and opportunities. A number of tasks and next steps were also identified and Nations committed to making positive change. The Summit brought together the Heads of State/Government of 71 countries and ministerial representatives of another 88 countries. In June 1999, Senator Landon Pearson was named Personal Representative of Prime Minister Jean Chrétien to the Special Session on Children. The Prime Minister is also expected to attend the Special Session in September. The Honourable Landon Pearson is one of Canada's primary advocates for children's rights and has developed an informative website about the Special Session and activities underway to prepare for it. Visit Senator Pearson's website at www.sen.parl.gc.ca/lpearson.

A fundamental priority for Canada is the active participation of civil society and particularly children and youth. The participation of youth is fundamental to the realization of their rights. Among other things, Canada has included two young people under the age of 18 in its delegation to each of the preparatory meetings and two youth will also attend the Special Session. Each time, one of these young people has been Aboriginal. The opportunity for an Aboriginal youth to participate in each of these important meetings has been supported by the Department of Indian and Northern Affairs.

The upcoming Special Session on Children has two major objectives: to review the progress made in the past decade since the World Summit for Children; and to renew commitment and a pledge for specific actions for the new decade. The end of the decade review of progress combines national, regional and global reports on the status of children. These reviews will chart the achievements made and will provide a progress report to world leaders as they plan for the

future. Canada has submitted its report on the status of Canada's children. The Canadian report outlines the progress made in Canada in achieving the goals set at the World Summit for Children in 1990.

WHY IS IT TIME FOR A SPECIAL SESSION ON CHILDREN? Because the reality of life for the children around the world is that:

- More than 10 million under the age of five die each year, mostly from preventable diseases and malnutrition;
- One third fail to complete five years of basic schooling;
- Over 100 million primary school aged children (mostly girls) are not enrolled in school;
- Over 300,000 are recruited as participants in recent armed conflicts;
- Over 60 million work in the worst forms of child labour.

You can find a wealth of information regarding children's rights, the Convention on the Rights of the Child, the World Summit for Children and the upcoming Special Session on Children on the UNICEF website or by calling UNICEF and inquiring. People who know their rights are better able to claim them.

The Secretary-General has prepared the overall review of the implementation of the 1990 World Declaration and Plan of Action (from the World Summit for Children) which includes recommendations for further action. The report is called **WE THE CHILDREN: End-Decade Review of Follow-up to the World Summit for Children**. You can view this report on the UNICEF website.

(This article summarizes information found on the UNICEF website, www.unicef.org/specialsession, and in the UN Special Session on Children Newsletter also found on the website.)

NATIONAL REPORT - CANADA

Ten-Year Review of the World Summit For Children

ALL GOVERNMENTS ARE EXPECTED TO SUBMIT A REPORT TO THE UNITED NATIONS.

Canada submitted its report to the United Nations in preparation for the United Nations General Assembly Special Session on Children. The report outlines the progress made in Canada in achieving the goals set at the World Summit for Children in 1990. Since that time, Canada has taken a number of actions to improve the well-being of children. The report outlines the progress that has been made which includes a reduction in child and maternal mortality rates and certain childhood illnesses, increased immunization coverage, and enhanced access to information for children. Canada remains conscious that there remains work to do to ensure the rights, well-being and optimal development of children in Canada and abroad. One of the major accomplishments, along with the many innovative programs established in the past decade, was Canada's ratification of the Convention on the Rights of the Child in 1991.

In reviewing Canada's progress, the federal government invited the participation of the voluntary sector and the provinces and territories. It also encouraged the participation of children and youth.

WHAT HAS BEEN DONE?

Governments in Canada have recognized the need to work together and develop an integrated approach to address the many issues faced by children and families. The National Children's Agenda (NCA) is a co-operative effort by governments in Canada to ensure all Canadian children have the best opportunity to develop to their potential. Governments have a

shared vision which includes goals for all Canadian children: to be healthy, safe and secure, successful at learning, socially engaged and responsible. Over the past decade child poverty also became a national priority and Social Services Ministers developed an integrated child benefit. The result was the National Child Benefit (NCB). The goals of the NCB are to help prevent and reduce the depth of child poverty; promote attachment to the labour market by ensuring that families will always be better off as a result of working; and reduce overlap and duplication by harmonizing program objectives and benefits and simplifying administration. As you know, early childhood development (ECD) has also become a national priority and an agreement between the federal/provincial/territorial governments of Canada (excluding Québec) ensures a commitment to working together to improve supports and services for children up to six years of age. This initiative represents concrete action on ECD, one of the key areas of the NCA. Federal community-based programs such as the Community Action Program for Children (CAPC), the Aboriginal Head Start Program (AHS), and the Canadian Prenatal Nutrition Program (CPNP) recognize the importance of ECD, parental involvement, cross sectoral approaches and partnerships. This is a snapshot of some of the efforts Canada has made over the past decade and readers can seek out the report to learn more about Canada's progress.

WHAT ABOUT ABORIGINAL CHILDREN IN PARTICULAR?

Throughout the past decade, the government has worked to enhance the well-being of Aboriginal people, including Aboriginal children. The Inherent Right Policy



(1995) recognizes the right of Aboriginal people to govern themselves in key areas of responsibility. Gathering Strength: Canada's Aboriginal Action Plan (1998) seeks to renew partnerships, strengthen Aboriginal Governance, develop a new fiscal relationship, and support communities, people and economies. A number of measures were announced in Gathering Strength which also included a statement of reconciliation acknowledging and regretting historic injustices against Aboriginal people. The expansion of AHS to First Nations people living on reserve was one result of Gathering Strength.

With regard to the Convention on the Rights of the Child, Canada has made significant progress in ensuring its implementation. Substantial progress has been made in the health of children and for the majority, their health status remains excellent. Particular challenges remain in relation to certain vulnerable populations and Aboriginal children who are identified as the child population most at risk of poor health and social outcomes. While progress has been made in many areas such as infant and child mortality rates, the current rate for First Nations children remains double that of the national population. Many issues such as the accessibility of safe drinking water are more immediate concerns for Aboriginal communities than for the general population. Aboriginal children experience a more widespread incidence of poverty and suicide rates

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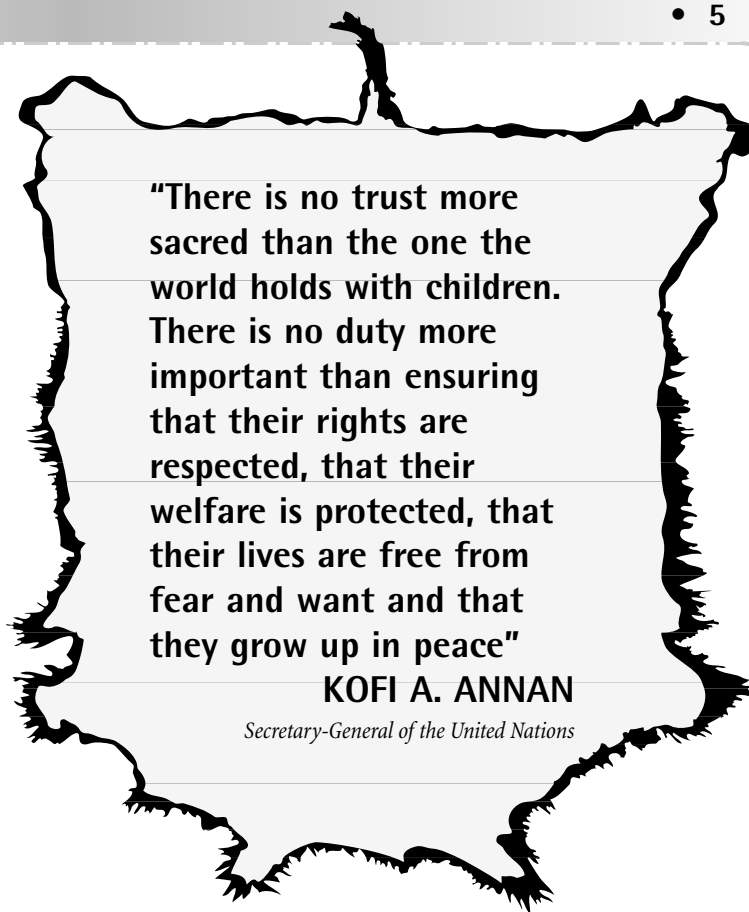
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are high. The incidence of Fetal Alcohol Syndrome and Fetal Alcohol Effects is estimated to be ten to 30 times that of the national population and First Nations children are ten times more likely to be in the care of the state.

