

Many Hands, One Dream:

New perspectives on the health of First Nations, Inuit and Métis children and youth



Victoria, British Columbia • December 3-5, 2005



SUMMIT PROCEEDINGS

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INTRODUCTION	1
DAY 1 – DECEMBER 3, 2005	2
PLENARY SESSION: WELCOME AND OPENING	2
KEYNOTE ADDRESS	2
<i>Taking the Hands of our Ancestors to Guide the Future of our Children</i>	2
BREAKOUT SESSIONS	5
<i>BREAKOUT SESSION 1: Sharing the Dream: What is a Healthy Child?</i>	5
<i>BREAKOUT SESSION 2: Realities and Dreams: How Do We Get There From Here?</i>	5
SPEAKER PANEL: MANY HANDS ALONG THE JOURNEY	6
<i>Leena Evic, President of Piruvik Centre</i>	6
<i>Albert Cater, Norway House Cree Nation in Manitoba</i>	7
<i>France Picotte, Métis Nation of Ontario Vice-Chair and Minister of Health and Social Services</i>	8
DAY 2 – DECEMBER 4, 2005	9
WELCOME AND OPENING	9
SUMMARY OF DAY 1 BREAKOUT SESSIONS	9
<i>Dr. Don Warne, Arizona State University College of Law</i>	9
SPEAKER PANEL: HONOURING THE SPIRIT OF THE DREAM	11
<i>Bill Mussell, Native Mental Health Association of Canada Chairperson</i>	11
<i>Katherine Minich, University of Toronto ACADRE</i>	12
<i>Marie van Humbeck, Métis Nation British Columbia Health Department</i>	12
BREAKOUT SESSIONS	13
<i>BREAKOUT SESSION 3: Reaching Out to Others</i>	13
<i>BREAKOUT SESSION 4: Planning the First Steps: Sharing Our Commitment</i>	13
SPEAKER PANEL: FROM DREAM TO ACTION	14
<i>Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres</i>	14
<i>Larry Railton, Métis Nation British Columbia</i>	15
<i>Susan Peffer, Inuvialuit Regional Corporation</i>	16
DAY 3 – DECEMBER 5, 2005	17
WELCOME AND OPENING	17
DAY 2 BREAKOUT GROUP SUMMARY	17
<i>Dr. Don Warne, Arizona State University College of Law</i>	17
PRESENTATION	18
<i>Joining Hands: Moving Forward with Strength</i>	18
COMMENTS	20
CLOSING CEREMONY	22
<i>Wrap Up and Evaluations</i>	22
CLOSING PRAYER	22
APPENDICES	
APPENDIX 1 – Breakout Session 1: Sharing the Dream: What is a Healthy Child?	
APPENDIX 2 – Breakout Session 2: Realities and Dreams: How Do We Get There From Here?	
APPENDIX 3 – Breakout Session 3: Reaching Out to Others	
APPENDIX 4 – Breakout Session 4: Planning the First Steps: Sharing our Commitment	
APPENDIX 5 – Presentation Summarizing Day 1 Breakout Sessions	
APPENDIX 6 – Presentation Summarizing Day 2 Breakout Sessions	
APPENDIX 7 – Acronym Definition List	

Introduction

Participants were invited to the *Many Hands, One Dream: New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth Summit* at the Victoria Conference Centre and Fairmont Empress Hotel in Victoria, British Columbia, to work towards sustained and positive changes.

The Summit was designed to explore a new concept for the health of Aboriginal children and youth living in urban, rural and remote communities in Canada. During the three-day gathering, participants worked together to build a new vision of health that had children, youth families and communities at its core.

Summit participants were asked to contribute their thoughts, ideas, personal expertise, hopes and dreams for Aboriginal children and youth, and were actively challenged throughout the Summit. Participants were encouraged to return to their respective communities and organizations, eager to continue the conversation and to inspire others to get involved.

The following organizations partnered in the development of the *Many Hands, One Dream: New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth Summit*:

- Aboriginal Nurses Association of Canada
- Assembly of First Nations
- Canadian Paediatric Society
- First Nations Child and Family Caring Society of Canada
- Health Canada, First Nations and Inuit Health Branch
- Inuit Tapiriit Kanatami
- Métis National Council
- National Aboriginal Health Organization
- National Association of Friendship Centres
- National Indian and Inuit Community Health Representatives Organization
- Pauktuutit Inuit Women of Canada

Day 1 – December 3, 2005

PLENARY SESSION: WELCOME AND OPENING

Elmer George, Songhees First Nation, offered an Opening Prayer.

Chief Robert Sam, Songhees First Nation, welcomed delegates to his homeland. As a backgrounder, he offered that the downtown Victoria area was his original town site, but that his people had been relocated in 1991 to where they lived now. He added that they were now reclaiming a very important part of the downtown area in a lawsuit that would occur the following year. Chief Sam wished the delegates well as they sought answers to the important questions that would be presented at the Summit.

Referencing an overhead presentation (provided in Appendix 1 to the Summit Proceedings), Dr. Kent Saylor, Chair of the First Nations and Inuit Health Committee of the Canadian Paediatric Society (CPS), provided background information on events leading up to the Summit. A slide displaying an article titled “Hold summit for Aboriginal kids, says Mercredi”, which spoke of the then National Chief’s call for a Summit, was presented. Dr. Saylor recognized the resulting work of the Planning Committee to bring forth the requested Summit, noting that it had been a privilege to see how non-Aboriginal and Aboriginal peoples could work together towards its organization.

The Summit logo which was a drawing of a happy Mother Earth, surrounded by many people standing hand in hand, was introduced. Dr. Saylor offered that the delegates present were some of the people who influenced the lives of Aboriginal children, noting that they had been individually invited, as some of the many hands that must play a role in improving the health of all First Nations, Inuit and Métis youth in Canada. He clarified that this was not a Summit to list the health concerns that youth faced, adding that it was expected that all delegates would actively participate in Summit discussions, leading to a vision and some commitment from all delegates as to the next steps to be taken in addressing the goal of long term, sustained change.

Dr. Saylor referred to a displayed banner which featured the Summit logo in its centre, noting that it was hoped that delegates would provide their input into the banner during the Summit, as a visual representation of the many hands who would assist Aboriginal youth in gaining their opportunity to grow up healthy and happy.

KEYNOTE ADDRESS

Taking the Hands of our Ancestors to Guide the Future of our Children

Cindy Blackstock, Executive Director, First Nations Child and Caring Society of Canada, shared a legend illustrating that too often people try to do something that was really the skill of someone else, and before they truly understood what needed to be done. Ms. Blackstock shared that the Aboriginal peoples had their own concepts of ensuring the health of children for thousands of years, had since been formally trained in Euro-western health care, and that now it was time for Aboriginal peoples to embrace the best of both systems of knowledge. Referencing an overhead presentation (provided in Appendix 2 to the Summit Proceedings), she quoted Kenn Richard who in 2005 said “The legends tell us that there would be six generations of turmoil and then the next generation would begin anew with strength: some believe that generation has now been born”.

Leveraging her experience in Aboriginal child welfare, Ms. Blackstock provided a case study of a profession which had largely relegated traditional systems of child safety to the past employing a euro-western understanding and response to child maltreatment only to find that the results for Aboriginal children were highly unsatisfactory. The profession is beginning again to look to the value of traditional systems of child safety but as emphasized in the remainder of her presentation – this journey is just beginning.

Comments were offered regarding the multigenerational strength of Aboriginal children attending residential schools who had kept and dreamed of the images of the lands they came from, and who had retained the last words of their language in their memory so that they would not be lost. She shared that the next generation of Aboriginal children was already dreaming and living as if there was a new world, and that the caretakers – the Summit delegates – were behind them.

In regard to a projected slide titled “Contrasting Perceptions of Care”, Ms. Blackstock spoke of the Aboriginal perspective of care, which included respecting the power of the child’s spirit to support them through journey of difficult and uplifting times.. She then commented on the non-Aboriginal perception of caring, that considered the child, family and services and professionals, but which displaced individuals’ personal responsibility to support and care for one another and eroded a sense of community.

Ms. Blackstock spoke to the slide titled “Basic Principles of Mainstream Child Protection”. Outcomes of this model of child protection were reviewed, and included that in four sample provinces, one in every 200 non-Aboriginal children were in care; that one in every 30 Métis children were in care; and that one in every 10 status Indian children were in care. It was added that the number of First Nations children in care had increased by 75.15% between 1995 and 2001; and that 50% of the children in care in Alberta were Aboriginal, with 90% of those in permanent state care, being Aboriginal.

Bar graphs were displayed from the Canadian Incidence Study of Reported Child Abuse and Neglect (1998) titled “Primary form of maltreatment by Aboriginal status for substantiated or suspected maltreatment 1998 CIS” and “Child characteristics by Aboriginal status for substantiated or suspected maltreatment 1998”. During the review of these graphs, Ms. Blackstock shared that Aboriginal children were removed at twice the rate of non-Aboriginal children, and observed that the key drivers of the neglect experienced by Aboriginal children were poverty, poor housing and substance misuse. She added that two of those drivers were factors that the parents had very little control over and that child protection social work directs very little effort to redress.

In regard to the decision to have Aboriginal agencies oversee the care of children, Ms. Blackstock commented that those Aboriginal children were four times more likely to be looked after by their family before entering into care; and were three times more likely to be located within their family or in their community if they were placed in care.

A “Contrasting Community Supports” diagram was reviewed, which illustrated Canadian community supports as being: Government (federal and provincial); Voluntary Sector (\$115 billion per year in annual revenues); and Corporate (G8 economy average income of \$37,757 per annum). As well, it depicted the Living on Reserve community supports as being: Band Services (child welfare); Communal Helping (minimal support to voluntary activity on reserve); and Corporate (\$7,165 annual per capita average income). It was noted that government provided an unlimited cap of funding to remove maltreated children from their homes, but offered no funding towards keeping these children safely in their homes.

Ms. Blackstock commented regarding federal and provincial jurisdictional issues pertaining to child supports. She spoke of the federal election, and envisioned the impact on Canadian children if all the social services and the \$115 billion in health and voluntary services were cut, and all Canadians received an annual income of \$7,165. She emphasized that health for Aboriginal children was about achieving

basic equality and dignity, adding that it was a credit to Aboriginal people that they were doing as well as they were, given their circumstances.

Ms. Blackstock noted that social workers were trained to consider the best interests of the child, and that tools for child maltreatment assessment did not typically address structural risk. It was offered that there were things that could be done about poverty and its impact on child maltreatment and that there was a need to reorient the professionals to go after the major risk drivers.

In response to the question: “How do the assumptions of social work affect Aboriginal children?”

Ms. Blackstock noted that the social workers intended to do good and had Codes of Ethics to achieve this, but rarely reflected on their potential to do harm. She offered that the social workers saw themselves as the improvers, who had the responsibility to locate the deficits of parents and to provide them with services to deal with those deficits. However, she added that this model assumed that the social worker could locate the harm, understand its importance in the life experience of another and provide services that could actually improve the situation. These are ambitious goals especially in cases where child protection workers have very limited time to get to know the child and her/his family. It was further noted that culturally based services were being pursued in the social work profession, which was seen as being the ‘right’ direction in child and health care, but that it was not always clear what culturally appropriate services were. Too often there is a presumption that non-Aboriginal services are culturally neutral and it is just a matter of adapting some aspects to suit Aboriginal needs. Ms. Blackstock emphasized that an Aboriginal model had never been imported into the model for the care of non-Aboriginal children.

Comments were offered on professional mandates, which were pragmatic but could also be a cop-out for individuals to absolve their personal responsibilities. She shared the story of Jordan, a First Nations boy born in Manitoba with complex medical needs. He was only able to access resources to address his needs if placed in foster care. For the first two years of his life he stayed in a hospital while his family fundraised to purchase a van that could accommodate him, and located a medically trained foster parent in the community who could take care of his needs. However, as there were jurisdictional issues between the governments and agencies involved in health care, Jordan remained in hospital for two additional years while a lawsuit was initiated and bureaucrats, with a \$12-billion surplus, figured out who would pay for what. Shortly after his fourth birthday, Jordan died in the hospital without ever having been cared for in a family home.

In Jordan’s story, Ms. Blackstock observed that the bureaucrats wore their own moral straight jackets, while the community could see the need to bring Jordan home from the hospital. She shared that, had Jordan been allowed to go home after his second birthday, the cost of his care would have been significantly less if provided in the family home instead of the hospital.

Ms. Blackstock noted that this story illustrated that governments often put their needs before the needs of children, which was unacceptable. She added that professions distanced people from the decisions that they would make in their normal lives, noting that whole system of care had been created to use for ‘other peoples’ children’, but that in our daily lives in dealing with children, people used patience, stories and traditions passed down for generations.

It was offered that social workers had given up their professional souls to the concept of meeting the needs of the children one need at a time, and suggestion was that the teachings of indigenous communities over thousands of years needed to be looked at for some of the answers. Ms. Blackstock added that the challenge was not to toss out everything that was being done now, but rather to build a system with Aboriginal ways of knowing and being at the centre in order to consider the child as part of an interconnected world.

