

First Nations Children with Special Needs A Regional Literature Analysis



DRAFT

FOR DISCUSSION ONLY

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Our Elders say, “long ago we did not treat our disabled children differently, they were special, special in a way that they were a gift. There was a reason why disabled children were put on the earth and they were included in all parts of the community. These children are a gift to show an appreciation of life. Disabled children are on loan to us and we must nurture and love them.”¹

Overview

During March 2006 the Assembly of First Nations (AFN) undertook a special needs literature review with the support of Human Resources and Skills Development Canada (HRSDC). The purpose of the study was to conduct an initial scan of the special needs information and to identify gaps in knowledge and research required in order to address the requirements of First Nations children with special needs. Dr. Rose-Alma J. McDonald was the principal author of that review of literature (AFN March 27, 2006). The findings of the literature review were as follows:

- In the area of *special needs* there are **very few programs** nationally that meet the requirements of First Nation *children* with special needs.
- There is an absence of clear guidelines and policies which results in limited programming to meet the requirements of First Nation children with *special needs*, and there are significant inconsistencies in **funding**.
- **Jurisdictional issues** are not clear, nor are the responsibilities of the various levels of government. This results in a disparity in the levels of service provided nationally, provincially and territorially, limiting the ability of First Nations to meet the requirements of children with special needs. Research is required to support this need.
- There is also **limited awareness of services** available, and of the services and programs generally. They do not appear to be culturally appropriate for children in a First Nations context.
- There is limited research to indicate that **effective assessment and screening techniques** have been developed to adequately determine the true extent of special needs in a First Nations context.

¹ Alberta Learning & Premiers Council on the Status of Persons with Disabilities. (2000) *A Handbook for Aboriginal Parents of children with Special Needs*. Edmonton:

- There is limited evidence of a **research paradigm** that is consistent with First Nation worldviews in an assessment context. Culturally relevant assessments are required to address this need.
- In terms of **training and capacity development** it is noted that there are very few Early Childhood Education programs nationally and of the few that exist there are approximately only nine nationally that even offer some courses in special needs; with less than five of those estimated to have an Aboriginal focus.

In summary, the scan indicated a dire need to research the areas of screening and assessment of special needs. Further the scan identified the need for research to be conducted to define special needs in a way that is meaningful for First Nations that will accurately identify children who have special needs and that is culturally and linguistically appropriate for use in First Nation settings. This is also true for the development of programs and services that address the gaps identified within the spectrum of services required to meet the unique needs of First Nation children with special needs. Training that is First Nation specific and nurtures the capacity development of First Nations to empower them to design and meet program requirements is an additional need that was identified.

Scope of the project

The purpose of this project was to undertake a community based data collection exercise which is a segment of the AFN's *Special Needs Research Plan* (2006-2007). This project consisted of a regional literature analysis and case study approach which could be expanded, based on further funding availability, to collect special needs data from First Nation communities.

Introduction

The following literature review analyzes regional data regarding special needs work that is being conducted within First Nation communities nationally.

In the report *You have to be Carefully Taught: Special Needs and First Nations Education* (1999) by Roland Chrisjohn, some sound assertions were made concerning the worldview of First Nations within a special needs context. The report states:

In speaking with traditional people and elders in several different communities, they were unanimous in asserting that there was no such thing as a "special needs" child in former times. They didn't mean that there weren't occasions where some physical or even psychological problems arose, or that everyone was more-or-less moderately competent at everything. They meant that everyone was respected for the strengths and weaknesses they brought to

the life of their community, that there was a place for everyone because everyone depended in some way on what those around him/her could or could not accomplish. People weren't "fiscal burdens" on the "competitive economic well-being" of a society; they were people. The interdependence of all the members of any society wasn't hidden behind commodity production or specialization, and that interdependence was not seen as a weakness of some sort. Rather, it was taken as the fundamental meaning of "community." In diversity was strength, and the underlying tenet of First Nations societies was that greater ability justified greater responsibility, not greater privilege. How distant this reality is from a system built to foster privilege, and blame inequities in the quality of life on largely internal and unchangeable defects of individual people....

