Developmental Support Planning With Indigenous Infants, Children and Families
A team of talented people brought their ideas, skills and experience to developing, writing and designing this handbook.

Contributors, Elders and Advisors

**Doug Dokis**, Senior Advisor/National Aboriginal Outreach Program/Actua National InSTEM Program, Dokis First Nation, Northern Ontario

**Germaine Elliott**, Enaahitig Aboriginal Community Mental Health Program, Orillia ON

**Arlene Hache**, CM, Temiskaming Native Women’s Support Group, Yellowknife, Northwest Territories

**Cindy Hare**, MA Ed, Bear Island Education Authority - Temagami First Nation, Ojibway Anishnaabe, Temagami First Nation

Aanii Boozho/ Zhoonya penasse kwe/ Dishnikaaz/ Gii Bwan o see/ Doodem/ Chimnissing First Nation/ Doon Ji Baa/ Ojibway/Ndaw/ 2nd Degree Midewin/ 3 Fires Midewin Lodge/ **Brenda Jackson**, First Nation Métis Inuit System and Health Link Coordinator

**Corine Sagmeister**, Director of Aboriginal Stakeholder Engagement, Provincial Office of the Early Years, Quatsino First Nation, Kwakwaka’wakw Tribe on Vancouver Island, BC

**Nicole Samoisette**, Manager, Aboriginal Services Office, Child and Family Services, Human Services, Alberta Government, Member of Metis Nation of Alberta

**Kathy St. Amant**, CAP-C Project Co-ordinator, Georgian Bay Native Women’s Association, Midland, ON

**Florence Veteri**, Lac La Ronge Indian Band Child & Family Services Agency, La Ronge, SK

**Patty Chabbert**, Consultant, Author, North Bay, ON

**Donna Hill**, Editorial and Design, Administrator, IEMHP, Six Nations Upper Mohawk, ON

**Chaya Kulkarni**, Director, Infant Mental Health Promotion (IEMHP), Hospital for Sick Children, Toronto, ON

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WORDS OF WELCOME

AANIIN, BOOZHOO, WACHIYA SHEKOLI, SHE:KON, TANSI, WACHAY, GILA’KASLA

Every community member has a role in supporting infants, children and families in their life journeys. In today’s context, Indigenous communities look to natural helpers, sometimes referred to as ‘nurturing guides.’ This handbook has been created to help nurturing guides—people who respectfully support Indigenous families—to use Indigenous ways of knowing and doing to promote infant and child wellness and development.

Indigenous infants and children require nourishing from their families, communities and cultures. The seed and the leaf represent the growing child and the water represents the nourishment offered by parents, extended family members, Elders and nurturing guides, all strongly rooted in Indigenous ways of knowing and being.

The authors of this resource conducted key informant interviews with diverse Indigenous peoples across the country, and through those discussions, joint decision-making and reviewing of materials, we arrived at this resource. We wish to acknowledge and give thanks to the people who served as Elders and advisors, offering guidance to us by sharing their knowledge and experience, offering direction and providing feedback on ideas and content while the handbook was being developed.
FOREWORD

Many Indigenous peoples view children as direct gifts from the Creator. As in all gifts, children are viewed as unique individuals, with specific and special attributes. Children are not viewed from the perspective of what they cannot do, but rather, from the perspective of what they potentially can do, and that they bring the creator’s spirit of life and renewal to the whole community. With this in mind, the community recognizes and nurtures these gifts throughout the individual’s life journey. These gifts include personal attributes that the western medical model would describe as disabilities.

When Indigenous people speak of well-being, they include four aspects — Physical, Intellectual, Emotional and Spiritual — all to be nurtured equally throughout life. They do this with the belief that the entire community supports this worldview, and that each individual has a role to play within the community, regardless of abilities. Colonization, including the impact of residential schools and legislative policies, has greatly diminished this community child rearing practice and fragmented many of these teachings. The result is a greater dependence on the western medical model for supports and interventions, over cultural knowledge and practices regarding infant mental health and wellbeing.

In order for Western-oriented practitioners to engage with, and develop meaningful and effective Infant mental health support and treatment plans, they must first understand Indigenous worldviews, and then incorporate Indigenous child rearing practices into their relationship building approaches to working with Indigenous families. Further, Indigenous peoples must continue to come together and share knowledge around child rearing and mental health and wellness practices.

The following resource recognizes these differing worldviews and creates a platform to share valuable cultural knowledge specifically relating to infant mental health. It also recognizes the diversity amongst Indigenous peoples across Canada and is by no means a complete description of all child and family approaches practiced by Indigenous peoples in Canada. It is meant to serve as a starting point for engaging with and working with Indigenous families towards developing respectful and effective Developmental Support Plans for Indigenous infants and children.

Doug Dokis,
Project Advisor,
Dokis First Nation, ON
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INTRODUCTION

The early years (ages 0-4) are a period of unmatched physical and mental growth for all children. It is estimated that over one MILLION synaptic connections are made per second (Center on the Developing Child Harvard University, 2007). It is in these early years that lifelong mental health trajectories such as temperament, attachment, and self-regulation are set. The environment a child is exposed to, or lives in, has a huge impact on their physical development. However, more subtly, a child’s mental development is also affected by this environment (National Scientific Council on the Developing Child, 2004).

Early developmental screening and the implementation of support plans are essential in predicting and intervening in a child’s early life trajectory. The Hand in Hand Growing Together Everyday resource, on which this adaptation is based, is focused on creating Developmental Support Plans (DSP) for infants and toddlers at risk for developmental concerns, particularly those involved with Child Protection services. A DSP is intended to provide relationship-based interim strategies for caregivers to support early emotional health and developmental in the absence of diagnosis or targeted intervention services.

As the Hand in Hand model began to be used in communities, Infant and Early Mental Health Promotion (IEMHP) became more actively engaged with Indigenous stakeholders and families. We learned that while the purpose and intent of Hand in Hand align with the beliefs and needs of Indigenous stakeholders and families, if we really wanted to in order to respectfully engage them and support their children in culturally safe ways, we needed more culturally relevant information and tools.

Developmental Support Plans (DSP) are individualized plans which are developed by helping professionals for families to monitor and support the growth of a child in key areas of child development, namely: communication, problem-solving, personal-social, gross motor and fine motor, based on western theories of child development.

However, we quickly learned from Indigenous advisors that there is no word for ‘child development’ in many traditional languages. Indigenous beliefs about child development do not fit with the age-based stages defined by Western-based child development in the same ways. Instead child development is strongly grounded in the community’s responsibility of helping children strengthen their cultural identity and place within the community as they move well into adulthood (Simard and Blight, 2011, p.34). Our existing Western definitions excluded important aspects of a child’s spiritual development and did not incorporate Indigenous worldviews on child rearing practices. Indigenous children grow up in diverse environments. An Indigenous worldview also largely draws attention to the importance of and connection to the natural world/ environment. During many discussions with Indigenous advisors and community members, we began to explore, redefine and then create a bridge between Indigenous practices and Western practices within this resource.
While no “manual” could fully capture the spirit and traditions of all Indigenous peoples, we hope to offer some insight and honour common traditional practice.

We recognize that many of the people using this handbook may be non-Indigenous and/or may practice from a Western-based orientation. In order to help support learning and increase understanding of nurturing guides from diverse professions and backgrounds, we are using an approach which is sometimes referred to as “two-eyed seeing.” This means we present issues or information with the benefit of two perspectives—, in this case, using both Western and Indigenous lenses to help build a bridge between the two. We do this because we recognize that many of the people using this handbook may be non-Indigenous and/or may practice from a Western-based orientation. At the same time, we want Western-oriented practitioners to recognize the importance of Indigenous cultural competency and the rights of Indigenous peoples to participate in services that are safe and responsive to their cultures.
SECTION ONE: Key Concepts

Focus of this Resource

We identified two guiding principles to support the overall process of creating Developmental Support Plans and have modified the steps involved:

- to build strong and respectful relationships; and
- to support development using an Indigenous lens (see pg. 28).

Our hope is that the knowledge, guidance and strategies offered in this manual will help to ensure the process of working with Indigenous infants, children and families is carried out in ways that respect the realities, teachings and rights of Indigenous peoples.

The goal of creating developmental support plans – from the Hand In Hand Growing Together Everyday Resource Kit Manual:

To embed a system for monitoring the development of infants and young children (birth to age 4) receiving service from a child welfare agency.

Now, for this handbook, reflecting new language and Indigenous concepts our goal is:

To support all nurturing guides (families, extended families, practitioners, child welfare, Elders, community) in carrying out their responsibilities to provide safe and healthy environments for young children to realize their potential.

This includes supporting a child’s development within the context of family and community by:

- Recognizing traditional knowledge and cultural practices as foundational to Indigenous children’s spiritual, emotional, intellectual and physical wellbeing.
- Using a strengths-based approach that values the role of Indigenous parents and nurturing guides in assessment and planning processes.
- Providing Indigenous parents and nurturing guides with simple, everyday strategies and activities that help a child reach their individual potential.
Nurturing Guides

Becoming more culturally competent means connecting with Indigenous nurturing guides.

Ensuring the participation of Indigenous resource people like cultural consultants, knowledge keepers, staff, etc. is recognized as promising practice in the literature. Fan (2007) suggests that “cultural consultants can help to increase cultural competence”, (p. 14) and that working with Indigenous liaison officers can create connections, relationships, and alliances between non-Indigenous therapists and Indigenous clients (Fan, 2007; Westerman, 2004). Non-Aboriginal practitioners who receive supervision and/or support from Indigenous peoples with unique cultural and spiritual knowledge, like Elders (Vicary and Westerman, 2004) can benefit from that learning, strengthen their practice with the particular family and enhance their practice going forward.

Culturally Competent and Safe Developmental Support Planning

Concepts like ‘cultural awareness’ and ‘cultural sensitivity’ are increasingly being implemented as demand for culturally relevant services and programs continues to grow. For example, the Truth and Reconciliation Commission (2015) continues to call attention to the need to celebrate, reflect, and incorporate Indigenous knowledge and practices into mainstream programs.

Further still, Declarations like that of the UN Convention on the Rights of the Child (United Nations, 1989) and the UN Declaration on the Rights of Indigenous Peoples (United Nations, 2008) articulate the universal rights of Indigenous peoples, including children, “to the preservation of his or her identity” (Simard and Blight, 2011 p. 30).

The concept of cultural safety helps us move beyond asking practitioners, “Are you ‘culturally competent’?” to “Do the people you are working with experience you as culturally competent?” and, ‘Is this knowledge contributing to a safe experience, one that respects your client’s cultural rights and practices?’

Jessica Ball (2008, p.1) explains culturally safety as:

Regardless of how culturally sensitive, attuned or informed we think we have been as a service provider, the concept of cultural safety asks: How safe did the service recipient experience a service encounter in terms of being respected and assisted in having their cultural location, values, and preferences taken into account in the service encounter? (Ball, 2008, p.1)

In other words, how will you ensure a safe experience for Indigenous children and families while working with them to create a Developmental Support Plan? How will you respect their rights to the preservation of identity?
Two wise practices offered by the National Aboriginal Community Controlled Health Organization (2011) guide our approach in order to help you on your journey:

- We need an involved interpersonal and interactive process (not something to take away and read, but something that will bring people together) and;

- We need to focus on the process (not simply the content or the end result).

So how you carry out engaging with the family and/or caregivers and create the Plan is as important as the Plan itself.

**Using this Handbook**

We have taken special care to ensure the handbook can be used by practitioners from a broad range of professions and backgrounds working with Indigenous families, including Indigenous community members. We use the term, “nurturing guides” to describe all of the people who may use this resource.

Using an approach of two eyed seeing – combining both Western and Indigenous perspectives - can also help Indigenous peoples bridge gaps or disconnects among their lived experiences and their exposure to, Indigenous approaches and/or formal western-oriented education and training.

The handbook is intended to help everyone working with Indigenous children and families to build relationships and understand child development, including milestones and strategies to reach those milestones, using an Indigenous lens. This lens will assist you in creating truly relevant and respectful Developmental Support Plans for the infants and children you are working with, ensuring their rights to identity, outlined in the UN Convention on the Rights of the Child (United Nations, 1998) are honoured and helping you develop respectful and safe relationships with their families and caretakers. Developing these relationships will involve exploring the unique histories and realities of each child and family.

Finally, we want this to be a useful tool for both Indigenous and non-indigenous peoples, to encourage dialogue and promote shared understanding.

Specifically, this handbook is intended to help to:

- Increase the cultural relevance of the development support planning process and tools when working with Indigenous infants and families.

- Recognize the importance of empowering Indigenous families with support and information to help them in their journeys as parents and increase their access to culturally responsive supports and services.

- Mobilize Indigenous knowledge and beliefs about child development and assist in bridging understanding between mainstream knowledge and services.
• Create Developmental Support Plans, every step along the way, by:

- Attending to context – helping you learn how to work with the family and caretakers to understand the ‘wholistic’ environment and context of the child (including history and worldviews), thus promoting a culturally safe and respectful relationship and process.

- Helping build relationships with Indigenous families and caregivers, and

- Using and sharing an Indigenous lens on child development – including milestones and strategies to reach those milestones.

A DSP should always be unique to the individual child and family. In this resource there are many suggestions on sharing knowledge and offering ideas and teachings from others, but these are all intended to use or adapt in ways that will meaningfully reflect the child and family’s needs and values. This means becoming a student of the family in order to find out more about specific cultural or familial traditions that will make the plan meaningful. One also needs to recognize that even though someone may be Indigenous they may not practice nor want to participate in their traditional cultural ways. Parents are individuals, even within a culture, and must be asked in a respectful manner what their beliefs/practices are in order to support them and their children.

It is important to provide opportunities for families to communicate using tools like community mapping and symbols like the medicine wheel in your work together. Therefore, you will see opportunities throughout the Handbook to engage families in discussions using the symbols that are important to them.

Key Issues Facing Aboriginal Families Today

There are many factors that influence the health and well-being of Indigenous children in Canada today. It is strongly evident in Western research that risk factors such as poverty, substance misuse, poor parental mental health, lack of access to clean drinking water, nutritious food, adequate housing, etc. have serious effects on a child’s developmental trajectory, or life path. A report from Strategic Research Directorate Aboriginal Affairs and Northern Development (2015) states, “The CWB [Community Well-Being Index] gap between First Nations and non-Aboriginal communities is substantial. In 2011, the average CWB score for First Nations communities was 20 points lower than the average score for non-Aboriginal communities. This gap is the same size as it was in 1981” (para. 4.)

We also must consider the overwhelming prevalence of historical trauma experiences over generations of families. The capacity for Indigenous communities to undertake a holistic approach has been undermined by the intergenerational impacts of colonization and ongoing marginalization. In a 2005 address Sitting Eagle, a tribal member of the Roseau River Anishinaabe First Nation, reminded us: “Anishinaabe carry the pain of the past seven generations, and the healing and success that take place in this lifetime or lack thereof, will have a direct result on the next seven generations (Simard and Blight, 2011, p. 34, Sitting Eagle, 2005). Other researchers, like Cindy Baskin (2006) have echoed this concept, using the idea of ‘blood memory’ further connecting these traditional teachings to current
studies in epigenetics and intergenerational trauma demonstrating the impact of environmental factors on genetic expression going back as far as four generations (Battiste Youngblood Henderson, 2000).

“There has been a long history of westerners doing what they think is the “right thing” for Aboriginal peoples and these “right things” were almost always based on a western worldview. This perspective has driven the course of the colonization and oppression which has actively undermined the culture, identity, wellbeing and advancement of Aboriginal peoples in Canada.” (Cindy Blackstock, 2008, p. 5)

We recognize the long reaching effects of colonization on Indigenous communities and families and the continuing impact on parents and infants today, including a shared history of loss and trauma. A respectful way forward as we continue on our journey towards improved infant mental health and wellness means working within a spirit of reconciliation and being aware of and sensitive to the traumas that have been experienced. Supporting Indigenous child development and creating relevant and responsive Developmental Support Plans for Indigenous infants cannot happen without understanding the impacts of intergenerational trauma and the relevance and the strengths presented in culture-based knowledge and practices.

The longstanding parenting practices of Indigenous families and communities were damaged and disrupted by colonization. Specific interventions like residential schools and child welfare practices (such as the ‘60s scoop’) targeted the sharing of knowledge between generations. Practices were designed to undermine Indigenous peoples and their cultures in an effort to assimilate them into Canadian society.

Genes and Environment Interact—the Importance of Blood Memory

Epigenetics is the study of how a child’s environment can alter the expression of genes, impacting the development of children (Brendtro, Brokenleg and Van Brockern, 2013, p. 69). Brokenleg (2012) notes the importance of viewing epigenetics within the context of the historical trauma experienced by Indigenous peoples in Canada over multiple generations in families, as...

...a profound discovery, given that half of the human genes affect the brain. Further, adverse life experiences cause epigenetic changes that can be passed on for up to four generations. This relates to historic cultural trauma of indigenous populations whose traditions were devastated by colonial subjugation (Brendtro, Brokenleg and Van Brockern, 2013, p. 69).

A similar concept is that of “blood memory.” The term ‘heart memory’ has also been used, reminding us that teachings we connect with on an emotional level stay in our heart.

Gregory Younging of the Opsakwayak Cree Nation writes: “Indigenous peoples often refer to our ‘blood
memory,’ meaning that the experience of those who have gone before us is a part of us and our knowledge (John Ralston Saul, ed. p. 296). This helps explain why some people do not believe in ‘blood quantification’ based definitions of what it means to be Indigenous (i.e. First Nations or Metis) (Allen, 1999, p. 94). It may be useful to think of “blood memory” in terms of the importance of the seven generations who came before and who come after Indigenous peoples today.