Ms. Blackstock offered that there were three simple things that needed to be done for children: to affirm the community ability to make decisions before capacity building was done; to give parents the same

opportunity to care for their kids; and to understand that the professions had not succeeded in caring for the children, and therefore needed to open themselves to learning from Aboriginal peoples. She added that “The professions have allowed people to not embrace what hurts, but the professions have not replaced the wisdom of love and experience”.

While an overhead presentation provided imagery, a song was broadcast in which children sang of their simple needs, including: to know someone is looking out for them; adults setting the right example; exercise to keep their bodies strong; schools so they can learn both their knowledge and other types of knowledge; opportunities to play; knowing their culture and language so they could be proud of who they were; family; friends; art and colour; Mother Earth; dreams; and good food to eat.

Ms. Blackstock concluded with an overhead noting that there was a need to ‘link the Chain of Hearts – with all our strength, as a generation is waiting for us to set the right example’.

Dr. Saylor shared that when he first started in paediatrics six years prior, he had thought that the answers were pretty simple, that more money and personnel were required in the system and that if that was achieved, all would work out. He observed that his perspective had been pretty naïve, noting that there was a need now to consider whether the whole system was flawed, and to consider how funding was delivered and how services were offered.

Dr. Saylor reviewed the Summit Program, noting that delegates would be divided into facilitated breakout sessions, which would also have one Planning Committee member participating. During their sessions, he asked delegates to consider the question: “What is your vision of a healthy child?”, and to contemplate the six themes of:

- healthy communities;
- healthy families;
- inequity in health and health care for Aboriginal children and youth;
- the impact of social and political exclusion on meaningful participation by Aboriginal organizations;
- the role of the health community; and
- the role of the voluntary sector.

Dr. Saylor recognized delegates for their attendance, noting that most of the Summit’s work would take place during the breakout sessions, where it was important for the delegates to contribute.

BREAKOUT SESSIONS

BREAKOUT SESSION 1: Sharing the Dream: What is a Healthy Child?

Participants divided into ten separate facilitated breakout session groups to consider positive and possible visions for healthy Aboriginal children. Common topics were identified by group participants through illustrations and/or discussions. A sampling of the comments provided at the sessions is provided in Appendix 1 to the Summit Proceedings.

BREAKOUT SESSION 2: Realities and Dreams: How Do We Get There From Here?

Participants returned to their ten separate facilitated breakout session groups to consider bridging the gaps between the current and envisioned situations relative to healthy children. Session participants provided

comments in response to four prepared statements. A sampling of the comments provided at the sessions, is provided in Appendix 2 to the Summit Proceedings.

SPEAKER PANEL: Many Hands Along the Journey

Moderator: Nicki Sims-Jones, Health Canada, First Nations and Inuit Health Branch.

Leena Evic, President of Pirurvik Centre

Leena Evic, President and majority owner of Pirurvik Centre for Inuit Culture, Language and Well-Being, provided opening comments in her native dialect. She welcomed delegates to the Summit and noted her privilege at having been invited to speak. When she first read the title of the Summit, “Many Hands, One Dream”, she shared that it had given her goose bumps, and had compelled her to participate.

Ms. Evic shared that being healthy applied to physical, mental, emotional and spiritual well-being, with there being many experts on these areas, but that her comments would focus on cultural well-being. She commented that every Aboriginal child deserved to be respected for their individual uniqueness and for their own dreams, and offered that her dream was to see every child’s dream supported and realized.

Ms. Evic shared the story of realizing her dream to become a teacher, with many hands having helped her in the journey. She grew up on the land, outside of her original community called Pangnitung. She added that her parents were good parents, her siblings were helpful, and there were many extended relatives who participated in the big family that came together out in nature. Children in the other camps around Cumberland Sound used to be picked up to be taken to Pangnitung for schooling, which was a mission school, before becoming a federal school. She desperately wanted to go to school but her mother would not allow her. One year, she decided to go to school, without telling anyone. She went to the school the next morning and stayed until after lunch. When she returned to the site of her family’s tent it was no longer there. When she found her family and told her mother that she had gone to school and would like to stay her mother sensed how much she meant it and after a few seconds said that maybe she could leave her with her aunt. It was her dream to go to school and there she went.

After finishing elementary school she applied to be a teacher assistant in the classroom. From there she entered the Teacher Education Program at Fort Smith and again had hands along the way supporting her. The program was created to support graduate Aboriginal teachers in the north. She noted that most of the teachers were mature students who were not academically strong. After graduating she returned to Baffin to teach and then went to Iqualuit to teach at the Teacher Education Program that was being established. She was seen as a Teacher Assistant by the other teachers, who would ask her to do a lot of translation services for their courses. She brought forward to the principal the question “What will it take for me to be considered an equal instructor?” The principal took the question to heart and worked with the government’s Department of Education and Personnel to establish a training position in order for her to obtain her degree. She then was moved to McGill to study for her Bachelor of Education Degree, which she did with support. A question she often had asked herself was why she needed to prove twice each time to do what was normal for the rest.

Displaying a photograph, Ms. Evic discussed Pirurvik Centre, a private training centre offering a place for individuals to grow in a cultural and holistic way. She displayed a photo of an Oolik, a ceremonial element that the Inuit used to open special forums and gatherings in respect of the ancestors. She shared that there had been a time when the Oolik was the only source of heat, light, cooking, and drying of clothing in the environment, and had representing life for the Inuit.

A photo displaying an Inuit Traditional Knowledge Committee (IQ) was discussed, noting that the IQ engaged in internal policy matters that required integration. Photos of a program were displayed, featuring

Iqaluit; Inuit enjoying activities on the tundra; young Inuit golfers; Pangnitung; children fishing; IQ orientations; Inuit Elders teaching; women in traditional outfits; Inuit demonstrating uses of traditional, hand-made tools; one day IQ sessions offered to government employees; inside a traditional skin tent; and her grandsons both of whom had dreams of their own.

Ms. Evic shared that children learned their culture through school and also from the teachings that they received from their family. She spoke of the Elders teaching in the language of their ancestors at the Pirurvik Centres' programs, which instilled pride in the participants for the knowledge of their Elders and ancestors. It was also noted that traditional outfits were made for trainees to encourage them to enter into the Inuit world with an open mind and an open heart.

Ms. Evic commented that health communities required nurturing culturally active youth who would take on their heritage and bring forward their cultural vision. She added that parents were the first teachers of the children who provided the foundation for the well-being of generations. Ms. Evic referenced: respecting Elders as essential role models with great expertise; communities recognizing that their children were their future and therefore ensuring that every child grew up in a healthy environment; and educators and schools providing supportive learning environments that reinforced the culturally responsible organizations that should take a leadership role in encouraging people to live in balance and to inspire the youth. She encouraged participants to get out of the cycle of meetings, planning and researching and to get on with the action.

Albert Cater, Norway House Cree Nation in Manitoba

Albert Cater, Norway House Cree Nation in Manitoba, offered that it was common to say that 'youth were the future', but that it was important to say that 'youth were also a part of the present'. He shared the story of growing up in the isolated community of Norway House, where it was hard for him to fit in given the limited recreational activities and places for youth in the community. It was noted that the Council at that time did not hear his voice, so he relocated to Thompson. There were few opportunities there and money was required to participate in activities offered. Because there was a gap in services for youth, he noted that he began advocating for those who were turning to drugs, alcohol and gangs. This effort led to the establishment of several youth centres in Thompson.

Mr. Cater shared that youth were often left out of the health care system, adding that the price tag of health services must not be the main concern. He noted that traditional ways of healing were important, and that healthy lifestyles needed to be supported. It was added that mental health was not being addressed by the government and that more needed to be done for issues stemming from loss of language and culture. Mr. Cater regretted that it took tragedy after tragedy for the government to respond.

Delegates were informed that many hands along the journey was about working together and setting goals, that it was about engaging people; defining challenges to meet, and then seeing them through. It was noted that many hands empowered delegates to be part of the solution, which required effective communication, grounded in sound strategy. The need to work together with better integration in order to close the gap in health services between Aboriginal and non-Aboriginal peoples was noted. Mr. Cater spoke to the need to identify jurisdictional issues, recalled the story of Jordan shared by the keynote speaker Cindy Blackstock, and asked why youth and community needs could not be put first.

Mr. Cater noted that youth continued to look to leadership to believe that their recommendations were not in vain. He recognized many in the room as being leaders in what had already been achieved, and shared that youth needed hope that the poverty facing Aboriginal youth would be addressed, that the government would value youth's recommendations, and that the next generations were not condemned to a bleak future. He concluded noting "We cannot, we will not fail".

France Picotte, Métis Nation of Ontario Vice-Chair and Minister of Health and Social Services

France Picotte, Métis Nation of Ontario (MNO) Vice-Chair and Minister of Health and Social Services, shared that for youth to be happy and healthy and to live the life that they were capable of living required: pride of self; pride in their people; pride in their place in history; pride in their place now in Canada; and pride in having their own distinct culture. She noted that this required the opportunity for youth to learn their culture and language, and that this required hard choices to be made.

Ms. Picotte shared the story of the choice she and her husband had made to leave the city and buy a farm on which to raise their three children. They lived with those choices, and although her children sometimes had to sleep in front of the wood stove to keep warm, their home was always filled with extended family. She added that although they were not rich monetarily but they were rich with extended family. Her children learned the value of family and of playing and laughing together. In the winter Ms. Picotte noted that there had been piles of clothes and boots two feet high by the wood stove because there were so many family members snowmobiling near the house. She emphasized that her family had been rich in their culture and rich in their life.

Ms. Picotte shared that it was important for children to be comfortable where they lived, and that they had to be loved, taken care of, and given the opportunity to exercise all of their potential. As a nation, she noted it was important to advocate for the children in that way, and to live to that ideal. As an example of a nation doing this, she noted that at the outset it had been determined that the MNO Annual General Assemblies would be held outside in a campground, in order to be a family event where children could participate. To this day, there was a table with dignitaries at the front of the tent with children running around throughout the tent during the business meeting – because they were important and that was how they would learn who they were and to participate in decision-making. She spoke of her granddaughter's attendance at the last MNO AGA, who came out of her shell by being able to express herself without being afraid of what others would think – because everyone there was the same as her.

Ms. Picotte noted that she ranched elk. She commented on a day she had been rushing to a meeting when a calf was born and needed to be weighed, and named. Because she was in a hurry, she had not paid attention to the warning signs that the mother elk was antsy, and she had been hoofed in the back. Later as she recuperated, she recognized that she had not listened and paid attention to the signs of the mother elk. The story illustrated that leaders needed to pay attention, and be accountable. In order to get cooperation from the Aboriginal government bodies, they needed to be engaged from the start, because they were the elected bodies, chosen by the Aboriginal people. She emphasized the need to engage the politicians and to make them accountable.

Day 2 – December 4, 2005

WELCOME AND OPENING

Elder Anaoyok Alookee offered an Opening Prayer.

Dr. Kent Saylor, on behalf of the Planning Committee and the facilitation team, discussed the outcomes of the Day 1 Breakout Session discussions, noting that key questions had included what would happen next, and what would be the commitment taken forth from the Summit. He recalled Cindy Blackstock's story the prior day regarding the Crow and Eagle, and spoke of the importance of taking time to go through the process and to work on the action plan. It was shared that the philosophy for the Summit was that each and every delegate became extended members of the Planning Committee, who needed to consider the activities that they would bring back to their communities – which the facilitators would assist them in determining.

SUMMARY OF DAY 1 BREAKOUT SESSIONS

Dr. Don Warne, Arizona State University College of Law

Dr. Don Warne, Arizona State University College of Law, spoke of the shared concerns and common interests of North American Aboriginal peoples, and noted his honour at being part of the discussion at the Summit.

Dr. Warne presented an overhead presentation titled “Many Hands, One Dream New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth Summary of Breakout Groups – Day 1” (provided in Appendix 5 to these Proceedings).

During the presentation, Dr. Warne acknowledged delegates' comments on the importance of the keynote address, and discussed the purpose of the Day 1 morning breakout to share the dream of envisioning what a healthy child and community would look like in future. He noted that key points and themes from those discussions had included:

- embracing culture and tradition when thinking of the future of Aboriginal children;
- having a holistic vision that includes spirituality;
- embracing language and family;
- meeting the basic needs of communities, such as good nutrition and safe housing;
- peace and a future without domestic violence;
- family and community participation in raising children;
- many positive role models;
- children laughing and playing;
- involvement of multiple generations and Elders;
- parents understanding their roles as future Elders and passing on traditional knowledge; and
- children having pride in their culture and pride in themselves.

Dr. Warne reviewed the questions considered during the Day 1 afternoon breakout sessions, noting that session's purpose to consider bridging the gap between the current reality and the dream. He noted that key points identified as contributing to the current reality included:

- poverty (financial, spiritual, traditional, cultural);
- emotional despair;

-
- substance abuse/alcohol;
 - losing culture and language, resulting in many self-identity issues;
 - non-Aboriginal rather than Aboriginal peoples defining the problem;
 - under funded educational and health systems;
 - lack of coordinated policies;
 - lack of communication;
 - victim role;
 - dependence on outside programs, preventing Aboriginal peoples from achieving self-determination; and
 - individuals and governments not accepting their roles in the problems, or in some cases not acknowledging that there is a problem.