While the Aboriginal population continues to suffer poorer health and well-being, significant gains have been made. For example, steady gains have been made in educational achievement both on and off-reserve. The number of on-reserve children enrolled in kindergarten rose by 37 percent between 1989 and 1999. More Status Indians complete their education and the percentage enrolled in post-secondary education doubled. While the differences between the Aboriginal population and the Canadian population remain apparent, the gap is definitely narrowing.

The Report discusses lessons learned over the past ten years involving what interventions are most effective and how government action should best be structured for children. Two of the lessons learned that directly mention Aboriginal people include improving income security to provide more opportunities for Aboriginal people; and increasing the capacity for Aboriginal institutions to provide care and nurturing of children in their own community to reinforce growth in community capacity. The report goes on to say that working in partnership with Aboriginal organizations and communities, steps will be taken to help improve the health and social outcomes and public safety of Aboriginal children. By expanding programs directed towards Aboriginal children and families and working with Aboriginal organizations and communities, appropriate solutions can be developed to address the specific and pressing needs of Aboriginal children.

To access the full report and read more about the progress that Canada has made visit the Health Canada website at: <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc/pdf/WSC10FinalEnglish.pdf>



Awahsuk AHS Children visit Health Canada



ON FEBRUARY 22, the once-placid offices of Health Canada's British Columbia region of Population and Public Health Branch (PPHB) were filled with the charm and enthusiastic energy of ten preschool-aged children from the Awahsuk Aboriginal Head Start (AHS) site in Surrey, B.C. - talk about waking up the staff!

Since the Awahsuk site was receiving a clean up and new paint, the AHS Coordinator, Robbie Brown, their staff and Parent Advisory Committee (PAC) representatives decided to take the kids out for a field trip, ride on the SkyTrain, ride on the Sea Bus and stop for a visit with PPHB.

With the coordination efforts of Arleen Sarsons (Executive Assistant, PPHB) and Dez Manning (Program Administration Assistant, PPHB), the children were welcomed and enjoyed an enthusiastic reception complete with cookies, juice boxes and welcome packages, compliments of Harley Wylie (Program Consultant, PPHB): "It is standard in First Nations cultures to feed our guests - no one leaves hungry - and so we welcomed our little friends from Awahsuk."

The eager children, accompanied by four Awahsuk staff and four PAC reps, munched on their goodies and admired their individual welcome packages of Harley's drawings and First Nations art. They were quick to point out that they needed crayons! Or coloured felt pens!

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And PPHB Regional Director Shirley Chan was not about to miss out on the fun, chatting with the children during their excursion. One child, while answering some of Shirley's questions, blurted out, "I'm an Indian," prompting other children to proudly follow suit. Harley is pleased with the success of this visit and believes, **"This is the biggest success of the AHS program, for Aboriginal children to know of**


their ancestry and speak of it with confidence and pride - it was not always this way." The children enjoyed their impromptu visit at Health Canada so much that there is talk of future arrangements. This begs a critical question: Can PPHB handle all this excitement?

Article submitted by: Harley Wylie, BC Program Consultant (PPHB)



RAISING A CHILD.....THE TRADITIONAL WAY

Yukon Elders are passing on their knowledge to foster a new healthy generation of First Nation people.

 In the remote northern town of Whitehorse, Yukon, the parenting philosophy of "It takes a whole community to raise a child" is at the foundation of a traditional parenting course developed by the Skookum Jim Friendship Centre. Aboriginal elders requested that the course curriculum clearly teach parents, families and communities of their ultimate responsibility in instructing children and young adults about their history, traditions, language, culture and identity.

The traditional parenting course's goals are to break the unfortunate patterns born out of the neglect and abuse suffered at the hands of non-native people and foster a sense of empowerment and identify from learning traditional laws, practice and beliefs. Indeed, the nature of parent' interaction with their children is a critical factor in their physical, emotional and social growth and development into healthy adults. Also, teachings from both the Aboriginal and non-Aboriginal communities are equally valuable in today's society.

Targeting Aboriginal women and men, though not exclusively, the course hopes to promote positive health behaviours within at-risk groups to reduce the occurrences of fetal alcohol syndrome in

newborns and improve overall family health. It is important that community member's initiate the course in their area. Once they have identified their need for the course, two local facilitators of each sex are chosen to lead the eight-day workshop. A unique aspect is the additional involvement of a community's elders as primary teachers and experts on the course. Elders are invited to share their valuable memories of legends and community traditions and practices to highlight the topics being discussed. Participants often leave feeling empowered and are easily able to blend the teachings and new parenting skills into their lives.

Learning is done through circle discussions, role-modelling and storytelling. Together in a circle, course participants learn traditional teachings on adolescence, relationships, care of fetus and mother, labour and birth. They also explore topics such as violent behaviour and sexually transmitted disease in relationships and at-risk behaviours such as alcohol consumption and smoking during pregnancy. On motherhood and fatherhood, they learn the Aboriginal traditions in child naming, rearing and disciplining, the involvement of family, extended family and community in a child's development, clan and value systems, spirituality and grieving. Hands-on field trips are also utilized to demonstrate various traditional skills and techniques. Elders' stories are critical to the course, as they

incorporate important ceremonies and teachings. Daily opening and closing prayers are another powerful tool used to foster an open climate and integrates spirituality into the course. One of the main messages within the course is a parent's responsibility for a child from conception to adulthood.

A facilitator's manual for the traditional parenting program was released in September of 1998. Once facilitators are found in Yukon First Nation communities, they independently assemble a team of elders to localize the generic course topics and transform the course content into something culturally relevant to each First Nation.

It is often said that children are a country's greatest resource. As traditional parenting courses are implemented in the territory and across the country, today's young parents will be able to foster future generations who will be Canada's solid foundation in the next millennium.

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EARLY IDENTIFICATION FOR CHILDREN WITH SPECIAL NEEDS



You may be the first to notice that a child in your child care setting has special needs. Perhaps no one has realized that a problem exists or perhaps parents deny that their child has a problem. The family physician may have told the parents that the child will outgrow it. Yet parents need to know if you think their child has special needs. However, it is ultimately the parent's decision to seek help.

Taking the following 10 steps can lead to securing help for the child, the family and child care providers - everyone on the team.

1) Observation

Observe the child at different times of the day. Document your observations without interpretation. Provide clear evidence of the child's difficulties and always include the child's strengths. Be concrete. For example: In morning circle, child imitated hand and body gestures to songs. When story was read, got up from circle three times; teacher had to bring child back to the group.

2) Strengths and Needs

Develop a list of the child's strengths and needs.

For example: Strengths - enjoys the program; likes water play; plays with cars. Needs - unable to verbally communicate, grabs toys from other children.

3) Consultation

Share your observations of the child with a supervisor. Decide on the best overall approach to help the child and family. For example: Assign one person to spend more time with the child to build a positive relationship. That person should play a key role in communicating with the family.

4) Building Rapport

Develop your relationship with the child's parents. Ask about the child at home: favourite toys, communication skills, response to routines. This valuable information can help you better understand the child. Often the parent has the same concerns about their child and is waiting for someone to validate and assist them in accessing help.

5) Meeting with the Family

Arrange a meeting with the child's family. Be specific: "I'd like to set up a time to talk with you about helping Johnny with his speech." During the meeting, share specific examples of your observations, noting both the child's strengths and needs. Never diagnose or label the child. Put your feedback in the context of the child's ability to manage in a group setting. Come prepared with information about specialized services available to help the child and family.