The issues surrounding special needs and First Nations are not medical or psychological; they are historical, economic, and moral. We must not be blind to this.²

In the *Convention on the Rights of the Child*, the millennium development goals of the United Nations Member States outlines rights of special needs children. They are as follows:

"We will take all measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and children with special needs; to ensure the recognition of their dignity; to promote their self-reliance; and to facilitate their active participation in the community."³

"Indigenous children, children belonging to minorities and vulnerable groups, are disproportionately disadvantaged in many countries due to all forms of discrimination, including racial discrimination. **We shall take appropriate measures to end discrimination, to provide special support, and to ensure equal access to services for these children.**"⁴

"Ensure effective access by children with disabilities and children with special needs to integrated services, including rehabilitation and health care, and promote family-based care

² <http://natpsycdn.brandonu.ca/News%209911.htm>. March 23, 2007.

³ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 20

⁴ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 20

and appropriate support systems for parents, families, legal guardians and caregivers of these children.”⁵

“Provide special help to children suffering from mental illnesses or psychological disorders.”⁶

“States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.”⁷

“State Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child’s condition and to the circumstances of the parents or others caring for the child.”⁸

“State Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.”⁹

“Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child and **shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social**

⁵ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 30

⁶ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 30

⁷ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 67

⁸ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 67

⁹ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 68

integration and individual development including his or her cultural and spiritual development.”¹⁰

Providing quality care to First Nations children with special needs must be a priority. The following excerpt taken from the *Aboriginal Parent Handbook for Children with Special Needs* sums it up this way:

Within our Aboriginal communities, we are faced with many challenges, one of which is providing quality care to our children with special needs. Our Elders say, “long ago we did not treat our disabled children differently, they were special, special in a way that they were a gift. There was a reason why disabled children were put on the earth and they were included in all parts of the community. These children are a gift to show an appreciation of life. Disabled children are on loan to us and we must nurture and love them.”¹¹

The Handbook reflects the feelings experienced by many the families of First Nations children with special needs.

Parents of children with special needs are often frustrated when their children enter the school system. This becomes more evident if the children and parents are Aboriginal, as they must sometimes deal with both the provincial education system and the federal education system. If they live on reserves, the services are not always the same as if they lived in urban areas.¹²

The Purpose

The purpose of this literature analysis was to examine what was available in First Nations communities in terms of special needs during the information collection period of February and March 2007. A request was forwarded to AFN’s National Working Group on Special Needs for regions to share information with the consultant team with regard to any work that they were aware of in their respective regions related to regional priorities, identification of gaps, needs, and any work done to date.

¹⁰ UNICEF. (2002). *A World Fit for Children: Millennium Development Goals Special Session on Children Documents The Convention on the Rights of the Child*. UN General Assembly: 68

¹¹ Alberta Learning & Premier’s Council on the Status of Persons with Disabilities. (2000). *A Handbook for Aboriginal Parents of Children with Special Needs*. Edmonton: 1

¹² Alberta Learning & Premier’s Council on the Status of Persons with Disabilities. (2000). *A Handbook for Aboriginal Parents of Children with Special Needs*. Edmonton: Introduction

Correspondingly, regional documentation and literature, provided by AFN regions was examined by the team to identify key information. The areas reviewed included research projects, available data gaps, needs, priorities, pilot projects, lessons learned and provincial/territorial initiatives.

Definition of Special Needs

The following definition for special needs is provided for the purposes of this literature review:

A special need is a need an individual has over and above the basic needs of humans to grow, learn, function, interact with others and lead a healthy life. Some special needs stem from disabilities while others do not. Complex medical needs are a subset of special needs but do not include all special needs.