It was shared that some of the positive factors, which had been identified in the breakout sessions included:

- more traditional practices in some communities;
- language preservation programs;
- more leadership opportunities for youth;
- multiple agencies coming together, as exemplified by the Summit; and
- more role models committed to making a difference.

Dr. Warne provided a comparison of the current reality and the dream, noting that delegates shared that they envisioned the dream including: prosperity; needs being met; happiness; peace; embracing traditions; and cultural acceptance. Contrarily he recognized the reality of: poverty; neglect; emotional turmoil; violence/abuse; culture and language loss; and limited tolerance/racism.

The values and beliefs needed to reach the dream were reviewed. Dr. Warne offered that those included: fortitude; wisdom; courage; generosity; honour; respect; humility; integrity; accountability and responsibility; family unit; self-determination; and spirituality. He added that embracing the identified values and beliefs would achieve recognition of accountabilities; no longer tolerating abuse and disparities among Aboriginal children; working together in partnership to solve problems; children and family becoming a greater priority; development of policies in the best interests of children; embracing culture in all activities; and promoting Aboriginal community self-determination.

It was recognized that key concerns from delegates during the breakout sessions related to what the next steps would be, and how ideas identified could be translated into action in the communities. Assurance was offered that these important considerations would be discussed during the Summit's third and fourth breakout sessions.

Dr. Warne shared that his people had an oral history, and that the first shaman whose words had been written was Black Elk, in a book titled "Black Elk Speaks". He concluded with a quote from Black Elk who said:

"Of course it was not I who cured. It was the power from the outer world, and the visions and ceremonies had only made me like a hole through which the power could come to the 'two-leggeds'. If I thought that I was doing it myself, the hole would close up and no power could come through."

SPEAKER PANEL: Honouring the Spirit of the Dream

Moderator: Dawn Bruyere, Many Hands, One Dream Planning Committee member

Bill Mussell, Native Mental Health Association of Canada Chairperson

Bill Mussell, Native Mental Health Association of Canada Chairperson, shared that the dream as he saw it was one of families living together practicing their culture in good ways and learning new ways to improve their lifestyles. Key aspects of that dream included people living in mutually satisfying and productive collective communities with: confident reliance upon each other; flexibility to shift roles; mutual support; minimal reliance on formal programs and services; taking pride in knowing their family history and kinship systems; making efforts to learn traditional languages; taking pride in teaching the language, songs and stories; having an order to life; living with safety and security; and having an ability to make a living, which spoke to human purpose.

Mr. Mussell noted that each person wanted to feel good about themselves; be healthy and live in harmony with their family and community; know who they were and where they belonged; be cared for and to care for others; feel at peace; and be at one with the Creator in knowing that there was a protective and greater power than self. He added that people needed to be accepted and take pride in their world; be acknowledged for their efforts and the products of those efforts; provide for their families with each family member having a valued role that contributes to the life of the family; know their history and their culture; be responsible for their actions; be appreciated to know that through their actions they could shape their future; and to have healthful living.

Mr. Mussell observed that children who did well in education, knew who they were, understood their family history, and had pride in their origins. He added that only one quarter of youth had that knowledge – which spoke to the importance of parents as first teachers.

In regard to being a subject and an object of life, Mr. Mussell spoke of living as an oppressed people, and discussed fostering the growth of people. He shared that efforts of the ancestors as subjects of life resulted in the Government of Canada making a decision that forbid them to organize, to raise funds or to hold land. The late Reverend Peter Kelly and Andrew Paul of the Squamish Nation had led an ensuing battle about the justice that needed to be done because of the governments' promises in the early days. Actions like the government continuing to tell Aboriginal people that they did not have the power to make their own history needed to stop, with Aboriginal people instead exercising their power to make their own history.

Mr. Mussell shared that there were many individuals in First Nations communities who were thriving, and reflected on promising strategies evidenced, including: facilitating or fostering the ability of children to find a space and make a place for themselves in any social situation; taking advantage of teachable moments every day to help people find their own answers; learning to develop a secure personal and cultural identity; building friendships with others who enjoy good health; reconnecting as families and healthy social groups; understanding balance and harmony and qualities that make up for lack of balance; remembering that no matter how dysfunctional the family may be, the family has strengths, and helping families to discover and add to those strengths; restoring justice and doing what was possible to help people settle outstanding residential school claims; eliminating abusive power within communities; and addressing unresolved issues regarding land holdings and land claims.

Mr. Mussell discussed tips for healthy growth, and spoke of believing unflinchingly in the ability of people to change themselves; be patient; share concerns, not advice; accept that people were in charge of their lives, no matter how they were living; offer practical help; and to look after their own physical, emotional and spiritual needs.

The presentation ended with Mr. Mussell commenting on the four pillars necessary for Aboriginal peoples to move forward, as identified in the Royal Commission on Aboriginal Peoples Report: mutual recognition; mutual acceptance; sharing; and mutual responsibility. He added “The place to begin is within our own communities and learning to accept each other as we are, and to appreciate the gifts and qualities that we each possess in order to share with each other as we talk about the needs of children and youth”.

Katherine Minich, University of Toronto ACADRE

Katherine Minich shared her message about doing research in Inuit communities with cultural-sensitivity and in community minded ways. Her work in building a relationship with Inuit organizations was referenced, noting that she had learned that the Inuit experiences with researchers tended to involve researchers gathering information and then leaving the communities with that information.

Ms. Minich spoke of the pressures that she felt from the two worlds that she walked in as a researcher. She shared that, in the Inuit world, there were language and cultural challenges she faced as she was a city dweller who did not speak the languages. However, she listened to the Inuit to learn their imperatives in order to do work that was meaningful for the Inuit community at large. Alternately, the academic southern world asked her to speak for the Inuit and to present her findings. She observed that it was difficult to merge the two places to speak from, adding that with the Inuit she had to defend her choice of profession.

Although Ms. Minich’s prepared overheads were not available for viewing due to technical difficulties, she discussed a portrait of an Inuit mother and child held by an English Museum, and also a photo of a 2004 New Year Inuit Baby, which also depicted mother and child. It was indicated that the photos illustrated the mother and child in the Inuit context then and now.

Ms. Minich shared that other presentation slides would have portrayed Inuit health data, which demonstrated that social behaviours rather than survival issues, had the largest impact on the Inuit. She concluded with a quote taken from a National Inuit Youth website:

“When the wind is blowing in your face, you may not be going in the wrong direction.”.

Marie van Humbeck, Métis Nation British Columbia Health Department

Marie van Humbeck, Métis Nation British Columbia (MNBC), told the story of the Métis, who were born out of unions of European men and Aboriginal women. She noted that the resulting families were not welcome in European or Aboriginal societies. As there were many of these families, they journeyed by canoe, following the fur brigade trail to the west where they built Fort Langley in BC. Their culture developed through the language of Michif, their music and their food. In 1885, it was noted that the leader of the Métis was hanged, and the once joyful Métis could no longer practice their culture – as was true for all Aboriginal peoples at that time. Some were given parcels of land called scrip but were later duped out of their land and became a people without a voice. Ms. van Humbeck recognized that the Métis were created by exclusion.

It was shared that the Métis had been excluded by both Aboriginal and non-Aboriginal health systems, noting that the First Nations and Inuit Health Branch did not have an arm to work with the Métis. As such, the Métis accessed the majority of their services through the provinces, which responded to the Métis in varying ways. She acknowledged that the process resulted in vast differences in all social programs and services for Métis in Canada. An example of this was that the MNBC Health Department had one staff person, while the Métis Nation of Ontario had 70. Nationally, it was noted that the majority of health programming accessed by the Métis was pan-Aboriginal, with programs being non-responsive to Métis needs as they had been excluded from the development of the funding envelope.

Ms. van Humbeck referenced the First Ministers Meeting several weeks prior where health, education, housing and relationships had been discussed. She noted that the Prime Minister had set specific targets for improving Aboriginal health, which would not be met for Métis children within the current health framework. In defense of the government and previous governments, she offered that the Métis at one time did not have the capacity and were not organized with a governance structure in order to give voice to their concerns and needs. Ms. van Humbeck added “that was then, but the Métis now have a Government, a Citizenship Act, a Registry, a Constitution, Ministers, Professionals, Researchers and a Plan”.

In 1996, it was referenced that the Royal Commission on Aboriginal Peoples had recommended that Aboriginal people fully participate in the design and delivery of programs affecting their lives and communities, and that government move beyond debate on jurisdictions.

A vision for Métis-specific, culturally appropriate after school care was shared, recognizing that out of school programming had the greatest impact on the rates of diabetes and obesity. Comments were offered regarding the need for Métis children to be taught about diabetes at an early age, to be taught of the importance of exercise and reasons not to smoke, and to be taught within a cultural format so that they could alternately learn about traditional food, tobacco use and exercises like jigging.

The need to find a place for the Métis Nation in government policies in order to prevent their continued exclusion from important initiatives was emphasized. Ms. van Humbeck shared that Louis Riel in 1885 had said that the Métis people would rise again in 100 years, and that the artists would bring them back. One hundred years later, in 1985, the government signed an amendment to the Constitution recognizing that First Nations, Métis and Inuit were the Aboriginal people of Canada. She concluded noting that it was time now for everyone to rise in order to get to the business of caring for Aboriginal children.

BREAKOUT SESSIONS

BREAKOUT SESSION 3: Reaching Out to Others

Participants returned to their ten separate facilitated breakout session groups to examine what was currently in place that could be used to support the dream (i.e. agencies, mandates, government, programs, services, communication and natural helpers). Participants offered comments relative to priorities identified during the prior breakout session group discussions relative to: Stakeholders, Policies, Practices, and Research. A sampling of the comments provided at the sessions, is provided in Appendix 3 to the Summit Proceedings.

BREAKOUT SESSION 4: Planning the First Steps: Sharing Our Commitment

Participants returned to their ten separate facilitated breakout session groups to consider a plan to turn their visions and dreams for healthy Aboriginal children into realities. Groups considered issues or barriers that would prevent delegates from taking information back to their communities, or from continuing to participate in the process. Facilitators encouraged delegates to support each other by enabling problem-solving strategies and their continuance in the process. A sampling of the comments provided at the sessions, is provided in Appendix 4 to the Summit Proceedings.

SPEAKER PANEL: From Dream to Action

Moderator: Alfred Gay, National Association of Friendship Centres

Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres

Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres, noted that her grandparents had not attended residential school, had spoken their language and were very self-sufficient. She shared her surprise at having learned when she relocated to Toronto, that this was not the reality of everyone. As a young person, she went to the Toronto Indian Centre in the 1970s and spoke regarding the lack of involvement of Aboriginal women, particularly young women in activities. She noted that the boys had a hockey team and the women got to stand on the rink; the men had a drum and the women stood behind them. Ms. Maracle added that the Centre gave her keys to the Centre to do activities for women, and she never looked back.

Hope was expressed that, when people talked about their culture, they recognized it lived, grew and changed. It was not an anthropological process, and needed to be current and alive. In the early 1970s she noted that primary issues for Aboriginal peoples related to the need for food, shelter and clothing. Successive governments brought in funding cuts, limitations and fiscal realities, which led to more and more people being hungry, with no food, and without the basic necessities of life.

Ms. Maracle spoke of the magnificent vision that delegates had for their children, recognizing that many did not have the basic necessities. She spoke of her Centre asking its people whether they had enough food, and asking them what they would like. The responses were that they wanted food, affordable housing, for social assistance rates to be increased, and to be able to feel pride, a future and a sense of vision. She noted that these responses were compiled in a document titled “Urban Aboriginal Child Poverty”, which was published and sent to every elected member of the provincial legislature, to Canada, and to federal departments who were asked how they could work together to address the needs of their citizens who were hungry and in need. Food banks were subsequently initiated, more family programs were created, and processes in towns that ran small groceries were enlisted to form voucher systems etc.

Once basic needs were met, she noted that the Centre uncovered issues with the youth relating to their sexual health, and their tenuous connection to the community and to life. The youth explained their need for unconditional love, noting that they became pregnant so young. They thought that having a child would be having someone to love them unconditionally; that having a child at 15 or 16 meant that they could move out and qualify for welfare thereby lessening the burden on their own parents; and that if they were 17 and had another child, they would get more money from the government. The youth did not know about sex, and some did not know how they had become pregnant. They shared that many used drugs and alcohol to mask the pain, because they came from a family and community that did not talk, trust or feel as they wanted to.

Youth who were asked what they wanted, responded with simple solutions, such as: requesting that the condoms were put in the bathrooms instead of at the reception table so that everyone would not see when they took them; to talk to them independently about sex and sex responsibilities; and to help the young boys to understand that saying no, safe sex, and raising a child were not only “her” responsibility. The young men had been left behind in the healing movement, and needed to learn to be responsible and to deal with jealousies in the communities so that people with children could be responsible for those children.

