

**Aboriginal Head Start
Urban and Northern Initiative**

Biennial Report 1998/1999 1999/2000

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Introduction

Welcome to the 1998-2000 Aboriginal Head Start (Urban and Northern Communities) Biennial Report.

This report provides information about the Aboriginal Head Start (AHS) program in urban and northern communities for the period of April 1, 1998 - March 31, 2000. This information provides 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 objectives of this biennial report are:

- to provide a communication tool that describes the diversity of Aboriginal community-based efforts to projects and interested stakeholders;
- to communicate the AHS program successes during 1998/1999 - 1999/2000;
- to share the benefits of the AHS initiative to our stakeholders and project sponsors; and the direction over the course of the last two years; and
- to promote and support the development of AHS programs in urban and northern communities across the country.

The Biennial Report (1998-2000) is also available on the Aboriginal Head Start Website at:

<http://www.hc-sc.gc.ca/ahs>,

or by writing to:

Aboriginal Childhood and Youth
Childhood and Youth Division
Health Canada
Address locator 1909C2
Tunney's Pasture
Ottawa, Ontario
K1A 1B4

The Website also contains information about each individual AHS site.

About Aboriginal Head Start

The Aboriginal Head Start (AHS) Urban and Northern Program is a Health Canada-funded early intervention program focused on meeting the early developmental needs of young Aboriginal children living in urban centres and large northern communities.

Generally, AHS projects operate four days per week, with 30-40 children 3-5 years old, in morning and afternoon sessions, in a structured pre-school environment. Aboriginal Head Start projects are run by locally managed Aboriginal non-profit organizations that see the parent/care giver as the natural advocate of the child.

Projects link and coordinate with other programs and services in their communities, such as specialist health or education services, that are provided by provincial or territorial governments.

Background

In the January 1994 Speech from the Throne, the federal government announced its intention to establish an Aboriginal Head Start Initiative. In May

1995, the then Minister of Health, the Honourable Diane Marleau announced a four-year pilot phase to begin the program. Following successful completion of the pilot phase, AHS became a program funded on an ongoing basis. The national funding level for fiscal years 1998-99 and 1999-2000 was \$22.5 million annually. Annual ongoing funding for the AHS initiative in urban and northern communities from Health Canada is \$22.5 million.

The federal government's commitment to Aboriginal children through this initiative has resulted in approximately 3,300 Aboriginal children being enrolled annually in over 100 AHS projects in urban and northern communities nationwide in 1998. The program has generated significant excitement throughout the Canadian Aboriginal community. Project reports gathered to date clearly indicate that parents are gaining valuable skills and knowledge and children are enhancing their development and readiness to learn.

AHS has supported the growth and establishment of effective Aboriginal child development projects across the country. Aboriginal communities have been able to build their own capacities through the course of project development, which create healthier environments with professionally trained staff.

Parents of children in the program, and the larger Aboriginal community, continue to have responsibility in the design and delivery of local AHS programming. Parent committees are a central feature of the AHS program, and

share in the management and operations of projects.

Regional Offices of Health Canada administer the contribution agreements for projects and provide project monitoring for purposes of accountability and financial administration. The primary regional contact for AHS projects is the regional program consultant. AHS program consultants are available to assist and support the work of AHS projects. Roles fulfilled by the program consultants include various aspects of community development, providing advice and assistance, facilitating regional training workshops annually for project coordinators, parents and staff, service delivery and operational support and outreach by providing sites with access to training initiatives which enable staff to provide culturally appropriate services to the communities they serve.

Assistance to Aboriginal Head Start projects also comes from the AHS National Office, located in Health Canada's national office in Ottawa. Support from this office includes training, national coordination, national communications and linkages, facilitation of a national committee, national evaluation and the hosting of an annual National Training Workshop, and other national projects that arise from time to time.

Program Mission, Mandate And Components

Mission

First Nations people, Metis and Inuit recognize children as their nations' most valuable resources. Therefore, the

Aboriginal Head Start Initiative provides comprehensive experiences for First Nations, Metis and Inuit children up to 6 years of age and their families, with primary emphasis on preschoolers, 3-5 years of age. The program is based on caring, creativity and pride following from the knowledge of their traditional community beliefs, within a holistic and safe environment.

Mandate

The primary goal of the AHS Initiative is to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal preschool children in urban and northern settings with a positive sense of themselves, a desire for learning and opportunities to develop fully and successfully as young people.

Components

Aboriginal Head Start programming is organized around the following six components:

1. Culture and Language - provides children with a positive sense of themselves as Aboriginal children and to build on the children's knowledge of their Aboriginal languages and experience of culture in their communities. More specifically, Projects will enhance the process of cultural and language revival and retention, with the ultimate goal that, where possible, children will aspire to learn their respective languages and participate in their communities' cultures after AHS.

2. Education - supports and encourages each Aboriginal child to enjoy life long

learning. More specifically, the Projects will encourage each child to take initiative in learning and provide each child with enjoyable opportunities to learn. This will be done in a manner which is appropriate to both the age and stage of development of the child. The ultimate goal is to engage children in the possibility of learning so that they carry forth the enthusiasm, self-esteem and initiative to learn in the future.

3. Health Promotion - empowers parents, guardians, caregivers and those involved with AHS to increase control over and improve their health. More specifically, the Project will encourage practices for self care, working together to address health concerns, and the creation of formal and informal social support networks. The ultimate goal is for those involved with AHS to take actions that contribute to holistic health.