The important point to remember is that we know that genes and environment interact, and that, according to Murgatroyd and Spengler (2011, p. 1), “early life experiences can leave indelible chemical marks on the brain and influence both physical and mental health later in life when the initial trigger is long gone (for review see Dudley et al., 2011).” We emphasize not that Indigenous children are more likely to be exposed to early life trauma; rather, we remind you that it is important to be mindful of the intergenerational toll that historical trauma has taken on Indigenous families and children. It is important for us to acknowledge that these traumas still exist. But, most importantly, we must recognize that strong cultural and community ties act as buffers to mental health risks whereas cultural alienation negatively impacts an individual’s resilience (Walters et al, 2002, p. S106).

**Perseverance and Resiliency**

While recognizing the history and the impact of these traumatic effects is important, so too must we recognize the perseverance, survival, and resiliency of Indigenous peoples and cultures. This speaks directly to acknowledging that Indigenous knowledge, languages and cultural practices pertaining to child development are alive and thriving. The concept is further described by Simard and Blight (2011), as ‘Celebrating survival’, which

... accentuates not so much our (Indigenous) demise but the degree to which Indigenous peoples and communities have successfully retained cultural and spiritual values and authenticity (original source Tuhiwai–Smith, 2002, p. 145). Cultural perseverance celebrates our cultural structure, our cultural attachment, and our deeply ingrained cultural teachings on development...This celebration of survival is affirmed through our language, our teachings, and our cultural structure (Simard and Blight, 2011, p. 29).

Developmental Support Planning tools like this one help celebrate Indigenous child rearing practices and encourage us to take every opportunity to share Indigenous knowledge of child development, ensuring that the most vulnerable have access to such knowledge and opportunities to celebrate their strengths.
**Did you know...**

Before European contact, there were over 500 Indigenous nations present in North America. Each nation followed its own, unique belief system. While united through a mutual relationship with the earth, each nation had its own understanding and perception of its place in the world.

Most Indigenous groups identify strongly with an ancestral place and with associated ceremonies, stories, and landmarks of their ancestral land.

Schools, history books, Hollywood films and popular culture tend to present Indigenous peoples as a vanishing culture, or primitive in development. Viewed in this way, culture is no more than a collection of objects and rituals.

If we use this limited and narrow view, we misunderstand the true essence, vitality and longevity of Indigenous cultures. Despite colonization, and while adapting to the modern era, core foundations, values, and belief systems remain intact.

Indigenous culture embodies Indigenous languages, arts, stories, ceremonies, ethics, physical space/land, traditional knowledge and worldviews.

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**Historical Trauma**

Knowing history encourages trauma-informed and culturally-safe Developmental Support Plans for children and families.

For thousands of years, rich cultural and spiritual practices, teachings, languages, and ceremonies “have been passed down from generation to generation, from elder to elder, from parent to child. Seeking this knowledge and applying it to current realities is an important aspect of culturally restorative child welfare practices” (Simard, 2009, p. 45). This cultural perseverance includes “deeply ingrained cultural teachings on development” (Simard and Blight, 2011, p. 29).

Colonization - while relatively recent given the long history of Indigenous peoples—has been devastating. For hundreds of years, Indigenous peoples in Canada have persevered through oppressive systemic cultural genocide, oppressive and assimilationist policies and practices like residential school, the ‘sixties scoop’ and countless others. The impact on Indigenous families and communities continues to this day.

Because developing strong and respectful relationships with the families you are working with is integral to your work, we share with you some important facts that will help you better understand the relationship that many Indigenous families have had with mainstream ‘helping professions’ and others, particularly when they are involved with child welfare. Knowing this will help encourage you to...
adopt a trauma-informed approach in your work.

Unfortunately, some Indigenous communities may be seen by Western counterparts as difficult to engage or work with, and resistant or distrustful of Western approaches. Indeed, Indigenous communities have good reason to be distrustful and resistant as you will see from the historical examples to follow.

**Residential School Disrupted Families and Communities**

“This is a story of loss. Residential schools disrupted families and communities. They prevented elders from teaching children long-valued cultural and spiritual traditions and practices. They helped kill languages. These were not side effects of a well-intentioned system: the purpose of the residential school system was to separate children from the influences of their parents and their community, so as to destroy their culture. The impact was devastating. Countless students emerged from the schools as lost souls, their lives soon to be cut short by drugs, alcohol, and violence. The last of the federally supported schools and residences, of which there were at least 150, closed in the 1990s.” They Came for the Children, Truth and Reconciliation Commission, 2011, p. 1

As we have learned from the Truth and Reconciliation Commission (2012), for over a century, approximately 150,000 Indigenous children passed through an estimated 150 residential schools, as either full-time or day students. They were denied their rights to language and culture, told their beliefs were ‘sinful,’ experienced excessive discipline, overcrowding, and underfunding, resulting in unhealthy environments wrought with abuse and disease (p. 1). “These government-funded, church-run schools were set up to eliminate parental involvement in the intellectual, cultural, and spiritual development of Aboriginal children” (para. 1).

Before that time, Indigenous child rearing practices had been passed down from Elders and family, from generation to generation. As we will learn, a great deal of knowledge regarding parenting, developmental milestones and wellness had been understood and shared within Indigenous languages, strongly tied to spiritual growth. These practices were largely disrupted — but not completely destroyed — by the forced removal of children to residential schools, child welfare interventions like the ‘sweeps,’ and other policies and practices designed to undermine Indigenous families and communities. Valaskakis,

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1 The term Sixties Scoop refers to the mass removal of Aboriginal children from their families into the child welfare system. The time between 1960 and 1990 saw 11,000 status Aboriginal children, and many others without status, removed from their families by child welfare authorities. Many of the children were adopted by non-Aboriginal families. For example, between 1969 and 1979 it is reported that 78% of Aboriginal adoptees were adopted by non-Aboriginal families (di Tomasso, de Finney, 2015).

2 See the recent Reports and Calls to Action issued by the Truth and Reconciliation Commission and Many Hands, One Dream: Principles for a new perspective on the health of First Nations, Inuit and Métis children and youth by First Nations Child & Family Caring Society of Canada.
Stout, and Guimond (2009) make the point clearly:

Parents lost parenting skills and the children forgot how to live in a family...The intergenerational effects of the loss of parenting skills (for both children and parents) and ill health resulting from residential schools are evident in the Aboriginal health statistics” (p.74).

The impact was and remains devastating, with severed ties between Indigenous peoples and their languages, cultural practices like traditional child rearing practices and ceremonies, medicinal practices, each other – and so much more (di Tomasso and de Finney, 2015).

“To put it simply: the needs of tens of thousands of Aboriginal children routinely. Far too many children were abused for too often.” (TRC, 2012, p.1)

There is also need to recognize and address the unique impact of colonization on Indigenous women. “The ongoing violation of Indigenous women through systemic subjugation, marginalization and violence is a legacy of colonialism in Canada (The Native Women’s Association (2010). Valaskakis, Stout, and Guimond (2009) observe that generations of discriminatory policies “have left many First Nations women without a voice” (p.75).

Prior to colonization, many Indigenous nations were matriarchal societies. Women were seen as the keepers of wisdom and life. Men were seen as protectors and providers. Indigenous women controlled food distribution, giving them economic authority that did not exist for European women in the 1800s (Anderson 2009, pg. 60). Through government enforced reserve systems, the loss of traditional land and hunting systems, and the introduction of food subsidies, Aboriginal women lost their ability to negotiate their authority within communities. Indigenous women were then stereotyped as unclean, unfit for motherhood, and “immoral” (Razack 2002, pg 130-131). As a result, government systems claimed a moral obligation to care for their Indigenous subjects.

The rights and abilities of Indigenous mothers to parent their own children have been challenged for centuries, particularly in medical systems and child welfare. Sterilization programs prescribed sterilization drugs for “hygienic reasons,” framed as a necessity (Smith, 2005, pg. 92). In Canada, Indigenous women in the Northwest Territories were routinely denied anesthetic during abortions, a policy that appeared to “punish” these women for having abortions (Smith, 2005, p. 92). In a similar way, the federal government of the 1980s introduced a policy of birth evacuations, removing northern Indigenous women from their homes to southern hospitals under the pretense of providing better technological care during labour, despite the fact that nurses, midwives, and centuries of traditional knowledge were readily available to assist northern Indigenous women during childbirth (Jansen, 1997, p. 397). Indigenous women were then placed in post-partum clinics for a five-day confinement period, providing each new mother with “advice on the care of both herself and her infant” (McCallum, 2005, p. 112). Indigenous mothers and new infants were routinely removed from their support networks, denied or deterred from practicing Indigenous child rearing practices. The goal was to assimilate new Indigenous mothers into Western cultural practices of mothering. This will become even more relevant in the later section on “Cultural Structure” and “Attachment.” For now, it is important to be mindful that for many of these reasons, Indigenous families may distrust non-Indigenous service providers, particularly when it comes to their children.
“Sixties Scoop”

The “Sixties Scoop” describes an era in Canadian history when Indigenous children were apprehended at alarming rates. Amendments to the Indian Act enabled the provinces to provide child welfare services and Brittain and Blackstock (2015, p. 67) offer a perspective on the impact of this on Indigenous children and families:

Although researchers report difficulty gathering reliable data about removal rates during the early years of provincial jurisdiction over child welfare, according to statistics gathered by the government of British Columbia, the percentage of children in the care of provincial child welfare authorities rose from less than 1% in 1955 to 34.2% by 1964. In 1959, only 1% of the children in child welfare care nationwide were Aboriginal. By the late 1960’s, 30-40% of all legal wards were Aboriginal children (Fournier & Crey, 1998), ‘even though Aboriginal people accounted for only 4% of the population’ (TRC, 2012, p. 79). Using data from the Johnston report, Terise (2011) notes that in 1979/80, ‘the percentage of status Indian children being placed in care was more than 4.5 times the comparable rate for all children in Canada’ (p. 35). According to Gough et al. (2005), between 1960 and 1990, “over 11,132 Aboriginal children with Indian status were removed from their families and communities (p. 1).”

A relentless assimilationist agenda, the trauma of residential schools, and an ill-equipped child welfare system that did “not require, nor did it expect, social workers to have specific training in dealing with children in Aboriginal communities” (Indigenous Foundations, 2009, para. 4) all contributed to the high apprehension numbers. Valaskakis, Stout, and Guimond (2009) speak to the pivotal role of social workers,

Social workers [being] completely unfamiliar with the culture or history of the Aboriginal communities they entered ... What they believed constituted proper care was generally based on middle-class Euro-Canadian values. For example, when social workers entered the homes of families subsisting on a traditional Aboriginal diet of dried game, fish, and berries, and didn’t see fridges or cupboards stocked in typical Euro-Canadian fashion, they assumed that the adults in the home were not providing for their children. Additionally, upon seeing the social problems reserve communities faced, such as poverty, unemployment, and addiction, some social workers felt a duty to protect the local children. In many cases, Aboriginal parents who were living in poverty but otherwise providing caring homes had their children taken from them with little or no warning and absolutely no consent. In fact, it was not until 1980 that the Child, Family and Community Services Act required social workers to notify the band council if an Aboriginal child were was removed from the community. Approximately 70 percent of the children apprehended were placed into non-Aboriginal homes, many of them homes
in which their heritage was denied. In some cases, the foster or adoptive parents told their children that they were French or Italian instead. Government policy at the time did not allow birth records to be opened unless both the child and parent consented. This meant that many children suspected their heritage but were unable to have it confirmed (para. 4).

The ‘deep-seated’ effects on child development and family functioning in Indigenous communities have been devastating (Simard and Blicht, 2011, p. 51; Brendtro, Brokenleg and Van Brockern, 2013). Without this awareness, well-meaning practitioners, facilities, and caregivers will continue to assess Indigenous children against non-Indigenous standards of development resulting in what some have coined “the fourth wave,” or the “medical wave,” of colonization (Thira, 2011, p.1). As Justice Sinclair (2007) suggests “Sadly, the involvement of the child welfare system is no less prolific in the current era...the “Sixties Scoop” has merely evolved into the “Millennium Scoop.” (p.67)

As of 2011, an estimated 40-60% of all children in child welfare care are Aboriginal children, despite representing less than 5% of the Canadian child population. In fact, it is argued now that there are “more Aboriginal children living in out-of-home care than there were in residential schools at the height of the residential school movement (Gough et al., 2005, pg. 1).”

We know of the detrimental impacts of child welfare involvement on child development. Tait, Henry and Walker (2013) suggest that “some children who have experienced multiple foster homes” demonstrate diminished capacity “to form healthy attachments,” including “head banging, hoarding, eating nonstop, extreme apathy, developmental delay, speech delay, motor delay, increased aggression, decreased impulse control, and attention deficit disorder” (p. 47).
Pause and Reflect

Joely and Dan are expecting their first child. They both come from big families who all live within the community. According to their family traditions it is bad luck to buy anything for the baby before it is born. There is a big gifting ceremony planned within the community to provide many of the items that they will need for the baby.

Questions

1. At first glance, how would this appear to a child protection worker who does not understand this tradition?

2. What assumptions or biases might someone within an outside perspective have?

3. What questions might a nurturing guide ask to ensure that the child will be adequately provided for?
We cannot stress enough how important it is to attend to the following guiding principles.

Principle One: Build Strong and Respectful Relationships

In order to develop both preventative and supportive strategies in infant mental health for Indigenous peoples, relationship building is the most important first step.

It is vital to remember that all practitioners who interact with Indigenous families are entering into a longstanding, historical, and contemporary relationship that has been defined by the trauma of residential schools, overrepresentation of children in child welfare, and colonialism. In other words, your relationship with the family started long before you entered the picture.

Recognizing this and working on developing a new, strong, and respectful relationship means continually attending to these elements:

**Understanding** - Understanding that Indigenous peoples have worldviews grounded in Indigenous knowledge and ways of knowing that have existed for thousands of years and exist still today. These views may be very different from your own.

**Respect** - Respecting any and all differences, and making every effort to learn and acknowledge the value of Indigenous peoples’ histories, knowledge and worldviews and by recognizing that Indigenous methods of child rearing had been working for thousands of years until colonialism.

**Trust** - Recognizing there has been a long history of the state intervening in Indigenous families and communities and that many promises have been made and broken. Trust can only be established by working carefully to build new, meaningful, and respectful relationships.

**Trauma-Informed and Culturally-Safe Care and Support** - Understanding and applying knowledge about the trauma experienced by Indigenous peoples and therefore the importance of trauma-informed and culturally-safe care and support is integral to developing trusting and respectful relationships with Indigenous families.
Focus on Strengths – Recognizing that Indigenous societies and worldviews are built upon the strengths of the people and the community, which should be valued and nurtured.

Principle Two:

Support Development Using an Indigenous Lens

Before we even get to child development milestones, we need to gather information that will truly allow us to understand how these milestones are influenced by the context of the family, community and culture. Before we gather information specific to any child, family or community environment, we need to consider the broader context in which many Indigenous families live. Only then can you explore the individual relationships and day-to-day practices that will be meaningful.

Simard and Blight (2011) offer a starting place for gathering this information, suggesting that for Indigenous peoples, child and youth development should be viewed using a number of cornerstones. We have fine tuned their approach for our purposes and offer the following framework, pictured here:

Indigenous Concepts of Child Development

“Development is the changes in human behavior that occurs through out the lifespan, where all parts of self are evaluated against a worldview different from the Aboriginal context …. To understand developmental milestones for Aboriginal children and youth, it is important to establish an in-depth look at how Aboriginal people see the world. It is important to understand that through an Aboriginal lens, all things are related on a spiritual level. “ (Simard and Blight, 2011, p. 31-32).
There is no direct translation for “child development” in many Indigenous languages. Instead, there are many concepts which, taken together, help describe commonly held beliefs about human development through the life stages. As Simard and Blight suggest (2011), we recognize that using non-Indigenous beliefs and approaches to child development will not help in providing an accurate assessment of an Indigenous child’s development, “nor will it show positive outcomes, because it is quantified against mainstream norms. These norms do not include the socio-economic contextual factors, which influence development” (Simard and Blight, 2011, p.32). These norms also do not include the results of generations of trauma caused by colonization. Finally, Western views rarely leave room for Indigenous child rearing practices, many of which are tied to specific languages, beliefs and places resulting in an extraordinary diversity of approaches. Simard and Blight (2011, p. 34) explain:

Within Aboriginal language, the word knowledge is considered a verb; whereas in western worldview, knowledge is deemed a noun. Therefore, in Aboriginal worldview and their language, knowledge is considered a living, moving, growing entity (McKinley et. al, 2009). Because Aboriginal knowledge is considered an action, it is always placed within a value-based context. “Aboriginal or Indigenous knowledge systems value contextualized knowledge that is local and particular to the setting” (McKinley et. al, 2009, p. 6). Aboriginal or Indigenous knowledge is value-based and intrinsically tied to sacred land site where teachings, ceremonies, stories were given or where medicines or food were gathered (Battiste, 2002).

Further, Indigenous beliefs about child development do not fit with the age-based stages defined by Western-based child development. Instead child development is strongly grounded in the community’s responsibility of helping children strengthen their cultural identity and place within the community as they move well into adulthood (Simard and Blight, 2011, p.34). Many believe that every child is born with a purpose and responsibility for the seven generations that came before and the seven generations that will come after (Simard and Blight, 2011, p. 33). A strong cultural identity provides a sense of belonging and security from which the child may explore the world (Simard and Blight, 2011, p. 47).