Ms. Maracle observed that community members used to look out for each other, had shared and kept members away from the places they would be hurt, but that those extended families were not involved in peoples’ lives anymore. She spoke of the success of “Notion Auntie”, which was a program not to take kids, but to move auntie in. It involved older women who had their own raised families and understood

how to parent the parents. It was putting into practice healing families by giving them back their auntie, and made child the most important, and the centric of what was done.

Comments were offered on the successful negotiation to create an Aboriginal Health Policy that put the future of health in First Nations' hands. While the Aboriginal Healing and Wellness Strategy was not a perfect strategy as it did not address the needs of the Métis, it was something towards reducing violence (from a cultural perspective) and decolonizing. Consideration of training processes for leadership and service providers so that they would go to the people that did and those that did not ask for services, to offer them assistance, was noted. Ms. Maracle shared that this was action and real change.

She added that the Friendship Centres in Ontario opened eight secondary schools for the youth that were pushed out of schools that did not reflect their reality. To date there had been over 600 young people who had earned over 3,000 credits towards their graduation. Ms. Maracle shared that they had a cultural approach, that was not just beads, feathers, sashes and carving, but that applied to the four elements of the Medicine Wheel. She concluded with comments on the value of bringing healers, role models and Elders together to try every day to 'walk the talk'.

Larry Railton, Métis Nation British Columbia

Larry Railton, Métis Nation British Columbia (MNBC), recognized and thanked the many hands who had supported him in his learning, including the grandmothers and aunties, the community and the people who he worked with on a day to day basis. He shared that things which needed to be considered included how children and families were supported, and the types of assumptions that were made that families were broken. It was offered that he had heard from previous speakers the need to look at the value of what was going on in the home, and to go into the home as a community support person – not to judge – but to take the edge off and to help the parents to grow, in order to achieve a healthier community.

Over the last year, he noted that the federal government, through its social policy, had opened a lot of money for early care and education, which was being called Early Learning and Childcare (ELC). This title was worrying because it could be interpreted differently from community to community. He added that on September 29, 2005 the Province of BC signed a historical agreement with the Government of Canada, which allocated \$633 million to ELC. Mr. Railton queried whether the money would be put to housing, healthcare, children and/or families and for whom, noting that First Nations were already looked after, and that the Inuit were somewhat looked after. Although in 1985 the Métis were recognized in the Constitution, none of the \$633 million was earmarked for the Métis. He added that at a recent meeting with the Minister of State, the MNBC sought \$3.3 million from that funding, to support three programs for the Métis in BC.

It was noted that the Métis received \$100 million for children and for child care at the First Ministers Meeting (FMM) in November 2005. A road bump to that funding flowing was the upcoming election and the surrounding uncertainties. Prior to the \$633 million, and prior to the FMM, it was noted that the MNBC together with its grassroots people, had developed a model to support its children and families in BC. He added that there were problems with it not being Métis-specific, but was multinational. He offered that it was about valuing family, adding that families had been broken in 1976 when their power was taken as the government implemented top down policies.

Mr. Railton emphasized the importance of policies coming from the people, and spoke of a MNBC Report that had been developed in that way. He referenced the MNBC's historic Annual General Meeting (AGM) in September 2005 at which the MNBC had approved a governance structure, which put the Métis in BC on the map. He noted that "By focusing on the positive there is no where to go but up". Mr. Railton added that the research the MNBC did as a nation in BC, addressed childcare and family services; housing; reunification to family; community genealogy; and family preservation programs. The

need to help people to understand that there was family for them, who could help them to understand the non-verbal, internal issues that they had, was emphasized.

It was indicated that the MNBC report spoke to the issue of healthy families and what made them healthy. Mr. Railton offered that a vision for supporting families was for those offering the assistance to be non-threatening, to wear appropriate clothing and to drop their clipboards at the door. The report had grown to encompass needs around adoption and foster care, and also addressed the Métis Human Resources Development Assistance (MHRDA) program. He shared that \$300,000 of training per year was used to support children in childcare – a responsibility of the provincial transfer payments – which spoke to the need to review the need for policy changes.

In terms of where to go with funding, Mr. Railton spoke of the need for the federal government to support ELC; recognized that the FMM had made movements towards ELC; and acknowledged that Prime Minister Paul Martin and Premier Gordon Campbell were using ‘Métis’ in their language. It was offered that the government was not 100% responsible for funding programs because the parent needed to have the right to fire the caregiver. He questioned “Is an Aboriginal Head Start model okay for Métis people?”, and offered the response “No, because it does not address Métis children specifically from coast to coast”.

It was shared that Vancouver was so multicultural that the ELC workers understood many different languages. Reference was made to a downtown Vancouver Aboriginal Head Start program that practiced Coast Salish traditions, with suggestion that consideration be given to a multicultural approach as there were other Aboriginal children in the program. Mr. Railton spoke of his passion to support children and families to not fall through the cracks, and offered that there was a need to look at a holistic model in early learning centres that would work in a multicultural approach open to Métis, First Nations and Inuit and the rest of the population. He concluded with an expression of hope “that together we can take the dream off the paper and put it into action.”

Susan Peffer, Inuvialuit Regional Corporation

Susan Peffer, Inuvialuit Regional Corporation (IRC), indicated that the Inuvialuit settled land claims in 1986, recognized that their leaders had made some investments that had fallen through, and noted that there were other good investments having been pursued. She shared that children learned by seeing and by doing, with both hands on things. As an early childhood worker, Ms. Peffer noted her desire to give Aboriginal children the opportunities that others had growing up, in terms of having love in their family.

Ms. Peffer spoke of having been interviewed by CBC, during which she had communicated that she was trying to keep early childhood programs running effectively with the available monies, and to maintain what they had. Ms. Peffer noted that she had learned the importance of thinking outside of the program and outside of Inuvialuit so that her grandchildren could have different experiences, to know that there was a world outside of her territory and to show them that.

Ms. Peffer shared that she was passionate but that it was hard for her to express that verbally, when all she had known was to love and to hug. She noted that she was growing from the experience of speaking to the delegates, and was a little bit taller than she was yesterday because of the experience.

Referencing an overhead presentation titled “The History and Goals Inuvialuit Regional Corporation Early Childhood Development Program”. Ms. Peffer discussed the history of the IRC which administers government funding. Its seven key goals were reviewed in the areas of: education, health, nutrition, culture and language, family support, community involvement and evaluation, and specific activities under each.

Ms. Peffer spoke of the important role of parents in the early childhood program, in that they advised how to run the program, and how to develop policy and to educate the children. She also shared that culture was a key element to the children's identity and dignity, and spoke of the children's exposure to being on the land so that they could keep it in their hearts.

The presentation concluded with comments being offered on the importance of keeping the vision of a healthy child alive, in order that they could experience the changing world from being hunters and gatherers to living in cities, while being proud of where they had come from.

Day 3 – December 5, 2005

WELCOME AND OPENING

Rose Bortolon, Métis Nation British Columbia, offered an Opening Prayer.

DAY 2 BREAKOUT GROUP SUMMARY

Dr. Don Warne, Arizona State University College of Law

Dr. Don Warne, Arizona State University College of Law, spoke of the excitement generated at the Summit because of the work that had been undertaken to create a plan. Referencing an overhead presentation titled "Many Hands, One Dream New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth Summary of Breakout Groups – Day 2" (provided in Appendix 6 to the Summit Proceedings), he then discussed the Day 2 Summit Agenda and format.

In regard to the morning breakout, themed "Building Strength Reaching Out Together", key components discussed had pertained to stakeholders, practices/programs, policy issues and research and evaluation. Key stakeholders at the local/community, political leadership, national and provincial levels, as well as media, educational and private industry, were reviewed. The importance of gaining political buy-in, and of working with media and educational institutions to communicate the messages regarding Aboriginal children's health issues was noted. The plan for engaging key stakeholders was discussed, which included meeting face to face with key stakeholders; simplifying processes; and consistency in messaging.

In regard to practices/programs, participants had communicated the importance of community initiation, ownership and operation, with communities prioritizing their own needs and involving families in focusing on prevention of disease, rather than only treatment. In consideration of training, there is a need for cultural competence, promotion of community member skills and participation, and linking education with health programs and funding.

Other themes identified by participants included: teaching culture in schools; changing the way in which success is measured; sharing ideas and modifying successful programs to meet local community needs. In consideration of policy issues, Dr. Warne noted the importance of promoting better understanding amongst bureaucrats; focusing on benefit to the communities while being flexible to reach multiple communities; promoting community relationships with policy makers; submitting the Summit Proceedings to policy makers; creating a Jordan's Bill to overcome jurisdictional issues related to

Aboriginal child health; allowing for cultural differences and innovations; and coordination of policy development and a consistent message.

A diagram titled “Policy Coordination Strategies” was displayed, which referenced the often independent development of health, education, social policies and economic development which could communicate difference messages. Example was that the health system could be promoting healthy diet and exercise, while the education system did not offer healthy food choices or physical education opportunities.

In regard to research and evaluation, issues discussed related to: the concept of community based participatory research, with ownership of data and samples; communities setting their own research agenda and then partnering with appropriate government and agencies; and participation of communities in publication; reporting requirements, and evaluation of outcomes.

Referencing a diagram titled “Historical Research Paradigm”, Dr. Warne discussed the relationship between research institutions, funding agencies, and labs, and the resulting outcomes. He noted that the Aboriginal community was often treated as the lab, with members being the subjects of research. In a participatory research paradigm, the community would be involved in setting the agenda, conducting and using the research.

In further reference to research/evaluation, Dr. Warne noted the need to support Aboriginal researchers; to create a research repository; to have longitudinal research specific to First Nations, Inuit and Métis; interdisciplinary research (qualitative, quantitative and translational); and to undertake formal program evaluation, which could be more important to some communities than new programs.

During the afternoon breakout session, the theme of which was “Planning the First Steps: Sharing Our Commitment”, doable first steps identified included: take information from the Summit to the community and key stakeholders to expand the number of people who understand the issues; be a role model and listen to children with an open heart and mind; engage Aboriginal families to advocate, with more community voices involved in advocating; give voice at traditional community gatherings; production of a press release; making Indigenous children issues an election issue; develop a strong position statement to be shared consistently with key agencies; help youth become role models for other children; encourage youth participation in health fairs; network with others through a list serve; post Summit presentations on websites; and discuss health issues at community gatherings.

Dr. Warne concluded his presentation with a Blackfeet quote:

“A child is sacred. And when a child comes into the home, the family must welcome it. And if the child is happy and feels the want, he will come into this world very, very strong. And not to know this is to know nothing.”

PRESENTATION

Joining Hands: Moving Forward with Strength

Cindy Blackstock, First Nations Child and Family Caring Society of Canada, shared the story of the Moose, Bear and the Deer gathered for a meeting. The Moose had a problem in that, when he was out minding his own business, the First Nation people were hunting him. Having realized that the First Nations did not like bad weather, he proposed that the solution to the problem was to call the Creator to make it winter all year round. The First Nations would then stay in their houses and the animals would be safe. He sought the support of the Bear and Deer.

The Deer and the Bear knew the Moose was well meaning, but troubled, so they worried. The Bear said that there was a need to bring together the small animals in the forest, the rabbits, the squirrels and others – to consult with them – but the Moose said “no”. Bear and Deer insisted so time passed and a meeting was called that involved all the small animals. The Moose addressed the animals and told them that the Bear and Deer had all agreed to have winter year round, and that he realized that the small animals would have to sacrifice – for the bigger good. The Rabbit listened and said, I think it’s a good idea but I’ll miss you. The Rabbit explained that the small animals could get close to the snow and could eat plants even in the snow, but that the Moose would not be able to eat year round. As such, the Moose was unwilling to agree to ask the Creator to make it winter year round, which led to the decision to ask the Creator for one month of winter each year.

Ms. Blackstock offered that the story illustrated that decisions could not be made without everyone concerned being around the table, especially children who were necessary for survival. She offered that treaties should be negotiated to benefit not this generation, but only the ones to follow, and encouraged delegates to think about not what they could get from the land, but what could be preserved and passed to the generation they would never know. Delegates were invited to remember the legends because in each one was embodied knowledge that was as true today as it was then. She shared that dreams could not happen unless all the hands are joined, and that as such, the commitments of delegates were the most important thing.

Ms. Blackstock recognized that the Planning Committee represented the many organizations that had come together to help the delegates take their first steps, and led the Summit in acknowledging its members for their contributions with a round of applause.

Ms. Blackstock shared that the youth were familiar with hearing “the children are our future”. Instead, she invited delegates to imagine telling the youth that they were the seventh generation, and that after six generations of turmoil they were the generation to ensure that the cultures survived for 10,000 years more, all living in dignity, pride and respect. It was noted that the ancestors had done exactly that, and was offered that the first step was making sure that the current reality was recognized as being unacceptable. Ms. Blackstock added that it was easy to stand still, and that alternately it was difficult to communicate that this generation would get everything positive, and that adults would embrace what hurts, so that they did not continue.

The following declaration was read:

We will raise a generation of First Nations, Inuit and Métis children who do not have to recover from their childhoods. It starts now, with all our strength, courage, wisdom and commitment.