6) Patience

Allow the parent time to consider their options and make an informed decision. If the parent agrees to involve additional services to help their child, have the parent sign a consent form so you can make a referral to the appropriate service. If a parent chooses not to pursue the issue further, continue maintaining communication with the parent. Gaining a parent's trust takes time. Parent's concerns can emerge gradually. Invite parents into the program to observe and discuss their child's progress.

7) Support Plan

Make a plan to support the child in your program using the expertise of your team. Set one or two specific goals that both teachers and parents can work on. Make goals achievable. Make a date for the team to review the child's progress. Set the child and team up for success. Teach the child skills that he needs. For example: To facilitate play skills, turn taking and appropriate language, have one teacher sit with the child with special needs and another child from the group.

8) Resources

Involve outside resources to provide support. Your provincial/territorial licensing consultant can help identify available services. A resource consultant can visit your program, assess the child with special needs and assist in developing an individual support plan. An effective consultant facilitates the partnership between the centre, the family and any outside resources needed.

9) Training

Educate staff about the child's special needs through training by appropriate professionals. Circulate articles and/or videos to help staff better understand the child's particular needs.

10) Policies

Ensure that your centre has an inclusion policy that covers ways to access support for the team. This policy should be included and reviewed with parents upon the child's enrollment. Make all community resource information available to all parents.

Notes

1. A child with special needs refers to any child whose behaviour and/or development concerns you
2. Parent refers to the adult(s) responsible for the child when not in care.

A LITTLE DIRT MIGHT BE GOOD FOR CHILDREN

Health scientists are beginning to wonder if there's such a thing as being too clean for our own good.

The American Medical Association recently asked the US government to expedite review of such products to determine if they actually pose a health threat by encouraging the growth of super-resistant bacteria. It has even been argued that a young child covered head to toe in grime might be strengthening his immune system rather than just tracking in mud.

It holds that when small children do not get enough exposure to bacteria, the immune system can overreact to pollen or dust or other typically harmless substances. It is based on the premise of killing the good bacteria and reducing competition with the bad bugs.

Parents might think they are doing the right thing using antibacterial soaps and household cleaners, strong laundry detergents, antiseptic diapers and minimizing exposure to other children and pets. Now it seems they might need to think again.

*(The Hamilton Spectator; 01.05.01;
Bob Condor)*

NATIONAL CHILD BENEFIT IN FIRST NATIONS COMMUNITIES

HULL, QUEBEC (April 30, 2001) – Critical community needs are being met through innovative programs and services designed and delivered by First Nations. The First Nations National Child Benefit Progress Report 2000 released by Indian and Northern Affairs Canada (INAC) tells how First Nations are developing community-based programs for their children using the re-investment component of the National Child Benefit.



“First Nations families who receive social assistance see their income support remain at the same level, but at the same time, they have access to additional community-based programs as a result of the NCB reinvestment strategy,” said Robert Nault, Minister of Indian Affairs and Northern Development. “The success of this program is a demonstration of our commitment to support strong First Nation people, communities and economies.”

Also released by the federal/provincial/territorial Ministers responsible for Social Services is the National Child Benefit Progress Report 2000. Fewer children are living in poverty and more low-income families are earning money from employment and leaving welfare according to the report. In 1999-2000, the Government of Canada invested \$1.5 billion to the NCB, as part of a total investment of \$6 billion in the Canada Child Tax Benefit for families with children. In the same year, provincial and territorial governments along with First Nations committed \$484 million in NCB initiatives.

A critical part of the NCB are the investments and re-investments made by provinces, territories and First Nations to support parents who leave welfare for low-paying jobs, thereby ensuring they do not lose the important benefits and services that assist them in raising their children.

To date, about 600 First Nations across Canada are participating in the First Nations Reinvestment component of the NCB. First Nations NCB initiatives totalled almost \$51 million in 1999-2000 and focussed on child/day care, child nutrition, early childhood development, employment and training opportunities and other areas such as cultural/traditional teaching, recreation and youth development.

Several First Nations across Canada have volunteered to conduct self-evaluations on their NCB projects and these projects are highlighted in the report. These self-evaluations contribute to building the overall governance capacity of First Nations by providing a tool with which First Nations can remain accountable to their communities and the public while improving on existing and future programs.

Also being introduced with the release of First Nations National Child Benefit Progress Report 2000 is INAC's Children's Programs website. This site features information on the NCB reinvestment for First Nations, the self-evaluation process and the National Children's Agenda.

For more information please contact: Nicole Dakin, Media Relations, Indian and Northern Affairs Canada at (819) 997-8404

CHILDREN MAKING A COMMUNITY WHOLE: A Review of Aboriginal Head Start in Urban and Northern Communities

The publication *Children Making a Community Whole: A Review of Aboriginal Head Start in Urban and Northern Communities* is now available. The report presents highlights of the 1998/1999 National AHS Process and Administrative Evaluation Survey, the first completed step of the AHS National Evaluation. This informative publication examines background information, characteristics of program participants and their communities, as well as program components, administration, coordination, and team characteristics.

The results of the second Survey are being prepared for publication, and the third annual Survey is now underway. The results of these evaluation activities provide essential information in the development of the National AHS Impact Evaluation. Visit the AHS website to view the report at www.hc-sc.gc.ca/ahs or contact the AHS National office to obtain a copy.



The Aboriginal Head Start Biennial Report 1999/2000

This report is also now available. The biennial report provides information about the AHS Program in Urban and Northern Communities for the period of April 1, 1998 to March 31, 2000. In it, you will find an overview of activities and accomplishments in this two-year period. It describes the efforts of our entire team working in the communities, in the regions and at the national level. The biennial report is also available on the website.



A VERY SPECIAL TREAT FOR NAHSC IN QUEBEC CITY

The National Aboriginal Head Start Council (NAHSC) met in Quebec City on May 3-4, 2001 and was invited to visit the AHS site in Loretteville, Québec. Dominic Rankin, the elder who participated in the two-day NAHSC meeting, extended an invitation to all of the attendees for lunch at the Longhouse on the Wendake Reserve, and then to the Centre Mikeuniss, the AHS site, in Loretteville for a tour. Everyone eagerly agreed. Mr. Picard, the Centre's bus driver, picked up the group in the city and delivered us to the Longhouse just before lunch.

The parents and staff of the Centre Mikeuniss had prepared a feast that was obviously no small task. The menu was incredible: bannock, caribou, moose, beaver, rabbit, soups and stews and vegetables and bush

(cedar) tea. Gathered in the Longhouse around the fire, the parents of the Centre Mikeuniss with their children close by, introduced themselves and talked about what the AHS Program means to them. With full hearts and stomachs we were loaded back into the van, and soon arrived at the Centre Mikeuniss in Loretteville to find the windows of the building full of waving arms and little smiling faces. Nadine Rousselet, the Centre's Parent Involvement Worker, guided the group through the Centre and talked about the

Our host Dominic Rankin, and Senior Program Officer from the National Office, Rena Morrison, at the Centre Mikeuniss.



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National AHS Council members on the bus en route to the Wendake Reserve.

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successes and challenges that many AHS sites across the country could likely relate to. The Centre was beautifully decorated with Aboriginal adornment and rooms that reflected the four seasons.

What an amazing and welcome break from two days of discussing agendas, meeting minutes, regional updates, training, and Terms of Reference! Sincere thanks to Dominic and all the parents and staff who made this an afternoon we will not soon forget!

The National AHS Council meeting their hosts at the longhouse on the Wendake Reserve.



ABORIGINAL HEAD START & FETAL ALCOHOL SYNDROME (FAS) INVOLVEMENT



The Aboriginal Family Centre (AFC) of Happy Valley, Labrador continues to partner with other community agencies to advocate for Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) awareness. Increasingly in the past years, AHS staff have recognized the specific challenges of individuals with FAS/FAE and their families.

