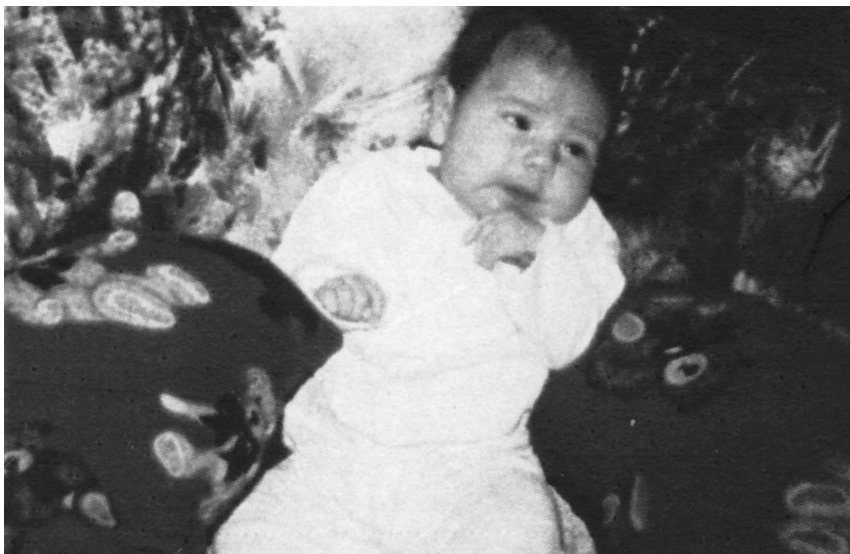


# HEALING & WELLNESS

THIS IS A NEWSLETTER OF THE ABORIGINAL HEALING AND WELLNESS STRATEGY



Deyon VanEvery, the first baby in the Aboriginal HBHC program at Six Nations of the Grand River

## Aboriginal Healthy Babies Healthy Children

### Programs now operating across the province

The Aboriginal Healthy Babies Healthy Children program is up and running, with programs in place across Ontario to support Aboriginal families of young children, prenatal to age six.

The programs employ Family Home Visitors that can offer guidance and assistance to new parents. In the manner of a traditional auntie, the visitors share their knowledge about nutrition, growth, child development, health and well-being. Through Aboriginal Healthy Babies Healthy Children, families also have contact with nurses who can provide assessments of newborns and monitor the growth and development of children.

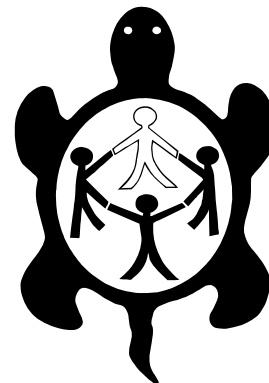
Aboriginal Healthy Babies Healthy Children recognizes that the health of a child starts before birth, and so all programs work with parents in the prenatal stage. Family Home Visitors and nurses are on hand to monitor and promote healthy pregnancies and to provide expectant parents with the knowledge they will need when baby arrives.

Many of the programs offer prenatal classes, parenting classes, breastfeeding supports and social events that allow new parents to build their knowledge while developing a community of support. The programs also link families to other community services and supports that will help parents as they go about the important and challenging responsibility of raising small children.

Aboriginal Healthy Babies Healthy Children Programs are being coordinated out of the following Provincial Territorial Organizations:

- ▶ Nishnawbe-Aski Nation **Carmen Blais** (Thunder Bay) (807) 623-8227
- ▶ Ontario Federation of Indian Friendship Centres **Jaynane Burning Fields** and **Edna Holyome** (Toronto) (416) 956-7575
- ▶ Ontario Métis and Aboriginal Association **Cathy Alish** and **Germaine Elliott** (Sault Ste. Marie) (705) 946-5900
- ▶ Métis Nation of Ontario **Roberta Wraith** (Toronto) (416) 977-9881 or 1-800-466-6684
- ▶ Ontario Native Women's Association **Mary Lou Auger** (Thunder Bay) (807) 623-3442
- ▶ Union of Ontario Indians **Carol Taylor** (Curve Lake) (705) 657-9383
- ▶ Grand Council Treaty #3 **Lorna Brown** (Kenora) 548-4214

Read on to find out what some Aboriginal Healthy Babies Healthy Children programs are doing!