Study Overview

The following section outlines what is happening in the world of First Nation special needs, by region, in seven key areas:

- ▶ Research Projects
- ▶ Data Gaps
- ▶ Needs
- ▶ Priorities
- ▶ Pilot Projects
- ▶ Lessons Learned
- ▶ Provincial/Territorial Initiatives

The biggest challenge in conducting this literature analysis was the fact that there is great variation in the policies and programs surrounding services and supports for First Nations children with special needs. The number of programs and their eligibility requirements are quite different from one jurisdiction to another, and the definitions of special needs are equally numerous.

While some provinces deliver programs through the Ministry for Children, for other provinces the responsibility for children with special needs is not clear. We have also found that there are not many culturally based assessment tools available for First Nations children with special needs. This is yet another challenge to analyzing what is available and/or relevant for use with First Nations children with special needs.

Finally, many remote and northern communities do not have the infrastructure to support training and development for their front-line special needs and Early

Childhood Education workers, so it is even more difficult to ascertain the levels of service and programming available for special needs.¹³

Methodology

Each AFN regional special needs working group representative was asked to communicate and discuss information with the team on what work has been done to date, identification of gaps, needs, regional priorities and other information in terms of special needs for their respective region. Those regions that participated sent information directly to the consultant team and to the AFN. Additional documentation was also collected from various research documents, studies and evaluations, as well as, downloaded in some cases from Internet searches.

The limitations of this research are as follows:

- This literature review was conducted in a compressed time frame.
- Due to time limitations it was not possible to conduct an expansive review of literature beyond what is described herein.
- There are serious limitations in the availability of literature and data particular to First Nation special needs. It appears, from the data, that special needs programming availability is very limited. While some efforts have been taken towards prevention and integration, little else appears to be available on this topic at this time. It is very evident from our data search that limited scholarly research has been conducted on this topic over the years. As for programs and services data, there is a similar data limitation.
- Data within regions are limited and it appears that evaluation of programs and services data is also limited or non-existent.

Notwithstanding these informational shortfalls, the authors are confident that the analysis contained herein clearly addresses the methodological requirements of the project.

Service Gaps

It is important to understand the service gaps in the context of First Nations special needs. First Nations communities have access to a blend of federal, provincial and locally operated programs and services. The federal government is responsible for services for status Indians on-reserve, while Health Canada

¹³ Unknown. (n.d.). *Distance Learning on Special Needs for Early Childhood Education Workers in Aboriginal Communities: Report Synopsis*. Canada: 1-3

provides services for health through the First Nations Inuit Health Branch. Child Welfare services are the responsibility of INAC. The provincial/territorial governments are responsible for services to status and non-status Indians living off reserve.¹⁴ As a result of this matrix of services, jurisdictional conflicts are inevitable. Provincial governments often refuse services to First Nations citizens who reside on-reserve while the federal government provides a limited menu of the services required. As a result there are continuous disputes between the multiple levels of government as to who is responsible for the care of First Nations children with special needs.¹⁵

The impacts are direct and severe on children with special needs and their families. Without programs or services, First Nation families on-reserve are driven to desperate measures such as placing their children in foster care or moving away from their communities to access the services they require. Typically these are acts of desperation because alternative access to resources are so limited or non-existent.

“Human Resources Development Canada's (HRDC) five-year Aboriginal Human Resources Development Strategy, which came into effect April 1, 1999, integrates various programming including the labour market programming, youth programs, programs for First Nation, Métis and Inuit people living in urban areas, programs for persons with disabilities, and child care. Under this strategy, the federal government has established a private sector Aboriginal Human Resources Development Council to address labour market challenges including labour market access issues. In 1999/2000, HRDC's programming budget for Aboriginal people was \$332.4 million. [Part of this fund is allocated for Aboriginal persons with disabilities, however, it's impacts are limited].”¹⁶

Needs

Disability (which limits the kinds or amount of activity children can do at home, school, or in other activities) is 1.8 times more prevalent among First Nations children (0 to 14 years old) than among non-Aboriginal children in Canada. The 2002/03 FNRLHS found that 9.5% of children 0-5 years have a disability compared with 13.5% in the 6–11 age group.¹⁷

Based on these statistics some of the most urgent requirements of children with special needs from a national perspective include the following:

¹⁴ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 6

¹⁵ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 7

¹⁶ <http://www.education.gov.ab.ca/nativeed/nativepolicy/AppendixE.asp>. March 22, 2007.