We had our own teachings, our own education system – teaching children that way of life was taught by the grandparents and extended families; they were taught how to view and respect the land and everything in Creation. Through that the young people were taught how to live, what the Creator's laws were, what were the natural laws, what were these First Nations’ laws... the teachings revolved around a way of life that was based on their values. (Castellano, 2004, p. 100, quoting “Treaty Elders of Saskatchewan”)

Hopefully, it is clear that Indigenous families and communities have their own understanding of child development and milestones. Part of this understanding involves focusing less on the age at which children accomplish certain tasks and ‘cueing’ or encouraging children to accomplish specific tasks. Instead, there is a strong undercurrent of supporting the distinct abilities of each child, encouraging each one to follow a unique developmental path grounded in their strengths (Brownlee, Rawana, MacArthur and Probizanski, 2009; McDonnel & Beaulieu, 2013).
The life cycle, the medicine wheel and the seven stages of life can help you understand the development and journey of many Indigenous children, including the development of spirit. When Indigenous people speak of “milestones” in an individual’s development, typically they are speaking in terms of rites of passage accompanied by a corresponding ceremony. These ceremonies are the foundational processes for acknowledging personal, transitional, and developmental life stages for Indigenous peoples. These rites of passage ceremonies provide the basis for self-identity and self-worth, culturally, socially, emotionally and spiritually, and create the foundational framework for their entire life path and worldview.

It is important to note that rites of passage ceremonies are not always aligned with specific age ranges as they might be in Western practices. Instead, through observation, family and community members identify when a young person has reached a certain level of understanding in a particular skill area (or ‘developmental task’) and bestow upon them the rights and responsibilities that accompany this knowledge or achievement (‘reaching a milestone’). Some of these ceremonies include:

- Birthing Ceremony,
- Naming Ceremony,
- Coming Out Ceremony and
- Initiation Ceremonies for specific community roles and responsibilities based on the individual’s observable personal strengths and attributes.

Whereas the Western view of developmental milestones are measurable through direct observation, and are considered to be pre-requisites to healthy child development, Indigenous peoples often view this personal growth from the perspective of the individual’s personal strengths and attributes. Ultimately, this means there is less emphasis placed on the notion of a child achieving milestones when other children do, and instead, more on a child achieving milestones according to the child’s own journey.
Pause and Reflect

Karen is a single mother of 3 children, 1 girl, Sarah who is 5 years old, and two boys, Kirk 4, and Thomas 2 years of age. Both Karen’s parents and grandparents attended residential schools in British Columbia. Karen’s mother was apprehended by children’s services and placed in permanent foster care when she was 3 years old, and Karen herself went into care when she was 2 years old.

Karen and her children moved away from their community and have been residing in another province for the past 18 months, there have been several concerns brought forward by the school and Thoma’s daycare regarding the well-being and safety of Karen’s children. Sarah and Kirk have indicated to the school counselor that there is constant partying at the house and that Karan’s boyfriend have been physically abusive towards the children and Karen.

As a result of this, there have been several home visits by Child Protection Services as well as a 72-hour emergency removal of the children from the home following a domestic violence call from neighbors to the city police. Given the multi-generational involvement with Child Protection Services, and the current situation in the home, Karen is scared that her children will be permanently removed from her care.

Questions

1. Can you share a little bit about your family and where you are from?

2. Have you or your family had experience with child protection?

3. When thinking about talking with families, can you see yourself saying the following?

“I want to make sure I am respectful. That means making sure you are comfortable and feel good about what we are doing. Where some things I should keep in mind to make sure I am being respectful?”
Worldviews

Marie Battiste (2002) suggests that Western-made tools are fundamentally at odds with Indigenous systems of knowledge: “Indigenous knowledge does not mirror classic Eurocentric orders of life. It is a knowledge system in its own right with its own internal consistency and ways of knowing” (p.2).

Important values include the connection to one’s ancestors and the belief that the actions of our ancestors have influence on each individual’s current life path. Likewise, each person’s actions will have direct implications for the next seven generations.

Further, intrinsic value is found in becoming close to nature and observing the animal world. The animal world teaches life values such as kindness, honesty, respect and how to conduct oneself in relation to another.

Another important value within this model is that everything is viewed as a spirit (Nabigon and Mawhiney in Turner, 1996).

In the Aboriginal worldview, healing is a lifelong process following the same spiraling pattern as an eagle in flight. The eagle soars higher and higher by spiraling upwards in ever-widening circles. This pattern of flight teaches that healing also progresses cyclically, each new stage offering deeper insights as preparation for the next.

Addressing historical and intergenerational impacts of residential school abuse means reviewing and assessing individual healing needs within the larger picture of the healing needs of families, communities and nations. Culture-based healing strategies are creative and multi-dimensional, ranging from crisis intervention and prevention to addictions recovery, and cultural reclamation (including reclaiming positive, pre-contact parenting).

The Elders teach that all healing is spiritual in the sense that honoring the spirit within each person, regardless of their circumstances, will naturally promote movement toward balance and health. From an Aboriginal perspective, healing is understood as a deeply spiritual journey. (Aboriginal Women’s Family Violence Share Circle, pg. 16, cited in Aboriginal Healing Foundation, 2005.)

Worldviews colour how we see the world. Child rearing practices and beliefs about the development of children are strongly influenced by worldviews. While there is a great deal of diversity across Indigenous peoples in Canada, there are some worldviews that are considered to be commonly held by many Indigenous peoples.

“The essential challenge is to create pathways that elevate Aboriginal approaches to mental health while acknowledging the value of collaboration with some aspects of western knowledge and understanding. This is critical for improved outcomes for Aboriginal children, youth and families (Blackstock, 2008, p. 5).”
Cindy Blackstock (2008) offers the following chart comparing Indigenous and non-Indigenous worldviews in order to help you understand how worldviews may affect beliefs about child development.

<table>
<thead>
<tr>
<th>Worldview Concept</th>
<th>Aboriginal</th>
<th>Non Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>Believe their ancestors are mostly right and thus value the preservation and use of ancestral knowledge.</td>
<td>Contemporary or futuristic knowledge is valued over ancestral knowledge.</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>Believe in expansive concepts of time that reach back and forward in time. For example, decisions should consider the impacts on “7 generations” of children to come.</td>
<td>Limited concepts of time usually confined to three generations, with a strong focus on the present.</td>
</tr>
<tr>
<td><strong>Connection</strong></td>
<td>Aboriginal peoples believe they are part of the natural world and are interconnected across time to those who came before and those yet to come.</td>
<td>Non Aboriginal peoples believe humans are apart from the natural world and don’t perceive a fundamental interconnection to the past or future (with the possible exception of their children or grandchildren).</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Aboriginal peoples believe that in order for a person, family or community to be healthy they must have balance between the physical, emotional, cognitive and emotional aspects of health. All of these aspects of health are interconnected and thus any “treatment” must fully consider the whole person.</td>
<td>Non Aboriginal peoples believe that health care can be separated into specialized functions. Services to non Aboriginal peoples tend to distinguish between services for physical health and mental wellbeing with little interconnection between the two. Although there is a commitment to inter disciplinary health practice, the practical reality is that people get treated “one piece at a time”.</td>
</tr>
<tr>
<td><strong>Place in the world</strong></td>
<td>Aboriginal peoples view themselves as a link in a long chain of people who have come before and those who will follow. In this context, you are special to the extent that you live in a good way and pass along the information and values necessary to sustain your group across time.</td>
<td>Non Aboriginal peoples believe in individual as opposed to collective rights and give primacy to the generation that currently exists with limited attention to the sustainability of their groups over time.</td>
</tr>
</tbody>
</table>
Building on this, we highlight some of the ways these views may relate to child development and parenting and offer suggestions about how this information can be used to support Indigenous parents and families.

**Elders talk about how you watch and learn from your child, and you understand what’s going on with them.**

**We need to look at them holistically, their Heart, Mind, Body and Spirit.**

<table>
<thead>
<tr>
<th>Key Concepts</th>
<th>How do we use this information to support Indigenous families?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td>Comes from experiences and ancestral knowledge of blood memory.</td>
<td>Encourage opportunities for families to participate in community or organizational gatherings, where they can watch and learn from others.</td>
</tr>
<tr>
<td>Tied to landscapes, often has teachings specific to certain places.</td>
<td>Encourage opportunities for parents and caregivers to connect with Elders and other knowledge keepers. Remember, there are thousands of Indigenous languages, and diverse cultures. It is important, when possible, for people to connect to Elders and community who speak their language.</td>
</tr>
<tr>
<td>Shared in stories.</td>
<td>The Community mapping tool will help you work with families to identify resources specific to their community.</td>
</tr>
<tr>
<td>Knowledge is considered a verb and is a living entity. It is always placed within a value-based context and often within local setting, tied to sacred land site where teachings, ceremony, stories were given or where medicines or food were gathered.</td>
<td></td>
</tr>
<tr>
<td>Often shared by certain individuals like Elders or knowledge keepers. Also, family played important roles. Parents learned by watching, aunties and extended family played important roles in parents learning child rearing practices, ceremony etc.</td>
<td></td>
</tr>
</tbody>
</table>
### Key Concepts

#### Time
- Is circular in nature.
- Actions affect 7 generations.
- Personal growth happens in its own time throughout the life cycle - not necessarily in a linear way.

#### Health
- “We view health in a holistic manner that reflects our whole health and our spirit” - Advisor
- Health exists when everything is balanced and there is harmony between the emotional, mental, spiritual, and physical aspects of a person.
- Health is also viewed in relation to connection with family, community and culture.
- Some languages do not have the word ‘unhealthy’. Instead it is translated into unbalanced.
- Each child has an inner fire or light. We must nurture all aspects of the child, including the emotional, mental, spiritual and physical, in order to feed this fire.

### How do we use this information to support Indigenous families?

- Demonstrate respect for history and the experiences of ancestors.
- Understand that meeting age based developmental milestones may be considered less important than overall wellness.
- The medicine wheel is a useful tool to help understand where a child may be ‘unbalanced’ and in need of support and/or positive mentoring.
- It is also very useful in identifying the child’s strengths.
- Use the tool with parents and caregivers about the wholistic health of children.
## Key Concepts

<table>
<thead>
<tr>
<th>Community/Connection/Relationships</th>
<th>How do we use this information to support Indigenous families?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous peoples rarely ask, “What do you do?” instead you may hear, “Where are you from?” or “Who are your people?” or “What is your clan?” These questions help place an individual within their community and nation.</td>
<td>Learn about culture and customs specific to the family. Encourage connection to cultural outlets.</td>
</tr>
<tr>
<td>Everything is connected, there is no hierarchy between people, animals and the natural world – they are all equal.</td>
<td>Listen with the goal to understand and support the individual’s path. An individual may need support in finding their place in the community if geography or other issues have disconnected them.</td>
</tr>
<tr>
<td>People may speak of the 7 generations back and 7 generations to come, acknowledging the importance of ancestors and the responsibility to future generations.</td>
<td>Work to understand the family’s existing support networks within the extended family and community.</td>
</tr>
<tr>
<td>Social ties extend beyond immediate family to extended family, community, tribe, and across generations, inclusive of ancestors.</td>
<td></td>
</tr>
<tr>
<td>Many people are referred to Aunties and Uncles who have no direct genetic relationship.</td>
<td></td>
</tr>
</tbody>
</table>
### Key Concepts

#### Role of the Child

Children are unique gifts with unique strengths to share with the community. Families often focus on these strengths. It is the responsibility of family and community to help each child recognize their gifts.

Children are openly recognized as their own individual and are encouraged to make their own decisions, particularly about how they explore the environment, when they choose to eat, etc.

Above all, importance was given to the individual’s relationship with the land. Scholar Pamela Palmater writes (2011): “Land was not only central to... [First Nations] identity, but they knew then, as they do now, that it is the land and its rich resources that sustain their Nations” (p. 112). Particular to Anishnaabe peoples, the landscape is “reflected in Nishnaabeg thought and philosophy” (Simpson, 2011, p. 18). Further, the connection between land, thought, philosophy is passed down through language and the stories in order to maintain this connection of Indigenous peoples to their tradition and their lands (Simpson, 2011, p. 18, in Blackstock and B., 2015, p 23).

### How do we use this information to support Indigenous families?

Understand that what you see as deficit (e.g. ADHD, or Autism) may be seen as a gift, or demonstration of the child's unique abilities. Western diagnoses or labelling of concerns may be met with resistance to “treatment”.

Frame child growth and development in a context of relationships, roles and responsibilities within the community- i.e. supporting the child to reach their potential.

Encourage modelling behaviours and providing the child with opportunities to learn through observation.

Any intervention or treatment must be transparent - based on how it will benefit both the child and family.
Culture, Identity and Spirit

Spirit is at the centre...everything else flows from this. Culture nurtures a child’s inner fire and helps develop identity and spirit.

In order to create respectful and meaningful Developmental Support Plans, you must understand how important it is for Indigenous children to participate in their culture and heritage and also, what this participation might look like.

It is this participation in all aspects of culture that helps children develop a strong cultural identity, which is called many different things by different people –inner fire, inner light, spirit, spiritual core or spiritual essence. However, the key message we need to remember is that helping children and families to actively engage in cultural practices and their language will fan this inner fire and help them “[live] with spiritual purpose” (Simard and Blight, 2011, p. 41). Very importantly, we must acknowledge how integral spiritual development is to a child’s overall health and wellness, and all other facets of development.

“Naming ceremonies organized kinship obligations in terms of meeting the child’s physical and emotional needs. As the children got older, there were more ceremonies which increased their spiritual and community responsibilities” (Red Horse) (Muir & Bohr, 2014, p.76)

Some teachings say that the spirit of the baby joins the family upon conception. The spirit’s journey continues throughout development in the womb until the baby enters the physical realm through birth.

Is the Age of a Child Important to their Spiritual Development?

“Spirit is the foundation from which all other developmental areas (spiritual, mental, emotional and physical realms) stemmed, providing the child’s cultural identity. The fact that in Aboriginal theories of child development, such importance is attributed to the Spirit is another difference between Aboriginal and non-Aboriginal approaches to child rearing (Muir & Bohr, 2014, p.76).”

Some infants and children may be fortunate enough to participate in such rites of passage during their intended times.

Although spiritual development has some directly observable milestones such as knowledge of conducting ceremonies, age-related rites of passage, and personal character traits, for many, spiritual development may be found outside of common milestones as well. This is especially true considering many families and children do not have access to, or knowledge of such milestones. For example, only certain Elders or knowledge keepers may have the teachings or knowledge to carry out a certain ceremony making it challenging for families to access such resources.
We can also look at spiritual development as the child’s personal interpretations, interactions and relationships with all aspects of both the physical and non-physical world, and their ability to express this within self, family, and the community in a balanced, non-judgmental way, through both actions and words. These spiritual attributes are not age specific, meaning that many Indigenous peoples recognize certain actions or inactions as being directly linked to spiritual knowledge/connections. In Indigenous communities this worldview is often expressed in a non-interference approach to child rearing, which could be interpreted as neglect by non-Indigenous service providers.

Simard and Blight (2011, p. 42) succinctly articulate the importance of cultural (also referred to as spiritual) identity at any age:

“Cultural identity development can be restored at any age because cultural identity is helping someone return to his or her own spirit. The most important part of cultural identity development is ensuring the opportunities for cultural development exist within a community or a service structure. The opportunities need to allow for the expression, the practice, and the experience of cultural structures, such as sweat lodge ceremonies, long house ceremonies, pipe ceremonies, drumming groups or any cultural activity that enriches the spirit. Cultural structures can reinforce the cultural identity development because cultural identity is being equipped with the knowledge and skills within a young person’s cultural background. Cultural identity cannot be developed without all the factors being included. These factors are the understanding of colonial process, and its subsequent impact on a Nation of people.” (Simard and Blight, 2011, p. 42)

**Spirit is the Foundation of All Other Aspects of a Child’s Development**

It is believed by many that cultural identity or spirit offers a solid foundation from which all other aspects of development, including physical, emotional, social, and cognitive, will grow (Simard and Blight, 2011). Others have explained it as follows: the spirit resides in the centre of the medicine wheel, and all other aspects of the child’s development (cognitive, physical, etc.) emerge from this core. Further, when a child is balanced in all aspects of their development, this works to feed the inner fire of the child.

Despite the integral role of spiritual development in Indigenous children, it is often overlooked in case planning and other mainstream practice activities. Spiritual needs are interwoven throughout the early years and supported through family, community participation and the inclusion of cultural practices and ceremonies at every point along the life journey.
Pause and Reflect

Now that you have been given some information about cultural structure...

What does that now mean when it comes to creating a culturally safe Developmental Support plan?

What might it look like?

How will it be different from what you might have done before?

Look at the medicine wheel with cultural or spiritual identity residing in the centre. How can you use it with a family during the developmental support planning process?
How Do Children and Families Participate in Culture?

There are a number of ways in which children may participate in their culture. Some familiar methods are highlighted below, but it is important to remember that this list is not exhaustive, nor does it take into account the epistemological, philosophical, and spiritual underpinnings of these methods. Simply, these are some ways that health care practitioners may understand how children participate in their culture:

- mechanisms of cultural structure such as beliefs, rituals, customs, traditions, and ceremonies which are also “value” based
- language and communication patterns
- family orientations
- healing beliefs and practices
- religion
- art, dance, and music
- diet and food
- recreation
- clothing – regalia, moss bag
- history
- social status
- social group interactions

The Importance of Language

The original language of the family you are working with provides the most accurate teachings about ceremonies and meanings of day-to-day activities. Translating Indigenous words often alters their meaning.

Language is critical in how you view and think about the world. The way you talk about a thing, or a person, or a place, is also the way you think about it – the way you know it. It is also critical to knowing who you are. Indigenous peoples view the world from an animate perspective, and language describes the animation of ALL things. Without our language and a solid knowledge of our cultural practices, we are not an active part of an animate world.

Did you know?

More participation in culture equals more protection for Indigenous children

Evidence shows that strong cultural engagement can successfully act as a buffer against poor mental health outcomes. For example, the landmark study by Chandler and Lalonde (1998), “Cultural continuity as a protective factor against suicide in First Nations youth,” outlines how First Nations communities who have been able to successfully preserve and restore their cultural heritage, “are dramatically more successful in insulating their youth against the risks of suicide” (p.6).
When children know their own language, it connects them back through the generations to their histories. When children can speak their language, they can understand the world the same way their Elders do. Most importantly, language lets a child say – this is who I am; this is the place I am connected to; this is the world I will also be part of. That is a very solid foundation upon which to build a future.