The turtle represents Turtle Island because Turtle Island is Mother Earth. The people are holding hands because it means they will help each other with their problems. They are standing in a circle because it represents the circle of life. They could be our friends, families and strangers that either need help or are helping.

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*In the Spirit of Healing & Wellness* is a quarterly publication produced by the Aboriginal Healing and Wellness Strategy. It offers news, updates and information on AHWS project development. We welcome submissions! For more information, please contact:

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Toronto, Ontario M7A 2B6  
Tel (416) 326-6905  
Fax (416) 326-7934

AHWS Website:  
Currently under redevelopment

Services provided by the  
Six Nations Aboriginal  
Healthy Babies Healthy  
Children Program

- ▶ Pre and postnatal home visits
- ▶ Well baby concerns, supports and clinics
- ▶ Preschool assessments with Public Health
- ▶ Prenatal classes with Public Health
- ▶ Family home visitors
- ▶ Parenting services and support
- ▶ Linkages to community services
- ▶ Resources
- ▶ Someone to talk to!

What Six Nations Family  
Home Visitors do:

- ▶ Developmental play and screens
- ▶ Parental support
- ▶ Growth checks
- ▶ Preschool assistance with assessments
- ▶ Helpful hints: (e.g. healthy relationship with your child; getting your child to eat)
- ▶ Breastfeeding support
- ▶ Special needs support
- ▶ Advocacy

SIX NATIONS OF THE GRAND RIVER:

## Helping Through the Wonder Years

"Life would be much easier if kids came with instruction manuals. But until then, we'll be here to help your children make the most of their important first years." With this phrase, the Six Nations Aboriginal Healthy Babies Healthy Children program brochure invites parents to make use of their services. A Coordinator and two Family Home Visitors ensure that all new babies and their families are paid a visit, and that families who need extra support get ongoing assistance. "We work with the family as long as they want us," says Lois Bomberry, Coordinator of the program.

Aboriginal Healthy Babies Healthy Children takes referrals from health practitioners and encourages participation through friendly and creative approaches of their own. "Sometimes we see the new moms and babies in the community – and so we remind them to come and visit us!" says Bomberry.

The program has been running since January 2001, but many of the families have already bonded with the Home Visitors. The Program Coordinator reports that older siblings of the new babies have come to appreciate these

relationships: "We have one little guy who waits at the top of the road for the Home Visitor."

Staff also work with older children by doing pre-school screenings in collaboration with the public health department. At these screenings they assess development in terms of growth and alertness, vision and hearing, and they check immunization status.

One of the goals in this first year has been to try and avoid overlap in services for families at Six Nations. But this goal has been met by creating partnerships in service delivery. Thus far, the Aboriginal Healthy Babies Healthy Children has partnered with Six Nations social services to deliver parenting classes, and are working with a dietician to offer education on baby food making and to offer breastfeeding support.

The Aboriginal Healthy Babies Healthy Children Coordinator, a Registered Nurse, has been seeing about 5-10 newborns a month. The two Family Home Visitors have a caseload of about 10 families each.

- ▶ Coordinator is **Lois Bomberry**:  
(519) 445-1346 or  
hbhcp@on.aibn.com

CONSTANCE LAKE FIRST NATION:

## Initiatives Result in Success

The Aboriginal Healthy Babies Healthy Children staff at Constance Lake First Nation have been developing innovative ways of increasing participation in their program. The program includes weekly prenatal and parenting classes as well as time with a nurse and a home visitor. Although attendance has been good at the prenatal groups, many of the new mothers were initially reluctant to have the home visits. The home visitor has worked on this challenge by attending the prenatal classes to teach crafts and cooking. This allows her to develop a relationship with the expectant mothers so that they will feel more comfortable with the visiting when their babies arrive.

As an incentive to attend the prenatal classes, the program offers food vouchers for supplies such as eggs, milk and juice. They also send the women home with a bag of healthy food to encourage them to cook nutritious meals and to try different foods.

In this small community of approximately 700 people, the AHBHC program has a relatively heavy workload. They currently serve 14 expectant mothers, 6 of whom are teenagers. Their weekly prenatal classes ensure that these moms are getting basic care. The AHBHC nurse checks blood pressure, blood sugar, and weight gain and helps the mothers to learn about nutrition, breastfeeding and the importance of seeing a

doctor.