Ms. Blackstock asked that the delegates take this message back to their organizations, and emphasized the importance of this first decision. She then spoke of the need to demand political accountability, and to take advantage of the current election to ask candidates for their commitment to the Métis, Inuit and First Nation children. With the support of Jordan’s family, Ms. Blackstock shared that they had created “Jordan’s Principle” (refer to www.fnfcfs.com for more information) that says whenever a jurisdictional dispute arises the government of first contact must pay for the services required while jurisdictional issues are sorted out in the background.

In regard to facilitating communications, Ms. Blackstock noted that the declaration would be posted on the Many Hands, One Dream website; that a newsletter template would be distributed; that an election template letter would be distributed; that participants’ contact information would be shared; and that the Summit proceedings would be posted on the website and emailed or faxed to all participants by January 15, 2006. Ms. Blackstock added that the Planning Committee understood that its work was not finished, and would meet again in January 2006; that space would be created on the website for participants to

share their stories and the things that they had done as a result of the Summit; and that the delegates' evaluation was encouraged to continue by following up with five other delegates on the actions that they had taken by April 2006.

Ms. Blackstock offered that the most important thing that the delegates could do was to take the actions that they indicated they were willing to take. She shared that it was possible to have proud and healthy Métis, First Nations and Inuit children in 10,000 years, but that the line in the sand for that began with the delegates' decision. It was encouraged that the children be brought to the next gathering, to create more hands, and one dream that had been dreamed by the Aboriginal peoples for 10,000 years.

COMMENTS

Dr. Saylor invited delegates' comments. For ease of reference, delegate's comments are provided in italics with responses of the Planning Committee appearing in plain text.

A delegate led others in expressing gratitude for the efforts of the Planning Committee for organizing and convening the Summit. However, disappointment was expressed not to see a commitment by the partnership of the organizations represented by the Planning Committee to continue working forward on the shared goals. Hope was expressed that there would be more than one post-Summit meeting, and that this was seen as not the end of the process, but the beginning.

In regard to Dr. Warne's summary, it was offered that the Canadian Institutes of Health Research (CIHR) – Institute of Aboriginal Peoples Health (IAPH) was committed to the principles of participatory research, community ownership, education to develop community capacity in research to meet community priorities. It advocated with sister agencies that also funded research in Aboriginal communities. The importance of acknowledging the leadership of the IAPH, which was committed to those principles was noted.

As well, in Dr. Warne's list of stakeholders, it was suggested that the national Aboriginal political organizations, and health professionals and para-professionals needed to be included. It was noted that there were Aboriginal run health agencies in remote areas, cities, suburban areas that were very important as providers of care, establishers of policy, and as advocates bridging between the front lines and the national agencies.

Dr. Saylor responded that the Planning Committee knew that the Summit would not be the culmination of its work, but would be a first step to improving the overall health of Métis, First Nations and Inuit children and youth. Its strong commitment to continuing the work, the form of which was yet to be determined, was noted. He added that the summary offered by Dr. Warne was information that was forefront in peoples' minds, in terms of recognizing what had commonly happened in the past. Dr. Saylor noted that major stakeholders were the organizations as represented by the delegates, and acknowledged that the involvement of Aboriginal run health centres could be stated much better, recognizing that there were many communities already in charge of their own health.

Cindy Blackstock offered additional assurance that the action items from the breakouts would be part of the Proceedings, and would be made available to delegates. She added that proper cultural protocols should be sought in all research grants.

A delegate advised that the CIHR for Human Development Child and Youth Health had placed Aboriginal children as one of its priorities for the next five years, and would collaborate with the research community in areas of housing, infrastructure and determinants of health. He referenced the National Aboriginal Health Organization's Regional Health Survey, which offered significant data for

access by Aboriginal researchers to put it into public health journals to be useful in creating policies and strategies to improve the health of Aboriginal children. It could also support a Longitudinal Cohort Study on Aboriginal Children and Youth, as they had the greatest burden of ill health and little information describing the population and factors of strength and resilience. The need for resources to support a 20 year plan was noted as a challenge to the community.

A delegate noted the need for information and research to support delegates in talking to their Members of Parliament, and asked the Planning Committee to put some basic information on the website to aid those discussions.

Dr. Saylor indicated that Dr. Warne's summaries would be part of the information that delegates could obtain on the website, as a beginning for delegates to show communities and organizations what was talked about.

Ms. Blackstock added that presentations provided by the panelists had consented to have their information also posted on the website. Data available on the website and on the partner organizations' websites was also referenced.

A delegate indicated that youth were left out and felt left out, and that there was a need for children and youth to be at the table when they were being talked about.

Dr. Saylor confirmed that this recommendation was one heard from many delegates. Ms. Blackstock added that the Planning Committee was not exclusive and invited delegates to participate in it on an ongoing basis.

A delegate requested that the stakeholders listed also include the territories.

A delegate referenced the importance of engaging youth, and noted the need for leadership to share their power or lose the youth. The United Nations Convention on the Rights of the Child was referenced, noting that it had not been actualized.

A delegate spoke of the practicalities required to move forward, sharing that it would be difficult to move forward without devising a strategy to help Aboriginal governments to come on board with the issues in order to advance issues at the political level – federally and provincially.

It was noted that there were many community concerns that there not be an abrogation of treaty rights, and recognition that Aboriginal governments have the responsibility to develop and negotiate social policy. The need to develop a lobbying strategy to allow that to happen was noted, offering that a collective group could bring forward issues to the governments, but that overwhelmingly the National Aboriginal Organizations had indicated that they did not want pan-Aboriginal approaches and wanted distinct approaches. The need to honour that moving forward was emphasized in developing frameworks that could be used to compliment what was already being done, or to offer a case model framework. As well, he offered that the strategy needed to identify where people were located, recognizing that some lived in provincial capitals and could lobby at various functions in provincial capitals, and that organizations in Ottawa could lobby at political functions.

Ms. Blackstock noted that the Planning Committee acknowledged that the three major political Aboriginal organizations needed to be part of the commitment to continue the process going forward. Dr. Saylor added that the Planning Committee recognized early on the importance of the organizations being represented, recognizing that the First Nations, Inuit and Métis were very different peoples.

A delegate challenged the Planning Committee to become an Action Committee and to change its name accordingly.

A delegate thanked the Planning Committee and the delegates for their ideas and stressed the need for delegates to look inside themselves to remember their individual commitments. She spoke of the need to remember the youth on the streets, and to consider developing an individual pledge. As well, it was acknowledged that the Summit had offered more energy to work with the people.

A delegate who identified as being from a Métis Nation – Saskatchewan affiliate indicated that they would hold a one-day conference for youth in Saskatchewan on this issue.

It was asked that any further ideas or suggestions be sent by fax or email to a Planning Committee member so that it could be brought forward to the Committee's next meeting in January 2006.

CLOSING CEREMONY

Wrap Up and Evaluations

An overhead presentation and music was played conveying images and words relating to the work conducted during the Summit.

CLOSING PRAYER

Elmer George, Songhees First Nation, thanked those responsible for the Summit, and offered a Closing Prayer.

APPENDIX 1 – Breakout Session 1

Sharing the Dream: What is a Healthy Child?

The following reflects categorized comments provided by participants through illustrations and/or discussions, during two of the ten Session 1 breakout discussions.

Aboriginal People Need to be Proud and Need to be Recognized

- Aboriginal people need to receive acknowledgement and respect for being Aboriginal;
- Aboriginal children should be proud of their culture, language and history;
- charity ‘empowerability’ should be thrown out; and
- there is a resurgence of great pride amongst Maori people.

Aboriginal People Need to Be Responsible for their Health

- people need to take responsibility for and manage their own health;
- each person is capable of modifying their own life; strategies need to be taught for enabling change; and
- the core values of people are essentially good; presume ignorance, not indifference or hate.

Aboriginal People Should Determine Aboriginal Needs

- “Aboriginal people need to be reaffirmed as the best decision makers for Aboriginal children”;
- “for thousands of years Aboriginal people survived their own mistakes; we may not survive government’s mistakes”;
- Aboriginal leadership needs to determine appropriate cultural and traditional values; power needs to shift away from government;
- leadership that is visionary and transformative (not afraid of change) is important; we have to be able to take some risks and be courageous or we will end up with less;
- get away from the thinking that policy is rural or reserve; 60% of Aboriginal people are urbanized; and
- the results of equality processes could exceed expectations.

Address Poverty

- poverty affects every aspect of young Aboriginal children and their families; a plan of action should be developed to address poverty;
- a poverty reduction plan coordinated across Aboriginal health care professions, and amongst Aboriginal governments should encompass health determinants; and
- the lack of money and resources needs to be addressed with community-directed policy, community and grassroots leadership.

Educate Community Workers

- it is important that all community workers have a secure cultural identity;
- the more they know about their own personal culture, the easier it is for them to learn about other cultures;
- educate community workers regarding the community they’ll be working in; and
- people can only understand Aboriginal cultures after learning about the losses suffered by Aboriginal people through colonization.

Educational Curriculums Should Include Aboriginal History

- new medical students should be more sensitized to the needs of Aboriginal people;
- Aboriginal history should be part of the Canadian education curriculum;
- more qualified teachers need to be in the classroom;

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- there should be further conversations regarding what is culturally appropriate for different age groups; and
 - Aboriginal knowledge needs to be on equal footing with non-Aboriginal knowledge for all students.

Encourage Children to Dream

- children should be encouraged to dream;
- their dreams should be supported and children should be encouraged to follow them; and
- Aboriginal children should have the freedom to be who they want to be.

Focus on Children

- children should be loved for their existence regardless of their behaviour;
- acknowledge them as gifts from the Creator;
- accept children as individuals, not clones of each other;
- celebrate, ritualize, play with, and enjoy your children;
- children need clean water, warmth, play and love;
- there should be no more sexual abuse of Aboriginal children;
- Aboriginal children should have equality with non-Aboriginal children, in their access to housing, food and good parenting;
- children should be running in the hills that were once full of trees but are now bare due to oil exploration;
- children need a safe and comfortable environment; some children have exposure to many caregivers so they don't 'make strange with people'; this is an indicator of community involvement;
- children need an environment free of pollution and pure in its innocence;
- art is important so that the children can see themselves in stories as transformative beings;
- 73% of children in government care are currently Aboriginal;
- "Jordan's Principle" should be adopted, which outlines a process to avoid future jurisdictional disputes regarding the care of a child;
- "we need the will to work with what we have, to make better lives for our children";
- happy healthy childhoods are essential;
- children need opportunities within and outside their community;
- equality and safe environments are needed for healthy happy children;
- children need belief, courage, and self esteem to move towards happiness;
- will-centred balance and harmony are critical elements to long-term happiness; and
- the vision of what makes a healthy community for children should include unconditional love, health, happiness and purity.

Focus on the Community

- each community should be a community of care;
- communities have individual and unique priorities that need to be considered;
- the central theme needs to focus on caring families and communities;
- there are different levels of play and interaction within the family and the community;
- economic development opportunities are needed to create healthy communities;
- people need to care for each other; and
- community role models should encourage children to pursue various occupations (not just police officers, doctors and nurses).

Focus on the Family

- there are families that don't rely on the health system as they enjoy the good health;
- there should be improved interaction between healthy and unhealthy families;

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- healthy opportunities must be created;
 - “we need to work on family restoration”;
 - unconditional love must be at the centre of healthy families;
 - acknowledge children and grandchildren as teachers;
 - consider the safe inclusion of extended family members;
 - family should be recognized as spiritual beings;
 - healthy families are loving, joyous, safe and supportive;
 - healthy families (mom, dad, aunty, uncles, etc.) and communities should be child-centred;
 - families need to be role models and show children how to gather food;
 - shelter is important to Indigenous families; in the north it is not uncommon to have 12-13 people in one home with three bedrooms; relationships between families and health care providers are required;
 - once there are healthy children you will have the sustainability and renewal of the community, which will be the legacy;
 - children can learn how to harvest from the land, from their parents and their grandparents;
 - accountability in supporting healthy children, communities and parents is required; and
 - children need adults to help them enable their dreams.

Focus on Positive Elements

- focus on the positive, with a lot of laughter and joy; and
- we should focus on our strengths; we need to focus on where we’re going not on healing.

Nurture Good Relationships

- we need to nurture good relationships with other societies, including the mainstream; and
- there is a primary need for balance and voluntary sharing; good communities are comprised of happy people doing things together.

Reconsider Segmenting Childhood

- segmenting childhood may not be a good concept (i.e. under six years, 6-12 years, etc.);
- there should be a redefinition of ‘childhood’; younger education is the basis for later education; and
- some children do not fit into the predetermined age categories (i.e. some 6 year olds aren’t ready for school and are labeled incorrectly with behavioral difficulties or otherwise, while some 3 year olds are ready to learn).

Redirect Government’s Focus

- government needs to change their policies to recognize factual Aboriginal childhood statistics (presented in Cindy Blackstock’s earlier overhead presentation); solutions are needed that are reflective of Aboriginal people’s needs;
- many of government’s decisions are based on profound ignorance; and
- Canada gives out race based cards; their normalized dysfunctional behaviors need to be considered.