4. Nutrition - ensures that children are provided with food which will help meet their nutritional needs, and to educate staff and parents about the relationship of nutrition to children's ability to learn, physical development and mental development. Mealtimes provide opportunities for sharing, teaching and socializing. The ultimate goal is to empower children and parents to develop or enhance nutritional eating habits that will be maintained and following the children's AHS experience.

5. Social Support - ensures that the families are made aware of resources and community services available to impact their quality of life. The Project will assist the families to access resources and community services. This may mean that the Project will work in cooperation with

the service providers. The ultimate goal of this component is to empower parents to access assistance and services which support them to be active participants in their children's lives and AHS.

6. Parental Involvement - supports the parents' and family's role as children's primary teachers. The parents and family will be acknowledged as contributors to the program through involvement with a parent body or participation in and/or contribution to classroom activities. This component provides the opportunity to empower parents to bring forth their unique abilities and further develop as role models for children and in their communities. The ultimate goal is for parents and caregivers to complete the program being more confident, and assertive and having a deeper understanding of their children than when they began the program.

While all Aboriginal Head Start sites offer programming in each of the six component areas, each site determines for itself how to do so. Aboriginal Head Start sites are therefore all similar, but each is also unique. Each AHS project is designed by community members who assess and know their own needs. The specific objectives of each site can vary, but they share one common vision - to provide a high quality early intervention program to Aboriginal children and their families.

Program Delivery

Aboriginal Head Start projects are made possible by funding from Health Canada under regional allocations. Regional allocations are based on the number of Aboriginal people living in urban centres

and large northern communities in each region.

Aboriginal Head Start sites are located all across Canada. The program operates in locations such as Halifax, Nova Scotia and Goose Bay, Labrador in the east; Windsor, Ontario in the south; Vancouver Island and Prince Rupert, British Columbia in the west; Dawson in the Yukon Territory and Arctic Bay on Baffin Island, Nunavut.

Funding can be used to cover a variety of expenses, including salaries, training, equipment, furnishings and capital costs associated with program delivery. The financial goal is to use Health Canada funding for maximum benefit to operate high quality programs.

AHS Renewal Process

In 1998 a renewal process for Aboriginal Head Start (AHS) urban and northern projects across Canada was initiated. Organizations funded under the AHS program signed multi-year contribution agreements that were scheduled to expire on March 31, 1999, at the end of the pilot phase of the program. The pilot phase related to the program's initial description in Creating Opportunity, where Aboriginal Head Start was referred to as a four-year pilot program, with ongoing funding after the pilot phase.

The expiry of contribution agreements was an opportunity for Health Canada and AHS projects to review the project's strengths and weakness. Based upon this review, renewal committees

recommended renewed/revised objectives for the next funding phase. Two documents were developed in 1998 by a subcommittee of the AHS Working Group, a group composed of all Health Canada regional and national staff assigned to Aboriginal Head Start. They were:

- (1) a set of questions to be answered by every project, the National AHS Renewal Questions; and
- (2) a discussion document relating the renewal process to the traditional spiritual tool used in many Aboriginal communities, the Medicine Wheel, called A Traditional Medicine Wheel Process for Renewal.

The implementation of the renewal process began across Canada in the Fall of 1998. The process differed slightly from region to region. Most regions set up Renewal Committees, composed of Aboriginal community members and Health Canada representatives, that made recommendations on renewal to Health Canada (former Health Promotion and Programs Branch) Regional Directors. Many regions hired independent contractors to coordinate the work of collecting information on every AHS project.

The majority of the sites reviewed for renewal were renewed with recommendations, with the same sponsor, and at the same level of funding. Some projects were renewed conditionally for one year, in order to give them time to make necessary program improvements, while others were renewed with a different sponsoring organization.

Project staff, parents and community members are to be congratulated and thanked for their enormous contribution and investment of energy to the renewal process. This is a testament to the hard work, dedication and belief in accountability of the project staff and parents involved with Aboriginal Head Start.

National AHS Committee (NAHSC)

The National Aboriginal Head Start Committee is made up of eleven regionally elected AHS project representatives from all provinces and territories with AHS urban and northern sites, the AHS National Manager, a Regional Director and a Regional Program Consultant.

The Committee's mandate is to provide advice, expertise and direction to the program at a national level on issues regarding national evaluation, training, policies and guidelines. An elder from the region in which the meeting is held participates in every meeting. The 1998-99 and 1999-2000 members of the NAHSC are listed in Appendix "A" of this report. In addition, there are a number of subcommittees set up to provide advice and assistance to several important areas of work: principles and guidelines, strategic planning, etc.... The Terms of Reference of the NAHSC are available from the AHS National Office or on the AHS Website.

The NAHSC varies the locations of its meeting to allow committee members to make site visits to a variety of AHS projects across Canada and learn about AHS approaches in regions other than

their own. During 1998-99 and 1999-2000, the group met on the following dates and locations:

January 15-16, 1998, Calgary, Alberta
April 23-24, 1998, Yellowknife,
Northwest Territories
July 13-14, 1998, Winnipeg, Manitoba
Sept. 10-11, 1998, Ottawa, Ontario
Jan 13-14, 1999, Saskatoon,
Saskatchewan
April 22-23, 1999, Edmonton, Alberta
June 28-29, 1999, Quebec City, Quebec
Sept. 16-17, 1999, Saskatoon,
Saskatchewan
January 25-27, 2000, Vancouver British
Columbia

The AHS National Office acts as a secretariat for the NAHSC, which is coordinated on behalf of Health Canada by senior program officer Rena Morrison.

Early in the 1998-99 fiscal year, National Office staff presented to the NAHSC the rationale and steps for conducting a national evaluation of the AHS program. It was decided that a new Evaluation Steering Committee would replace the former Evaluation Subcommittee. In subsequent meetings of the NAHSC, the Steering Committee provided reports on progress being made to distribute a Request for Proposals notice to prospective Aboriginal firms.