As we learned earlier, language informs and filters how we see and interpret the world. Access to language learning for Indigenous children is extremely important in strengthening their cultural identity. It will help them truly understand the teachings and knowledge of family, community, and Elders and to communicate within their network and community.

We also learned earlier that Indigenous knowledge is a verb. This means that knowledge and words need context for the true meaning to be understood. The relationship between language and the activity being described is very important. This relationship is often grounded in local landscapes and histories.

It is suggested that when children are grounded in their heritage language and cultural practices, it will also help them “thrive in within the majority culture” (Simard and Blight 2011). This is demonstrated through cultural attachment (discussed more fully in the next section).

“Language is ‘not only a means of communication, but a link which connects people with their past and grounds their social, emotional and spiritual vitality. The process itself of learning an Aboriginal language has been linked to increased self-esteem, community well-being and revitalization, as well as cultural continuity” (Gerlach, Gray Smith, Schneider, 2008, p. 14).

Here are a few considerations for increasing language fluency from Lindstrom et al (2016):

• Family, home and community contribute to children’s heritage language fluency and stronger attachment to Indigenous identity

• Daily exposure to language in the home and community increases a child’s chance of attaining language fluency

• Indigenous children raised by grandparents, or in close proximity to grandparents, had a higher level of heritage language fluency than those raised by parents or out-of-community foster care placements (Bougie, 2014)

• Social networks consisting of people already fluent in their languages encourage language development

• Participation in traditional community or ceremonial events also contributed to language fluency (Bougie, 2014).

• Child care arrangements decrease the odds of attaining language fluency since these placements are usually with non-Aboriginal agencies.
Attachment – A Circle of Caregivers

“There is diversity in the manifestations of attachment behaviours across cultures and Aboriginal cultures are no exception” (Muir & Bohr, 2014, p. 72).

Understanding the relationship between parents and/or caregivers and infants is an important part of Developmental Support Planning should always be rooted in the parent-child relationship. The Infant Mental Health Status Flow Chart (Rella, 2012, pictured below) highlights this importance, as does the literature. However, as Muir and Bohr (2014) suggest, we must also recognize the diversity in attachment behaviours across cultures. It is problematic to apply non-Indigenous concepts of attachment to Indigenous children, particularly when making decisions about their welfare (Carriere and Richardson, 2009, p. 51)
Indigenous parents, our project advisors and the literature have long recognized that many health care professions approach health care in a manner that is inconsistent with Indigenous values and traditions (Crichlow, 2002, p. 88) and that there is limited interest from professionals in exploring and understanding Indigenous beliefs regarding attachment.

Carriere and Richardson (2009) offer the term “connectedness” as an alternative description to attachment, which considers “an individual's total environment and not just one or two central caregivers” (Muir and Bohr, 2014, p. 72).

This is useful to think about in terms of the concepts outlined previously: connectedness is central to Indigenous worldviews—everything is connected—and along another vein, Indigenous children experience connectedness with many—parents, aunties, uncles, grandparents.

A child is able to strengthen cultural Identity or spirit if the overall environment is stable, as opposed to focusing on one or two central caregivers. Simard and Blight (2011) also highlight the importance of cultural attachment in looking at infant and caregiver relationships.

Mainstream attachment theory suggests “that how sensitively parents respond to their child when the child is distressed will likely affect the child’s expectations for subsequent relationships, world view, and ultimately social emotional health” (Muir and Bohr, 2014, p. 72). In other words, responsibility for alleviating child discomfort is placed primarily on the main caregiver, most often the mother. How “sensitive” the caregiver is indicates the health of the mother/child attachment (2014, p. 72). In comparison, Indigenous cultures involve a “circle of caregivers” extending the concept of attachment beyond one or two primary people. As noted earlier, every infant and child is a sacred gift for the entire community and all are responsible for the child’s wellbeing. Children are encouraged to seek out and understand their surroundings, so young children may also be cared for by an older sibling, an aunt, or a grandmother. Indigenous children likely have many caregivers, all of whom provide them with healthy, sensitive care and attachments (2014, p. 73). In many Indigenous cultures, aunties, for example, play disciplinary roles—as opposed to the child’s parents. Further, calling someone auntie or uncle is a sign of respect, not necessarily of genetic relationship. It is common to have an extended kinship within the community.

In a summary of the literature on the topic, Muir and Bohr (2014) offer three points where mainstream notions of the concept may be misinterpreted when applied to Indigenous children. These will be particularly important to watch for:

- Extended family response
- Secure base/security
- Distress response
Remember, every Indigenous community has unique customs and beliefs so it is important to ask about cultural customs to make sure there are no misunderstandings. Here, we present some potential misinterpretations.

<table>
<thead>
<tr>
<th>Indigenous Concepts of Attachment</th>
<th>Common Misinterpretations</th>
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<tbody>
<tr>
<td><strong>Extended Family Response:</strong></td>
<td></td>
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<tr>
<td>Extended family members feel an obligation or the need to respond to an infant under distress because letting an infant ‘cry it out’ is frowned upon.</td>
<td>Within traditional attachment theory, extended infant crying is seen “as insensitivity by the mother because it might signal that the mother-infant dyad was not synchronous.” If it is not the mother who regularly responds to the child, this is viewed negatively as “indiscriminate attachment,” an inappropriate misplacement of the infant’s attachment (Muir and Bohr, 2014, p. 72-73). In other words, traditional attachment theory believes that the infant must be securely attached to one parent, typically the mother.</td>
</tr>
<tr>
<td>Further, children seek out extended family or peers as ‘alternative caregivers’. “Extended family can have extensive roles in child rearing in some Aboriginal cultures” (Muir and Bohr, 2014, p.71)</td>
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<tr>
<td>Professionals should ask families which individuals interact and care for the child and never assume that it would only be the mother.</td>
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<tr>
<th>Key Concepts</th>
<th>How do we use this information to support Indigenous families?</th>
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<tbody>
<tr>
<td><strong>Secure Base/Security:</strong></td>
<td>Attachment theory suggests that an infant will secure “one or two primary caregivers as a safe place to explore from, and retreat to” (Muir and Bohr, 2014, p. 73).</td>
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<tr>
<td>There is a belief that it is crucial for the child to have a secure base from which they can explore the world (Simard and Blight, 2007, p. 39).</td>
<td>If multiple people (particularly outside of primary caregivers) tend to the child, there may be concerns of neglect or the possibility of indiscriminate attachment.</td>
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<tr>
<td>Principles like the ‘protective network principle’ (discussed below) embody the belief that ‘it takes a community to raise a child’ or to care for ‘their sacred gift’.</td>
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<tr>
<td>Children may have many people that they are comfortable with and seek security from.</td>
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</table>
Indigenous Concepts of Attachment  |  Common Misinterpretations
--- | ---
**Distress Response:** Some Indigenous parents are so attuned with early infant cues of distress that they respond to children before they become distressed.

Cultural customs can influence emotional regulation. For example, displays of negative emotion are considered disrespectful in the presence of Elders. Therefore, a child may not respond to a mother’s absence if an Elder is present because this has been discouraged (Muir and Bohr, 2014, p. 73).

Could be viewed as promoting avoidant or ambivalent attachment.

**Cultural Attachment**

Cultural attachment embraces Indigenous cultures and matches services to meet the cultural needs of the child (Simard and Blight, 2011). Cultural Attachment is about...

- Infant/child bond to culture.
- Helping to foster spiritual force.
- Deep connection between the individual and their spiritual connection to their Creator through aspects of culture (i.e. language, history, place, etc).
- Seeking to secure knowledge of family, extended family, community, and Nation and their relationship to each other and the world.
- Natural resiliencies, which exist within the Indigenous cultural structures.
- A secure base in to explore the world, through cultural support.
- Promoting the affectionate bond between a child and his family that endures over time and space throughout one’s lifetime.
- The systematic embracing of the Indigenous culture and matching of services to meet the cultural needs of the child.
- Embodiment of genetic memory of the ancestors. This genetic memory is the spirit of Aboriginal people. Cultural attachment is built on the principle that cultural memory is carried in an Aboriginal’s DNA. This cultural memory becomes active or alive, and inspires connection to the spirit. (Excerpted from Simard and Blight, 2011. p. 39 & 40)
The ‘natural protective network principle’ reminds us that Indigenous children are born into a natural protective network of care which includes the biological family, an extended family, a clan family, a community, and Nation (Simard and Blight, 2011). Each member of society has a sacred responsibility in the sustaining of this development for a child.

This natural protective network also

- provides children with understanding of community
- supports children as they develop competencies and learn about expectations
- facilitates the child’s relationships with people, spirits, and the world. This allows the child to become both a student and a teacher during his or her childhood and highlights the importance of relationships (Simard and Blight, 2011).

The natural protective network is similar to the kinship structure, built around the interrelationships between family, extended family, clan and tribe. In this view, ‘layers’ of family contribute to and are responsible for the child’s development, echoing the concept, ‘it takes a community to raise a child’ (Simard and Blight, 2011). The child is always viewed within relationships with family and community. Relational development also recognizes all four aspects of self (heart, mind, body and spirit) and is based on the belief that the system will seek balance and is naturally resilient (Simard and Blight, 2011). In this light, the role of nurturing guides is focused on supporting strengths and resilience, and working towards restoring balance among all aspects of the child.

Recognizing relational development in all aspects of the child is traditional practice that Indigenous healers have been using for hundreds of years (Simard and Blight, 2011, p. 36).

**Nuclear family:** Immediate family, mom, dad, siblings

**Extended family:** Aunties and Uncles on Paternal or Maternal sides, cousins, second cousins, maternal family lineage and paternal family lineage

**Community family:** This is the membership of the community in which the family lives

**Nation family:** These are the members of the Indigenous community who exist within a treaty territory. A Treaty, Nation, or Band defines the traditional government and cultural structure to which individuals belong within a region

**Clan family:** There are significant teachings on clan and clan family which details the innate relationship to each other through our spiritual clan protector. These vary from Nation to Nation.

**Cultural family:** The cultural family is linked to ceremonial practices. It is also the support within these circles of ceremonial activities
Respect, Non-Interference and Fostering Autonomy

Everything is interconnected. Infants give back to the community through the joy and happiness they bring, and toddlers remind us of our inherent vulnerability as humans. It is common to hear the phrase “children are teachers.” Lessons come in all forms, from all parts of the world. Respect is a key value in order to engage with these lessons.

The value of respecting the child is acknowledged in all aspects of child rearing practices in Indigenous communities. Parents and community demonstrate this respect by ensuring supportive environments where children can independently learn to carry out their responsibilities (as opposed to parents doing activities for their children).

This value of respect is echoed in the literature as the principle of “non-interference” and described as “the resistance to giving instruction, correcting, coercing or trying to persuade another to do something and recognizing the child’s autonomy in developing in independence” (Muir & Bohr, 2014). The authors also reiterate (p. 70):

Aboriginal children are openly recognized and respected as persons and are thus encouraged to make their own decisions about how they wish to explore their environment (McPherson & Rabb, 2001 as cited in Neckoway et al., 2007). The concept of child autonomy implied allowing children the freedom to make their own decisions which leads to independence (Javo et al., 2003).

Demonstrating respect for a child’s autonomy demonstrates that you are in connection with the culture, the community, and the spirit. Respect “is a central responsibility in all relationships, including spiritual relationships” (Hart, 2002, p. 98.) As you can see, respect is not a noun but an action that has value. Respect is a way to actively engage with culture. Indigenous scholar Sharilyn Calliou (1995, p. 67) offers the following:

“A premise of the First Nations world is that we unconditionally respect all beings because we all begin as seeds from the same materials of this Mother Earth. In the circle, no one individual being (two-legged, four-legged, mineral, plant, etc.) is deemed ‘more than’ or ‘less than’ another, so that treatment is to honour the similarities...Differences are accepted as the gifts of diversity from the Mother Earth and the Creator.”
Respect towards children may involve some of the following values and child-rearing practices.

- Giving children the option to determine how they explore their environment.
- Children guide parents – parents look to their children for cues of need for parental involvement, for example when they need to intervene for the child’s safety.
- Children are encouraged and expected to make their own decisions (often misinterpreted as an indication of neglect by non-Indigenous people).
- Children may be expected to demonstrate responsibility for self-care.
- There may be no fixed schedule for feeding. Children may have freedom to leave the table and start another task before returning back to parents for food and/or children are fed when they say or demonstrate that they are hungry (Muir and Bohr, 2014, p.70).

**Stages of Life, Development and Milestones**

The stages of life focus on the spiritual journey of a person and highlight their awareness in fulfilling their life’s purpose in each stage. It takes about seven years to journey through each stage. For example, in the seven stages, the Good Life is until you reach age seven. This Good Life stage encompasses the developmental stages of the baby, toddler, and child in the life cycle wheel because in that wheel you are a child developmentally until age seven.

As we journey through these seven stages we are also journeying through the life cycle, growing and learning along the way, understanding more about ourselves, and connecting more to our life’s purpose that was given by the Creator before birth. The seven stages of life are often described as:

- The Good Life
- The Fast Life
- The Wandering and Wondering Life
- The Stages of Truth
- Planting and Planning
- Doing
- The Elder, Giving Back Life

Significant life stages, including pre-natal are supported through ceremonies, rites of passage and community responsibilities are not always based on age, rather on abilities to understand and progress in the individuals’ own life path towards being a valued community member contributing based on skills and abilities reflective of individual person.
Every stage of life is accompanied by challenges and learning opportunities. No one individual within the community possess a complete knowledge of all aspects of culture required by each individual. Therefore, through the passage of each life stage, individuals and groups of individuals within the community play active roles in guiding a person through, and towards the next stage of life. The life cycle acknowledges that:

- development happens in the body, mind, emotions, and spirit.
- there are eight stages of life, and traditional ‘milestones’ for each stage.
- each person has a role is in every stage.
It incorporates four quadrants of self which together make a whole. The medicine wheel, thus, is a “symbol of wholeness” where all directions are strived for, though no aspect is ever complete (Dapice, 2006, p. 251). Each quadrant has gifts to share, including directions, animals, colours and teachings. The life cycle corresponds to the four directions of the medicine wheel, the four seasons, and the four parts of self and describes life through the passage of four stages, and 8 stages of development to pass through.

Often times, you may see the four aspects of health: heart, mind, body and spirit (Dapice, 2006, p. 251). Through a balance of these four aspects, health and wellness may be achieved. It is also important to understand that there are four cycles of life: birth/infancy, youth, adulthood, and elder/death (Hart, 2002, p. 92). So, while infancy may be a developmental stage, it is also connected to the other stages of the life cycle through relationships and experience.

**Babies and children** bring teachings of joy, love, and happiness to their families. This is a time for bonding, learning, and nurturing during the child’s formative years. The life cycle begins in the Eastern doorway from the spirit world, representing new beginnings. Childhood sits across from Adulthood on the Medicine wheel they have a strong dependence on them.

**Youth and young adults** bring teachings of understanding and enthusiasm. This is a time to make choices among the many paths in search for individuality, purpose and direction. The South represents the growth youth and young adults experience throughout this stage. Youth sit across from the Elders on the medicine wheel as they will learn from their wisdom and experience while determining their path.

**Adults** bring the teachings of love, hope, and nurturance. This is a time of responsibility to provide for children, themselves, and their extended families, towards living a good life. As role models they make clear the vision for future generations. The west represents adulthood as a time for introspection or looking into one’s spirit, to think about your influence on younger generations. Adults sit across from children on the medicine wheel as they are their protectors and influence.

**Elders** bring the teaching of wisdom and spiritual understanding in their roles as healers and keepers of the teachings and ceremonies. This is a time when the journey around the life cycle has come full circle, and the physical journey on earth will end as your spirit travels back to the spirit world. The north represents spiritual strength, goodness, experience and wisdom that has been attained along the life path. Elders sit across from the Youth on the medicine wheel in order to share their knowledge and experience from walking the path.
SECTION THREE
Five Steps to Creating a Developmental Support Plan

Building on the Hand in Hand Intervention Model

The original Hand in Hand model features seven “Steps.” The model has been adapted to ensure its relevance to, and respect for, Indigenous families.

It is essential for us to formally recognize that when working with Indigenous families, we need to ground our work in the unique histories, ways of communicating, and practices of the Indigenous peoples with whom we are working. By grounding the process of creating Developmental Support Plans using two fundamental principles 1) to build strong and respectful relationships; and 2) to support development using an Indigenous lens and by modifying the steps, we could honour many of the strengths of the original model.

• **Step 1** - Get to know the child and family

• **Step 2** - Gather additional information

• **Step 3** - Share what we have learned

• **Step 4** - Develop Plan

• **Step 5** - Review and modify the plan as needed.

The following sections offer information and tools that will help you ensure that you are on a culturally
safe path when creating Developmental Support Plans for Indigenous children. However, before going any further, please visit the Tools section to get a sense of how using the tools can help support talking with families and gathering information.

REMEMBER! At all stages of working with an Indigenous family or community you must consider the following four core values, (Kirkness and Barnhardt, 1991) sometimes called the Four R’s:

- **Respect** – for the child and the family – their unique paths, histories and traditions.
- **Responsibility** – to the child, family, community, and to your values as a professional.
- **Reciprocity** – your work is intended to provide support first and foremost. Your client(s) will share information with you, but the outcome is for their benefit.
- **Relevance** – recognizing that every journey of growth is unique and the plan you develop must reflect that.

**Step 1: Get to Know the Child and Family**

Your overall goal is to get to the know the child and family, while building your relationship with them. When this happens informally, it can be more comfortable for the family. You will still be observing and gathering information, but you will be doing it in ways that respect the family’s comfort.