Support Health and Wellness

- it isn’t always culturally appropriate to get outside support;
- unhealthy vending machines should be removed from schools to improve childhood diabetes and obesity rates;
- young mothers should be encouraged to remain substance free;
- an environment free of substance abuse is a good objective, this can be affected by financial issues and role models;
- a place for physical and emotional safety is essential;

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- good health should not always be associated with happiness, as many unhealthy people are happy;
 - health and happiness are related; physical and mental health are important;
 - play, exercise and sunshine support hope and growth;
 - a stable source of food that ties into the land is essential; and
 - children need clean water and the knowledge and skills to harvest food.

Support Traditional Language and Culture

- every child should have the opportunity to learn and speak their traditional language;
- Aboriginal grandparents are the keepers of traditions and language, and should be included in the school system;
- non-Aboriginal people can learn from Aboriginal society;
- “the loss of language equates a loss of culture”;
- “we need to revive and rejoice in our own cultures”;
- celebrate the gifts of the Creator; and
- remember that Aboriginal culture is sacred.

University Curriculums Should Include Aboriginal Culture

- enhanced advocacy within the Aboriginal community should be considered;
- children need support through their many challenges;
- there should be more Aboriginal Paediatricians;
- traditional knowledge and academic knowledge are equally valued and taught in India; this does not currently occur in medical training or universities in Canada;
- a new medical school in northern Ontario has a medical program, that includes visits to Aboriginal communities;
- UBC, UNBC, and UVIC are working towards getting more First Nations people enrolled in their medical programs;
- programs should teach future professionals the process of thought rather than the process of information; and
- we have been taught to conform, not to ‘expand the box’; creativity should be encouraged in educational institutions.

APPENDIX 2 – Breakout Session 2

Realities and Dreams: How Do We Get There From Here?

The following reflects comments provided by participants through illustrations and/or discussions, during two of the ten Session Two breakout discussions. Session participants considered the following boldfaced statements, and reported the subsequently indicated bulleted responses:

1. Discuss how the dream for Aboriginal children is different from the current situation.

- control will shift to the community;
- safety, an environment free from harm, and preventative care are required;
- children need an identity and the freedom to self fulfill;
- children should be in their own community or homes rather than in institutions;
- children will be children and need to be able to play;
- opportunities for education, culture, traditions, travel and choice are required;
- children should be free from external pressures (i.e. government);
- all children need homes (shelter), food, clean clothes, love, strong roots, and the knowledge that someone will protect and help them;
- strong parents (family) and role models are essential;
- objectives for children should include living drug, alcohol and dependency free;
- Aboriginal children need culturally related games;
- children need to have a sense of hope, feel valued, respected and heard;
- the freedom of discrimination and judgment is required;
- there are human and financial issues to consider – poverty and a lack of resources are realities in Aboriginal communities;
- many youth lack hope for their future, career and ability to meaningfully contribute to society, particularly where there is poverty or an education system that doesn't speak to Aboriginal people;
- hope contributes to the development of self-esteem;
- there may not be a sense of connectedness to the family;
- there is no cultural plan for Métis children who are adopted by non-Métis families;
- if an Inuk child is adopted by a non-Inuk family, they are given access to all of the benefits of being Inuk; this is also true for non-Inuk children who are adopted by Inuk families;
- the services, programs, education, and moral judgments of Aboriginal people are examined through a Euro-centric and non-Aboriginal lens; consideration of 'who Aboriginal people are' is absent;
- racism is based on ignorance and fear;
- many youth suffer from a lack of motivation and are withdrawn;
- 'not having' is the reality of many Aboriginal people living in isolated areas, who are constantly bombarded by mainstream television imagery; the impact of exposing people to such different worlds needs to be considered, and children need to be given the tools to recognize the differences;
- children feel safer being at home rather than at school; at school they fight against negative stereotypes;
- there is a lack of Aboriginal role models;
- communities are identifying with rap music and the gang mentality;
- youth are confused in trying to balance what their parents want them to learn (a formal education), and what their grandparents want them to learn (the traditional ways);
- there is a lack of First Nation, Métis and Inuit identities; one of the strongest communities in the north has retained their Cree language and culture, although influences of television, music, and the loss of traditional languages is slowly changing this; and
- there is a lack of respect for community and for community members; some elementary school curriculums include First Nation, Métis and Inuit elements; however there is a lack of concise Aboriginal historical/cultural information being taught.

2. Discuss the factors that contribute/maintain that today. What is maintaining the current reality?

- jurisdictional issues;
- ‘turf wars’ within internal structures;
- a lack of knowledge, awareness, and a loss of the traditional ways of life;
- different agendas and priorities;
- a loss of hope; people need to identify with their cultural roots;
- government procrastination;
- trying to live up to someone else’s rules and standards;
- governance;
- the lack of community and government relationships;
- a lack of healthy role models;
- government doesn’t allow First Nations, Métis and Inuit to have control;
- validation is sought from external sources;
- dysfunctional activities (i.e. substance abuse);
- various internal conflicts (in First Nations, Métis and Inuit communities);
- the fear of government retaliation;
- things are not all bad, as there are some good community leaders;
- mutual accountability within and outside of the community;
- the lasting affects of the residential schools;
- multi-jurisdictional issues which are a huge source of keeping the current reality alive;
- a lack of resources in the educational system;
- reduced support for children in smaller and more remote communities;
- a lack of basic needs (i.e. a lack of housing and food for some children);
- being poor is one of the single most important determinants of health;
- access to food (i.e. in remote communities the cost of healthy food is prohibitive);
- the types of food that children are being served; obesity and starvation exists in communities due to a lack of good nutrition;
- priorities which change with government’s will, rather than with community needs;
- the contribution of many voices which enables issues to become political (i.e. whoever is accountable for the money, has more power in a relationship);
- announcements which re-profile existing money, rather than providing new money;
- the delivery of culturally appropriate curriculum, which requires capacity;
- the many distinctions amongst First Nations, Métis and Inuit people; they bind themselves by trying to find pan-Aboriginal solutions that apply to all;
- “the tools of the master will never take down the master’s house”; it is difficult to make sense of Canada’s governing structure when it makes no sense;
- Elders and healers across the country say similar things – we need to be able to do the things we used to do (i.e. pass the language on, participate in ceremonies, promote relationships with the land –things that will not be dealt with by the government);
- communities do not have the ability to access and utilize resources ‘under their own feet’; the provincial government gets money by pillaging the land; the federal government gets money by pillaging the people; and
- each nation has a very different relationship with the government.

3. What needs to change to make the dream happen?

- collaboration among jurisdictions and governments;
- Aboriginal people need to have control of their own resources;
- understand and respect each other (between Aboriginal groups);
- people have to understand and be comfortable with their own cultures;

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- acknowledge past traumas and start healing;
 - learn from past mistakes;
 - the free flow of information and traditional knowledge;
 - equal voices from children, youth, women, men and Elders;
 - community based decision making;
 - adequate and sustainable needs-based resources (not population-based resources);
 - prosperous relationships between families;
 - bureaucratic processes have to change;
 - communities need to design and implement their own needs-based programs and services, without boundaries;
 - a culturally sensitive justice system;
 - updated and upgraded treaties;
 - shared best practices;
 - commitments;
 - people need a strong sense of identity in being First Nation, Métis or Inuit;
 - basic needs have to be addressed (i.e. housing, food, access to basic services, freedom to think of addressing other problems from within);
 - money is part of the solution, but it's not the only solution;
 - rather than bringing in outside resources (with the colonial mindset) to fix community crises, support existing resources to address problems;
 - make good food more accessible;
 - the manner in which community programs and services are administered, particularly in collaboration with the federal and provincial governments;
 - people who are receiving services need to make resource decisions; services requiring funding need to be prioritized before advocating for additional funds;
 - building capacity is one way to make dreams happen;
 - rather than "Many Hands, One Dream" the title "Linking Hands, One Dream" may be more appropriate;
 - media needs to highlight the positives and strengths of communities rather than focusing on fame, fortune, sex, death and horror;
 - organizations need to make the most of the 'media buzz', and contribute to a longer term goal;
 - the education system needs to include First Nation, Métis and Inuit history in the curriculum; this will create understanding and will assist in dealing with issues of racism;
 - changing the prevailing political will can make a difference;
 - "vision without action is endangering; action without vision is a nightmare";
 - communities need to take responsibility and find solutions for their issues;
 - support things that communities want to do (i.e. events to bring Elders and youth together);
 - communities need to have the ability to decide how to achieve viable economies;
 - we need to be looking at incremental changes that put aside some fundamental questions; even partial solutions can impact peoples' health and well-being;
 - as you build up local capacity and deal with fundamental needs, communities will be in a stronger position to take the next step forward;
 - education that speaks to First Nations, Métis and Inuit is a fundamental requirement;
 - developing resource-based or human resource-based viable communities would encourage people to remain in their communities;
 - community capacity needs to be reclaimed;
 - consideration needs to be given to the way in which the next generation of 'rainbow' children will be raised; children need to learn about different cultural backgrounds so that they can learn about who they are, and can see aspects to be proud of; and
 - education should be universal in all the schools; non-Aboriginal people need to understand the diversity of Aboriginal cultures, in terms of what is common and what is not.

4. What are the values and beliefs that will bring us closer to the dream? What values and beliefs will bring us closer to that dream? What values or beliefs can we adapt and universally accept as being preferred or helpful?

- mutual respect;
- sharing knowledge;
- holistic approaches;
- community ownership of land, vision and investment;
- celebrate/validate culture and traditions;
- an acceptance/understanding of differences and consensus’;
- reduced hypocrisy (people need to walk the talk and practice what they preach);
- cultural pride and a sense of belonging;
- respect for international and human rights;
- unity and unconditional love;
- recognition of the sacredness of our land and our children;
- responsibility and patience;
- commitment to collaboration / cooperation;
- community validation;
- honouring self and others;
- risk taking - “think beyond the box but within the circle”;
- act appropriately for seven generations;
- a reclamation of community capacity; this would be unique to each community;
- building community capacity needs to be tied to education and relearning history;
- ‘reclaiming’ suggests something already exists; ‘building’ suggests that nothing exists;
- some suburban nations have taken strong steps to assure the inclusion of traditional history and values in their education system;
- agencies such as the Canadian Paediatric Society and the Association of Faculties of Medicine, can make space and be allies for Aboriginal communities to develop what they need; and
- the off-reserve community needs to be considered in discussions and planning.

Participants provided the following examples of programs and initiatives that had been successful in their respective communities:

- youth sexual health programs;
- youth designing their own resource materials and facilitating their own youth-specific workshops;
- trained youth members of the AFN’s Young Eagles are providing presentations regarding sexual health etc. at various conferences;
- youth advocates are the voice for those who can’t or won’t speak;
- AFN’s CEPS (Cultural, Economic, Political and Social) model brought together youth from across Canada to talk about cultural, economic, political and social issues; they trained people to be leaders in the community, who then trained others to be leaders; they focus on suicide prevention and other critical issues;
- a National Youth Summit was hosted by the AFN and INAC;
- NAHO’s National Youth Health Network addresses health issues;
- 11 of 14 First Nations in the Yukon have self-government; they are recognizing their responsibilities and are considering their own child welfare issues; territorial government is redoing the *Children’s Act*, and have engaged First Nations in the process; they launched a consultation process with communities and produced a “What They Heard” document;
- the MNO has an Aboriginal, Healing and Wellness Group;
- Community and Elder-guided youth talking circles participate in various activities or discussions; they have a peer support group and share their knowledge and experiences;
- Aboriginal Healthy Babies Healthy Children Program offers parenting and childcare programs;

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- regional Youth Councils offer opportunities to strategize about next steps;
 - HeadStart programs are culturally relevant programs for preschool aged children;
 - Winnipeg Aboriginal Health and Wellness Centre is just finishing last year of funding, for their female victim and perpetrator program, which is jointly funded and includes Elders counselling and traditional ceremonies; they offer bus tickets and babysitting to support participation;
 - there is a funding strategy in the NWT dedicated to language and culture; schools were previously using this funding for teaching assistance costs – funding has now been re-dedicated to language and culture, which local people were retained to teach; funding received for Aboriginal musical equipment was used to purchase fiddles and drums;
 - the Northern and Aboriginal Population Health and Wellness Institute was created to address health and wellness; they focus on youth suicide, diabetes and traditional healing in Aboriginal communities; when prevention methods have been determined, the community is informed (i.e. a lack of recreational facilities could result in open gym time); best practice models relative to youth suicide are also being considered;
 - grandparents and grandchildren should unite monthly;
 - immersion programs to enable pre-kindergarten children to learn about culture and language;
 - more Aboriginal people to make hospital experiences better for Aboriginal families and children;
 - there are community gatherings to discuss each others' histories and cultures;
 - youth group in Goose Bay was formed to teach the children drum dancing; learning Inuit culture;
 - in some small communities they are trying to teach their language; Inuktitut is taught in school but only to a certain grade level;
 - the number of applicants to bursary and scholarship programs has doubled;
 - National Aboriginal Health Organization's Role Model Program has been successful;
 - the National Aboriginal Achievement Awards have been motivating;
 - locally run intervention programs focused on 'lifestyles' have shown measurable successes;
 - program provides incomes for traditional hunting and trapping activities;
 - development of a regional authority would provide better services and a stronger voice for Aboriginal people;
 - active involvement in family is critical; examples of healthy eating and exercise are needed; it is important to learn to speak our language, and teach our culture to our children and grandchildren;
 - the University of Victoria is building an Aboriginal health research network;
 - recreational programs offering games and exercises every night, would be beneficial;
 - a home care program offers a healthy living lunch each month;
 - the International Indigenous Elders Summit is developing a number of projects, including a concept that brings Elders and healers together with western trained nurses and physicians;
 - the Spirit of the Youth offers a declaration on life and the way forward;
 - Aboriginal Head Start and early childhood development programs could be expanded, to create family resource centres and healthy baby clubs;
 - Many Jurisdictions, One System (MJOS) works with regional health authorities, local hospitals, federal and provincial governments, and tribal councils (guided by a group of Elders), to work together to address the gaps that exist; although it initially focused on diabetes, it established a foundation to work with non-political representatives;
 - awareness is needed within communities regarding children with special needs, and their inclusion in daycares and schools;
 - travel funds for traditional healing are needed; community partnerships with physicians can enable prescribed trips and payment for travel costs; and
 - a community language program/school offers credits for completing courses conducted by Elders.
 - need to empower and invest in youth; develop culturally sensitive initiatives; focus on communication and information; promote jurisdictional collaboration (from grassroots up)

APPENDIX 3 – Breakout Session 3

Reaching Out to Others

(The following reflects comments provided by participants through illustrations and/or discussions, during two of the ten Session Three breakout discussions.)