The Evaluation Steering Committee made its selection during the summer of 1998 and the successful bidder attended the NAHSC September meeting. Throughout the course of the fiscal year National Office staff and the firm provided regular reports to the NAHSC on progress being made in the national

evaluation. Work on the evaluation continued into the 1999-2000 fiscal year.

Some work of the NAHSC is carried over from previous fiscal years. An example of this was the Principles and Guidelines Workbook. Early in the 1998-99 fiscal year a draft of the workbook was translated and distributed to projects for their feedback. The Principles and Guidelines Subcommittee provided advice, guidance and direction to the revision process.

Feedback to the Principles and Guidelines Workbook was received from sixty AHS project sites. The National Office staff and the subcommittee worked to make the necessary changes and present this to the NAHSC. The final draft was prepared for the National Committee to review and approve at its quarterly meeting held in Saskatoon, Saskatchewan on January 13-14, 1999. A Subcommittee of the NAHSC was established in April of 1999 to work on issues such as evolution, communication, vision for future growth (of the AHS program) and the prioritization of new funding. This Subcommittee replaced the Renewal and Evolution Subcommittee and has been re-named the NAHSC Strategic Planning Subcommittee.

The role of the **Strategic Planning Subcommittee** is to investigate and provide advice to the NAHSC on Strategic Planning of AHS in relation to its evolution, development and governance. The following statement of the Strategic Planning Subcommittee, regarding the continued evolution of the AHS program, was accepted by the NAHSC in January 2000:

- 1) The AHS program will continue to evolve and develop in a spirit of partnership between the Aboriginal community and Health Canada;
- 2) AHS will evolve in a manner that ensures that the continuity of experience and knowledge from Aboriginal community and Health Canada will not be lost;
- 3) In the continuing evolution of the AHS program, NAHSC and Health Canada will respect the need to consult with local projects and to involve parents and community members;
- 4) AHS is a unique model of partnership between the Aboriginal community and the federal government, and it will evolve in a unique way that protects the sacred work of the program.

Other committees that have been developed through the NAHSC include:

The Indigenous Community Linkages Subcommittee to help design an AHS project/community exchange program and to select projects to participate in the community exchanges program.

The National Training Workshop Subcommittee to provide direction and advice regarding the content of the annual national training workshop. Its membership is also inclusive of the province/territory where the workshop will be held.

The Principles and Guidelines Subcommittee to provide advice, guidance and direction to the revision process for the AHS principles and guidelines.

Following recommendations from the former Subcommittee on Renewal and Evolution, the NAHSC has evolved into a committee consisting of representatives from provincial or territorial AHS committees or projects in every province or territory that has AHS projects. The committee will continue to exist until March 31, 2002.

AHS Working Group (AHSWG)

The Aboriginal Head Start Working Group is composed of all Health Canada AHS program consultants, the staff of the AHS National Office, and a regional children's program manager. A local elder attends each meeting of the group. The group meets quarterly to discuss programming issues and operational matters and identify possible interventions to address them. As with the National AHS Committee, the Working Group varies the locations of its meeting to equalize the burden of travel expenses and to allow the group to make site visits to a variety of AHS projects across Canada. During 1998-1999 and 1999-2000, the group met on the following dates and locations:

- January 8-9, 1998 Regina, Saskatchewan
- March 11-13, 1998 Toronto, Ontario
- June 17 - 18, 1998 Edmonton, Alberta
- October 14-15, 1998 Ottawa, Ontario
- January 6, -, 8, 1999 - Vancouver, British Columbia
- March 11 - 12, 1999 Regina,

Saskatchewan
June 3- 4, 1999 Montreal, Quebec
October 6 - 7, 1999 Calgary, Alberta
Jan. 10 - 11, 2000 Ottawa, Ontario
March 13 - 14, 2000 Vancouver, British
Columbia

In 1998-1999 members of the Working Group began working collaboratively with the former Medical Services Branch (MSB), the area of Health Canada responsible for the development and implementation of Aboriginal Head Start On-Reserve, which was announced in October 1998. Because the AHS program has a longer history in urban centres and northern communities, Working Group members were able to share a great deal of knowledge and lessons learned with their colleagues from MSB. The AHS Working Group held a joint meeting of Health Canada staff from the urban/northern and on-reserve sections of the program in June 1998.

Working Group members were heavily involved in the AHS renewal process, evaluation activities, the national training workshops, and revision of the national principles and guidelines. A discussion paper on the role of regional program consultants in relation to AHS projects was developed by the working group in March of 1999 and is available from the National Office. Research was initiated by the Working Group on how children with special needs were being accommodated and integrated in AHS projects. A short report on this topic was published in January 1998 and is available on the AHS website.

Discussion on program needs was initiated in June 1999. Another issue

examined by a subcommittee of the Working Group was how in contribution agreements handle the ownership and transfer of assets in the event of a site closure. The issue continues to be discussed by Working Group members, with a view to ensuring that the ownership and transfer of assets can be handled as smoothly as possible in the case of project terminations or transfers to a new sponsor.

AHS National Training Workshop

The AHS National Office, in association with the National AHS Committee, organizes an annual three-day National Training Workshop intended for the benefit of all Aboriginal Head Start projects. The Workshop provides project staff, parents and caregivers with current information on Aboriginal Head Start programming. The National Workshop also gives AHS projects the opportunity to network and share information with each other.