The AFC of Happy Valley has identified a need for awareness and education regarding particular challenges of living with FAS, as well as a need for identification and diagnosis. Provincial funding was sought and obtained and a very successful awareness campaign and conference were held in Labrador in 1999. Ongoing approaches have been made by AFC staff to supply information and resources to families and other resource people. FAS is an issue that touches individuals in all aspects of their lives at every level of the community. FAS can only be addressed through an approach where the community engages all its resources and shares responsibility for dealing with it. Until those individuals who have been impacted prenatally by alcohol are identified and supported to reach their maximum potential, the community will suffer from this lost potential, and for ineffectively trying to deal with the secondary disability of undiagnosed and untested FAS.

The damage of prenatal alcohol exposure is a distinct reality in our community. We are addressing this issue and are continually seeking funding for long term programming.

Article submitted by: Jenny Lyall, Aboriginal Family Centre, Happy Valley, Labrador.



The Aboriginal Family Centre, Happy Valley, Labrador



SUPPORT FOR AHS FROM NDILO (YELLOWKNIFE), NORTHWEST TERRITORIES

The children, parents, staff and community partners of AHS in Ndilo wanted the Minister of Health to know how much they value the AHS Program in their community. They sent a package of letters and photographs describing the positive change AHS has made in their community. Here, for you to see, are the letters and unfortunately only a couple of the wonderful photographs sent from the Done Necha-lia Gha Enitl'e Ko Aboriginal Head Start in Ndilo to the Honourable Alan Rock, Minister of Health. To the Done Necha-lia Gha Enitl'e Ko AHS ... thank you for allowing us to share your story.



Learning the alphabet! Photo courtesy of Reanna Erasmus



Children of the Done Necha-lia Gha Enitl'e Ko AHS Program in Ndilo (Yellowknife), Northwest Territories. Photo courtesy of Reanna Erasmus



Bundled up on the bus. Photo courtesy of Reanna Erasmus





K'alemi Dene School
 13th Community School of Ndilo
 Box 279, Yellowknife, NT, X1A 2N2
 Phone: 925-2268 Fax: 968-7362

Friday, May 11, 2001

Minister Allan Rock,
 Federal Government of Canada

RE: Aboriginal Head Start Program – Ndilo, Northwest Territories

Dear Minister Allan Rock:

I am writing this letter in support of the Aboriginal Head Start Program in our community of Ndilo, Northwest Territories. My name is Meagan Wlovak and I am the Kindergarten Teacher at the K'alemi Dene School. Currently in my class, 13 of my 18 children attended the Head Start Program the previous year.

During my time in Ndilo, it has become very clear how beneficial the Head Start Program is in this community. The Aboriginal Head Start Program provides a nurturing and loving environment for children aiding in their growth and development. Our Head Start Program begins by ensuring a smooth transition from the child's home to school life. Caring and gentle guidance encourages children to develop positive attitudes and respect towards education. As I have observed, when children first enter Kindergarten the following year they are more prepared for the changes that are to come, and ready and eager to learn.

The Aboriginal Head Start Program in Ndilo aids in each child's individual growth. The greatest strength of the program lies in its focus on social, academic and cultural development. Teaching children to be proud of their achievements and heritage, and develop respect for self, others and the land are fundamental values that are essential to all children. Aboriginal Head Start Programs enable the development of communication and language skills, allowing for any necessary intervention. The academic growth that is nurtured better prepares children for Kindergarten, helping them to practice the needed skills that are essential throughout their school years. Such a program also allows for early intervention in the case of children with any special needs. Being able to identify any children who may be at risk or have special developmental concerns aids in our ability to help them. We have been very fortunate to develop such a close partnership with our school and the Head Start Program; this has also been of benefit to both students and teachers as we can work together in ensuring a strong educational and social support system.

The basic principle of Aboriginal Head Start Program lies in the old saying, "It takes a whole village to raise a child." To deny this program of support will only hurt the village or community in the long run. Please feel free to contact me if you have any further questions or concerns at the address above. Thanks for taking the time to read my letter.

Sincerely,

Ms. Meagan Wlovak
 Kindergarten Teacher



DONE NECHA-LIA-GHA ENITL'E KO
 Aboriginal Head Start
 Yellowknives Dene First Nation
 Box 2514, Yellowknife, NT
 X1A 2P8

Phone: (867)968-0375
 Fax: (867)968-0170

May 12, 2001

The Honorable Allan Rock,
 Minister of Health
 House of Commons
 Parliament Buildings
 Ottawa, Ontario
 K1A 0A6

Dear Honorable Alan Rock:

The Yellowknives Dene First Nation is funded through Health Canada to operate an Aboriginal Head Start Program. Our program is located in Ndilo and there are 32 aboriginal children that attend the program, four days a week. This program has been in operation since April 1996 and we have seen 141 children registered in our program. For the past three years we have had a waiting list of over 20 children in each year.

I have been employed with this program since the beginning and have watched the program and children flourish. I have worked in Native education for more than thirty years and in that time I have never worked with such a positive program. In the NWT there is a 90% drop out rate amongst Dene students. This program gives Dene children a head start in learning that will sustain them through their school years. Through no fault of their own, many of our children have not been given the foundation needed to succeed in school. Our program provides them with these necessary skills, in a very positive learning environment.

Our program also works with parents to help with the challenging task of being a parent. This is done through parent advisory circle meetings, parent workshops and information given on dealing with behavior, learning styles and the importance of good nutrition. Every parent whose child attends the program wants what is best for their child and is trying hard to be a good parent. Our program supports the parents by helping them gain positive parenting skills and giving their child a caring and safe environment in which to learn.

We would like to thank your government for the financial support it gives the Aboriginal Head Start Programs and would encourage you to continue to endorse them. We would also ask that you advocate the expansion and enhancement of Aboriginal Head Start Programs.

There is so much more that the program has given to our community which I would be happy to discuss with you at your convenience. Once again thank you, if you could see the smiles of the children as they skate on their own for the first time, or as they jump off the side of the swimming pool on their own, or how proud they are once they master the printing of their name you would agree that Aboriginal Head Start is making a difference in the lives of our children. The children are being exposed to positive learning experiences that will lead them to be life long learners.

Sincerely,

Reanna Erasmus,
 Program Manager.

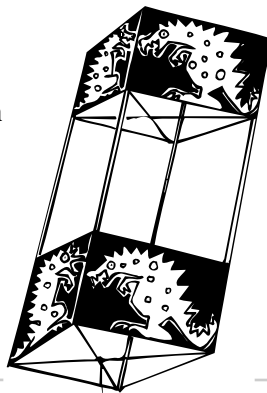
THE POWER OF PLAY: HOW PARENTS CAN HELP KIDS PLAY

Play is the primary way children learn. Through play, children explore their bodies, relationships, and the world around them. While encouraging exploration and relationship development, play also helps children develop subtle verbal and logical skills. Playing house for example, reinforces the idea of the future tense and sequential thought as the child says, "First I'll set the table, then we'll sit down to eat." Children's fantasy games let them explore new situations and model roles they have observed.

If parents take an active part in their children's play, play can also help to build self-esteem. When a parent praises the stunning use of the colour red in a toddler's picture, the child learns that what they have to offer is interesting and entertaining to the larger world.

Suggestions for helping a child to play include:

- Provide a safe, clear space ... a million toys are not necessary!
- Make the area the child's domain! Childproof the area to allow maximum exploration without restrictions and store toys at the child's level.



- Rotate the toys to keep children from getting bored with the selection, and avoid toys that do the "imaginary work" for them. Scaled down adult objects are often great toys (i.e. small hammers, screw drivers, pots, pans or telephones). By providing a variety of playthings, you can help your child vary his/her play from simple to complex.
- Play with your children ... especially during their early years! Create a playful atmosphere (i.e. when you take your child to school count the cars that go by, or when you are dressing ... playfully name the colours you are putting on). By responding to play positively, you will encourage your child to play more.
- Avoid overstimulating children and be sure to choose playthings according to your child's age and abilities. Your child will feel helpless rather than challenged if you always provide toys designed for an older child.
- Value your child's play! Adults often praise good work, but seldom praise good play. Try ... "I like the way you play."