¹⁷ Dion Stout, M. and N. Jodoin. (2006). *MCH Screening Tool Project: Final Report*. Canada: 23

- There needs to be equitable access to effective services across rural and northern Canada (for example, child development screening programs; a framework for implementing and sustaining communications and information technology; a special needs information line/on-line, etc)
- Communities must be involved in all stages of research and service development, provision, and evaluation (consistent with the principles of OCAP).
- Develop and provide appropriate education, training and professional development with the highest standards.
- Establish a policy network for First Nation children and adolescents with special needs in rural and northern Canada¹⁸
- There is a need for a First Nations driven framework specifically for special needs.

Priorities

The Centre of Excellence and Canadian Policy Research Networks outline the following as research priorities particularly for Canada's northern communities:

- An environmental scan to identify and catalogue what is being offered, what the best practices are, what the gaps are, including on-reserve and Métis communities.
- Quantification of the special needs population in rural and northern Canada.
- An analysis of the cost of not meeting the needs of children and adolescents.
- More attention to Arctic issues and developing a framework for ICT across rural and northern Canada.¹⁹

¹⁸ Varga-Toth, J. (2006). *Meeting the Needs of Children and Adolescents with Special Needs in Rural and Northern Canada: Summary Report of a Roundtable for Canadian Policy-Makers*. Canadian Policy Research Networks & Centre of Excellence for Children and Adolescents with Special Needs: 6-7

¹⁹ Varga-Toth, J. (2006). *Meeting the Needs of Children and Adolescents with Special Needs in Rural and Northern Canada: Summary Report of a Roundtable for Canadian Policy-Makers*. Canadian Policy Research Networks & Centre of Excellence for Children and Adolescents with Special Needs: 13

What We Found

As we have described in our methodology the following information was provided to us by the AFN regional representatives on the First Nations special needs working group. This information is provided by region and topic according to the following headings: research projects, data gaps, needs, priorities, pilot projects, lessons learned and provincial/territorial initiatives.

The data were gathered and analyzed based on these topic areas. Where data were not available this is indicated by region and topic.

British Columbia

Research Projects

Current data on research projects, while in existence for the province of BC was somewhat sparse and non-specific. Research that has been conducted has revealed the weaknesses in special needs tools and programming, especially for First Nations people.

H.E.L.P. (Human Early Learning Partnership) through the University of British Columbia works on a variety of research projects in partnership with the BC Ministry of Children and Family Development and the BC Minister of State for Child Care.²⁰

Other research has been conducted through the Centre of Excellence for Children and Adolescents with Special Needs. This organization has reviewed the research and findings with respect to special needs. It has been determined that areas lacking overall with respect to special needs include long term effective education and training for communities and their front-line workers. Other areas that are currently very weak include culturally appropriate assessment tools and accredited education for ECE workers.²¹

Data Gaps

²⁰ <http://www.earlylearning.ubc.ca/>. March 23, 2007.

²¹ Unknown. (n.d.). *Distance Learning on Special Needs for Early Childhood Education Workers in Aboriginal Communities: Report Synopsis*. Canada: 1

No data provided.

Needs

More services are needed for children with special needs.²²

Priorities

No data provided.

Pilot Projects

No data provided.

Lessons Learned

The Research Brief – Inclusive Child Care in Northern BC reveals the following lessons learned:

- **Parents:** It is important to recognize and work with parent's goals for their children and ensure parents are not left out of the interdisciplinary team.
- **Environmental factors:** It is essential to look at the spectrum of child's needs (play, interaction, equipment and storage) for environmental factors – not just accessible bathrooms, ramps, and entranceways.
- **Setting dynamics:** A child with special needs should not feel separated from the group, whether it be for therapy time, lunchtime, play time, outdoor play, or other special requirements that the child may have.
- **Northern and rural:** Northern communities are often challenged due to lack of funds, distance and isolation, and a lack of specialists – however these smaller communities have strengths in being able to adapt quickly and work together as a community.²³

In addition, the brief outlines some principles for positive inclusion such as building effective teams, ensuring teaching opportunities within program structure and facilitating interaction between children with special needs and their peers.