Workshop participants include AHS project staff and parents, representatives from regional AHS committees, members of the National Aboriginal Head Start Committee (NAHSC), sponsoring representatives, delegates from on-reserve AHS sites, and Health Canada staff. Elders participate in every National Training Workshop, each providing their own insight on Aboriginal culture and tradition. Elders meet individually with participants to exchange information and to offer traditional teachings. They also facilitate workshop sessions.

At National Training Workshops, a

invaluable learning process takes place among participants who are operating similar programs in different geographical locations. Networking between sites enhances participants' knowledge by sharing information. An example of this kind of networking took place at the 1999 workshop when the Inuit sites met to discuss issues such as training needs, communication, programming and curriculum development.

The 1998 AHS National Training Workshop was held in Ottawa, Ontario on September 13 - 15. The National Training Workshop theme of ***Strengthening Children and Families*** underscored AHS commitment to parental involvement in the program.

The Workshop consisted of three plenaries, twenty training sessions, four High/Scope (see page 16) presentations and a number of group discussions. This provided delegates with access to information on a wide range of topics which were linked to the enhancement of skills and knowledge for individuals involved with the AHS program.

Five topics of interest were identified by participants and discussions on the following topics were held with facilitators:

- Early Childhood Development: Applying the Principles
- Traditional Cree Perspective on the Child
- Inuit Project Sites Networking Discussion
- AHS Program Principles & Guidelines
- AHS Program Evaluation.

Formal training session topics included Conflict Resolution, Parental Involvement, Children with Special Needs, FAS/FAE, Strategic Planning, Culture in the Classroom, High/Scope and Building Unity for Our Children. Workshop facilitators came from across Canada and the United States. Native American Howard Rainer, Ph.D., inspirational speaker, innovator and lecturer, Brigham Young University, Salt Lake City, Utah delivered the keynote address and discussed the issue of the need for more male role models in the classroom. He also touched on the point that the AHS program is helping to build a brighter future for our children. The willingness of facilitators to share information and personal experiences ensured that the Workshop was a valuable and interesting learning experience for delegates.

Senator Thelma Chalifoux addressed the participants as the keynote speaker. The Senator acknowledged the importance of the AHS program and the contribution of all those involved in the development and implementation of the program. Senator Landon Pearson, actor Adam Beach and Native Women's Association President Marilyn Buffalo also addressed participants.

A cultural evening and banquet was hosted by the Odawa Native Friendship Centre on September 14th. Guest Speaker for this evening was the Honourable Ethel Blondin-Andrew, Secretary of State for Children and Youth, who reminded everyone involved in the AHS program of the importance and significance of our work, citing in particular the social and

economic benefits of programs such as AHS.

The National Training Workshop was an opportunity for several AHS project sites to display their resources, promotional material and items of interest. An area was set aside for guests and participants to visit a mini-trade show.

The 1999 Fourth Annual National Training Workshop was held September 19 - 21 in Saskatoon, Saskatchewan. The theme of the National Training Workshop, *"Children of Promise.....Tomorrow's Leaders,"* focussed on reaching every child's potential and helping parents and communities contribute effectively to a child's healthy holistic development.

The National Training Workshop agenda consisted of plenary sessions, over forty individual training sessions and AHS project site displays on resources, tools and promotional items being used in various AHS programs. Training session topics included Parental Involvement, Fetal Alcohol Syndrome, Traditional Teaching and Learning, Building Successful Parenting Programs, Creating Safety For Our Children, Conflict Resolution, Our Elders, Healing Journeys, Evaluation, Story Telling and Educational Strategies for Aboriginal Head Start Programs.

The Honourable Ethel Blondin Andrew, Secretary of State (Children and Youth), on behalf of the Minister of Health, Allan Rock, welcomed all the participants and outlined the important work the AHS program is doing in Urban and Northern communities.

Dr. Martin Brokenleg, a professor of Native American Studies at Augustana College in Sioux Falls, South Dakota, and Dean of the Black Hills Seminars on youth at risk was the keynote speaker. Dr. Brokenleg spoke on "The Circle of Courage," a holistic model of child empowerment and self-esteem building based on contemporary developmental research and traditional Aboriginal philosophies of child care. The model reveals the essential elements in raising confident, caring children.

Dr. Brokenleg provided an overview of the model and highlighted its specific importance and place in early childhood development.

A Cultural Evening and banquet was held on the evening of September 20. The Master of Ceremonies was First Nations actor and comedian Don Burnstick. Keynote speaker Tomson Highway spoke about his success as an author and playwright and performed some songs on the piano.

The workshop participants, who numbered over 300, rated the 1999 National Training Workshop highly, as indicated by the following comments:

"Thank you for providing such a wonderful learning environment. Each time I go away from a training conference such as this I go away knowing a bit more of who I am as an Aboriginal person of Canada."

"Any new employee of Head Start should attend a conference. I have learned more from the workshop that I have attended than working eleven years in the school"

system, use of materials for Aboriginal Head Start Programs. Thank you."

A trade show included over twenty-five exhibitors from British Columbia through to Ontario. The exhibitors donated items for door prizes which were drawn over the duration of the three day event.

The 1998 and 1999 workshops were coordinated for Health Canada by National Office senior program officer Rena Morrison.

The Fifth Annual AHS National Training Workshop is scheduled to take place October 12-14, 2000, in Ottawa, Ontario.

Regional Training Events

Regional training plays a vital role in addressing the training needs of individual community members associated with Aboriginal Head Start programs across the country.

Regional offices of Health Canada, in conjunction with regional AHS committees, develop and plan training events to meet the specific needs of AHS sites in particular regions. Here are some examples of regionally-delivered training.