The information for this article was found on the KidsHealth website which is brought to you by the Nemours Foundation Inc. in the United States. Visit KidsHealth at <http://kidshealth.org/parent>.

SOME DRAMATIC PLAY ACTIVITIES FOR THE CLASSROOM

The Perpetual Preschool is a website built to celebrate the creativity and dedication of all those who contribute to the perpetual education of young children. Access this site to find classroom ideas and to share your ideas at www.perpetualpreschool.com.

Here are some suggestions from other preschool educators on how to encourage dramatic play:

- "During circle time, I passed out one stick to each of my preschool children. Then, I modelled some ideas for pretending. I used my green stick as a comb and then as a toothbrush. We started a little chant "Let's pretend. Let's play pretend with our little sticks". I gave each child a chance to think of a way to



pretend with the sticks. It turned out to be a great way to stretch their imaginations and show them how to pretend."

- "Often as I tell a story (i.e. Goldilocks and the Three Bears) I choose some characters and have the children put on minimal costuming (a cap for baby bear, a scarf for Goldilocks). As I tell the story, they act it out, and the audience helps with sound effects or repetitive phrases. In this way, all of the children are involved, imaginations must be used, and we hear and see the story. It is great fun."
- "This is fun outdoors and in. All you need is a whistle or a buzzer. Tell the children to act as a bear and give them 10 seconds to act like a bear. Blow the whistle and create another "character" or ask the children to name another character (e.g. a clown). Come up with a list before the game starts and incorporate the game into your day. Be creative and choose characters the children know. Watch the responses ... you'll be surprised how inventive they are."

OUR CHILDREN, OUR FUTURE, OUR ROOTS, OUR COMMUNITY:

THE 2001 ALBERTA REGIONAL TRAINING EVENT

On January 29-31, 2001, the Alberta Region held its annual AHS training event called "Our Children, Our Future, Our Roots, Our Community." The conference started on January 29 at 1:00 pm with a general assembly. Health Canada Program Consultant Alvin Manitopyes was the Master of Ceremonies and the opening ceremonies were conducted by the Northern Cree Singers and an invocation by an Elder.

Don Onischak, Regional Director of Population and Public Health Branch (PPHB), welcomed delegates on behalf of Health Canada Alberta region; Brad Martin, Program Officer with Health Canada in Ottawa, welcomed delegates on behalf of the National AHS Office. The Keynote Address was presented by Jeannette Armstrong. The remainder of the day was for a site sharing exchange within which the various employees were all placed in their category of director, cook, driver, teacher, etc... and they had the opportunity to discuss issues and challenges that they are facing within their sites.



Several people were approached for radio interviews and NAHSC representative Tilda Heron was interviewed on live radio and discussed the AHS program. There was very good local media coverage on the AHS conference.

The conference workshop sessions included: Parental Involvement Roles/Responsibilities; Developing Cultural Curriculum for Metis/First Nation Children; Exploring Art Language and Movement in Early Childhood Development; Ask an Elder; and Introduction to the Ojibway Dreamcatcher. The Honourable Pearl Calahasen, Associate Minister of Aboriginal Affairs and Member of Legislative Assembly for Lesser Slave Lake, provided closing remarks to the conference participants with some very strong words of support and encouragement.

Article submitted by: Alvin Manitopyes, Alberta Program Consultant (PPHB).

Olive Manitopyes, Elder, at the Alberta Regional Training Event in January 2001. Photo courtesy of the Alberta AHS Society.

THE NUNAVUT REGIONAL TRAINING WORKSHOP

REGIONAL TRAINING FOR AHS SITES, AND PPHB-FUNDED COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC) AND CANADA PRENATAL NUTRITION PROGRAM (CPNP) SITES IN NUNAVUT

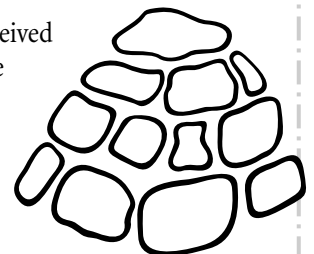
was held March 20-22, 2001 at the Sheraton Hotel in Ottawa. There were approximately thirty delegates from Nunavut from the 12 PPHB projects (AHS, CPNP and CAPC) including at least one project representative, (coordinator, director, teacher), one sponsor/financial representative, three elders (sponsored by Health Canada), and extra teachers, elders and coordinators from the projects paid for by the projects. Many members from the local Inuit AHS, CAPC and CPNP project also attended. The Ottawa Inuit organization, Tungasuvvingat Inuit Community Centre, sponsored the event (and is also the sponsor of AHS, CPNP, CAPC).

The first two days consisted of plenary sessions, and separate training sessions for financial representatives and program representatives. On the third day, participants split up and participated in program-specific events. The Nunavut Inuit Head Start Committee held their face-to-face meeting on the

third day, as well as received a presentation from the National Office on evaluation.

Keynote speakers included: Jennifer Corbiere, Sharri Kimberley and Ronda Evans, PPHB Ontario region; André Vincent, Northern Secretariat; and Morgan Hare, Tungasuvvingat Inuit Community Centre. Highlights included a plenary of elders discussing traditional ways of raising children in Nunavut. Topics ranged from parental involvement, roles and responsibilities, financial training, daily running of programs. It was a great week, and no one got snowed in!

Article submitted by: Maryanne Pearce, Nunavut Program Consultant, Health Canada, Northern Secretariat.



ACTIVE LIVING FOR OVERWEIGHT YOUTH

Parents have a big influence over their children's attitude toward physical activity and their opportunity to participate. Overweight youngsters need special encouragement and support.

Regular physical activity can help them lose weight and maintain it at a healthy level. Striving to adopt and maintain an ideal weight at a young age is important because it increases the chance of having an ideal weight as an adult. Statistics show that 80 to 85 percent of those who are overweight when they are young remain overweight as adults.

Children's recreation is affected by their family income level. Physical activity varies by income and the participation gap is growing. While young people in middle- and upper-income groups increased their participation in exercise programs and summer and winter sports between 1996 and 1998, participation rates went down among lower-income youth. Sixty percent of children from very poor homes "almost never" participate in supervised sports, compared to 27 percent of their counterparts from well-off homes.

Communities can lessen the harmful effects of being poor. Poor children living in a good civic community are more apt to engage in supervised sports than are poor children living in a less civic community. (Information above excerpted from *The Progress of Canadian Children 2001* published by the Canadian Council on Social Development)

Dr. Oded Bar-Or, director of the Children's Exercise & Nutrition Centre at McMaster University in Hamilton, Ontario, has a special interest in young people and their physical activity and

health habits. He has conducted a variety of research studies over the years for the Canadian Fitness and Lifestyle Research Institute, a national agency supported by Fitness Canada.

Through the work of Dr. Bar-Or and others, we have a better understanding of the physical activity needs and interests of overweight children.

Here are some TIPS FOR PARENTS with overweight kids.

Make sure they have fun.

Physical activity can include anything from a zany race with Dad to the corner store to fooling around with a buddy on the jungle gym. Many kids who aren't competitive (and dislike sports for that reason) enjoy activities in a nonthreatening environment.

Fit physical activity into the daily routine.

When appropriate, avoid chauffeuring your children. Encourage them to ride bikes or walk whenever possible. Promote informal play such as climbing trees and playing tag. Get them to help around the house, too. They could mow the lawn, rake leaves, bring in the groceries, and take out the garbage. When it comes to getting fit, little things add up!