**DO NOT automatically start writing notes**

Some families are very uncomfortable with this because it is considered rude and invasive. Some families may have had prior negative experiences with this growing up in child welfare. Or, if they have grown up immersed in the oral/storytelling ways of Indigenous families, they may not be comfortable with notes being taken because this is against their beliefs. One advisor shared that ‘words cannot be owned or written down’ and it is disrespectful to do so. Checking and talking about this with the family shows you want to be respectful of what is comfortable for them.

• **DON’T MAKE ASSUMPTIONS**

• **BE A STUDENT OF THE FAMILIES**

• **ASK QUESTIONS with the goal to understand the child and family.**

  Who do you have in your life as a support? (relationships)
  
  What do you normally do? (traditions, ceremony)
  
  When do you feel connected – on the good path? (nature)
Where do you come from? (geographically, nation, clan, history)

Why do you do things the way you do? (personal beliefs, upbringing)

How would you like me to support you and your child? Do you have concerns?

You may like to ask

• Are you connected to your culture and traditions? Is it important to you? Do you want to learn more?

• Is there any place in particular that is important to you and your family which makes you feel connected to your culture?

• Do you have any celebrations or ceremonies that you and your family attend? (e.g. church, powwows, drum socials, family cookouts/feasts) Who do you go with (e.g. family, aunts, friends)? Where do you attend these events (e.g. Friendship Centre, the Early Years Centre)?

• Is there a way we could help connect you and your family to these resources (e.g.: Elders, sweat lodge, medicines, learning lodge)?

And/or make comments like:

• We know that supporting parents and caregivers is very important, so that you can develop a strong relationship with your child. I have heard many stories of people who have been affected by residential school or past experiences with child welfare and can have a hard time coping. Is that something you have gone through? If you do want to talk about your experiences, we can connect you to someone like an Elder in the community.

• I’m really interested to hear some of your family traditions...

You may like to use the community mapping tool below when working with a family. This may help you (and perhaps some of the family members) talk about their history and background. By encouraging mothers and families to share what they already know about their culture and traditional child rearing practices, nurturing guides can help the parent create a personal map that is reflective of their current supports and areas where assistance may be required. The map can also map out long-term goals and milestones as they are achieved, and clear supports that can be put into place. Check with the family to see who would like to mark on the map. If they seem shy, check to see if it would be okay for you to start the activity.

During this activity, you can encourage caregivers to share information with you about the supports and relationship that they have in place to nurture their child by asking questions about:

• Child – How is your relationship with your child?

• Family – Grandparents, mother, father, siblings, step or foster siblings,
As you get to know the parent better, you can try circling/ using different colours to show the quality of the relationships. (E.g. Green is positive, healthy & strong, orange/ yellow is not sure, red is not positive.) For example, the parent may often go to their mother for advice or help with caring for the child, but have a fractured relationship with her and they fight every time they drop off the child, so you would mark or circle their name in red. This may help the parent realize a need for an alternate caregiver.

**While you are meeting with the family, watch how the infant or child interacts with the primary caregiver, along with other family members.**

Mark supports on the circles of support map. Reflect on how each support affects the child’s heart, mind, body, and spirit.
This is a time when you can begin to understand the child’s specific strengths, temperament, and other factors that may be useful to developing a plan. This is why potentially attending events held in cultural spaces offer a unique perspective. A drum social at the Friendship Centre may offer an abundance of ‘extended family’ and you may see the child interact very lovingly with this extended family!

Use the medicine wheel (or another tool) to help talk with the caregivers about the strengths and challenges of their infants and children. Try to understand all aspects of the child’s development, including spiritual development. During this activity, you can ask questions like:

- What does your child like to do? Dislike doing?
- What are your child’s strengths?
- What is your child’s daily or weekly routine? What parts of the routine are challenging? What happens?
- What parts of the routine go well? How do your child’s strengths contribute to these successes?
- How do others fit into this routine (If there are others living in the home such as other children, aunties, etc.)? And how is that going? How do they provide you with support?
- Who else helps you? Are there resources available to you? (e.g. parks, Ontario Early Years Centre, library, community Centre, Friendship Centre, Native Women’s Centre, Metis Centre, parent child groups, etc.)? Do you go to any of these?

If the child is living with an alternative caregiver such as foster or in care, you may like to ask:

- What do you know about this child’s history and cultural background?
- How long has the child been with the caregiver or in care?
- Does the child attend access visits with the biological parent(s)? How do these go? Do you have any concerns about the visits?
- What cultural or spiritual supports do you have access to? What would you like?
- Has your child experienced any ceremonies or rites of passage? Do you feel this is important? How can we help?
- Are there any concerns that have not been mentioned yet?
- As we create a plan, are there specific goals that you think we need to address?
- Who else will need to see the plan? (e.g. Child Protection Agency)
Step 2: Gather Additional Information

By now it is should be clear that Western child development milestones may not fully reflect the strengths and challenges of Indigenous infants and children. Unfortunately, there are no Indigenous specific developmental screening tools however, it is our hope that the knowledge and culturally relevant tools we discuss here will help with gathering this important information.

Developmental Screening Tools

A wide variety of screening tools are available. While IEMHP utilizes the Ages and Stages Questionnaire (ASQ-3R) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE2), nurturing guides and agencies are encouraged to use these in conjunction with the tools and concepts presented here, to ensure that culturally safety is considered for the children and families. It is also important to use a validated developmental screening tool with an emphasis on a child’s social emotional development with children who may be at increased risk for social or emotional concerns due to a familial history of unresolved loss or trauma.

It is important to note that while a developmental screen may serve to indicate a possible delay, a comprehensive and culturally relevant assessment must be completed to verify and diagnose a delay or disorder towards implementing targeted intervention or treatment.

Ages and Stages Questionnaire (ASQ-3R) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE2)

Screening tools like the ASQ-3 and others can help you identify concerns about a child’s development, or when a child may be at risk of developing a concern in one or more key areas. Literature has identified the ASQ-3 as one of the more culturally respectful tools thus far, for Indigenous children and families (Dionne, et al, 2014; D’Aprano et al. 2014).

The ASQ-3 and the ASQ:SE2 are screening tools in which the parent/caregiver completes questionnaires specific to the child’s age. These questionnaires can be used with infants and young children from 3 to 66 months of age. The ASQ-3 and ASQ:SE2 tools can identify children at risk for developmental or social-emotional concerns. The tool can be administered in person during a meeting or the parent/caregiver can be asked to complete it on their own.

Tools to use:
- ASQ-3
- ASQ:SE
- Temperament scale (Goodness to Fit Chart)
- Other formal interview/tool that may be required by your agency (e.g. Parent interviews)
Observation

Developmental support planning relies on observing the child in an environment that is most familiar to him or her. Consider asking the family if you can join them at a cultural space like a Friendship Centre or cultural event to see the child in action. First hand observations of a child are invaluable for developing a comprehensive understanding of the roles that adults take in supporting that child’s learning and development. Remember that Indigenous families are commonly extended families - seeing the parent child interaction alone may not offer a complete picture!

When observing, take care to consider the same concerns mentioned during Step One such as NOT taking notes while observing. Speak to the family honestly, offering full transparency and plan for alternatives. Also remember, the child’s development may be a sensitive and challenging subject for families, particularly in light of the history of child welfare involvement/intruding into the lives of Indigenous families.

When in situations involving child welfare, even positive ones like implementing a developmental support plan, it would not be uncommon for Indigenous mothers to become observed as ‘despondent’. Being aware that one is being observed may influence how individuals behave. Remember, many factors go into a person’s behaviour and past experiences and the historical trauma experienced at the hands of child welfare may contribute to the mother’s response. Respectfully checking how the person is doing during the meeting and honouring the individual’s strengths, offering encouragement and support is very important. It is important to reiterate that you are there to understand and help support the child and family – not to judge or criticize. Using neutral, descriptive language is more helpful than assuming that we can capture a person’s essence with a single word like ‘despondent.’

Tips:

• Take a team approach and build ongoing cultural consultation and supervision into that team

Find time when at least two workers involved with the child can be present during the interview and observations (e.g. the child service worker, foster parent support worker, family service worker, etc.). This way, one staff can interview the caregiver, while the other interacts with the child, which will help in more thorough collection of information overall.

• Know which materials you will need to use and ensure you have them ready.

If the developmental screen is asking a child to write their name or colour a picture, you should bring crayons and paper for the child to use. Also, speak to parents early on to ask if there are any other protocols that should be followed (e.g. smudge before beginning) or if there are particular items that would be important for the nurturing guide to bring such as a shaker or a drum. Keep in mind, if the nurturing guide is not Indigenous some may be upset if they bring these items.

• Parents and extended family are experts. No one knows the child better.
No matter what you are observing, you need to allow time and space for the parents/caregivers to answer the questions. Remember the importance of extended family. Ensure their thoughts are reflected as well. Your observations will inform the creation of the DSP just as much as the developmental screen but the screen is a time for caregivers to relay their observations.

- Observe how the parent/caregiver and extended family interact and respond to one another.

Temperament and Goodness of Fit

There is good evidence that temperament is strongly related to children’s developmental pathways and outcomes (Shiner et al., 2012). In particular, temperament affects how children interact with the world around them and the way they interpret the interaction experiences. Thomas and Chess (1984) first introduced the concept of “goodness of fit” in their early work on temperament, which refers to whether the demands and expectations of people and the environment are compatible with the child’s temperament or not. A good fit leads to higher probability of healthy development for the child but a poor fit places children at risk for developing behavioral and/or emotional problems.

The Goodness of Fit Temperament scale (Appendix B) can be a good conversation starter. Using this scale a parent can see how well matched they are with their child in different areas: fearfulness, anger/frustration, activity level, positive affect, attention/focus, effortful control, and recovery time. These domains can be easily likened to the holistic approach to see where there may be a disconnect with relationships or environments that may be affecting personal growth.

Step 3: Share What You Have Learned

Often professionals debrief with other team members and/or supervisors to help ensure that all of the information gained during the first two steps (observation, interviews, and screening, etc.) is taken into account when determining if additional information is needed (through referrals) or other steps need to be taken. Once all information has been gathered, the team engages in a group debrief.

In consulting with other professionals and team members consider including...

- Elders
- Knowledge Keepers
- Friendship Centre, Native Women’s Centre Staff
- Extended Family
- Occupational therapist
• Physical therapist
• Speech and Language Pathologist
• Public Health Nurse

Family First

If you choose to engage other staff or professionals, to ensure transparency and respect for what the family has shared, it is important that families understand this is happening and why BEFORE you take this step. What may seem like a routine practice for professionals may be upsetting or seem highly irregular to families.

Transparency is key. When working with Indigenous caregivers and families, it is critical that all of the information you have learned is shared back with the family and caregivers to make sure the information is accurate. This should happen in person. This cannot be accomplished very well on the phone and not at all by email. It is very important for you to be able to observe and check family member reactions, once again, to ensure that you are understanding, and that the family is aware of any concerns that may have come to light.

Families are Active Participants

Families should be a part of the entire process as parents and caregivers bring valuable perspectives and insights to all discussions. Also, in light of the history of oppression and abuse perpetrated by helping professions on Indigenous families, in particular on Indigenous mothers, it is integral that families be active participants in every aspect of developmental support planning. When you do take notes of concerns and strengths these thoughts should be shared with the family in order to address these together towards forming a plan. You would only make a referral with the consent of the parents.

Child Development Experts, Cultural Resources and Organizations

Familiarize yourself with your local child development experts, starting with Indigenous child development experts, the agencies, organizations and people who will help you understand where you can go for referrals and/or advice when you are unsure. As mentioned previously, working with a cultural liaison or advisor is considered wise practice. Non-Indigenous people commonly overlook the spiritual aspects of development, integral to a child’s wellness, and a cultural advisor can help to ensure this is fully considered as well as offering other insights and guidance which may contribute to planning.
A Cover Letter for the Parents ... and the Team

A cover letter should be provided with the ASQ results attached. In the letter, identify any concerns, any referrals (that are being recommended or that have been made).

In sharing, the primary concerns should be identified. For example, if the child is screening as concern for delayed communication and personal social areas, these results should be communicated to the entire team. This is where you can identify the areas of development requiring attention and intervention. Here the team (including the family) can collectively help determine what kinds of goals are most appropriate for the child and family.

A copy should be shared with the parents/caregivers and your supervisor.

Nothing in the letter should ever come as a surprise to the family—it should reflect what has already been said to them orally.

Who Will Take the Lead?

The initial debrief will also inform next steps: who will take the lead in creating the plan, who is responsible for communicating the plan with the team, and who is going to follow-up with caregivers to ensure this plan is being implemented. Create a timeline of what needs to be accomplished and by when. This will make it easier to stay on task (see Appendix C for a DSP timeline checklist template.)

Use Your Tools!

This is a good time to review the tools and exercises that you have used (e.g. Community Mapping Exercises, Goodness of Fit Chart), which should at this point present a summary of what you have learned.

Step 4: Develop the Plan

- Review Information
- Review observational information and other information gathered.
- Score and review the development screen for the child.
- Identify the areas of concern.
- Draw information from the screen, parent/caregiver family feedback, from your own observations and additional information gathered during the debriefing.
Identify Strengths/Resilience

A child’s strengths or “what the child can already do” can be identified by using the Medicine Wheel, as well as looking at items in the developmental screen and identifying what the child can already accomplish. Every child has unique strengths, or as we learned earlier, gifts. Identifying and reviewing these gifts and strengths with parents and caregivers can be an empowering experience for parents, who are the experts on their child. These strengths should be embedded within the DSP by identifying the baseline of what the child is capable of accomplishing in every domain, and in their wholistic development. All DSP strategies can be aligned with one or all of the four elements of human development: Heart, Mind, Body and Spirit.
Identify Goals

Choose one or two key development goals for each of the developmental domains. The family should be included in the identification of goals. Goals may be developed through:

- concerns highlighted in the developmental screen,
- concerns of the parents/caregiver/family and your observations, or
- the next developmental milestone the child could achieve.

Keep in mind that you can have a goal that directly relates to multiple domains, such as the communication and social emotional domains in “I will name plants we see when I go on medicine walks with my family.”

Focus On Fewer Goals at Any One Time to Produce Better Outcomes

Too many goals will leave the family discouraged and overwhelmed. Recognizing the needs, circumstances and capacities of caregivers is essential when developing realistic goals and strategies for them to carry out with their children. Are there language challenges? Mom’s first language may be Cree—is there someone helping to translate or support her understanding of what is being asked of her? Dad may have an important role in the community—have you talked about what resources he has to draw on when helping his own family?

Setting Goals in the Voice of the Child

Goals should focus on a child’s skills, behaviours, and/or spiritual development. Goals are to be created according to the child’s ability, skill and spiritual stage, not necessarily according to milestones for a given age.

Ask yourself: “What can the child do now?” and “What do we want her/him to be able to do next?” Goals and strategies should be challenging yet tangible, strengths-based and relationship focused. They need to be simple, specific and reflect a skill or behaviour that the child is unable to do right now but will be able to do with support from the caregiver. Goals should be stated as:

“I will do...say...start...”

and not as

“I will continue to... be able to...”.

Goals should be straightforward, observable and measurable.
Identify Resources

Include the people, places, services or supports a family can access for assistance in reaching the desired outcomes (e.g. family members, neighborhood resources, parent resource centre, etc.).

Incorporate resources families may already be using in the DSP (e.g. daycare). Goals and strategies that incorporate learning areas that are in the child’s daycare can help in reaching the desired outcomes.

Develop Strategies to Support the Goals

The Developmental Support Strategies presented in Appendix F can be used as a starting place from which to develop strategies specific to the child. This list is NOT exhaustive. The strategies provided can be copied directly if they fit well with the child and family, copied and edited to be more focussed and specific, or simply present an idea of how to form the strategies. Usually they will need to be edited in order to fully reflect the child.

Although the strategies are for and from the voice of the child, the caregiver always has a role to play, especially during infancy stages when the child is very dependent on the caregiver. The strategies are always relationship based in the sense that they very often depend on a caregiver’s involvement and are usually activities that a parent and child can do together to foster growth and potential.

There are two types of strategies/activities that can be included in a DSP:

- Daily Routines – like singing to the baby during changing or feeding, playing a game of “I spy” when in the car, or talking to the child about the child’s day while walking home from school.

- Planned Activities – like taking the child to a local Friendship Centre, arranging a play date with another child, planning for an upcoming rites of passage ceremony, or making regalia and practicing a style of dance.

Whenever possible, develop strategies that incorporate learning from other primary relationships (siblings, grandparents, close peers) to strengthen relationships between the child and others as well as skills that connect the child with their cultural identity.

Identify Benefits of the Strategies – Why this is Important...

Consider how the goals and strategies connect to the holistic development of the child. Make sure to identify the benefits of the plan in all areas of the child’s development, including spiritual development. State clearly and concisely why the intervention is important to both the parent and the child. For example:

“Learning my heritage language will allow me to communicate with my parents and my Elders, and grow spiritually.”
“Learning to drum will strengthen my motor skills, while finding my place socially in a group, and in my community. It will also strengthen my communication skills, and my spiritual growth.”

**Connect with Others**

Consult with the other professionals and/or key community members (as appropriate such as Elders) whom were previously been identified throughout the creation of the plan. If the child is already involved with speech and language services or seeing an OT/PT, consult with them around the relevant goals to ensure that they are consistent with any additional interventions. Once the plan is created it should be shared with other professionals involved in care. To make the plan as meaningful as possible, review the concerns, goals, strengths and strategies with anyone involved with the child so there is a shared understanding of the concerns as well as the plan being offered.

When initially sharing the plan, be open to the suggestions offered by other professionals and the parents and caregivers as they all bring valuable perspectives to understanding the child and context. Some revision may be needed.