Ontario

An Ontario regional workshop, entitled "*Beyond 1999*," was held in Sault Ste. Marie, January 29 - 31, 1999. The workshop was coordinated by Mary-Ann Buswa and sponsored by Waabinong Head Start in Sault Ste. Marie. The workshop began with a Sunrise Ceremony on the first morning and followed by an Inuit prayer on the second morning. A total of seventy parents,

board members and staff from ten projects in Ontario participated. The Regional Coordinator for On-reserve AHS attended, along with members from fifteen of the First Nations reserves approved for developmental phase funding.

Workshop topics included Networking Between AHS Sites, National Principles and Guidelines, Incorporating Culture and Language into All Aspects of the Program, Parenting Special Needs Children and Identifying Roles in Your AHS Project. The region was also pleased to have Valorie Whetung, the then evaluation analyst in the National office, attend to provide an update on the national evaluation.

A cultural event was held on the evening of Saturday, January 30, 1999. A traditional meal was served and a drumming social was held as the highlight of the evening. Many community members shared in the celebration and dancers came with their traditional, fancy, shawl, and jingle dress dance regalia.

In February 2000, the Ontario Region held their first-ever workshop specifically designed for AHS project-level staff. All AHS staff from all sites were invited to participate in this event in Toronto. Then, in mid-April 2000, parents and AHS staff had the opportunity to participate in the Annual Regional Training Workshop. What was rather unique to this training was the camping atmosphere that participants experienced at Canterbury Hills in Ancaster. The AHS Summer Program hosted their training workshop in Toronto during the month of June 2000. Two participants for each of the

eleven sites were invited to the two-day workshop.

Northwest Territories

On November 1 - 5, 1999, the Western Arctic AHS Committee, in collaboration with the regional Health Canada office, held a week-long regional training event for Northwest Territories AHS sites entitled, "*The 1999 Culture and Language Workshop.*" The event was held in Fort Providence, Northwest Territories. Fort Providence Elders and local AHS staff played an important role in the design, logistical coordination and delivery of the workshop.

The purpose of this training was to improve understanding of the Dene Kede curriculum and provide opportunities for learning hands on activities like making "big books" and "dream catchers." The Dene Kede curriculum is a curriculum for K-12 focusing on Education from a Dene perspective. It was developed in 1993 by the Education, Culture and Employment Branch of the Government of the Northwest Territories as a result of an extensive three-year process of community input and consultation. Delegates also participated in Slavey story telling, sharing circles and experienced nature at the Fort Providence AHS Culture Camp. During this training week, the entire community of Fort Providence was able to be involved as hosts and celebrants in a traditional feast for the Northwest Territories AHS project delegates.

Alberta

On January 26-28, 2000, the Alberta Aboriginal Head Start Committee, in

collaboration with regional offices of Health Canada, hosted a working conference entitled "*Developing Effective Family and Community Intervention Programs.*" Workshops were structured so that all participants contributed towards developing strategies in the following areas:

- Aboriginal Head Start's Role In Community Development
- Community Approach To Family Healing
- Addressing Strategies in Behavioral Management For Children.

Participants were encouraged to implement these strategies into local children's programming to strengthen family units and their communities. The conference was well attended and also included participation from the on-reserve AHS programs.

British Columbia

The AHS Association of British Columbia, in cooperation with the British Columbia/Yukon Health Canada regional office, delivered a three day conference March 10-12, 2000, in Vancouver. The conference theme was "*Our Children, Our People: Building for Tomorrow.*" With an emphasis on parental involvement, the event offered sessions on topics including parental roles and responsibilities, moving forward with confidence, writing reports and minutes, creating culturally relevant curriculum, supporting children through loss, developing cooperative community relationships, and recognizing families in need. Participants had an opportunity to deal with their own health and healing

through a healing circle, drum making, and three "just for fun" workshops. More than forty parents, out of a total of over eighty participants, attended from across the region. Seventeen participants came from three Yukon AHS sites.

Indigenous Community Linkages

The purpose of the Indigenous Community Linkages is to provide an opportunity for projects to exchange information on how to transmit Aboriginal indigenous cultural values, language and beliefs in a preschool setting, including examples relevant to the particular Aboriginal/indigenous culture(s) participating, such as, in the case of Aboriginal Head Start, the role of elders.

The AHS National Office invited all AHS projects in March 1998 to participate in a Community Exchange Program. The exchange program involved six AHS sites. These sites were formed into three pairs and exchange visits occurred between the paired-off sites.

Six sites were selected and paired as follows:

1. Apisic Moscosis Preschool, Buffalo Narrows, Saskatchewan *with* Lac La Biche Awasisak and Family Development Circle Association, Lac La Biche, Alta.,
2. Asuni Wahchi Awasisuk Head Start, Rocky Mountain House, Alberta *with* Our Children and Our Way, Halifax, Nova Scotia, and
3. Kugluktuk Aboriginal Head Start, Kugluktuk, Northwest Territories *with* Awasisak Head Start Program, Cumberland House, Saskatchewan.

The AHS national office covered all of the expenses involved in the exchange and finalized the logistics. The Community Exchange Program partnered with the Society for Educational Visits and Exchange in Canada (SEVEC) which provided administrative and logistical support to the community sites where the exchange visits occurred.

These exchanges were a great opportunity for the partnered sites to learn. Participants drew from each other's experience and found great value in seeing how others lived and how they delivered their Aboriginal Head Start program.

Participants learned how language and culture are incorporated into programs delivered by other AHS projects. Participants also learned how Elders can be more utilized in the program and how to work more effectively with parents.