AHBHC at Constance Lake has been successful in its goal to increase breastfeeding. The incidence of breastfeeding has been very low in the past, in part due to the need for supports and the fact that many of the mothers have others helping them look after their children. "With the teen parents, it is often the grandmother takes an active role in caring for the baby," says AHBHC coordinator Louise Brisson, noting that bottle-feeding is more conducive to this arrangement.

The program has been encouraging mothers to see that breastfeeding is an ideal way to care for a baby. They have put together a collage to celebrate all the mothers in the community who have breastfed their babies. "Even if they are grandmothers now, we want to know about them," says Brisson. Mothers are also offered incentives for breastfeeding from the hospital in the way of a gift. They receive a second gift if they are still breastfeeding at the first post-partum doctor's visit, and another later on if they continue. All of this effort has shown positive results "Last year, we only had one breastfeeding mother," says HBHC coordinator Louise Brisson. "This year, we have five who tried it. That is a 500% increase!"

- ▶ Coordinator is **Louise Brisson**: (705) 463-2155 or  
brissonlg@yahoo.ca

## OFIFC: Resources Available

The Ontario Federation of Indian Friendship Centres has developed a Family Home Visitors' Manual and a Home Visiting Resource Kit for their Aboriginal Healthy Babies Healthy Children workers.

Our responsibilities to prepare for our children begin before conception. When the baby is conceived and then when the baby is born, our responsibilities to that child change.

### Family Home Visitor Manual

The Family Home Visitors' Manual is now available to other programs and/or workers who wish to purchase it. It includes traditional teachings, stories and cultural references from Haudenosaunee, Anishnaabe, Cree, Inuit and Métis people. Workers will also find helpful information on topics such as

how to work with hard-to-reach families and how to be non-intrusive.

The material in the manual can be used to encourage parents to look at their responsibilities from a cultural perspective. Workers can photocopy material on topics such as naming, interconnectedness, traditional childbirth medicines, cycles of life, discipline and personal wellness for parents.

The OFIFC developed a five-day training session to go along with the manual, which they delivered to their workers in May, 2001.

The workers have also been provided with Home Visitors' Resource Kits. These kits include 118 items that are packed into duffel bags with wheels so home visitors can pull them along on their visits. Home visitors stock baby items as well as traditional medicines, videos, books, toys and games for older children. See the sidebar for a partial list of the 118 items.

- ▶ Anyone interested in purchasing the Family Home Visitors' Manual should contact **Jaynane Burning** at the OFIFC (416) 956-7575 (jburning@ofifc.org). A full list of the resource kit contents can also be provided.

## AKWESASNE: Safety First!

The staff at Akwesasne Aboriginal Healthy Babies Healthy Children have put "safety first" into practice by offering education and assistance around the proper use of infant car seats. After taking a two-day training course through the health unit in Cornwall, AHBHC staff are now certified to educate others about car seat safety. They have already sponsored their own train-the-trainer course on the issue and have been invited to deliver this workshop at an early childhood conference on child safety.

A typical mistake is not buckling the seat into the car properly, but there are examples of more careless practices that need to be addressed. "I've seen new moms driving a vehicle holding their baby on their chest!" says program coordinator Joyce Leaf. "I spoke with the Chief of Police and told him what I saw in the community. We agreed that we need to work on this together." The police have shown their support and cooperation by attending the car seat

safety workshop offered by Aboriginal Healthy Babies Healthy Children.



In addition to the on-going home visiting duties, Akwesasne AHBHC staff have organized pre and postnatal water aerobics, and are currently looking into developing water classes for mothers and infants. Staff have also been proactive about mom and baby health by offering information to pregnant women who wish to quit smoking.