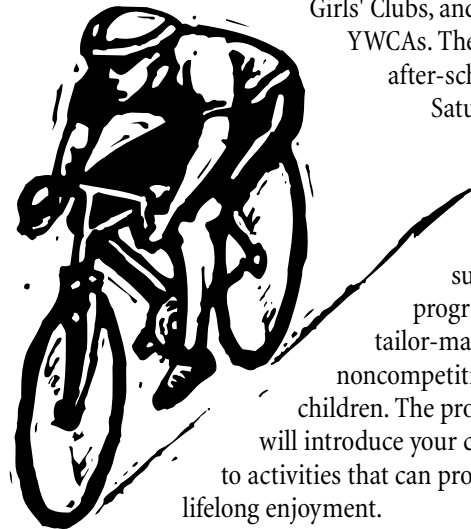
Make it a family affair.

Be active and fit yourself, and get the family out hiking, cycling, swimming, or walking together whenever you can. Activities like these will help build confidence and encourage kids to be active as they grow older.

Consider non-competitive programs.

Excellent programs that emphasize fun and participation are available in a

variety of settings, including recreation centres, Boys' & Girls' Clubs, and YM-YWCAs. These after-school, Saturday, and



summer programs are tailor-made for noncompetitive children. The programs will introduce your children to activities that can provide lifelong enjoyment.

Promote a comfortable pace.

No matter what the activity, kids should be encouraged to go at a pace that's just right for them. Some of Dr. Bar-Or's research deals with the concept of perceived exertion — or pacing yourself by how it feels. Dr. George Sheehan puts it nicely when he says, "Dial your body to comfortable — not too easy, not too hard — then carry on."

Be positive.

Finally, give your children encouragement when they are active. Reward both their efforts and their improvement.

*Physical activity and good health habits, planted early, will stand children and youth in good stead as they get older. All children deserve a good start. As the Fitness Canada publication, *Moving into the Teens*, says, "When it comes to bodies, there's only one per customer."*

This article was prepared by: the Leisure Information Network and the Alberta Centre for Well-Being, the Active Living Affiliates for the Canadian Health Network.



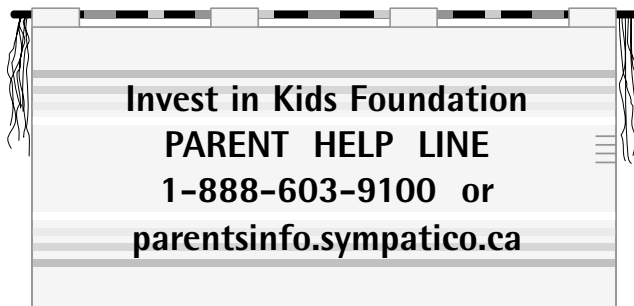
RESOURCES:

THE INVEST IN KIDS FOUNDATION

The Invest In Kids Foundation is a national non-governmental organization with a mission is to enhance the capacity of all Canadians to positively influence the emotional, social, and cognitive development of our youngest children. The Foundation is engaged in a great number of activities that are of interest to the AHS Program.

Of particular interest is a comprehensive curriculum to recruit, train and supervise family home visitors called Train-The-Trainers: A Curriculum for Training Family Home Visitors. Invest in Kids will customize the curriculum to satisfy the unique needs of specific programs and groups. The National Aboriginal Head Start Council recently met with Chaya Kulkarni, a representative of the Foundation, to learn a little more about the programs at Invest in Kids and will now examine its potential application in our program.

Invest in Kids is engaged in research, public education and awareness, and training. Visit the Invest in Kids Foundation's website to learn more about all the important activities underway, to access reports and publications, and to find links to other resources at www.investinkids.ca or contact the Foundation at 1-877-583-KIDS (5437).



Invest in Kids collaborated with the Kids Help Foundation to launch a bilingual nation-wide, toll-free, confidential telephone and website service that is available 24 hours a day that provides parents across the country with information, counselling and referrals to local services.

The PARENT HELP LINE provides:

- phone access to live professional counsellors and library of 250 recorded messages
- a website featuring the Message Library with more information, discussion forums and links

10 + 1 TIPS TO BE AN INVOLVED FATHER

Dads Can promotes responsible and involved fathering by supporting men's personal development into fatherhood and healthy fathering patterns in our society. Dads Can believes every child deserves a committed, loving, responsible father who is involved with the family. Dads Can has granted permission to reprint this factsheet found on their website (www.dadscan.org/home.html) that offers tips on being an involved father:

1. Support and respect the mother of your children. By both mother and father showing respect for each other, children grow up in a secure, nurturing environment. Romance and strengthen your relationship as a couple, keeping channels of communication open. Children learn from this openness and likewise gain respect for themselves and others.
2. Work together as a team, sharing equally in all child-rearing tasks. Get up at night to help look after your child. Take an active role in supportive fathering of the breastfed baby if your child is newborn. Discuss with your partner concerns and issues you have about your child's health, safety and development. Realise that your partnership means a father's active involvement as well as mother's.
3. Spend time with your children. Read to your child. Play with him or her. Attend your child's school events, music recitals or sports events. Participate in the school classroom or assist with a field trip. Do an organised activity together such as hockey or gymnastics. Have fun together doing chores around the home and let your child help out in his or her own way. Also, just spend some quiet time together. Children want your involvement in their lives and need you in order to help develop their own sense of confidence. Putting your children first may mean re-prioritizing your life. The rewards are great and will last a lifetime for both you and your child.
4. Show love and affection toward your child. Be committed to your child's emotional well-being. Encourage and teach your child to live a life of intimacy and integrity with respect for others. Reward your child's desirable behaviour and be prepared to offer guidance for less positive behaviour. Establishing boundaries, setting reasonable limits and disciplining in a fair manner might be

necessary on occasion. Children need to understand how their behaviour may affect others. This understanding is reflected in a secure, loving and caring relationship with you.

5. Protect your family. Enjoy the physical maturation of your child and be aware of your child's immunization record and visits to the family doctor or dentist. Your child's health is as much your responsibility as that of your child's mother. If necessary, childproof the home environment, making secure items that may be potentially dangerous to the child. Teach "street smart" skills and how your child can learn to take care of him/herself if necessary. Educate your child to the world outside the home so that he/she is prepared.
6. Spend time together as a family. Share a meal together on a daily basis. While eating, listen to your children and encourage them to talk about their day. Provide them with support and advice as to how to cope with various situations they experienced. You may also want to consider visiting friends and relatives as a family. Go bowling, swimming, skating, fishing, etc. together. Attend a community event. Ask your children to help plan a family vacation and let them assist you in organizing it. Help your children develop good judgment relative to the TV by letting them help or choose a video or TV show and watch it together. Ideas for family activities are numerous and help a child experience fun with a sense of warmth and security. These feelings will enrich your child's life as he or she grows.
7. Tell your story. Your history, that of your parents and your own family, can be interesting to your child. A

young child often feels the world began at his/her birth. By your reflections on your past, you provide your child with the intriguing sense of history and of past generations. You need not tell all the details of your history, but only those which leave your child with the feeling that you too were once a child and you grew up and became an involved father.

8. Promote and encourage your place of work to be father-friendly. Organize a father's day event with your colleagues such as a dad's picnic. Have photographs of your family displayed at work and take along pictures your children have made. If possible, promote a "bring your child to work" day. Schedule in your day planner time to be at home with your child doing homework, attending school or seeing a movie together. Educate your children to your work environment and tell them the importance of work for you. They will better understand when they see you are working for them and to meet the needs of your family.
9. Be an example. Model to your child manners, honesty and self-discipline. Earn the right to be listened to by your children. Remember, your child is watching you and your interactions with others. Setting a nurturing example, you can promote a feeling of acceptance and respect in your own child.
10. Being an involved father is for life. Your children will grow up and perhaps eventually will have children of their own. Your participation in their lives and those of their children is ongoing. Fatherhood is a lifelong commitment and your

relationship with your child is forever.

10+1. Dads can do it!

Believe in yourself and your potential to be an active, caring father. Every child deserves a loving, involved father.