A recommendation was made by the NAHSC for the Community Exchange Program to continue into the 1999-2000 fiscal year.

The exchanges were coordinated for Health Canada by Rena Morrison, senior program officer in the National Office.

Within the 1999-2000 program year the NAHSC sub-committee for Indigenous Community Linkages reviewed the proposals received from interested AHS programs and selected the following six sites for 2000-2001 exchanges:

1. Arviat Aboriginal Head Start, Arviat, Nunavut *with* Tungasuvvingat Inuit Head Start, Ottawa, Ontario;
2. Four Directions Foster Parent Association, Calgary, Alberta *with* New Beginnings - The Connection for Aboriginal Children, Thompson, Manitoba;
3. "First Steps" Aboriginal Head Start, Yorkton, Saskatchewan *with* Centres Tiknagin et Chiannou, Val d'Or, Quebec.

A report on the 2000-2001 exchanges will be made available on the AHS website once the exchanges are completed.

Principles and Guidelines Revised

In January of 1998, Health Canada and the National Aboriginal Head Start Committee continued the process to revise the National AHS Principles and Guidelines, initially developed in 1996. NAHSC members and Health Canada staff felt that the Principles and Guidelines should provide more direction and examples to AHS projects about program components and good practices. As the 1996 version was developed before most AHS sites were fully operational, a revised version could better respond to the actual challenges that operating sites face.

The revision process was implemented with the guidance of a NAHSC Principles and Guidelines subcommittee.

Throughout 1998, a National Office program officer, Valerie Galley, facilitated discussion groups in partnership with regionally-based Health Canada program managers and consultants in each region. A workbook was designed, based on regional discussion sessions, to examine the relationship between projects and sponsors; parental involvement; children with special needs; provincial/territorial licensing and criminal record checks; and all other guidelines. The workbook was distributed to all projects and program consultants. Sixty completed workbooks were returned. The discussion sessions and workbooks were important resources which were used in the revision.

The revised Principles and Guidelines clarify key issues, respond to questions and elaborate on certain guidelines. They are intended to contribute to project development and management throughout the life of the initiative. The document is a key resource utilized in strategic planning and the development of policies and procedures.

The six program components are described in detail, along with the intended objectives for each. The document also defines key technical program terminology for reference.

The Principles and Guidelines document provides a thorough examination of issues related to the management of AHS projects' human resources. This section clarifies the process for reference checks screening for criminal record(s) and verification of potential staff.

The document provides information on programming features such as child: staff

ratios and the application of provincial /territorial regulations.

The final draft of the revised Principles and Guidelines was approved in October 1998. The document establishes an important foundation for the entire AHS program, and will continue to act as a living document. The 1998 Principles and Guidelines are available on the AHS website.

outcomes and effects with those of other early intervention programs; resiliency of children; and socio-economic effects of Aboriginal Head Start.

The Framework requires that any research project on AHS with an annual budget over \$10,000 be reviewed for approval by an AHS Research Committee, consisting of representatives of the NAHSC; Health Canada; the Aboriginal academic/ scientific community; and an Elder. The Research Framework is available on the AHS website.

AHS Research Framework

National Office staff lead the development of a AHS Research Framework in 1998-1999. The document was reviewed by the NAHSC in January 1998 and received final approval by the NAHSC in April 1998.

The Research Framework was designed to address a pressing need for research on the Aboriginal Head Start program... [and] the development of research capacities in community-based Aboriginal people and organizations. The Framework encourages AHS projects to work in partnership with academic researchers to produce research that is scientifically credible and at the same time benefits the community.

A number of possible areas of research interest are proposed by the Framework, including research on each of the six AHS component areas; longitudinal research on AHS participants; comparative studies of AHS methods,

Children s Books

The National Office introduced a project in the spring of 1998 that provided approximately \$500 worth of children s books to every AHS site. The project was initiated because it was noticed that many sites in isolated locations had difficulty finding good quality children s books, and that all projects could use additional books to stimulate the enjoyment of reading in children. Health Canada staff, with the approval of the NAHSC, came up with a list of children s books on Aboriginal or nature themes in English or French, that were purchased and sent to all AHS sites across Canada.

High/Scope Training

In May 1998, eight Aboriginal women associated with Aboriginal Head Start completed training as High/Scope trainers. The training was conducted under the sponsorship of the AHS

National Office, and went forward with the approval of the NAHSC.

High/Scope Educational Research Foundation is an independent non-profit research, development, training and public advocacy organization, that has sponsored the well-known Perry Preschool Longitudinal Study. The mission of High/Scope is to improve the life chances of children and youth by promoting high quality educational programs. The High/Scope preschool approach was originally developed for use with at-risk children, but is now used and has proven effective with the full range of children. It is used in all types of preschool settings in urban and rural communities and in countries around the world. For Aboriginal Head Start, High/Scope training was adapted to the needs, circumstances, and cultural approaches of Aboriginal communities. An Aboriginal elder was present at every training session to ensure that the methodology was consistent with Aboriginal values.

High/Scope training trains teachers to participate as partners in children's activities, rather than managers or supervisors, and it emphasizes positive interaction strategies such as sharing control with children, focussing on children's strengths, forming relationships with children, supporting children's play ideas and adopting a problem-solving approach to social conflict.

AHS developed an interest in High/Scope in 1996, and it was selected as an optional training approach by the NAHSC in April 1997. The Training Of Trainers (TOT) began in September of

1997.