Provincial/Territorial Initiatives

²² Health Canada. (2005). *National Dialogue on Federal Aboriginal Early Childhood Development Strategy*. Canada: 7

²³ Centre of Excellence for Children and Adolescents, UNBC, & the Caledonia Branch of the Early Childhood Educators of British Columbia. (n.d.). *Research Brief – Inclusive Child Care in Northern BC*. BC: 2

Initiatives specific to the province of BC have included the following:

- ECD in Aboriginal communities
- Child Care
- FASD
- Infant Development
- Childhood immunization
- Autism²⁴

First Nations Special Education CONNECTIONS

A newsletter of the First Nations Special Education Resource Line is a collaborative project of the First Nations Education Steering Committee and the First Nations Schools Association, funded through INAC.²⁵

On Reserve Health Canada ECD Programs: First Nations and Inuit Health Branch (FNIHB)

FNIHB of Health Canada is specifically mandated to improve the health of First Nations and Inuit in their communities. Its mission is to devolve autonomy and control of its health programs to First Nations on reserve and to transfer the provision of direct services to First Nations on reserve. FNIHB programs in BC now (in 2007) include:

- 1) BC First Nations Head Start On-Reserve (BCFNHS)
- 2) Fetal Alcohol Spectrum Disorder Program formerly the Fetal Alcohol Syndrome/ Fetal Alcohol Effects (FAS/E) Program
- 3) Maternal Child Health Program (new)
- 4) The Canada Prenatal Nutrition Program (CPNP)
- 5) Brighter Futures

In BC, about half of the Canada Prenatal Nutrition funding and all of the Brighter Futures funding is transferred directly to First Nations and they have flexibility in how the funding is allocated. Only very general information on these programs can be provided here since it would be beyond the scope of this Scan to attempt to collect information from individual First Nations' administrations.²⁶

“Provincially, programs have addressed awareness and prevention (for FAS/E). Health Canada’s First Nations and Inuit Health Branch launched the first FAS/E

²⁴ Government of Canada. (2004). *Early Childhood Development Activities and Expenditures*. Canada: 16

²⁵ <http://www.fnsa.ca/pdf/connections/pro-d%20Sept%202004.pdf>. March 22, 2007.

²⁶ Jamieson, K.(2007). *Environmental Scan of Aboriginal Early Childhood Development Programs in BC: The Winds of Change*. BC Aboriginal Child Care Society: 32

Initiative in 1999. The overall goals were to build FAS knowledge and develop skills in First Nations and Inuit communities. Communities could decide which of four types of funded activities to use: Activities that help women who may be at risk of having a baby with FASD; Activities that will help support parents, families or caregivers of children with FASD; activities that will help identify, assess and diagnose children with FASD; and activities that will provide education and training about FASD.”²⁷

Currently a “refocused” program has two main goals. These are:

- “To reduce the number of babies born with FASD (prevention)
- “To help make life better for children who have FASD and their families (intervention)”

The program aims to be flexible and in 2006 was described as a modified version of a University of Washington Parent/Child Assets model, a mentoring component and best practices.

Two types of funding are available: capacity building funds and program funds.

For 2003-2004 initial funding of \$153,883 was received in BC. The program was expanded in 2005 to accord with the Aboriginal ECD strategy. Now called the Fetal Alcohol Spectrum Disorder (FASD) program, it has a substantially increased national annual budget of \$16.7 million and a BC budget of \$1.7 million for 2007-08.²⁸

In 2006, six sites had been selected and contribution agreements signed. There is no evidence that this program will not continue to be funded as planned.”²⁹

Kindergarten K4- K5 and Special Education

“K4 programs are offered at band-operated and independent schools for children 4 years old by December 31 of the current year. They operate half day in private and band-run schools in 108 locations (usually on reserve).