- ▶ Coordinator is **Joyce Leaf**: (613) 575-2341 or jleaf@akwesasne.ca

## Some of the 118 items in the OFIFC home visitor resource kits!

### Home Visitor Tools

leaf sage  
smudge feather  
smudge pot  
draw-string bag  
cultural information pamphlets  
2 friendship centre bracelet kits  
3" dreamcatcher kit  
multi purpose tool  
level one reading text  
calculator  
baby wipes dispenser  
arrowroots  
growing family prenatal kit  
stationary

### Tools to use with parents

monthly planners  
"game of life" or "pay day" board games  
growth chart  
development chart  
infant cabinet and drawer latches  
breast pump  
baby monitor  
work out tapes  
diapers  
candle

### Videos

Nutrition  
Comforting your Baby  
Helping Young Children to Cope with Emotions  
Magic School Bus

### Books

Cook for Kids Cookbook  
First Nations Parenting  
The Meaning of Respect.  
Where did you Get Your Moccasins?  
Old Enough

### Toys/Crafts/Educational Tools & Games for Kids

corn-husk peg doll  
pre-school Workbooks  
Mr. Bubbles  
memory game  
bone game  
dry-erase board  
two-sided rawhide drum  
horn rattle  
Colouring Book of our Nations

# Recent Changes in Staffing

## AHWS Welcomes New Staff Members

The AHWS Policy Analyst position has been filled by **Kathy Wakeford**, one of the Strategy's original programme consultants. She rejoined the AHWS in July, 2001, having recently returned to Toronto from Houston, Texas, where she was teaching at a community college.

Kathy began working with Aboriginal communities while at the Ministry of Community and Social Services in the late 1980s. As a program supervisor, she developed an appreciation for the holistic nature of Aboriginal services. Kathy enjoys working in the inter-ministerial environment of the AHWS, stating "It's busy, challenging, and strives to make services more inclusive."

Kathy's main focus to date has been to support and coordinate the activities of the Justice and Family Violence Subcommittee. She sees the justice work as an important step in completing the mandate of the Aboriginal Healing and Wellness Strategy. Kathy will also be supporting the suicide research in her new position.

As policy analyst, she will be able to draw on experience in policy development, program design, development and implementation and business/financial management. Prior to joining the Ontario Government, Kathy worked with Violence Against Women programs, and later ran a shelter for abused women and their children in Northern Ontario. She holds an undergraduate degree and a master's degree in sociology.

**Andrea Jane (A.J.) Williams** joins the AHWS as the Programme Consultant for performance measures. Andrea, a member of the Sandy Lake First Nation, has twenty years experience working in the Aboriginal community. She defines herself by family, and is the mother to a 16 year old boy "who aspires to be a Native doctor."

Andrea has worked as an employee for grass-roots organizations and more recently as a consultant contracted by Aboriginal organizations to conduct studies and program evaluations. Her work experience covers the fields of Aboriginal

community development, social services, education, health and self-government. At this point in her career Andrea is interested in exploring collaborative models of governance, and this has been the focus of her studies as an M.A. student, and a Ph.D. candidate at Trent University. She brings this interest to AHWS: "I admire the collaborative effort – trying to get a diverse group of Aboriginal people [and government] together. I wanted first hand experience working with this, and that is why I took the job."

Andrea is looking forward to working on the performance measures, as they provide an opportunity to showcase the good work that is being done by AHWS projects. She sees this work as a way of addressing a gap in the service continuum: "I believe that the Aboriginal community delivers programs well. What we don't do well is discuss our successes! Performance measures are about knowing for ourselves and telling others what we do well." In addition to working on performance measures, Andrea will provide support to the longitudinal study.

## Temporary Staff in the AHWS Office

In late August, **Carol Polych** joined the AHWS Staff Team on a part-time contract basis to provide assistance to the Aboriginal Healthy Babies, Healthy Children Program. A former program manager and nurse practitioner with Anishnawbe Health Toronto, Carol has broad-based community health, group facilitation, program development, participatory research and teaching experience. She is currently completing a PhD programme at the Ontario Institute for Studies in Education, University of Toronto.

**Darlene Roote** will be taking a six-month leave of absence to work with her home community and attend to family. Darlene has been with AHWS for almost six years and has played a central role in the provision of support to the Staff Team, the Joint Management Committee and local programmes and projects.

During Darlene's leave, the position of Administrative Assistant will be filled on a temporary contract basis.

## First Nations Health Studies Program: A Multi-Year Training Project

The Paawidigong First Nations Forum (representing Eagle Lake, Lac Seul, Wabauskang and Wabigoon First Nations) welcomed twelve returning students this fall as they began their final year of a First Nations Health Studies diploma. This two-year program is delivered in conjunction with Yellowquill College. Instructors are brought in to deliver the course in one-week segments so that Paawidigong residents can work towards their diploma. The course examines historical and current issues in First Nations' health while fostering communication and analytical skills, community planning and leadership.