During the 1999-2000 fiscal year, 20 days of "Lead Teacher" training was delivered to AHS staff from across the country by the TOT trainers. The National Office offered scholarships to interested trainees from AHS sites to assist in covering the costs of training materials and the registration for certification. Some regional offices were also able to make financial resources available to cover costs of training sessions. In total, there were 64 participants involved in the training sessions, of which 47 received certificates of completion for the full 20 days of training. The certification process of the trainees will commence in the 2000-2001 fiscal year. Interest has already been expressed regarding the continuation of training, by successful lead teacher trainees, towards the attainment of their TOT certificates.

An evaluation of the High/Scope training process will take place in the 2000-2001 fiscal year. The High/Scope training program is coordinated for Health Canada by program officer Brad Martin.

AHS Promotion

Newsletter

The National Office produces a national newsletter to foster communications between Aboriginal Head Start projects and other interested parties. Over 1500 English and 400 French copies are distributed. Newsworthy information on national activities, regional office activities, and other materials of interest to AHS are included in the newsletter.

In the 1999-2000 year the format for the newsletter changed from a shorter newsletter to a larger semi-annually produced newsletter. The newsletter is available on the AHS website.

New AHS Video Production

In 1995, a video was produced to communicate the concepts of AHS to the urban and northern Aboriginal community. As the program has matured, it was felt that the production of another video would help tell the current AHS story and pass along best practices to new and already developed AHS sites.

National Office program officer Brad Martin started working on the production of the second AHS video in August of 1999 with the contractor Chikak Communications, from Winnipeg, Manitoba. The primary emphasis of the video is to highlight the success stories and best practices of current AHS projects as well as building on the themes of partnerships, parental involvement, and Aboriginal design and control of the program.

Conferences and Presentations

Spreading the word about Aboriginal Head Start (Urban and Northern Communities) to national and international audiences is a major part of the work of the AHS National Office, the National Aboriginal Head Start Committee, and representatives of AHS sites. Non-Aboriginal Canadians and people outside Canada are eager for information about AHS as an innovative and successful program in the Aboriginal

community. Dissemination of information about the program through presentations at conferences and other fora helps to establish the program's profile in the early childhood education field. To that end, Richard Budgell, the national manager of AHS (Urban and Northern Communities), made presentations or co-presented with others at venues during 1998-99 and 1999-2000, including the following:

National (U.S.) Association for the Education of Young Children Conference, Toronto, Ontario, November 18-21, 1998 (with Linda Kills-Crow, Early Childhood Consultant, Pawhuska, Oklahoma)

National Head Start Association Annual Conference, Minneapolis, Minnesota, April 14-17, 1999 (with Valerie Galley, Health Canada staff)

World Indigenous Peoples Conference on Education, Hilo, Hawaii, August 1-7, 1999 (with Jenny Lyall, Program Director, Aboriginal Family Centre, Happy Valley-Goose Bay, Labrador)

Visiting Lectureship on Native Health, University of Toronto, Toronto, Ontario, October 18-22, 1999

The Early Years: Supporting Families and Young Children Conference, Vancouver, British Columbia, January 27-29, 2000.

National Evaluation

Significant progress was made in the development of the national evaluation in 1998-1999, based on the National Evaluation Framework developed in 1997. An Evaluation Steering Committee was struck in April 1998. The Evaluation Steering Committee includes one representative from the NAHSC; regional Health Canada program consultants; Statistics Canada; and staff and management from Health Canada's Childhood and Youth Section. The AHS Evaluation Analyst in 1998-99, Valorie Whetung, worked closely with the Evaluation Steering Committee.

The AHS National Evaluation Steering Committee provided guidance to all of the evaluation activities.

A detailed Request for Proposals was developed to describe work that needed to take place on the AHS national evaluation. Aboriginal contractors who were interested in performing the work were invited to submit a letter of interest. A Bidders Conference was then held in Winnipeg in July 1998 for all contractors that had submitted letters of interest (of which there were thirty-four), in order to give them an opportunity to receive information from and ask questions to Health Canada about the national evaluation. The bidding process, administered by Public Works and Government Services Canada, took place following the bidders conference.

The contractor selected immediately began to develop an overall workplan for the evaluation, a research and evaluation literature review, methodology to select impact evaluation sites, and a design for an administrative survey questionnaire.

Work proceeded in all of these areas during 1998, with plans being made to deliver the administrative survey questionnaire in April-May 1999.

In the 1999-2000 fiscal year the AHS program launched its first annual national administrative evaluation survey which was completed by ninety-six operational AHS sites and continued the development of the impact evaluation.

The data and analyses from the administrative survey will be published in the near future in a report entitled "*Children Making a Community Whole.*" The administrative, or process evaluation, to be available in print or on the AHS website, will be administered annually.

An analysis of the 1999 administrative survey questionnaire and process resulted in changes to the questionnaire that was administered in the spring of 2000. Health Canada contracted with Kim Scott, the contractor for the data analysis of the first questionnaire, to revise the questionnaire and to develop a guide to accompany the survey document. Turtle Island Associates was contracted to oversee the completion and return of the questionnaires.

In August 1999 a two-day Expert Colloquium was held to discuss evaluation process and measuring instruments that would be appropriate and relevant for conducting an impact evaluation in the Aboriginal Head Start communities. Academics with expertise in the area of child development and child observation made recommendations for an approach to impact evaluation that would respect cultural differences of

Aboriginal populations in the impact study. Participants agreed that mainstream instruments are frequently not appropriate measures, and recommended Health Canada support development of culturally appropriate tools and approaches as part of their impact evaluation process.

Health Canada will contract work on the impact evaluation beginning in the fall of 2000. The national evaluation is coordinated for Health Canada by national office evaluation analyst Lynne Robertson.

Regional Evaluations

In addition to the National Evaluation, many regions undertake regional evaluation activities.