**Finalize the Hard Copy of the Plan**

Written in the voice of the child, once all of elements are completed, it is essential that the plan be presented as a plain language document including the strengths, goals, strategies and their benefits. Writing it in the voice of the child will help parents and caregivers connect with and personalize the strategies.

IEMHP has developed two templates to help make the plan easy to create, understand and use.

**What goes into the plan and how should it look?**

**A. The Cover Page:** describes the purpose of the plan and how it can be implemented during routine activities.

Be sure to include the following:

- This plan was developed for: child’s name, age
- Date plan developed/ the child’s age
B. Why Our Relationship Matters

Using words and phrases that reflect the family’s perspective, briefly describe the value of the social-emotional relationship between the parent/caregiver and child, in the context of the child’s current stage of development.

Sample text has been provided in Appendix E that can be copied and pasted into the template. This should be edited to reflect the child and family as needed.

• Add the child’s photo (if possible)

C. The Plan - Strategies

For each developmental domain, reflecting the family’s language, and in the words of the child, include:

1) Strengths
   - What I can already do

2) Goal
   - My next goal

3) 2 or 3 Strategies
   - How you can help me reach my next goal

4) Benefits
   - Why this is important
Simplify the Plan and Hang it on the Fridge!

Shorten the plan so that it all fits on one page and talk to the family about where it can be hung so that they will see it every day.

Use “one phrase” goals like “let’s explore outdoors!” followed by one or two examples of strategies. No need to include everything, your goal is to make it easy for parents to “work the plan.”

The medicine wheel or other elements can be added or removed, and the template modified if it does not resonate with the particular family with whom you are working.

Step 5: Review Plan and Modify as Needed

It is important when sharing the plan with the family to ensure that the strategies and goals are realistic for that child and family.

**The DSP should be thought of as a living document that will change as the child grows and reveals new strengths and abilities.**

Ideally the DSP process would be completed again after a period of time to look at the child’s progress and holistic development especially if concerns have been identified, but intervention or treatment services have not yet begun. For babies and young children this could be as frequently as every 3-4 months depending on the child and the level of support needed. In this way, as a nurturing guide you will also have the opportunity to build upon the relationships that you have built along the journey.

If referrals have been put into place these can be incorporated into the plans if the family wishes to continue using the Nurturing the Seed DSP model, however the model is intended as an interim support, not to conflict with any intensive intervention or treatment.
Summary

Even when all is well, infants are a vulnerable population because they are completely dependent on caregivers to meet their basic needs. In many communities when there is an identified concern about a child’s development these are often met with lengthy wait times for assessment and intervention services (Clinton, et al., 2014). While local communities and agencies continue to try to address the issue of wait times for this age group many communities also face limited expertise and, as a result, limited services. Is there a different approach that can be taken by agencies when a child’s risk for delay is identified? It was with this question in mind that Hand in Hand and Nurturing the Seed were created. This resource provides practitioners and clinicians with a framework for creating a Developmental Support Plan that can be used while a child is waiting for more intensive assessment or services.

Infancy and early childhood is a pivotal time for promoting lifelong health and wellness. The Developmental Support Planning model is built upon clear evidence that:

• When developmental delays are not recognized and responded to early, the potential for serious physical and or mental health issues later in life increases.

• Early mental health can influence later physical and mental health outcomes.

• Experience shapes brain architecture by over-production of synapses follow by pruning of those that are not used.

• Rains are built from the bottom up: skills beget skills.

• Serve and return interaction builds health brain architecture.

• Cognitive, emotional, and social development are connected; you can’t do one without the other.

• Neglect and trauma can both derail a young child’s development.

• Oxidic stress damages developing brain architecture.

• The ability to change brains and behavior decreases over time with many areas being most open to change in the early years.
Nurturing the Seed provides practitioners with an understanding of:

- some of the issues facing Aboriginal families in Canada today
- how to effectively engage with aboriginal families to support a child’s growth;
- why developmental screening is so essential;
- how to interpret the results of a developmental screen;
- how to combine screening results with other information about a child, such as observation and discussions with caregivers;
- how to create a developmentally informed and developmentally responsive plan;
- how to leverage daily routines to support development; and
- how to ensure that strategies to support development are relationship based.

The DSP offers families a way to actively respond and support a child’s possible delay while waiting for more intensive services. It also helps caregivers understand the type of experiences their child needs to meet their next developmental milestone through a strength-based approach. Finally, when shared with all caregivers and practitioners involved with a child, there is greater consistency for the child in terms of expectations and strategies to support his/her needs.

Once a risk for a delay is identified and necessary referrals are made, nurturing guides can use this resource to identify developmental goals and relationship strategies that can be used by caregivers and practitioners while a child waits for assessment and/or service. When we don’t offer caregivers anything while waiting, the unintended message is that they cannot help their child – while not the intention, it is often the result for many families.

The purpose of the DSP is to provide caregivers and staff with strategies to support developmental goals that can easily be embedded into everyday routines and activities. It is imperative to first and foremost understand the child and family in order to create a plan that is both meaningful and respectful.

The strategies practitioners can choose from are all relationship based because we know that relationships and a constant flow of serve and return between child and caregiver are what drives development (National Scientific Council on the Developing Child, 2004). The DSP materials are written in the voice of the child as a way to emphasize the plan as something focused on the child and what the child needs. These strategies are not random thoughts or ideas but rather, informed by research.

**As a reminder Nurturing the Seed, Developmental Support Plans are not intended to replace intensive assessments or interventions but rather, to provide practitioners with some ideas of strategies they can offer to parents as they wait for these services.**
In the following sections, (APPENDIX E and F) the descriptions, goals and developmental support strategies presented are not intended to be an exhaustive list, but rather to provide examples and a starting place for working with a unique child and family. Any of the templates and strategies can be modified to suit the direct needs and cultures of the families that you serve. We hope that these will assist in creating practical and meaningful support plans towards an overall goal of promoting optimal early mental health and development for Indigenous children in Canada today.

APPENDIX A
- Traditional Lands

When using this resource with families or presenting to your colleagues it is recommended for practitioners to understand and acknowledge the traditional lands on which you stand.

Take a moment to research and understand the Aboriginal history of your region, and honor the territory and people that live there.

Infant and Early Mental Health Promotion at The Hospital for Sick Children, Toronto acknowledges: The traditional lands on which the Hospital for Sick Children resides are the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory has been occupied for the past 15,000 years, and was “the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes” (Council of Ontario Universities, Elders Circle, 2014). It has many meanings, including “where there are trees standing in the water” derived from the Mohawk meaning of Tkaronto or “place of meetings,” derived from the Huron meaning of toronton.

We are thankful to work in this territory and gratefully acknowledge past, present and future Indigenous peoples who call Toronto home.
APPENDIX B

- Words and Terms

• It’s important to use the terms that individuals will identify with when working in the community. Some individuals and communities will prefer to be referred to based on local community terms and/or traditional names.

• Indigenous principles and concepts will vary from community to community so it is always good practice to ask and respect what the preferred terms are in any community.

• In many contexts, the use of “Indian,” would be viewed as offensive, however “Status Indian” is the term used by the government of Canada, under the “Indian Act” of 1876. the word Native may be deemed as more sensitive.

• For the purposes of this resource we have predominantly used the terms Indigenous and/or Aboriginal.

• Indigenous: term used in academia to help people understand First Nations, Métis, Inuit, and Non-Status people (Non-Status people are often forgotten). However, this is a completely colonial construct, a term that the government constructed without any kind of consultation with First peoples of Canada.

• Aboriginal: includes Status Indians, Inuit and Métis, people of Canada, but leaves out non-status people.

• First Nations: is a widely accepted term and may be used sometimes generally, but is increasingly used specifically for reserve communities and the people living in them or closely associated with them. It may not always be taken to apply to non-status Indians, also some Métis people and Inuit people often view “First Nations” as an exclusive designation that does not include them.

• Métis: may sometimes be used to describe any person of mixed European and Native ancestry. That definition is, however, frequently challenged by Métis people who trace their own lineage to particular historic Métis communities.
## Developmental Support Plan Timeline Checklist

<table>
<thead>
<tr>
<th>Step</th>
<th>Detail</th>
<th>Administered by</th>
<th>Target Date</th>
<th>Date Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Get to Know Family</td>
<td>Step 2: Gather Info</td>
<td>Screenining Tool(s) Used</td>
<td>Caregiver Interview</td>
<td>Additional Observational Info</td>
</tr>
<tr>
<td>4: Develop Plan and Make Referrals</td>
<td>Contact/ Agency</td>
<td>Concern</td>
<td>Date of Referral</td>
<td>Follow up</td>
</tr>
<tr>
<td>5: Re-Screen &amp; Modify as Needed</td>
<td></td>
<td></td>
<td>Target Date</td>
<td>Date Complete</td>
</tr>
</tbody>
</table>
Goodness of Fit - Temperament Chart

On the chart below, review each of the temperament dimensions, preferably with the parent and select the appropriate measure. It is helpful to complete a chart for any person having primary care of the child where there may be conflict/struggles.

**Fearfulness**

- Child: low
- Parent: low

**Anger/Frustration Expression**

- Child: low
- Parent: low

**Recovery Time**

- Child: low
- Parent: low

**Activity Level**

- Child: low
- Parent: low

**Attention/Focus**

- Child: low
- Parent: low

**Effortful Control**

- Child: low
- Parent: low

**Positive Affect**

- Child: low
- Parent: low

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Temperament Dimensions

**Fearfulness**
How distressed, fearful, stressed does a child/parent become in sudden change or stimulation?

**Anger/Frustration**
How much of this affect is shown when child faces a challenge or does not have their own way?

**Recovery Time**
When there is a negative transaction or response how long does it take the child/parent to recover to a calm state and be able to re-engage in the relationship? The parent should be able to do this before the child.

**Activity Level**
How active, alert, energetic is the child/parent?

**Positive Affect**
How much positive feeling does child/parent express in general?

**Attention/Focus**
Is the child/parent able to maintain focus on an activity for an appropriate level of time (remember to think developmentally appropriate for the child)?

**Effortful Control**
Able to wait. Can hold off on doing something interesting until other things are done. Ability to self regulate on refrain from something not allowed (like touching something breakable, or going out of the room).
**Exercise: Charting Goodness of Fit**

Think of a relationship that you know well. It could be yourself and your parent, you and your child, or another child-parent relationship.

Starting with Activity Level, consider how you would ‘grade’ or mark the two people on the scale of low to high. Continue to do this for each of the dimensions.

When finished look at the different grades and reflect on the following.

1. What do you notice about temperament of the child?
2. What do you notice about the temperament of the parent?
3. What do you notice are the alignments between parent and child.
4. What are the possible impacts/ consequences (+ and - ) of the alignments
5. Where is there misalignment?
6. What are the possible impacts/consequences of these misalignments?
7. What one dimension would make the biggest difference in enhancing the fit between the child and parent?
## APPENDIX D - Screening Tools

<table>
<thead>
<tr>
<th>Name</th>
<th>Author and copyright year</th>
<th>Age Range</th>
<th>Administration</th>
<th>Psychometric Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Assessment of Baby’s Emotional and Social Style (BABES)</td>
<td>K.M. Finello and M.K. Poulsen (1996)</td>
<td>Birth-36 months</td>
<td>10 minutes, parent</td>
<td>Limited; under development</td>
</tr>
<tr>
<td>Brief Infant-Toddler Social and Emotional Assessment (BITSEA)</td>
<td>A. Carter and M. Briggs-Gowan (2006)</td>
<td>Parent, child care provider</td>
<td>10 minutes, parent</td>
<td>Normative sample of 600, not geographically distributed; test-retest: .80-.92; interrater: .64-.78</td>
</tr>
<tr>
<td>Conners Rating Scales Revised (CRS-R)</td>
<td>C.K. Conners (1997)</td>
<td>3-17 years</td>
<td>10 minutes; parent, teacher</td>
<td>Sample size: 8000, multicultural</td>
</tr>
<tr>
<td>Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T)</td>
<td>Devereux Foundation (2007)</td>
<td>Birth-3 years</td>
<td>10 minutes; trained testers</td>
<td>Normative sample of 2,143, geographically distributed;</td>
</tr>
<tr>
<td>Devereux Early Childhood Assessment (DECA)</td>
<td>Devereux Foundation (1998)</td>
<td>2-5 years</td>
<td>10 minutes; trained testers</td>
<td>Normative sample of 2000; interrater: .59-.77; test-retest: .55-.94; sensitivity: .69</td>
</tr>
<tr>
<td>Name</td>
<td>Author and copyright year</td>
<td>Age Range</td>
<td>Administration</td>
<td>Psychometric Data</td>
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</tr>
<tr>
<td>Early Screening Project (ESP)</td>
<td>H.M. Walker, H.H. Severson, and E. Feil (1995)</td>
<td>3-5 years</td>
<td>Stage 1: 1 hour; Stage 2: 1 hour; Stage 3: 40 min; teacher, counselor, parent</td>
<td>Normative sample of 2853; test-retest: .77; interrater: .87; sensitivity: .80; specificity: .94; concurrent validity: .72</td>
</tr>
<tr>
<td>Eyberg Child Behavior Inventory (ECBI)</td>
<td>S. Eyberg and D. Pincus (1999)</td>
<td>2-16 years</td>
<td>10 minutes; parent</td>
<td>Test-retest: .75-86; interrater: .79-.86; sensitivity: .80; specificity: .86</td>
</tr>
<tr>
<td>Functional Emotional Assessment Scale (FEAS)</td>
<td>S. Greenspan, G. Degangi, and S. Wieder (2001)</td>
<td>7 months - 4 years</td>
<td>15-20 minutes; professional</td>
<td>Norms not nationally representative; interrater: &gt; .80</td>
</tr>
<tr>
<td>Greenspan Social-Emotional Growth</td>
<td>S. Greenspan (2004)</td>
<td>0-42 months</td>
<td>10 minutes; family or caregiver</td>
<td>Reliability: .83-.94 depending on age band</td>
</tr>
<tr>
<td>Infant/toddler Symptom Checklist</td>
<td>G. DeGangi, S. Poisson R. Sickel and A.S. Wiener (1995)</td>
<td>7-30 months</td>
<td>10 minutes; parent</td>
<td>Normative sample of 94% white; limited validity studies; sensitivity: .78; specificity: .84</td>
</tr>
<tr>
<td>Parenting Stress Index, Short Form (PSI-SF)</td>
<td>R.R. Abidin (1995)</td>
<td>Birth-12 years</td>
<td>20-30 minutes; parent</td>
<td>Small sample; test-retest: .84</td>
</tr>
<tr>
<td>Name</td>
<td>Author and copyright year</td>
<td>Age Range</td>
<td>Administration</td>
<td>Psychometric Data</td>
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<td>---------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Social Skills Rating System (SSRS)</td>
<td>F.M. Gresham and S.N. Elliot (1990)</td>
<td>3-18 years</td>
<td>15-25 minutes; parent and teacher</td>
<td>Normative sample of 4000, stratified; test-retest: .65-.93</td>
</tr>
<tr>
<td>Temperament and Atypical Behavior Scale (TABS) Screener</td>
<td>S.J. Bagnato, J.T. Neisworth, J. Salvia, and F.M. Hunt (1999)</td>
<td>11-71 months</td>
<td>5 minutes; parent, professional</td>
<td>Reliability: 42-.64; sensitivity: .60</td>
</tr>
<tr>
<td>Vineland Social-Emotional Early Childhood Scales (SEEC)</td>
<td>S. Sparrow, D. Cicchetti, and D. Balla (2005)</td>
<td>Birth-5 years and 11 months</td>
<td>15-20 minutes; professional</td>
<td>Based on 1984 data</td>
</tr>
</tbody>
</table>

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APPENDIX E -
Why Our Relationship Matters...
Social Emotional Cornerstones

0-3 mths
I am new to this world and everything around me is strange and unfamiliar, except you. I have been listening to your voice as I have been growing and know that you will be taking good care of me as I grow even more. You will start to learn my cues and what I need, as my senses develop and I start to understand them. I need you to be near me so that I can see your face, hear your voice, feel your skin and smell your familiar scent. When you are nearby when I need you, and you consistently try to read my cues and meet my needs that helps me learn that I can trust you to help me understand the world around me, and that it is not so scary a place.

3-8 mths
I am beginning to understand who the important people in my life are. You are a very important part of my development. When you consistently respond to my needs I learn that I can trust you to be there for me. You know when I need to be fed, changed or just held. Just like how you read my cues, I am learning to read your facial expressions and your tone of voice, but I also notice when you seem angry which can sometimes scare me. When you make eye-contact with me, and get down to my level it helps me interact with you. You play with me when I am happy, and you hold me when I am sad, this lets me know that you care about me which creates our bond. This special bond helps me grow.

9-14 mths
I am curious about my world and like to explore the world around me, but I still need you near for when I am unsure. I like my new toys, but you are still my favourite, so when you aren’t around I notice. Let me know when you are leaving, so I can prepare myself. I’m starting to mimic the sounds you make when you speak. When we have a conversation, I learn more words and will soon use them myself. I am learning to move around to explore my environment. I am becoming my own person with different likes and dislikes, and show my emotions as I feel them. I am beginning to become independent but still need you around to help me grow.

15-20 mths
I am learning more words and enjoy using them to talk with you. You can help me expand my vocabulary by singing songs, reading books and having conversations with me any chance we get. While I’ve become more independent in my interactions and play, I still have a tough time of expressing my emotions and need your help to name and show my emotions. I’ve become good at letting you know when I like or dislike something. I am beginning to test my limits and yours, make sure to give me boundaries to keep me safe. Watch me build on my strengths and engage in the world and become a confident and independent toddler. Your encouragement helps me grow.
21-26 mths
I am a toddler now! This means that I am becoming independent and testing my boundaries. I like making my own decisions and if you give me options I can choose my own clothes and activities for the day. I use more words to tell you what I want, need or like as well as dislike. You are still my favourite toy, but I am learning to play with other children my age. I am beginning to engage in imaginary play and role-playing which helps me to think about others’ feelings. It also helps me learn about sharing and turn-taking. Talk to me about what we are doing today and let me know of any changes in our routine so I can prepare for them. Supporting me as I become my own person will help me grow.