## Multi-Year Training Plans

The AHWS asks programs and services that presently receive on-going training funds from the Strategy to submit training plans each spring. These submissions are called "multi-year training plans" as they must address how programs build on past training, and how they can streamline training to meet future needs. The AHWS asks that the training plans also demonstrate cooperation and linkages with other local programs and projects. They encourage building practical applications of indigenous knowledge among workers and volunteers. Training budgets are scaled according to the number of full-time employees at each program or project.

In previous years it has been

mandatory to include family violence awareness training. This kind of training is still encouraged for 2001/2002. The range of training that has been approved for this year includes:

- ▶ **skill development:** counselling skills; conflict resolution and mediation; case management; team building; improved communication; strategic planning;
- ▶ **knowledge and awareness:** alternative justice; family violence and sexual abuse; addictions and mental health; suicide; cultural awareness training; traditional teachings;
- ▶ **acquiring tools:** time management; stress management; financial management; proposal writing; computer training; CPR and first aid training.

# Community Worker Information Sharing Sessions

Community Workers throughout Ontario attended information sessions in Sault Ste. Marie on May 15 and 16 and in Orillia on June 13 and 14 this year. The purpose of these sessions was to update workers on the performance measures, annual submissions, multi-year training plans and the Aboriginal Healthy Babies Healthy Children program, and to provide opportunities for networking and information sharing. The sessions also included training on “How to Facilitate a Workshop” with Sarah Blackwell of the Ontario Aboriginal Health Advocacy Initiative, and a full-day session on multi-generational trauma with Bea Shawanda.

The community workers appreciated having time to discuss their challenges and collectively brainstorm on solutions. Some of the primary needs they identified were:

- ▶ funding for program costs, administration and transportation
- ▶ flexibility in budgets
- ▶ support systems for workers when workload increases
- ▶ support from leadership, staff and community (parents)
- ▶ more mental health workers
- ▶ more volunteers

They suggested that expanded networking among them would be helpful, and explored the possibility of

networking on-line through a bulletin board on the AHWS website or a chat line. Workers stated they would also benefit from further interactive training as well as an orientation manual.

The topic of stress and burnout was raised on the first day of the workshops. In addition to the stress brought on by their workload, workers pointed out that they operate within the context of community stress, compounded by nepotism, unhealthy leadership, jealousy, factions and favouritism. This discussion led naturally into the topic of the second day, “Multi-Generational Trauma.”

## Healthy Voices, Healthy Choices

### A Leadership Training Program

Bea Shawanda facilitated workshops on multi-generational trauma at the spring 2001 community worker information sharing sessions. “The primary purpose of the sessions was to help frontline workers gain a greater understanding of the environment they work in, particularly the emotional, social and spiritual aspects of this environment,” says Shawanda. She points out that Native people work in communities suffering from the effects of multi-generational trauma, defining trauma as “a pain that we experience at an original event. Long after the event is over we continue to feel and act out the pain.” Although the trauma may have happened in the past – and often in another generation – we continue to feel the pain and it impacts on our daily life. The event may be remembered or not remembered.

Shawanda explains, “As Native people, we have a “shame history” from being told that we are less than the settler society. This has manifested itself into a “no-talk” rule. The message has been “Don’t speak your language; Don’t say anything; and Anything that you say is not worthwhile,” all resulting in internalized oppression and cultural self-hate.

The “no-talk” rule can create havoc in a relationship-based society, and one that is based in oral tradition. It decreases our ability to connect soul to soul; as a result our people live in an atmosphere of mistrust, isolation and fragmentation.

The results of delayed grief and trauma are evident at the community level, resulting in alcoholism, domestic violence, internalized oppression, prejudice, racism, and other forms of acting out. This can be a hard context to work in, and one that requires a great deal of understanding on the part of workers who are trying to make change. This is why Shawanda believes

it is important to take the time to look at the bigger picture of multi-generational trauma.

“Sometimes we get into the blaming mode, and so much energy goes into judging and blaming: *If only there weren’t so much drinking in the community, If only the parents took care,* and so on.