*Copyright © 2001 Dads Can
St. Mary's Hospital Box 30, 21 Grosvenor Street
London, Ontario N6A 1Y6 Canada
In Canada: 1-888-Dads Can Outside Canada: 519-
646-6095 E-mail: info@dadscan.org*

BORN TO READ

The Comox Valley Aboriginal Head Start Program has implemented a "Born to Read" project that focuses on early literacy. This project will provide mothers of new born Aboriginal



children with an opportunity to receive a "Born to Read" bag from the AHS Program. The bag will be filled with early literacy material including the "Celebrate the Dream" AHS video, a first book for baby written by an Aboriginal author, a tiny T-Shirt with our AHS logo, and of course, a pamphlet on the Comox Valley Aboriginal Head Start Program. A card will be put in the "birth packages" of parents of Aboriginal children at the hospital inviting them to pick up their "Born to Read" bag.

*Article submitted by: Audrey Waite, Comox Valley
AHS Program*

ABORIGINAL YOUTH CHOOSING HEALTH CAREERS - GIVING YOUTH TOOLS

Over the past four years, the Canadian Public Health Association and the national Aboriginal groups have been addressing issues related to the training and recruitment of Aboriginal public health workers. A key initiative has been the Aboriginal Youth Project, which took place between March 1998 and March 31, 2000. This project identified strategies at a national level to promote health careers for Aboriginal youth.

The goal of the project is to increase the number of Aboriginal youth pursuing a career in health by promoting a career in the health field as an attractive, feasible and attainable goal for Aboriginal youth from all cultures and backgrounds. The project set out to develop and distribute a video and user's guide, and to establish and promote an Internet site that Aboriginal youth can access that will not only inform but motivate and inspire them to choose a career in health. The primary audiences for the resources developed through this project are senior elementary and secondary school age children and youth. However, they will also be useful for young adults and mature students thinking of returning to school.

In order to make the project effective for, and relevant to, Aboriginal youth, an Aboriginal Youth Committee, made up of Youth Intervenors or Coordinators from each of the six national Aboriginal organizations, was established to oversee the project. The participating organizations were: the Assembly of First Nations; the Congress of Aboriginal Peoples; the Inuit Tapirisat of Canada; the Métis National Council; the National Association of Friendship Centres; and the Native Women's Association of Canada. The Career Products Sector of Human Resources Development Canada provided financial support and contributed their expertise to the project.



The 21 minute video, available in English, French and Inuktitut, presents role models talking about their own experiences. Aboriginal people who are entering or are established in a health career talk about why they chose a career in health, what aspects of the helping professions have attracted them and how their community and cultural interests have helped them to understand their view of health. It provides ideas of how to gain experience by volunteering in health settings, talking to elders and other people in their own communities and in nearby hospitals and clinics, identifying their own strengths and interests and exploring more information about the specific courses and subjects that they will need to be able to have the option to consider a health career.

The User Guide is an important component of this resource package and provides concrete suggestions as to how educators, school counsellors, health professionals and other community resources can use the video and website in their situation to meet the needs of their audience. General ideas and guidelines are offered and can be adapted for each unique setting.

The website will present the information in an interactive format that will be fun for youth to use. It will also give users of the resource an opportunity to exchange their ideas and contribute their experiences for the benefit of others.

The resource package was launched on February 10, 2000 at a gathering at the Odawa Friendship Centre in Ottawa. The Hon. Ethel Blondin-Andrew, Secretary of State for Children and Youth, was the keynote speaker.

For further information or to find out how to obtain your copy of the resource package, please contact Ms. Tatawnyha Nicholas, Aboriginal Youth Project, Canadian Public Health Association, at telephone (613) 725-3769 extension 197; fax (613) 725-9826; E-mail tnicholas@cpha.ca.

FIRST DAY AT SCHOOL

He holds on tightly to your hand -
You`re sure he`s going to cry -
When you leave him at the nursery school
And have to say good-bye.

You tell yourself he needs a chance
To share and learn and grow.
He`s not a baby anymore -
It`s time to let go.

But even so you find it hard
To tear yourself away
And you wonder if he`ll manage
To make it through the day.

Back home, the house is quieter
Than it`s ever been before.
You keep wishing every minute
He`d come scampering in the door.

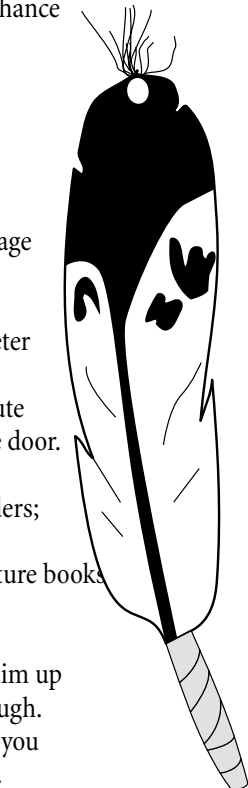
In his room there are reminders;
Of his presence everywhere -
Like building blocks and picture books
His favorite teddy bear.

You can hardly wait to pick him up
When nursery school is through.
You`re sure he`ll run and hug you
And say he`s missed you, too.

But you find him playing happily
With new games, new friends, new toys.
Your precious little man
Is now one of the "big boys"!

Yes, since he has discovered
A new world to explore,
He really doesn`t want to be
A baby anymore!

*Written by: Alice E. Chase
Submitted by: Jenny Lyall*



INTERNATIONAL NEWS

In January 2001, Richard Budgell, National Manager for AHS at Health Canada in Ottawa, spent some holiday time taking a Spanish course in the central American country of Nicaragua. The local press in Nicaragua often features articles about children's issues, and while there are some hopeful signs on the health and well-being of children there -- for instance in immunization rates -- other indicators are worrying, such as the fact that 20 percent of school-age children in Nicaragua do not attend school. The AHS Newsletter is sharing these articles with readers to provide some information to compare to our situation in Canada.

THE REALITY OF BOYS AND GIRLS

ON THURSDAY, JANUARY 25, 2000, the date on which the report entitled *The State of the World's Children 2001* was tabled, Dr. Juan Aguilar León, UNICEF representative to Nicaragua, declared that the fate of children must become a priority so that humanity can emerge from its present state of apathy and evolve toward dignity, health and creativity.

Moreover, it is essential that leaders and other decision-makers in society realize that the most critical period in the development of children is infancy because this is when their potential is at its highest.

Numerous studies have shown that the greatest development in the brain occurs before children reach the age of three. It is during these first few years that children acquire the ability to think, speak, learn and reason. It is also a time when children internalize fundamental values and social behaviours that will guide them throughout their lives.

UNICEF draws attention to the fact that the most productive endeavours are those that are directed at the rights of boys and girls. The establishment of these rights is a necessary step, one that must be undertaken at the earliest possible time, even before children are born, so that they may walk a steady and sure step, and build a healthy society without discrimination. We must repeat it again and again, no human development program is even thinkable if it does not make provisions for the first 18 years of life. We must do everything in our power to put forward the rights of children because by providing them with the means to make a proper start, we are preparing them to tackle the challenges that await them on the path toward a dignified, happy and productive life.

Dr. Juan Aguilar León maintains that sustained economic development, democracy and the respect of human rights can be attained by fighting hunger, disease, ignorance, corruption and sex discrimination. He adds

that it is by these means only that we can break the cycle of inter-generational poverty. In countries afflicted by misery, violence, corruption and catastrophic epidemics such as HIV/AIDS, the hope of a better future for their children is out of reach for these parents.

Confronted by this sad state of affairs, UNICEF stresses that by neglecting to invest in the world's youngest citizens, we are ultimately depriving ourselves of their potential and are setting in motion a global tragedy.

Children who grow up in poverty have a greater risk of suffering from

disabilities or chronic illnesses in adulthood. For this reason, UNICEF calls upon all decision-makers in society to become aware of the critical importance of the first years of life and also calls upon governments to redirect their financial policies and devote more of their resources to help children live their early years in the best possible conditions.

As long as leaders and other decision-makers do not fulfill their obligations toward children and teenagers, they will continue, as their fathers, mothers and other family members have, to suffer from poverty and its underlying causes

such as hunger, ignorance and epidemics like HIV/AIDS.