27-32 mths
I love it when we read together; I am able to follow the stories and sometimes like to pretend to be the characters in the stories. My play is very important to my development and when you introduce me to new scenarios in our imaginary play it helps me to build on my social skills. I’ve begun to play with certain friends, but cooperative play is still a bit tough for me. Stay close and help me to remember my turn-taking and sharing skills. I like to share my experiences and my feelings, but please be patient, sensitive and supportive of me when I share my thoughts and ideas. Your consistent responses still make me feel safe, even though I am much more independent now. By following my lead and being my play partner, you help me grow.

33 – 41 mths
I’m older now and I can wait my turn, and can be patient when you are getting my food or when we are going somewhere. I use my words a lot more often to express my wants and how I feel. I’m better at being ok in a strange place, even when you are not around; I know that it’s only a matter of time before I get to see you again! I still really love playing make-believe, either by myself or with other children. I love coming up with stories on my own, or acting out the stories that we read together. I sometimes talk out loud, it helps me learn more words, but I still love our conversations. I am beginning to show affection to other children my age, and I work hard to get your approval. When you praise the work I do, it makes me feel special, which makes me feel loved. Knowing that you are proud of me and the things I do helps me gain self-confidence and gives me a sense of my abilities. By being my champion and cheering me on, you help me grow.

42-53 mths
I love playing with friends and being social, even though sometimes I prefer to be by myself, or just be with you. I can play with just one good friend or many friends. Sometimes I can be really good at taking turns and sharing, other times I have a harder time sharing my toys or letting others join in. I’m starting to understand things that have happened in the past, and things that will happen in the future. I’ve got a really good idea about the things I like, dislike, want and do not want. I know who I am and who the important people in my life are. I can understand small amounts of reason, like when you say I can’t have that chocolate bar from the grocery store because it will spoil my dinner. I’ve got such a big imagination that sometimes I might get afraid of things like the dark! When you explain to me why things happen, and comfort me when I am scared, sick or tired, you help me grow.
54-65 mths
I like to play games where I win. I know what I am good at and like to show off my talents and my accomplishments. I want to show you that I can get better at anything, so I will stay with one task and work hard at it until I finish it. I can get frustrated if I’m not doing as well as I think I should, so I will need your encouragement and your support when I’m feeling low and being too hard on myself. Helping me to see what I’m good at and bringing me to another activity when I am frustrated or upset helps me to feel better and manage my emotions. I like to play in groups, but I need you around to help with the rules and how we should all play together. I can listen to your guidance, but I am beginning to make suggestions of my own. I can bargain with you about what the rules are, and when they need to be followed. I know when I’ve done something I shouldn’t have, and since I already feel bad about it, it helps when you are gentle and explain why I shouldn’t have done it instead of getting upset with me and raising your voice. I am becoming my own person and when you embrace who I am and celebrate me and my abilities you help me grow.
APPENDIX F -
Developmental Support Strategies

Building on the material offered in the Nurturing the Seed Handbook, these strategies are offered as suggestions to help Indigenous parents, caregivers and other extended family and community members support the development of their infants and children.

While many were developed for the original Developmental Support Manual, having reviewed them carefully, they are also relevant and appropriate for Indigenous infants, children and families. For each section you will also find additional information highlighting traditional practices that may reflect the Indigenous families you work with that coincide with western concepts of development.

The strategies here are intended to be simple starting points to help support Indigenous child development. The Western domains of development have been maintained in order to correspond with and reflect findings from screening tools that may be used, but the strategies also reflect a holistic approach to early childhood, and the importance of integrating heart, mind, body and spirit into all daily routines and activities.

The most important thing you can do while choosing strategies is to follow the two key principles:

• focus on building strong relationships; and

• consider an Indigenous lens to share strategies that reflect the beliefs and practices of the individual family.

One Child’s Story

A child is consistently identified as having social-emotional challenges. She appears to have limited attachment to her primary caregiver and is having anxiety attacks at her new daycare. Upon further inquiry, you find out that the child has moved from a small First Nations community, with a population of 700 people to a community of 60,000 people. She speaks her language, with some English. Her daycare has no one who speaks her language, or anyone who is Indigenous.

A local healer suggested a women’s drum group as an outlet, as it connects both mother and child naturally to a social network and will ease transition into their new community. It will also offer them roles and responsibilities, and offers a way to regulate breathing, through the beat of the drum, singing, and drawing breath. It also offers connection and familiarity to her language and spiritual development.
REMEMBER

The Developmental Support Strategies presented here can be used as a starting place from which to develop strategies specific to the child. **This list is NOT exhaustive.** The strategies provided can be copied directly if they fit well with the child and family, copied and edited to be more focused and specific, or simply present an idea of how to form the strategies. Usually they will need to be edited in order to fully reflect the child.

Although the strategies are for and from the voice of the child, the caregiver always has a role to play, especially during infancy stages when the child is very dependent on the caregiver. The strategies are always relationship based in that sense that they very often depend on a caregiver’s involvement and are usually activities that a parent and child can do together to foster growth and potential.

There are two types of strategies/activities that can be included in a DSP:

- **Daily Routines** – like singing to baby during changing or feeding, playing a game of “I spy” when in the car, or talking to the child about the child’s day while walking home from school

- **Planned Activities** – like taking the child to a local Friendship Centre, arranging a play date with another child, planning for an upcoming rites of passage ceremony, or making regalia and practicing a style of dance.

Whenever possible, develop strategies that incorporate learning from other primary relationships (siblings, grandparents, close peers) to strengthen relationships between the child and others as well as skills.
COMMUNICATION
HOW I UNDERSTAND YOU AND TALK TO OTHERS

Language, stories, and symbols are very important in helping me develop my communication skills. If possible, speak to me in my first language and introduce me to activities that are reflective of my culture, my individual needs, and me as an Indigenous child.

Provide opportunities where I can listen to the stories of others, participate in community gatherings and ceremonial events. This is where I will learn valuable communication skills like songs, teachings, important gestures and symbols, when to speak, and when to listen, and most importantly, the cultural values of my community.

My Indigenous language helps create my worldview or how I see the world, and helps me understand my place is within it. Many times, there are no translations for words from my language to English. Some say, that learning my language will allow me to truly see the world as my Elders and family do. My language is completely animate in nature, meaning that all things are considered connected to me. Therefore, access to language learning is not only important for my communication development, but also a vital piece in helping me connect with my culture, and develop a strong identity. This is especially important in making the direct connection between the physical world and spiritual world that is at the heart of Indigenous ways of knowing and being.

Take me with you, so I can experience the world as you experience it.

Some believe that there are times for quietly observing the world.

Silence and listening are as important as expressing myself through words and actions.
Goals, activity areas and strategies

Non-Verbal Communication

Objective

“I am learning to use and understand wordless cues through my everyday interactions. When you pick up on these cues, it will help build our relationship and boost my self-confidence!”

Making eye-contact

This will help me focus and attend to you, which is so important in early development in the bonding and relationship building years. In later years, direct eye contact in some nations is not encouraged as a way of demonstrating respect for elders or teachers.

☐ Goal: I will make eye contact with my loved ones

Gestures

Sign language and body language are especially useful skills when hunting and when silence is required out of respect for others. Development of this skill is closely related to survival, and being out on the land. Expressive story-telling through dancing is also an important form of communicating with others and the spirit world.

☐ Goal: I will use gestures or point to objects that I want

Imitation

This is considered an aspect of lifelong learning and is the primary strategy for demonstrating milestones. Infants and children learn to watch and imitate their elders within the community, and it is encouraged. Likewise it is important to ensure the infant or child also has the opportunity to learn from older children. This was often carried out by extended family in the community and is now often lacking in today’s family unit which is sometimes more isolated.

☐ Goal: I will imitate my caregivers’ facial expressions
Receptive Language

Objective

“I am learning to listen and respond to what others have to say. Reading, singing, giving directions and talking about daily routines helps me to learn the words I need to respond to you!”

Auditory Memory

Many Indigenous people have strong oral traditions with stories and songs that have been passed down through generations. Traditionally important stories were never written down, but rather kept and told by elders and storytellers, as they were considered as living entities with spirit and energies that cannot be captured in writing.

Traditional singing and drumming and storytelling connects people to their history, prayers and ceremonies, and Mother Earth. Learning traditional languages can help to nurture one’s sense of identity and belonging within a community.

- Goal: I will recognize familiar sounds and voices
- Goal: I will learn to repeat familiar games, songs and stories
- Goal: I will read a book with my primary caregiver

Listening and Comprehending

When you talk to me I am learning so much about myself, the world around us and our traditions and culture. Storytelling and teaching is an important part of developing daily routines and learning new skills as well as explaining how the world works. Hearing traditional stories and learning from Elders will connect me to the community and help me understand our ways of life. Routines like every day self-care can be thought of as ceremony, and connected to our heart, mind, body, and spirit.

- Goal: I will learn to repeat words and phrases used every day by my loved ones
- Goal: I will listen to your voice
- Goal: I will learn to understand and follow instructions
Expressive Language

Objective

“I am learning to use my words more and more as I grow and with your help I will be speaking in no time!”

Babbling

Putting early speech sounds together such as “da da” or “ga ga” are my way of beginning to form words and to learn the back and forth communication with you. When I say “da da” and you say “da da” back, I am encouraged to practice new sounds and enjoy the interaction with you.

☐ Goal: I will make babbling and cooing sounds with my caregiver

☐ Goal: I will engage in serve and return interactions with my loved ones

Turn-Taking

This skill is utilized strongly in drumming, singing, dancing and participating in daily life. It is important you model the behaviour of turn-taking, and I will see it within cultural context. Sharing or talking circles, hearing and seeing drummers take turns, watching dancers dance during certain times, and so on, are closely linked to respect for each person’s roles and responsibilities within the community.

☐ Goal: I will engage in turn-taking with my caregiver

Labelling and Naming

Being able to communicate about the world around me helps me to find my place within it – understanding myself and others. Connecting with nature and activities like medicine walks are very important while developing this skill. Opportunities to participate in cultural practices will encourage labelling and naming within the traditional language, which also strengthens cultural identity and spirit.

☐ Goal: I will use words to talk about the world around me/ I will put names to familiar objects
Labelling Feelings

Songs and stories have the ability to convey meaning and messages about emotions. This is strongly rooted in cultural cues and requires an understanding of the cultural norms of each family. For example, some children are discouraged to show negative emotions like distress, in the presence of Elders, which requires understanding of emotion and affect and strong self-regulation skills.

☐ Goal: I will use sounds and words to let you know how I am feeling

Communicating with Sounds and Words

Cultural practices like drumming, singing, giving thanks (prayer), and sharing traditional stories all reflect opportunities to communicate through sounds and words. It is important to listen to me with your ears and your heart. Babies and young children feel understood and loved when they are truly heard. This is important for developing speech, language and communication skills.

☐ Goal: I will use sounds and words to interact with others around me
GROSS MOTOR
HOW I MOVE MY BODY

Indigenous children are active participants in the day to day lives of the family and community, and are encouraged to learn through observation and doing, interacting with all elements of communal life. This includes exploring activities and objects that are present within their environment, at the same time learning important motor, social and community skills. These interactions with objects and activities are supported by stories and individual narratives that allow for the child to make personal connections between those objects and activities, and the overall cultural worldview, and the child’s place within it.

Supported by the practice of non-interference, children are encouraged to explore and experience things for themselves, guided and taught by all members of the community. This process begins with observation, and is followed by direct interaction with items such as dancing, rattles, drums, gathering medicinal plants, and often, animal parts such as porcupine quills during harvesting activities.

Games of dexterity, creativity and strength are primary processes by which motor skills are developed at an early age. Young children are encouraged to watch and learn from older children. Games such as wrestling, archery, lacrosse, snowshoeing, snow snake, can be introduced at fairly early ages and are always supported by critical developmental goals/teachings, whether it is physical, intellectual, emotional or spiritual.

Through dance we understand how our bodies move through space. Animals were our first teachers, and traditional dances often reflect the movement of animals, how crows hop and the thunderbird soars. The movement that we see in the regalia can tell stories of different elements in nature, for example the jiggle dress echoes the sound of water, and fringe echoes the movement of the grasses. Many dances also tell of transformations such as from earth being to spirit being, or of man to different animals. Dance is traditionally closely tied to ceremony, but also today brings people together for social teaching and community building.
Goals, activity areas and strategies

Large Muscle Building

Objective

“I will have a stronger body when I do these daily activities that help strengthen and build the muscles in my arms, legs and trunk.”

Tummy Time Floor Time

Spending time on the floor lets me see the world in a whole new way! I can strengthen my arms, back and neck while I try to figure out how to use my legs and my arms in new ways. Tummy time is important as it prepares me for the crawling position.

☐ Goal: I will spend time each day playing on my tummy/on the floor with my caregiver.

Pulling and Pushing

When I’m small I will start by crawling and then pulling myself up to a standing position to explore. As I get bigger pulling and pushing become important skills for moving about in nature. Activities such as climbing and canoeing use my shoulders, arms and trunk to paddle, pushing the canoe through the water.

Likewise in archery it takes a lot of strength to pull back the arrow on the bow. I can start learning how to use tools like these from a young age, using child size/toy versions.

☐ Goal: I will practice pushing or pulling myself up.

Standing and Walking

Learning to put weight on my legs and feet are the first steps toward learning to walk. When you give me lots of opportunities to strengthen my leg muscles, I will learn to bear my own weight, and eventually stand on my own. This takes practice and a lot of patience. This is a first step in using my body to get around. As I get more balanced and stable on my feet we can try different activities like hiking and exploring, gathering medicines, ice skating and snowshoeing (which is important for hunting and getting around in winter months).

☐ Goal: I will learn to stand and walk (with help)
Balance and Coordination

Objective

“I will participate in daily activities that promote large muscle movement as well as my balance and coordination.”

Stairs Goal

Building my leg muscles is important for me as I grow! Being able to play on uneven surfaces helps balance and coordination develop. When you give me the chance to try out new things and take small risks, I learn what my body can do and I learn that you will be there to make sure I am being safe! Being able to climb stairs will increase my independence and allow me to explore places that are higher than I am.

☐ Goal: I will practice climbing up and down stairs (with help)

Outdoor Play

Jumping, hopping, climbing and running are important ways to learn how to use my body. As I grow I am building muscle, balance, coordination and endurance and physical activities like climbing trees, tobogganing, hunting and tracking will keep me healthy. Spending time outdoors increases my options for moving around and exploring physical space and nature. Playing outside everyday and in all sorts of weather is a great way for me to see and explore the world, the environment and seasons.

☐ Goal: I will spend time every day playing outdoors

Peer Interaction

It is important for young children to have others their own age and older to learn from. By spending time with others I will learn cooperation, empathy, listening, leading, and turn taking. Playing games with other children helps me learn how to interact and socialize, as well as follow the rules. Active physical play such as dancing and wrestling strengthens coordination, balance and other large muscle skills.

☐ Goal: I will spend time playing games that require lots of movement with kids my age
Ball Play

I practice throwing and kicking a ball, I strengthen my sense of balance, coordination and hand-eye coordination. Team based activities like lacrosse, also bring together the family and community to join in and have fun together. Ball play is also a first step in building the aim and coordination required in hunting skills such as spear fishing and archery.

Goal: I will spend time kicking, rolling, throwing, catching and bouncing a ball inside and outside
FINE MOTOR
HOW I USE MY HANDS

People who work with their hands (such as artists, bead-workers, carvers and weavers) are often highly regarded as cultural teachers. Arts and crafts are very important to Indigenous cultures. Many crafts, motifs, patterns and designs of a particular region are handed down from generation to generation and often tell stories of Mother Earth, history and beliefs. Many common Indigenous crafts focus on creating practical items for everyday use such as moccasins or baskets that are also made beautiful with beadwork or weaving patterns.

Objects gain significance when they are made by hand, and by loved ones. Some crafted objects like dream catchers may lose their spiritual significance and power if they have been made for mass production. Similarly medicines may lose their potency when they are not picked by the one who will use them, because the reverence and connection to Mother Earth has been compromised.

Dexterity and creativity are also important components of self-expression and individuality, using the fingers to create beautiful art, tools, clothing and regalia. Often items such as moss bags or star blankets will be crafted by an extended family or community member as a gift for a child as a way to welcome them to the community.

Fine motor skills also include many practical skills for survival such as hunting, gathering, and preparing food and medicines.
Goals, activity areas and strategies

Small Hand Movements

Objective

“I will learn to use the muscles in my hands to make small hand and fin movements.”

Grasp and Release

While I am small I will need to practice using grasp and release in order to build towards further skills. I’ll start with simple tasks such as playing with toys, and turning pages in board books, and I will eventually use these skills while using creative tools for painting or crafting. Other tasks like gathering berries from the garden takes a delicate hand to not damage the fragile berries.

☐ Goal: I will practice my grasp and release in everyday play and exploration of my toys

☐ Goal: I will use my forefingers and thumbs when playing with toys and objects

Hand-Eye Coordination

At first I will start out with very simple coordinated movements using my hands such as playing with toys and at mealtimes. This kind of dexterity is important athletic activities like catching and throwing objects too. As I grow I will be able to do much more intricate and creative work: beading, crafting, making corn husk dolls, dream catchers or porcupine quill boxes.

☐ Goal: I will practice coordinating my eyes with my hands as I try to reach for objects

Hand/Wrist/Finger Movement

Dexterity of the hands is very important for hunting and survival. Tasks like gardening and fishing require a lot of specific hand movements. Some games such as the Ring and Pin, making hand shadows can help to keep the small musc in the hands nimble.