Once we understand the impact of multi-generational trauma, we can get out of that mode,” says Shawanda.

Out of this information, participants were able to identify patterns within their own communities and to look at practical trauma recovery processes. Shawanda led the group through exercises that they could use as strategies for changing their environments. She encouraged people to visit and talk with each other, and offered workers the chance to experience the physical changes and relief that laughter brings by participating in fun games. With these exercises, Shawanda asked the workers to “find the ELF in yourself”, and to consider the role of humour as a resiliency tool in Native communities.

In addition to considering the community context for their work, individual workers were encouraged to identify patterns in their own lives that hinder their relationships with others.

This allowed them to explore alternatives for building healthier personal and professional relationships.

The evaluations of the workshop show that the day was both personally and professionally beneficial to the workers. They wrote “Thank you for my healing and helping me get over my stumbling blocks,” and “A good understanding of how history plays a major role in our families and communities.” They asked for more of this type of training in the future.

- ▶ **Bea Shawanda**, Uncovery-Recovery-Discovery Training Services (Sault Ste. Marie) (705) 946-4402



Bea Shawanda

FOR THE KIDS 2001:

## Fort Frances to Rainy River Canoe-athon

The Healing and Wellness Youth Coordinator at the United Native Friendship Centre made a big splash recently when he led a “canoe-athon” fundraiser for the Urban Multi-Purpose Aboriginal Youth Centre in Fort Frances. Brad Herbert was accompanied by two other U.N.F.C. staff and one volunteer as they canoed from Fort Frances to Rainy River, a 90 mile stretch which includes some difficult passages. The trip took two and a half days, and was interrupted briefly when the group had to dry out on Manitou Mounds after capsizing into the Long Sault Rapids.

The team wanted to raise awareness as well as funds for their Youth Centre, and so they stopped to talk to people along the way. They were featured in several articles by the local press and were greeted by 25 people upon their arrival in Rainy River. As a fundraising event, the canoe-athon proved enormously successful: the U.N.F.C. youth program collected \$4,700 in pledges from local businesses and individuals. They handed \$1,000 of these funds over to the OPP for their D.A.R.E. program on drug and alcohol awareness. Next year they plan to increase youth participation and have at least ten canoes on the trip.

We were getting a little stale on the fundraising events. We wanted something original.

**Brad Herbert**  
Healing and Wellness Youth  
Coordinator, U.N.F.C.

The Urban Multi-Purpose Aboriginal Youth Centre in Fort Frances has been open since February 2001. It operates seven days a week from 2:00 p.m. to 9:00 p.m. as a drop-in centre and the hub of daily scheduled activities for children and youth.

“Youth are invited to come and hang out, play a game of pool, air hockey or ping pong, participate in workshops and presentations or take part in our youth council meeting” says Kenny Desjardins, President of the United Voices Youth



The U.N.F.C. youth workers set off on their Canoe-athon to raise funds for their centre

Council of the U.N.F.C. “We also have a computer lab with internet access.”

Staff encourage the youth to see the value of education by offering tutoring, computer training and homework nights at the Centre. The youth also have access to music as there is a keyboard and a guitar on site.

All activities are planned by the U.N.F.C. Youth Council. Their dances regularly draw about 140 youth and they have hosted large youth summits, where area youth gather to talk about issues of concern: racism, teen sexuality, youth violence, alcohol and drug abuse, youth employment, anger management skills, family violence, goal setting and self-esteem. This responsibility has encouraged the 30 or so regular youth to take ownership of the centre. “They make sure that the building and the drop-in centre are clean and maintained,” says Herbert.

The youth have been so successful at event planning that they are being called on by other youth programs in the area to help them get started. The U.N.F.C. youth program has also been invited to help plan the World Health Organization conference on suicide prevention and intervention, which will take place in Fort Frances next year.

The younger children have also benefited from the initiative of these youth. Youth volunteers work with the children during summer camps, and do extensive volunteer work during the school year. Some youth spend up to 20 hours a week working with children.

“They are challenging stereotypes that youth are no good – even coming up with the idea of starting their own big brothers and sisters club, so they can be positive role models to the younger ones,” says Herbert.