The report on The State of the World's Children 2001 is presented in a spirit of hope that every child be able to benefit from the best possible conditions in which to begin life, and that each child receives a good education and has the opportunity to fully develop his/her potential in order to contribute meaningfully to society.

Reprinted from: (La Prensa de Nicaragua), María Elena Artola Juárez (Journalist, UNICEF Consultant in Nicaragua), January 25, 2001.

A BETTER PROTECTION FOR CHILDREN OF NICARAGUA

The report, The State of the World's Children 2001 on the situation of children depicts a statistical picture that is still not very promising for the children of Nicaragua compared to the rest of Central America.

However, the report presents numbers that reflect great accomplishments for the country, such as nearly universal immunizations against illnesses that can be prevented in childhood, tetanus vaccinations for pregnant women and the low rate of infants with low birth weight. Compared to other Central American countries, Nicaragua is second in rank after Costa Rica.

Juan Aguilar, representative for the United Nations Children's Fund (UNICEF), stresses that illnesses that can be prevented by immunization are nearly eradicated. Aguilar also reports "that there are no more cases of measles or tetanus; we have progressed in terms of malnutrition and we have perfected an adequate defence against Type I diabetes".

Compared to 1990-2000, the UNICEF representative recognizes that we have witnessed "spectacular progress" in the world. He added that "It is high time to become aware of the fact that if we do not act immediately we will pay the price later."

EDUCATION GAP

However, some statistics are troubling.

In spite of what has been accomplished, an education gap remains. Twenty percent of school age children do not attend primary school. Nearly half of the Nicaraguan population does not reach grade five. The report establishes the rate of illiteracy at 34 percent for men and women.

In qualitative terms, the UNICEF representative believes that Nicaragua has the potential to progress.

As examples of the interest shown in children's issues, it is important to point out the health, education, nutrition and care programs set up by the various departments.

According to Aguilar, the development of an anti-poverty strategy demonstrates the government's commitment towards the protection of children and the improvement of their living conditions.

Mr. Aguilar emphasizes the fact that ten years ago governmental attitudes were different. The amounts dedicated to children's programs were considered wasteful. Today, these expenses are considered to be investments.

Aguilar explained that this heightened awareness has even spread to international financial organizations such as the IDB (Inter-American Development Bank) and the World Bank, both of which organizations have established funds for the financing of children's programs.

*Amalia Morales, La Prensa de Nicaragua,
January 25, 2001*

The report The State of the World's Children 2001 can be obtained from the UNICEF web site at www.unicef.org.

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.

June 21st National Aboriginal Day

First Nations, Inuit and Métis have made unparalleled contributions to the development of this country. To recognize these contributions, the Canadian government has designated this day so all Canadians may share and experience the cultures of Aboriginal people in Canada.

Reclaiming Challenging Youth 8th Annual Conference

June 28 - July 2, 2001
Rapid City, South Dakota
For more information:
Tel: (605) 647-5244
Email:
courage@reclaiming.com

Red River West:

A four-day Métis Cultural and History Festival that creates an awareness of Métis music, dance, and history along with evening campfire entertainment.
July 5-9, 2001
Victoria Fish and Game Club, Malahat, British Columbia
For more information:
Tel: 1-888-632-9450
Email:
metisdumont@telus.net

Bringing People Together: AFN-NEXUS 2001:

An opportunity for Aboriginal groups and businesses to showcase their products and services.
July 17-19, 2001
World Trade and Convention Centre, Halifax, Nova Scotia
For more information:
Tel: 1-800-337-7743
Fax: 1-888-684-0881
Email: nita@telus.net

The New South Wales Branch of the Australian Early Childhood Association's Biennial Conference:

Excellence for Children
July 18-21, 2001
Sydney, Australia
For more information:
Tel: (612) 935-85479
Email: aecansw@zeta.org.au

Triennial World Assembly of the World Organization for Early Childhood Education (OMEPE)

July 30 - August 5, 2001
Santiago, Chile
For more information:
Margarita SILVA at: 56 2 686 5359 (telephone) or (562) 563-0092 (fax)
Email: masilvape@puc.cl
Website <http://omepe-usnc.org/events.html>

12th Annual Protecting Mother Earth

Conference: Indigenous Environmental Network
August 3-5, 2001
Penticton, British Columbia
For more information:
Fax: (250) 493-5302
Email: enowkin@vip.net

Manomin, Moosemeat and Maple:

Traditional Foods and Medicines for Good Health - Aboriginal Diabetes Prevention and Management Public Symposium and Workshop
September 1-7, 2001
Native Canadian Centre of Toronto, Toronto, Ontario
For more information:
Tel: (416) 964-9087

Children's Environmental Health II: A Global Forum for Action

September 8-11, 2001
Georgetown University - Conference Centre
Washington, DC
For more information:
Tel.: (202) 543-4033
(Children's Environmental Health Network)
Fax: (202) 543-8797
E-mail: scall@magma.ca

Inclusion: A Cause for Celebration

September 20-22, 2001
Ottawa, Ontario
For more information:
Tel: Thérèse Labonté at (613)736-1913, ext. 244
Email:
ciss@afchildcare.on.ca.
Website:
www.afchildcare.on.ca/ciss-conference-e.htm

Time to Learn: Time to Celebrate

The Learning Disabilities Association of Canada and The Learning Disabilities Association of Nova Scotia presents the 13th national conference on learning disabilities
September 27-29, 2001
Halifax, Nova Scotia
For more information:
Tel: (902) 423-2850
Email:
ldans@ns.sympatico.ca
Website:
www.nsnet.org/ldans

2nd Gathering for Aboriginal Health Conference

October 1-3, 2001
Calgary, Alberta
For more information:
Email: Kim Kiyawasew@CRHA-Health.ab.ca



CONFERENCE • EVENTS CONTINUED

2nd Annual National Aboriginal Women in Leadership Conference:

Advancing Our Communities Through Capacity Building
 October 11-13, 2001
 Delta Toronto East, Scarborough, ON
 For more information:
 Tel: (250)-652-7097 (First Nations Training & Consulting Services)
 Fax: (250)-652-7039
 Email: fntcs@coastnet.com

Canadian Public Health Association 92nd Annual Conference:

Creating Conditions for Health, Whose Commitment, Whose Responsibility
 October 21-24, 2001
 Saskatoon, Saskatchewan
 For more information:
 Tel: (613) 725-3769
 Email: conferences@cpha.ca

National Association for the Education of Young Children's (NAEYC) Annual 2001 Conference

October 31 - November 3, 2001
 Anaheim, California
 For more information:
 Website: www.naeyc.org/conferences

6th Annual Aboriginal Head Start National Training Workshop

October 25-27, 2001
 Edmonton, Alberta (Westin Hotel)
 For more information:
 Tel: (780) 444-9560
 Fax: (780) 443-2940

Linking Research to Policy and Practice for Children and Youth

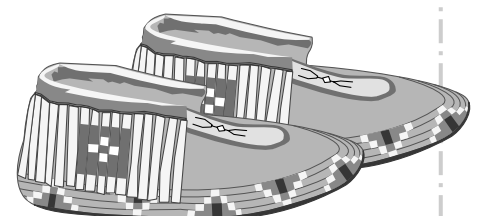
Featuring the work of Health Canada's Centres of Excellence for Children's Well Being

November 22-24, 2001
 Ottawa, Ontario
 For more info:
 Website: www.cfc-efc.ca/cccf or www.cdnsba.org

Advocating Change Through Education

Atlantic Summer School for Care Givers and Educators

For more information:
 Tel: (902) 893-3342 (The Institute for Early Childhood Education and Developmental Services)
 Fax (902) 895-4487
 Email: admin@ieceds.ns.ca
 Website: www.ieceds.ns.ca





ABORIGINAL HEAD START - HEALTH CANADA STAFF

For more information regarding the AHS program in your area,
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Fax: (902) 426-9689

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Tel: (514) 283-3065
Fax: (514) 283-3309

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