Participants returned to their 10 separate facilitated discussion groups to examine elements currently in place that could support the dream (i.e. agencies, mandates, government, programs, services, communication and natural helpers). Themes identified during the prior discussions were reviewed relative to: research, policy, practices/strategies needed, and stakeholder involvement, which prompted the following comments from participants:

- pertinent available data, studies and information relative to Aboriginal people should be compiled; a national health database would benefit future considerations;
- reports have been compiled regarding Aboriginal suicide rates, bridging gaps between Aboriginal and non-Aboriginal health care and other topics; many prior processes have been unsuccessful;
- important commitments have been made for Aboriginal people; there are processes unique to each community, and research available for making changes; decision making processes should be First Nations, Métis or Inuit specific;
- the language in which you communicate to government is critical; a direct project and cost-based approach can be more successful than heartfelt appeals to government for funding;
- communications strategies must be designed appropriately for the targeted audience; “people need to do what it takes to get the job done”;
- research could be linked to interventions;
- children have critical needs during their first five years;
- the synthesis provided during the prior plenary session, was reflective of the Session One and Two discussions;
- there needs to be communications regarding successful programs, and whether programs should be conducted by Elders;
- knowledge translation speaks to the framework of the Circle of Life;
- each community has unique problems with respect to health issues, that need to be considered;
- we need to embrace and learn from the knowledge of others;
- information should be shared to prevent communities from being ‘researched to death’; information collected should be brought back to assist the community;
- with guidance, children will make the right decisions with respect to their health;
- effective programs and techniques need to be communicated and shared;
- consideration is needed regarding how to identify Elders qualities and abilities;
- northern Aboriginal peoples’ issues are different than southern Aboriginal peoples’ issues;
- people need to speak up regarding what’s best for their children’s health;
- although communities may be isolated, they come together as one Aboriginal community;
- we need to focus on strengths to overcome gaps;
- teamwork is critical and innovative approaches are needed;
- family members need to recognize their responsibility;
- it would be beneficial if single mothers had supports and were paid to stay at home;
- a lack of communications, care and support makes it difficult when dealing with children, particularly in urban settings;
- Elders want their abilities to be utilized more in programs;
- grandmothers want to be involved in Friendship Centres; young people in urban centres seek out Friendship Centres;
- stories shared can be used to communicate to government the situations in our communities and in our country;

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- some adolescents are treated as foreigners or as aliens; troubled youths are often duplicating the lifestyles of their parents and grandparents;
 - character changes occur in different environments; youths are generally fast learners;
 - youth should be asked what they want; and
 - experiences of older generations should be shared with younger ones to communicate lessons.

Regarding stakeholders involvement in the shift from the current reality towards the envisioned objective, participants offered the following comments:

- local groups would provide a strong base in the process such as:
 - Elders;
 - schools;
 - daycares;
 - Boys and Girls Clubs;
 - Head Start Programs;
 - other community children and youth groups;
 - parents and families;
 - Friendship Centres;
 - local and regional health authorities;
 - youth;
 - local governments (Band Councils and/or Mayors);
 - media;
 - social workers; and
 - clergy (including traditional religious people and healers);
- the involvement of the following national groups/agencies could assist the process:
 - Indian and Northern Affairs Canada (INAC);
 - Health Canada;
 - individual political party leaders; and
 - national child and youth groups;
- the involvement of provincial political leaders could assist in the process;
- groups/organizations working in a coalition could be helpful, such as:
 - National Aboriginal Health Organization (NAHO);
 - Inuit Tapiriit Kanatami (ITK);
 - Assembly of First Nations (AFN);
 - Aboriginal Nurses Association of Canada (ANAC);
 - Canadian Paediatric Society (CPS);
 - National Youth Council; and
 - universities (for training and research);
- achieving the vision could be challenging due to the many well-meaning layers of government and Aboriginal organizations; funds are going to consultants that could be better directed to communities; federal government accountability is critical;
- many gatherings have developed ‘Aboriginal thinking strategies’; the establishment of additional national Aboriginal organizations would not financially benefit communities, as many studies and files are already overlapping;
- many layers currently exist for government accountability;
- bureaucracy has become self-sustaining;
- stakeholders in the process should be linked to maximize their efficiency;
- programs need to have Elders involved where their wisdom can be applied in the best way possible;
- women and children need to be involved and consulted;
- dynamic individuals should be involved (i.e. a Fort Chip woman took advantage of every opportunity to learn, and over a 20 year period formed several women’s, Elders and youth programs);

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- programs will grow if there is value in them and if they involve communities;
 - guidelines are needed for conducting research in an ethical, respectful, and involving manner;
 - information from the bottom up is needed;
 - communities need to communicate what they want and need;
 - organizations can provide funding and help, but need to be blended;
 - Aboriginal people need to share their stories on an individual basis to give non-Aboriginal people a different perspective on Aboriginal culture and issues;
 - government and people in positions of authority need to be told that the research needs to be more anecdotal, as Aboriginal people may not relate well to numbers (i.e. they may recognize poverty in the community but not indicate the number of poor);
 - there has been a lot of qualitative research that has not yet been published;
 - political systems often listen to 'grey' data;
 - we are all accountable for developing solutions;
 - even seemingly small efforts are helpful; community support is needed for individuals making little steps towards objectives;
 - identifying barriers between jurisdictions becomes very political, which potentially threatens treaty rights;
 - we need to consider children's programs;
 - nurses see that the children need books, storytellers, toys, etc.;
 - children should come to conferences and share their own stories;
 - it is important to identify champions in different agencies and in government;
 - youth and young children should be encouraged to share their stories (i.e. during the 1980 demand for safer blood supplies, children's emotional, passionate and angry stories prompted some positive reactions);
 - community is an important element to be a part of things;
 - meet with Chiefs and Councils, to seek support for the well-being of children and youth;
 - a conference of community members and those who work with children could discuss how to tackle key issues and identify responsibilities;
 - young people want to be involved and will step up to the challenge for inclusion (i.e. before the First Ministers Meeting youth talked about their visions for education, health, housing, relationships and economic opportunities);
 - people need to work together because Aboriginal people could be difficult to reach;
 - although youth programs can be difficult to arrange, they can promote the prevention of drug and alcohol abuse; and
 - children need to learn the best of all worlds (including the Aboriginal world, non-Aboriginal world and the internet world).

Participants offered the following comments regarding barriers to achieving dreams:

- policies could be compared to incarceration;
- health policies create difficulties in communities (i.e. immunizations are offered only in health centres for liability reasons; a community immunization van could be considered);
- policies typically seem to be based on potential liabilities; many nurses make the difficult choice to break policies in order to be more helpful and efficient to their patients;
- difficulties in retaining health human resources in communities has an impact on children's health; and
- policies can transfer nurses who become too close to a community.

APPENDIX 4 - Breakout Session 4

Planning the First Steps: Sharing Our Commitment

(The following reflects comments provided by participants through illustrations and/or discussions, during two of the ten Session Four breakout discussions.)

Participants identified following key priorities relative to stakeholders, policies, practices and research:

1. Stakeholders:

- child and family (empowering families to make change);
- youth and their families;
- political leaders;
- community members;
- health care providers / facilities;
- cultural leaders;
- government and NGOs:
 - federal;
 - provincial;
 - municipal; and
 - Aboriginal;
- educational institutions;
- Aboriginal agencies (i.e. Friendship Centres, Métis Family Services, tribal councils);
- industries (i.e. oil, gas, hydro, forestry, mining, fishing);
- governments need fiscal and policy priorities (i.e. federal, provincial, territorial, Aboriginal government);
- natural helpers (i.e. Elders).

2. Policies:

- long term block funding;
- capital and global funding;
- policies that restrict areas of traditional approaches and programming need to be addressed;
- Aboriginal funding set asides for all provincial programs including:
 - First Nations;
 - Métis;
 - Inuit;
 - Urban; and
 - Women;
- legislation and funding (federal level including status, Métis and Inuit);
- transfer of control (of health and social services to Aboriginal communities – this should be accountability and community-drive);
- capacity building:
 - education;
 - health human resources;
 - leaders; and
 - managers (i.e. grant proposal writing);
- services to urban Aboriginal:
 - fair and equitable access for all Aboriginal people;
 - eliminate jurisdictional barriers; and
 - integrate traditional healing and culture.

3. Practices:

- hire based on values and attitudes;
- focus on prevention while promoting holistic community development;
- increase communications within communities;
- increase the number of traditional practitioners (i.e. healers and language trainers);
- expand the Head Start program;
- prevention of primary, secondary and tertiary care (i.e. fetal alcohol syndrome – FAS, child apprehension and diseases);
- include traditions and culture;
- educate Aboriginal and non-Aboriginal providers;
- train workers to respond and focus on positive qualities, with a nonjudgmental approach; and
- support a paradigm shift from counselling and referrals, to relationship building; and
- promote youth leadership opportunities.

4. Research:

- disseminate existing research;
- promote community-driven participatory action research;
- evaluate existing programs and replicate the successful and effective ones;
- examine resiliency factors;
- consider substance abuse;
- examine cycles of violence (sexual and physical);
- support comparative data (i.e. health, Inuit-specific health indicators);
- promote knowledge transfers;
- unique community driven and owned research is needed;
- enable clearinghouses of:
 - research;
 - evaluations;
 - programs; and
 - proposals.

Participants were provided copies of the worksheet titled “First Doable Step”, which was described as a template for identifying goals, actions and timeframes, to assist in achieving priorities determined earlier in the session. Participants offered the following comments regarding “Doable Steps” that could be pursued:

- information and priorities identified at the Summit could be shared with:
 - Regional Youth Councils;
 - Children’s Services Units (they should be encouraged to conduct similar visioning exercises at future conferences);
 - the Information Centre at the National Aboriginal Health Organization (NAHO);
 - Inuit midwives;
 - early childhood educators;
 - schools;
 - social functions and at community forums;
 - community Elders;
 - upcoming meetings;
 - Councils;
 - leadership;
 - Community Health Representatives (CHRs);
 - families;
 - communities;
 - youth; and
 - Friendship Centres;

-
- issues regarding children and youth should be emphasized at national meetings, such as the upcoming Aboriginal Nurses Association of Canada Board Meeting;
 - youths should have access to information regarding the Summit's discussions, through internet chat rooms;
 - information should be shared with Indigenous physicians;
 - a lecture I provide to medical students through a telehealth program will be adapted to incorporate discussions of the Summit;
 - youths' engagement on a regular basis in cultural activities can help reduce youth crime rates;
 - mentor youth in the community and help them to develop their own role model systems;
 - materials should be gathered, in various available languages, for use by daycares and Head Start programs;
 - important health materials (i.e. regarding FAS) should be translated into different languages;
 - identify top community priorities and the programs and services to meet their needs, including promoting the health and well-being of Métis youth;
 - challenge the awareness and attitude of government's policy discussions regarding mainstream issues;
 - educate peers and develop a curriculum to raise awareness of Aboriginal children's health;
 - educate people regarding the potentially harmful effects of various products and chemicals;
 - role model programs should be supported;
 - self-reflection is needed regarding experiences shared by the speakers and delegates at the Summit, before further efforts with the community can be pursued;
 - the concept of "Many Hands, One Dream" should be shared when working in communities; the topic of 'children' motivates interest;
 - directly involve the youth in the community; their vibrancy and enthusiasm should be encouraged in dialogue;
 - program names need to reflect youth interests (i.e. an after school program named "Cool");
 - newly developed linkages between communities/groups need to be supported;
 - children/youth should be learning about their traditional clothing/crafts/foods;
 - develop posters and media campaigns;
 - speakers from this meeting could be invited to other communities;
 - local radio stations, other media and newsletters should be utilized to convey messages;
 - 'baby steps' are needed until we can see the 'bigger picture';
 - positive image perception is important; setting realistic goals will promote positive outcomes;
 - positive ideas should be supported and given another chance;
 - successes should be shared with others;
 - people need to take pride in their communities
 - involve volunteers to carry and spread the message;
 - utilize healthy people to promote healthy change;
 - programs could be developed that enable youth to gain points for good behaviour, which can then be used to bid at an annual auction.
 - we need to listen to our communities, utilize networks established at the Summit, and be available to others;
 - people need to practice what they preach, in terms of counseling advice;
 - we need to learn more about some of the concepts presented at the Summit;
 - cost-free activities should be promoted (i.e. communities can prepare welcoming baskets for new babies);
 - find champions to talk about what we're doing for Aboriginal children's health;
 - the Summit Proceedings and information regarding Aboriginal issues should be shared with the Governor General;
 - government that promptly accomplishes decisions should be elected; and
 - "challenge Aboriginal leadership to challenge government".