There are about 60 children who regularly attend the program for 6-12 year olds. They attend daily after school programs that include cultural activities (drumming, dancing, crafts, traditional teachings), sports, and recreation. During summer camps and on field trips they go camping, canoeing, fishing, and to pow wows.

Programs for school-aged Native children and youth have been sporadic in recent years, but the U.N.F.C. has managed to deliver consistent services with the help of initiatives like the canoe-athon. “A lot of what I do is fundraising,” says Herbert. As the Lil’ Eagles Coordinator, Herbert has been creative in his search for funding. In the past, he has received grants from local services clubs, banks, and Ontario Works – and has even managed to buy four canoes and all the gear for the youth through a grant from Ontario’s Ministry of Recreation, Tourism and Culture. The U.N.F.C. youth are active in fundraising as well, hosting their own events such as car washes and bake sales. And for every fundraising event, Herbert can usually count on at least twelve youth volunteers.

“They don’t get the credit they deserve,” he says, “Our number one enemy is the perception of youth by the community. But we are changing that.”

## Suicide Prevention Working Group

The Suicide Prevention Working Group has undertaken a study on Aboriginal suicide in Ontario. "NAN had asked for support, and AHWS proposed we look at the whole province," reports Carol Rowland, Chair of the group. Rowland notes that suicide is a problem known to all regions. In her job at the NAN health planning authority, she has received calls for assistance and information on suicide from other territories.

The report will focus on how the AHWS can support suicide prevention efforts within their current projects. It

will be based on interviews with key informants who were suggested by PTOs. "Young people, police officers, Elders, community workers, leaders... whoever can give us the big picture," says Rowland. Twenty seven interviews had been completed by September.

Research is on-going, and the report is expected to be in the hands of the Joint Management Committee by late November. The recommendations will be used by the JMC to determine its course of action regarding suicide prevention within the AHWS.

## Sub-Committee on Justice & Family Violence

The Sub-Committee has been collecting information on Aboriginal restorative justice programs in Ontario. They wish to look into as many programs and projects as possible in order to create a database of available services. JMC will then use this inventory to create its workplan and agenda, and to determine where AHWS may go with their initiatives on justice.

This information will also prove useful to the Sub-Committee as it goes into its visioning retreat this fall. In an exercise aimed at determining priorities, members will ask themselves critical

questions about the role of AHWS in the area of justice, such as:

"What have we done as a Strategy?"

"What have we got left to do from a justice perspective?" and

"How do we factor in the communities where there are no justice pieces?"

The Sub-Committee has also been busy providing justice-related personnel with information about the AHWS and Aboriginal justice issues. They have attended the Provincial Symposium for Corrections Workers, and met with the Provincial Association of Probation Officers.

## Aboriginal Teen Pregnancy Study

Following on its October 2000 Child Poverty Report, the Ontario Federation of Indian Friendship Centres (OFIFC) has commissioned a new study to look at teen pregnancy in Aboriginal communities. The goal is to find ways of encouraging youth to avoid unhealthy sexual practices and unwanted pregnancies that can lead

We called teen pregnancy a crisis in the child poverty report. We want a clear perspective on what the picture is.

Sylvia Maracle  
Executive Director, OFIFC

to concurrent child and youth poverty. "We need to find culturally acceptable approaches that provide education around prevention and, where necessary, that look at the long term future of our

children. Are they planned, are they well cared for?" says Sylvia Maracle, Executive Director of the OFIFC.

This study will address a gap in service delivery related to sexual health, planning and prevention. "Teen pregnancy is not talked about in the Aboriginal community," says Maracle. "We cover it up with nice statements about the sacredness of children. We need to look at the practical economic and health implications for both the teen parent and the child. The question is who can work on this issue, and how quickly can we do the work, as the crisis is now."

This fall, Kim Anderson (The Write Circle) will be conducting focus groups and individual interviews with teen parents and front-line workers in Friendship Centres across Ontario. The OFIFC is also currently distributing a questionnaire on youth sexual health and pregnancy, and is hoping to get an ample response.

The study will be published by the OFIFC in the new year.

## Performance Measures

The Aboriginal Healing and Wellness Strategy is pleased to report that very positive results were received from the first year implementation of Client Benefits Questionnaires. Over 90% of the clients said that their overall situations were better as a result of their participation in AHWS-funded projects. The positive feedback from clients affirmed the valuable work that is provided by AHWS-funded projects. This information proved useful to the individual projects, the Strategy and our funders.