In Alberta/NWT region, participatory evaluation activities have been ongoing since the inception of AHS. The goal of regional evaluations is to improve program delivery by learning more about what strategies are more effective than others and coincidentally to strengthen AHS staff members' skills and expertise in program evaluation.

In Ontario, Obonsawin-Irwin Consulting Inc was selected to conduct the regional evaluation in the fall of 1998. Their first tasks were to review AHS local and regional evaluations and to adapt the national impact instruments for use in the region. Due to changes in the national evaluation workplan which postponed the development of national impact instruments, Obonsawin-Irwin developed regional instruments. Two child assessment tools were used: the Daberon

2 and the Early Screening Inventory - Revised. These instruments and child assessment tools were pilot tested in two day care settings, one in Fort Erie and one in Toronto, prior to use in the field. In the fall of 1999, the consultants conducted their data gathering from each site in Ontario. A final report was made available in the fall of 2000.

In Quebec region, an evaluation framework was designed by the contractor Autochtonomie. With the input of the sites, a first data collection was conducted in the fall of 1998. Data on the Quebec region from the 1999 and 2000 national evaluation surveys is being processed by Health Canada's Regional Office. Quebec regional evaluation activities are focussed on learning more about child development outcomes resulting from the AHS program by examining what differences the program has made in each of the six program components.

Aboriginal Head Start Stories

In 1999-2000, 3,300 children and their families participated in Aboriginal Head Start in one of 100 sites. Hundreds of these families are able to tell stories about how the program has changed their lives; here are a few of these stories from 1998-1999 and 1999-2000.

Six Year Old Graduate Saves Lives

In the spring of 1998, Keith Lacroix, a six year old graduate of the AHS program in Val d'Or Quebec saved the lives of his little brother and sisters when he remembered a fire safety tip. Keith

remembered, from a visit to the fire station made while attending Head Start, that the best thing to do in the case of a fire is to get out of the house as fast as you can. He kept his cool, he asked one other sister to get help, and bundled up his other little sister and brother in a blanket and brought them out of the house! He saved the lives of his own siblings by remembering the safety rules that he had learned while attending a Head Start program.

Finding A Voice

"I am the mother of a child who is currently attending the Aboriginal Head Start program. I feel that AHS has made a positive impact on our family life. We are able to understand our child more clearly now. Before our son started school he was unable to put two words together. At one point we had him seeing an Early Childhood Interventionist but unfortunately he showed no signs of speaking more.

After being in Head Start for a couple of months I have seen many improvements with his speech. He is able to tell me how his day went and what things he did. I no longer feel frustrated when I communicate with him because now I understand what he wants and needs. He enjoys being at AHS and he enjoys interacting with other children. He becomes very upset if he has to miss a day of school.

I believe it is important to keep Head Start going because in our family, maintaining our cultural belief is a priority. Having him attend AHS allows him to be taught his culture. If my child is

taught such things, by myself and through AHS, he will believe who he is and where he comes from is important. I believe there should be more money to expand AHS for things such as a new building, new bus, more children and more teachers."

Issues on the Horizon

Over the course of the 1998-1999/1999-2000 program period, we saw the emergence of a number of issues critical to the future success of the AHS Initiative.

Parental involvement at virtually every level of the program is raised. For AHS projects analysis, design, and evaluation to truly reflect the values in the National Principles and Guidelines, parental involvement must be encouraged in a proactive way. Parental involvement means different things to different sites and all sites can use assistance in this area. This was, therefore, the theme of the 1998-1999 National AHS Training Workshop.

Special needs children, and how Aboriginal Head Start is accommodating their participation, continue to be an issue within the program. The 1998 Special Needs Survey Report indicated that many AHS sites had not given prior consideration to the enrollment of children with special needs, while some sites were very committed to serving such children. In the 1999 administrative survey of all sites, survey results found that 17 percent of all AHS children required greater-than-average staff time because of developmental delays, and 384 children (out of the survey population of 3,236 children) required, but had not yet

received, formal assessment for special needs or delays.

Some AHS sites would like to see the development of a **solid culture** and **language curriculum** to assist with Aboriginal language retention, **more staff training in early childhood**, and an **emphasis on evaluation**. More personal networking among early childhood educators and the school system has been identified as critical so that the teachers can respond to children who now have more opportunities to learn and grow as a result of their AHS experience.

The years 1998-1999 and 1999-2000 were years of continued building for the Aboriginal Head Start program in urban and northern communities.

The many successes and achievements in the national program two highly successful national training workshops, conducting a comprehensive renewal process, starting work on the national evaluation, developing a research framework were matched by regular miracles at a community level.

Thousands of Aboriginal children in one hundred communities blossomed through their involvement with the program; thousands of parents grew in confidence and parenting skills.

Community members, parents, project staff, and Health Canada staff all deserve immense credit for their dedication in having built the program from the ground up since 1995. First Nations, Métis or Inuit elders provide direction, guidance and wisdom to the children, staff and parents in each AHS site. Where once there was no focus for young Aboriginal children and their families in many urban

and northern communities, there is now a network of AHS sites that are centres of energy. AHS is also, in a sense, bigger than itself: as stated in the AHS Principles and Guidelines, AHS will make sure the project works with and is supported by other community programs and services. Through working closely with other services public health and the school system among others the positive benefits of AHS can be magnified.

For thousands of individuals, both children and adults, AHS has helped build confidence, and pride in their accomplishments. The Aboriginal community can be justifiably proud of what it has built, in partnership with Health Canada, in Aboriginal Head Start. That pride and confidence will carry the program forward to new accomplishments beyond 1999-2000.