The facilitators invited participants to complete the distributed worksheets, which asked the following questions:

- List your priorities that were developed in this session...
- My first step is...
- So that Aboriginal children will...
- I will do this by...
- This will support the priority...

Participants further requested that the overhead presentation provided on Day Three (offering a summary of the Summit's discussions) be forwarded electronically to all participants.

APPENDIX 5 – Presentation Summarizing Day 1 Breakout Sessions

Slide 1

Many Hands, One Dream

New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth

Summary of Breakout Groups—Day 1
December 3, 2005
Victoria, British Columbia

Our thanks to Donald Warno, MD, MPH, for creating and delivering this presentation

Slide 2

Many Hands, One Dream

Day 1 Agenda

- Keynote Address (Cindy Blackstock) helped to frame discussions
- Breakout Session AM
 - Sharing the Dream: What is a Healthy Child?
- Breakout Session PM
 - Realities and Dreams: How Do We Get There From Here?

Slide 3

Breakout Group Facilitators

- Caribou—Katherina Patterson
- Ravens—Jacquie Adams
- Whales—Delmar Johnnie
- Wolves—Michael McCarthy
- Eagles—Shawn Sinclair
- Walruses—Glen Patterson
- Bears—Jackie Green and Joanne Mills
- Salmon—Lisa Blumenschien
- Turtles—Jody Jetson
- Snowy Owls—Sharon Hobenshield

Slide 4

Sharing the Dream (AM)

Key Tasks

- Define: *What is a healthy child?*



Slide 5

Sharing the Dream—What is a healthy child?

Key Components

- Introductions/Icebreaker
- Guided Imagery—Creating the Dream:
“Imagine a future where Aboriginal children are growing up in healthy, culturally based environments”
- Sharing the Vision...

Slide 6

Sharing the Dream—What is a healthy child?

Key Points and Themes

- Embracing culture and tradition
- Holistic vision and spirituality
- Embracing language and family
- Good nutrition, safe housing...
- Peace
- Family & community participation

Slide 7

Sharing the Dream—What is a healthy child?

Key Points and Themes

- Many positive role models
- Children playing and laughing
- Multiple generations, elders
- Parents understanding their roles as future elders—passing on traditional knowledge
- Children with pride in culture and self



Slide 8

Realities and Dreams: How Do We Get There From Here? (PM)

Key Questions

- What are the factors that contribute to the current reality?
- How is the current reality different than the dream?
- What are the values and beliefs needed to reach the dream?
- What actions flow from these beliefs?

Slide 9

Factors Contributing to the Current Reality

Key Points

- Poverty (financial, spiritual, traditional)
- Emotional despair
- Substance abuse/alcohol
- Losing culture and language—"identity"
- Non-Aboriginals defining the problem
- Underfunded educational and health systems

Slide 10

Factors Contributing to the Current Reality

Key Points

- Lack of coordinated policies (health, education, social, economic—multiple levels)
- Victim role
- Dependence on outside programs
- Individuals and governments not accepting their roles in the problem—sometimes not acknowledging there is a problem

Slide 11

Factors Contributing to the Current Reality

Key Points—Positive Factors

- More traditional practices in some communities
- Language preservation programs
- More leadership opportunities for youth
- Multiple agencies coming together—this summit
- More role models committed to making a difference

Slide 12

How is the current reality different than the dream?

<i>Dream</i>	<i>Reality</i>
•Prosperity	•Poverty
•Needs being met	•Neglect
•Happiness	•Emotional turmoil
•Peace	•Violence/abuse
•Embrace traditions	•Culture/language loss
•Cultural acceptance	•Limited tolerance/ racism

Slide 13

What are the values and beliefs needed to reach the dream?

•Fortitude	•Integrity
•Wisdom	•Accountability and Responsibility
•Courage	•Family Unit
•Generosity	•Self-Determination
•Honour	•Spirituality
•Respect	
•Humility	

Slide 14

What actions flow from these beliefs?

- Recognize accountability—personal, family, community, government
- "Draw a line in the sand"—No longer tolerate abuse and disparities among Aboriginal children
- Work together in partnership to solve problems
- Children and family become a greater priority
- Policies developed in the best interests of children
- Embrace culture in all activities
- Aboriginal community self-determination

Slide 15

Summary

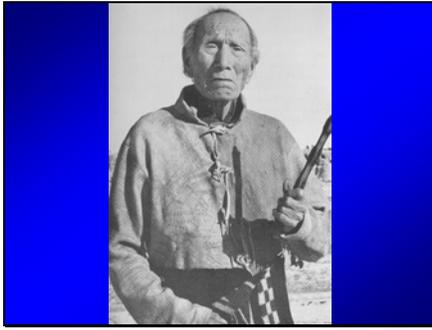
Key Concern:

- What are the next steps?
- What are the action items?
- How do we translate these ideas into action?

Today's Breakout Sessions

- Building Strength: Reaching out to others
- Planning the First Steps: Sharing our commitment

Slide 16



Slide 17

BLACK ELK

Of course it was not I who cured. It was the power from the outer world, and the visions and ceremonies had only made me like a hole through which the power could come to the two-leggeds. If I thought that I was doing it myself, the hole would close up and no power could come through.

APPENDIX 6 – Presentation Summarizing Day 2 Breakout Sessions

Slide 1



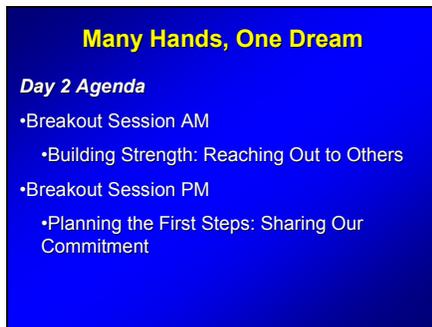
Many Hands, One Dream

New Perspectives on the Health of First Nations, Inuit and Métis Children and Youth

Summary of Breakout Groups—Day 2
December 4, 2005
Victoria, British Columbia

Our thanks to Donald Warno, MD, MPH for creating and delivering this presentation

Slide 2



Many Hands, One Dream

Day 2 Agenda

- Breakout Session AM
 - Building Strength: Reaching Out to Others
- Breakout Session PM
 - Planning the First Steps: Sharing Our Commitment

Slide 3



Building Strength (AM)

Key Components

1. Stakeholders
2. Practices/Programs
3. Policy Issues
4. Research/Evaluation

Slide 4

Key Stakeholders

- Local/Community**
 - Youth groups, Boys/Girls Clubs, Elders, schools, education systems, Head Start, day care, child/family services, traditional healers, recreation programs, social services, social workers, formal/informal leaders etc...
- Political Leaders**
 - Local/community, provincial, federal

Slide 5

Key Stakeholders

- National**
 - Health Canada, individual political leaders, national child & youth groups, INAC, CMA, CAPHC, National Youth Councils, others...
- Provincial**
 - Individual political leaders, provincial/regional health authorities, etc...

Slide 6

Key Stakeholders

- Media**
 - National & local television, radio, etc
 - Aboriginal media/websites, newspapers
- Educational**
 - Universities, medical schools, schools of public health, etc
- Private Industry**—oil, gas, etc

Slide 7

Key Stakeholders

Plan for Engaging Key Stakeholders

- Create and share the dream with others by meeting with them—identify key Aboriginal and non-Aboriginal leaders to share message
- Need to simplify how things get done—too many leaders in numerous sectors
- Need a consistent message from Aboriginal communities—promote buy-in and consensus as much as possible

Slide 8

Practices / Programs

- **Community Ownership**
 - Programs need to be initiated, owned and operated at the local level
 - Communities need to identify and prioritize their own needs
 - Families/parents need to be involved
- **Focus on prevention, not just treatment**

Slide 9

Practices / Programs

- **Training**
 - Cultural competence, promote community member skills and participation, link education with health programs and funding
- **Other Themes**
 - Teach culture in schools and programs
 - Change the way success is measured
 - Share ideas and successful programs

Slide 10

Policy Issues

- Need to promote better understanding of communities & health issues among bureaucrats
- Policies need to focus on benefit to the communities and need to be flexible enough to reach multiple communities
- Promote community relationships with policy makers
- Submit summit report to policy makers at all levels of government

Slide 11

Policy Issues

- Need to create "Jordan's Bill" to overcome jurisdictional issues related to Aboriginal child health
- Policies need to allow for cultural differences and innovation—"out of the box"
- Need coordination of policy development and a consistent message

Slide 12

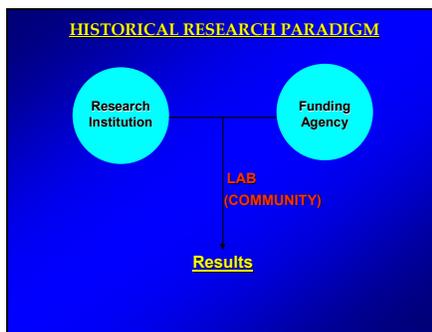


Slide 13

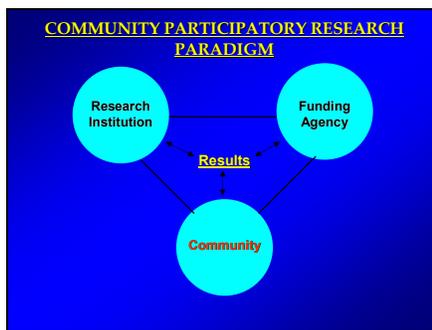
Research / Evaluation

- Community-Based Participatory Research
- Ownership of Data
- Ownership of Samples
- Set the Agenda
- Participate in Publication
- Reporting Requirements
- Evaluation of Outcomes

Slide 14



Slide 15



Slide 16

Research / Evaluation

- Support Aboriginal researchers (NRN)
- Need research repository—expand NAHO role
- Need longitudinal research specific to FN, Inuit and Métis—Stats Canada needs to use appropriate terms (not “North Am Indian”)
- Need interdisciplinary research, qualitative and quantitative research & translational research
- Need formal program evaluation—more useful

Slide 17

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Take information from summit back to the community and share with key stakeholders

Slide 18

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Be a role model and listen to children with an open heart and open mind



Slide 19

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Engage Aboriginal families to be advocates in the process



Slide 20

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Give voice at traditional community gatherings
- Build and improve relationship between Aboriginal communities and SOGC



Slide 21

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Produce a press release from the summit
- Commit to making Indigenous children issues an election issue



Slide 22

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

Develop a strong position statement based on CPS vision, endorsed by Aboriginal organizations—communicate with key agencies and encourage them to work it into their plans



Slide 23

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Help youth become role models for children
- Encourage youth participation in health fairs



Slide 24

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Network with others—create list serve
- Post conference presentations on website so other communities can get information

Slide 25

Planning the First Steps: Sharing Our Commitment (PM)

Doable First Steps

- Discuss health issues at community gatherings
- Promote inter-generational approach with all age groups

Slide 26

Blackfeet Saying

A child is sacred. And when that child comes into the home, the family must welcome it. And if the child is happy and feels the want, he will come into this world very, very strong. And not to know this is to know nothing.



APPENDIX 7 – Acronym Definition List

AFN	Assembly of First Nations
AGM	Annual General Meeting
ANAC	Aboriginal Nurses Association of Canada
CEPS	Cultural, Economic, Political and Social
CHRs	Community Health Representatives
CIHR	Canadian Institutes of Health Research
CPS	Canadian Paediatric Society
ELC	Early Learning and Childcare
FAS	Fetal Alcohol Syndrome
FMM	First Ministers Meeting
IAPH	Institute of Aboriginal Peoples Health
INAC	Indian and Northern Affairs Canada
IQ	Inuit Traditional Knowledge Committee
IRC	Inuvialuit Regional Corporation
ITK	Inuit Tapiriit Kanatami
MHRDA	Métis Human Resources Development Assistance
MJOS	Many Jurisdictions, One System
MNBC	Métis Nation British Columbia
MNO	Métis Nation of Ontario
NAHO	National Aboriginal Health Organization
UMAYP	Urban Multipurpose Aboriginal Youth Program