☐ Goal: I will move my hands and wrists together to pick up toys or objects
Feeding

Being able to feed myself is an important part of becoming self-reliant. As I get older I will love to help you with preparing meals.

☐ Goal: I will feed myself (using my own spoon or fork)/I will learn to use a cup on my own

Self-Help

My fingers are small, but they can do so many things. Giving me opportunities to do things for myself helps me feel independent as well as strengthens my hands. I will take pride in being able to do things on my own, without much help from you. When you show me that you think I am capable, my confidence to try things out for myself grows.

☐ Goal: I will help to get myself ready for the day in the morning or ready for bed at night

Large Hand Movements

Objective

“I will learn to use the muscles in my arms, wrists and hands to make large hand movements.”

Coordinated Hand Movements

Drumming and dancing are integral to Indigenous traditions. When drumming and dancing I can coordinate my rhythm with yours. Hunting activities such as rowing, fishing and casting nets also require the use of large hand movements.

☐ Goal: I will transfer objects from one hand to the other and get more comfortable using both hands equally

☐ Goal: I will play with materials that allow me to explore new and different textures
Reaching Objects

When I am small I will learn so much about the world simply from reaching out my hands. I will learn that my hands are an extension of myself and I can use them to make things happen, for example when I bat a toy above my head, I can make it swing and dance. Later on I’ll use my reach to do a lot of things such as climbing trees, collecting medicines and materials for crafts, picking berries.

☐ Goal: I will move to get an object that is out of my reach

Stacking and Building

These skills traditionally contribute to building shelter. When I am young we can start off with small blocks and by building pillow and blanket forts. We can build up to snow forts and other shelters like tipis, or I can help you with stacking wood for fires.

☐ Goal: I will learn about how things occupy space by moving things in and out

☐ Goal: I will explore using blocks to make a tower and to build structures

Emergent Writing Skills and Tool Use

Objective

“I will begin to draw and write though the use of tools and the fine motor muscles in my hands and wrists.”

Drawing and Writing Skills

Practicing writing and drawing shapes allows me to master the coordination required for better accuracy in my small muscle development. Writing my name is also important and with practice I’ll be able to do it in no time. Drawing and writing activities help me to think creatively and require me to pay attention to what I’m doing.

☐ Goal: I will colour/draw using different materials such as pencils, crayons and paints
**Child Safe Scissors**

Using scissors to help you cut shapes for quilting/ star blankets helps me get used to using tools as an extension of myself. As I grow using tools becomes more and more important. If I have a lot of practice with cutting shapes early on I will be able to be more precise with using tools.

☐ Goal: I will practice using child-safe scissors under the supervision of a grown up
Problem solving involves all of the senses and encompasses a broad range of skills, such as memory and forethought, intellect and logic, self-identity and diplomacy. These skills are gained through firsthand experiences, trial and error, imitation and repetition.

Story telling serves two critical purposes in Indigenous child-rearing practices: the passing on of cultural history of ways of knowing and being, and providing direction on cultural norms, and social value systems that guide day to day life in Indigenous communities. Stories help to define the direct connections between the skills and relationships required to achieve the four elements of the balanced human being - Heart, Mind, Body and Spirit.

I am a separate individual, yet intrinsically connected to my caregiver and all other community members and things within the natural world. Exploration of my environment using all of my senses helps me to understand how things work, and are connected. Watching and being involved in ceremonies lets me understand and experience different roles and responsibilities in the community.

As I learn about the world around me I am learning to be independent, but also learning about my place in the community and society and the gifts I have to share.

In many Indigenous cultures naming ceremonies are held early in a child’s life, and these naming traditions vary widely across nations and tribes. Typically, the name that is given to the child by the Elders and community serves as a reminder throughout an individual’s life of their responsibilities and purpose. Later, another name might be given at important phases of an individual’s life that reflect their path, gifts and responsibilities. Finding one’s true spirit name is a part of lifelong self-discovery.
Goals, activity areas and strategies

Working Memory

Objective
“"I am learning to retain and think about information in my head over short periods of time.""

Auditory Memory

Sharing traditional songs and stories with me reinforces my memory and sense of cultural identity. When I am younger I will need to hear the stories over and over again, but I will eventually learn them by heart and how each one is different from the next. I will also start to learn how to identify different voices and sounds in my environment, and different tones of voice.

☐ Goal: I will recognize familiar sounds and voices (See Communication Section)

Object Permanence

As my memory improves I will learn to look for things when they are out of sight. Learning that something is still there even when I can’t see it will help me understand that if you are not right in front of me, you are close by you will be back, of if we put my toys away we will know how to find them when we want them.

☐ Goal: I will understand that even when an object is not seen, it still exists

Self-Recognition

Recognizing myself in a mirror or in pictures gives me a sense of identity. I will learn who I am and who the familiar people around me are. Soon I will be able to put a name to myself and to others. Keep in mind, some Indigenous people believe that very young children should not be around mirrors because they are still very connected to the spirit world, and the mirror can be a portal for bad spirits to enter the child before they have a true sense of self.

☐ Goal: I will learn that I am a separate person from others
Numbers or 1:1 Correspondence

A variety of Indigenous arts and crafts involve counting and sequencing such as bead work and drumming rhythms. In ceremony and in interacting with nature it is encouraged to take only what you need in order to ensure that enough is left for the others in your community.

☐ Goal: I will learn about numbers and what they represent

Labelling Similarities and Differences

The world is a complex place. Matching, sorting and grouping help me to understand how some things can be the same, similar, or different. This helps me make sense of the world and how it can be organized. As I begin to understand language, labelling and identifying similarities and differences provides me with a framework by which I can understand the scientific world. Eventually I will use these skills in tasks such as identifying plants and medicines by their leaves and flowers.

☐ Goal: I will understand the concepts of same and different

☐ Goal: I will begin to match, sort and compare different objects based on size/colour/shape

Cognitive Mental Flexibility

Objective

“I will learn to adjust to new demands/priorities/perspectives.”

Attention Regulation

Staying with one activity, even for a short time, is how I learn to concentrate and improve my attention span. These skills develop over time as I learn how to control my body and my brain and using my senses. When I am young my attention span is short, and I may find some situations or tasks overwhelming. New experiences that allow me to observe others and use my senses, such as attending ceremonies and listening to stories of elders, and watching how you act will help me understand what is expected of me.

☐ Goal: I will stay with one activity for an extended time I will play with just one thing at a time

☐ Goal: I will strengthen the connections in my brain through serve and return interactions with others (See Communication)
Understanding and Following Instructions

Following simple directions will not only allow me to gain independence, but also to feel good about myself for being able to help. Routines and daily experiences help me to remember solutions to everyday problems (e.g. where my coat goes), and eventually I’ll be able to handle new situations based on past experiences on my own, without your help. By watching you and with your guidance I will learn step my step actions towards achieving goals. Observing you and others within the community will also help me learn about what is expected of me during ceremony and when interacting with others in the community.

☐ Goal: I will learn to understand and follow instructions (See Communication)

Cause and Effect Goal

When we play games that include back and forth conversation (as simple as cooing and gurgling if I’m a baby) I begin to understand that conversation is a partnership and my sounds are equally valued and can initiate interactions.

Experimenting with toys and objects is the only way I will begin to understand what objects can do and how my actions can create different reactions. By exploring them I get to practice my newly mastered hand-eye coordination and problem solving skills.

☐ Goal: I will learn how I can make things happen in my environment

☐ Goal: I will explore my toys and the different things I can do with them

Safety Recognition Goal

I’m still learning to control my impulses, so sometimes my emotions lead to behaviours. Sometimes I forget all the rules that keep me safe. When you help me understand my world and how to be cautious around dangerous things like fire, I know that you want to keep me safe. I need boundaries! Show me what kind of behaviour is appropriate and talk to me about what kind of behaviour is not appropriate and why. This ties in to respecting elders and authority figures who also are looking out for me and my safety.

☐ Goal: I will learn about what is safe and what is dangerous in my environment
Fostering Creative Thinking

Objective

“I will learn to think in a more abstract way through the use of various materials.”

Tactile Discrimination

The world is such a complicated and wonderful place and the best way to learn about it is through the sense of touch and manipulating materials.

Many Indigenous crafts use items that are found or harvested in nature. By touching I can explore how different items might be used or how I can change them to be more useable. For example, crafts such as making corn husk dolls, bent wood boxes and birch bark weaving require soaking materials in water to make them more pliable. Likewise activities like cooking show me how ingredients can be combined to make something very different.

☐ Goal: I will explore different textures in my environment (See also F Motor)

Spatial Relations

When I am young I am constantly learning about my body and where I am in space, because it is constantly growing and changing. It is important for me to be aware of my own body, where it begins and ends and the spaces between.

Crafting activities like beadwork and making dream catchers make me consider the spaces between objects. Dance is all about moving my body through space, and hunting activities like tracking, birdwatching, and archery require awareness of distance between ourselves and the things we see.

☐ Goal: I will learn how I can make things happen in my environment

☐ Goal: I will explore with my caregiver how objects occupy space and fit together
**Constructive Play**

Constructive play involves a lot of thoughtful decision making to select the best tools and materials for a project, be it large like a fort, or small like a collage. It involves coordinated planning to achieve an end product. As I explore and try out different materials I will find different ways to use items in creative ways.

Traditionally, many common Indigenous crafts focus on creating practical items for everyday use such as moccasins or baskets that are also made beautiful with beadwork or weaving patterns. It is important skill to create something unique from common materials.

- Goal: I will put together a puzzle with my caregiver
- Goal: I will create something using recyclable materials around the house
SOCIAL-EMOTIONAL
HOW I SHOW FEELINGS AND
ACT AROUND OTHERS

Of all the domains of development, the social-emotional aspects are perhaps the most important to Indigenous peoples. When the spirit is strong the heart, mind and body are also strengthened.

Family and community are especially important to Aboriginal people. Each child has a place and responsibility within the community. When in early childhood their responsibility is to bring laughter and joy.

The family and community is likewise responsible for caring for that child to ensure that they stay on the good path as shown by the seven grandfather teachings. These teachings (Humility, Bravery, Honesty, Wisdom, Truth, Respect, and Love) are all aspects of social and emotional development which are in place to help ensure that spirit remains strong. This means encouraging individuals to honour themselves as a sacred being, as we all are sacred beings. The way one carries themselves in ceremony – with reverence to tradition and reflection on one’s place and purpose in the world – carries over into daily self-care activities.

Honoring oneself means taking care of oneself and living up to one’s potential. From the beginning it is important to foster a child’s self-perception, self-expression, cultural and personal identity. Children learn how to manage their feelings and behaviours over time through positive guidance and watching their Elders, so it is important that their Elders are modelling positive behaviours.

When a child has the opportunity and ability to freely express themselves they can develop a strong sense of belonging. This is learned through positive serve and return experiences with caregivers where the child can experience empathy and compassion first hand, and feel that their needs and emotions are understood. The relationships that young children experience during infancy will carry forward as they grow and develop.
Goals, activity areas and strategies

Encouraging Attachment

Objective

“I know that I can count on you to respond quickly and consistently when I am upset or in distress.”

Attachment

Attachment is built when a caregiver responds to an infant’s distress. A secure attachment means that I have learned to trust that you will be there to help address my needs and neutralize the distress. This relationship leads to strong self-regulation skills.

☐ Goal: When I am upset (sad, angry, frustrated, upset, sick) I will cue my caregiver to help me calm down by crying or using facial expressions and gestures

Establishing and Strengthening a Bond

Objective

“Our relationship matters, and when we spend one-on-one time we are working on the connection that we share.”

Creating an Emotional Bond

Indigenous mothers would often carry their child with them constantly (baby wearing/ papoose/ cradleboard) even while working in the fields. This way the child learns to watch and observe the world and see through their caregivers eyes, and the caregiver is able to respond to baby’s needs and teach the baby about the world. When you talk with me and give me your full attention it will let me know that I am an important part of your world too.

It is important for caregivers to be mindful of my feelings and needs. When I feel “felt” by my caregiver, and feel important I am better able to express myself and my needs.

☐ Goal: I will use one on one time to strengthen my bond with my primary caregiver
Engaging in Serve and Return Interactions

The Indigenous child has roles and responsibilities within the community – to bring laughter and light, it is the caregivers role to nurture that light. As we spend time together you will learn to understand my cues, and I will learn to understand yours. These serve and return interactions let me know what I can expect from our relationship, and these experiences are hardwired into my brain.

□ Goal: I will strengthen the connections in my brain through serve and return interactions with my primary caregiver(s) (See Communication)

Promoting Regulation of Attention, Emotions & Behaviour

Objective

“As I am developing my emotions I will need your support to learn how to regulate them, along with my attention and behaviour. This includes my knowledge of what is safe or unsafe, how I can hold my attention, and be able to calm myself when I get upset.”

Regulation of Emotions

I need my caregiver to help me understand my emotions, what they mean and how to show them. My feelings are an extension of my heart and spirit and it is important to honour both positive and negative feelings to be able to find balance. When you can guide me in ways to share my feelings I will learn that you support me as an individual.

□ Goal: I will learn to recognize what I am feeling and communicate my different emotions

Attention Regulation

It is very difficult for me to focus when I am upset or uncomfortable. When I have all of my needs met I will be better able to learn and focus myself. This skill comes with time and practice. When I am very small I will have a much better time focusing when you are playing with me and are there to encourage me.

□ Goal: I will stay with one activity for an extended period of time/ I will play with just one thing at a time (See Problem Solving)
Managing My Behaviour

There are lots of reasons why I may be acting out. I have difficulty controlling my impulses, especially when my feelings get the better of me. I need your support, understanding and coaching in order to curb behaviours that arise from negative emotions. Watching others model positive behaviours and interactions will teach me how to interact with others in a socially appropriate way. Learning how to express my feelings and emotions in a way that does not hurt or disturb others is important for my overall development, especially my thinking skills.

☐ Goal: I will be gentle with people/things in my environment

☐ Goal: I will move smoothly from one activity to another

☐ Goal: I will be prepared for a big change in my life

Safety Recognition

I need boundaries! The world is a very exciting place, but sometimes I forget all the rules that keep me safe. I sometimes forget to think about others and how my actions might hurt them. Show me what kind of behaviour is appropriate and talk to me about what kind of behaviour is not appropriate and why.

☐ Goal: I will learn about what is safe and what is dangerous in my environment (See Problem Solving)

Promoting a Sense of Self and Independence

Objective

“I will begin to build my self-esteem, self-confidence, and be more aware of whom I am. With your encouragement I know I can do anything!”

Self-Recognition

A naming ceremonies can be an important aspect of traditional Indigenous upbringing. The name that we are given is a gift that can help to guide us on our path and purpose. It is important for a caregiver to nurture my unique gifts and what I bring to the world. When I know myself, where I come from and belong, I can honor myself.

☐ Goal: I will learn that I am a separate person from others (See Problem Solving)
Understanding and Following

I will learn the most from being a part of a community and watching and imitating others. When I am young, I may have a hard time following instructions, but when you show me how things are done and what is expected of me I will learn over time. As I learn my roles and responsibilities I will take pride in being able to contribute my gifts.

☐ Goal: I will learn to understand and follow instructions (See Problem Solving)

Self-Help (e.g. Eating, Toileting, Getting Dressed)

I gain more self-confidence in my abilities when you encourage me to do things on my own and allow me to make decisions. I feel so special when you believe in me and what I can do! Self-help is an important part of how I will walk my path. We could think of things like brushing teeth as a part of our personal daily ceremony that honours our body, heart, mind and spirit to keep us in balance.

Establishing routines will help to reinforce these personal daily ceremonies.

☐ Goal: I will help to get myself ready for the day in the morning or ready for bed at night (See Fine Motor)

☐ Goal: I will use a potty or toilet when I need to

☐ Goal: I will feed myself (using my own spoon or fork)/I will learn to use a cup on my own (See Fine Motor)

Promoting the Expression of Emotion

Objective

“I am developing a full range of emotions that will later lead to qualities of empathy of perspective taking. By giving me the words to use to express my emotions and letting me know how my actions affect others, I am gaining the ability to rise to life’s challenges.”

Feelings

By providing warmth and support to me as a newborn I will know that you are there for me to help me meet my needs. Responding to me and helping me understand my feelings, especially when I am upset, shows me that my emotions are important part of who I am, and I am loved and cared for. As I grow I will learn to care for the feelings of others as you have cared for mine. Sometimes children
are discouraged to show negative emotions like distress, in the presence of elders, which requires understanding of emotion and affect and strong self-regulation skills.

- Goal: I will learn to communicate and manage my difficult emotions

## Encouraging Social Interaction Skills

### Objective

“Encouraging my social interactions and skills will help me to make friends and get along with others. I will also learn about my community and whom to trust.”

### Symbolic & Pretend Play

Pretend play lets me practice and learn about important routines and activities I may not be familiar with yet. Practicing and re-enacting these experiences will allow me to become more comfortable with them. Playing out and practicing everyday experiences and routines teaches me valuable and important life skills that will boost my confidence and independence as I grow.

- Goal: I will learn how I can make things happen in my environment
- Goal: I will explore my toys and the different things I can do with them

### Solitary Play

It is important for me to have time to play on my own to build confidence in my skills before demonstrating them to others. This allows me to test out different kinds of play and to think and problem solve on my own, and to explore the things that bring me joy. Playing near you, but independently also helps to develop my attention span.

- Goal: I will learn how to play on my own for a few minutes
**Parallel Play**

Engaging in my own activity while beside other children allows me to watch and listen to the activities other children enjoy. I will start to notice that we often enjoy the same things, which reinforces my spirit to explore more.

☐ Goal: I will learn how to play alongside other children

**Cooperative Play**

This is where I will start actively becoming a part of a community. I will need to learn how to use the 7 grandfather teachings so that we can work together and enjoy our time together on Mother Earth.

☐ Goal: I will learn how to play cooperatively with other children
REFERENCES


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