In accordance with Phase II of the Performance Measures Plan, we are now expanding implementation to include all AHWS-funded projects. Among the various tasks underway, is the distribution of Client Benefits Questionnaire Kits to all projects. Projects are encouraged to distribute these questionnaires for longer than the usual four-week period, if it will assist them in collecting more responses, thereby gathering even more meaningful data. All Client Questionnaire Kits must be sent back to the Strategy on December 3, 2001.

The PTOs have supported the need for training on the importance and relevance of Performance Measures. The Strategy provided training for shelter, healing lodge/treatment centre and community workers at Information Sessions (April-July, 2001), as well as at the September Ontario-Wide Crisis Response Team conference. On-going Training with Project Workers will continue throughout the year.

Plans for the next six months include the on-going development and implementation of client count methods, client value questionnaires and Supervisor File Reviews. A new Program Consultant responsible for the Performance Measures Portfolio, A.J. Williams, started on July 17, 2001. A.J. will assist with the implementation of the Performance Measures Plan and is available to consult with projects on implementation issues. Obonsawin-Irwin continues to provide support with the development of the measurement tools as well as training.

Advice given by Inuit women at the Inuit Family Resource Centre, Ottawa

Because our children are so close to the spirit world, we must take measures to protect them.

Aboriginal people believe that children do not belong to us but are gifts sent down from the Creator. It is our job to nurture and guide them throughout their childhood so they will grow to fulfill their purpose while on this earth. They say the Creator values nothing more than a new life, and not just human life but all babies of creation. This is why we must pay particular attention not to disturb animals with their babies. This remains true for small children as well. We must treat our children in the most loving and nurturing way. Some believe that if we treat our children badly or if there is a reason for them to feel they are not wanted, they will return to the spirit world. They have until the time the soft spot on the top of their head covers over to decide if they are going to stay here. It is believed that spot is where they are connected to that world. Even after it has closed they are still pure, complete spirits who, if neglected, can return to the spirit world where they are assured the purest, greatest love.

Because our children are so close to the spirit world, we must take measures to protect them. The most important way to do this is to love them. Give them as much unconditional love and attention as you can so they will know they are loved and wanted.

Inuit people are very affectionate to children. A sign of affection shown to children is nose rubbing. Nose rubbing is simply pushing your nose against a child's cheek or nose or forehead, etc.

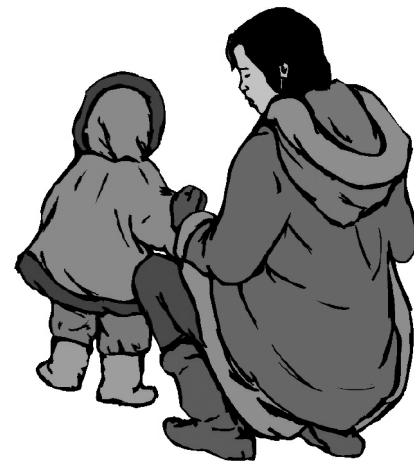
Parents should never argue in front of their children. Many Aboriginal people believe strongly in this. It is thought that if you argue in front of your children or even in earshot, they will think they are the cause of the argument and they will not want to be here anymore.

Aboriginal people always have their children close to them. Haudenosaunee people call this raising them “under the husk”

Aboriginal people always have their children close to them. Haudenosaunee people call this raising them “under the husk”, meaning you have to keep them close to your side and protect them the best you can the way the corn husk protects the tender kernels. Help them to stay children for as long as they can, protected from the negative influences of the world for as long as possible.

Children of most Aboriginal nations were also kept close with the use of a cradle board. The Métis people often carried their children using a sash. Inuit women wore a trigggi, a coat with a hood large enough to hold a child.

Taken from the OFIFC Aboriginal Healthy Babies Family Home Visitor Manual



Aboriginal people have always kept their children close to them

## Call for Submissions!

The AHWS newsletter is seeking submissions for upcoming issues. Please send any articles, poems, pictures, teachings or other AHWS program-related material that you would like to share.

If you know of something you would like us to write about, please let us know!

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