K5 programs operate in 88 locations usually on reserve and may be half or full time.

²⁷ Health Canada, *Fetal Alcohol Spectrum Disorder (FASD) Program Guidelines. Program Expansion for 2005-2006*. First Nations and Inuit Health Branch. 2005

²⁸ Health Canada, *Fetal Alcohol Spectrum Disorder (FASD) Program Guidelines. Program Expansion for 2005-2006*. First Nations and Inuit Health Branch. 2005

²⁹ Jamieson, K.(2007). *Environmental Scan of Aboriginal Early Childhood Development Programs in BC: The Winds of Change*. BC Aboriginal Child Care Society: 36

The Special Education Program funding is administered by the First Nations Education Steering Committee and the First Nations School Association (FNESC/FNSA).³⁰ They have organized provincially co-ordinated psycho-educational assessments and hired a Speech-Language Pathologist to conduct assessments and provide professional development.”³¹

BC Government Aboriginal ECD/ ELCC Programs

The Provincial Aboriginal ECD Strategy

“The Ministry of Children and Family Development (MCFD) currently has responsibility for provincial Aboriginal ECD, early learning and child care programs.

Following on the First Ministers’ ECD Agreement of September 11, 2001, the federal government committed \$291 million over 5 years to BC for ECD. Eight provincial cabinet ministers then developed a “vision that emphasizes a cross-government strategy for children from pre-conception to six years of age.”³²

Five major priorities for ECD were identified in the vision:

1. “Making strategic investments in capacity and resiliency building and providing evidence-based funding such a as Human Early Learning Partnership (HELP) and the Early Development Instrument to measure kindergarten children’s readiness to learn,
2. Building capacity with Aboriginal communities to develop and implement early intervention strategies,
3. Quality child care programs and services to support a child’s developmental health,
4. Parental education initiatives which help parents to make the most of their children’s Development, and
5. Partnerships with the private sector to broaden community involvement and capacity for early childhood development initiatives.”

Following up on the second priority, the provincial government’s Ministry of Children and Families (MCFD) took the lead in developing a BC Aboriginal ECD strategy in 2002.

This provincial Aboriginal ECD strategy focuses on “developing innovative, culturally responsive community-based approaches to supporting the development of Aboriginal children prenatal to age 6 and their families”. Fetal Alcohol Spectrum Disorder (FASD) prevention is a key component of the strategy.

³⁰ Jamieson, K.(2007). *Environmental Scan of Aboriginal Early Childhood Development Programs in BC: The Winds of Change*. BC Aboriginal Child Care Society: 39

³¹ E-Mail, INAC, 4/24/03

³² British Columbia, *British Columbia's Annual Report on Early Childhood Development activities - 2001-2002*. [Victoria, BC. 2003]

In 2001/2002 the province started a process to select 25 Aboriginal communities across the province to deliver Aboriginal ECD services and committed \$8 million annually to establish a system of ECD services in Aboriginal communities. \$944,000 was committed in 2001/2003 primarily for a consultation process conducted by Aboriginal agencies with urban communities for proposal development. By February 2003, 37 initiatives had been funded.³³ By 2004-05, Aboriginal ECD programs or projects were being provided in 41 communities.³⁴

The funding for the ELCC agreement (signed in late 2005) was expected to generate a total of \$841.1 million by 2010.³⁵ This funding began to flow in 2004 before the Agreement was signed.

Between 2004 and 2006, many more ECD and childcare programs and service initiatives with an Aboriginal component were being delivered based mostly on the increased funding. These programs included:

- *Child care Capital Funding* – 6 Aboriginal organizations received funding to create 168 new child care spaces
- *Child Care Operating Funding program* - 83 First Nations organizations operating 104 licensed facilities received funding
- *Child Care in Aboriginal and Multicultural Communities Fund* – one time grants to promote childcare awareness. 59% of the grants awarded focused on Aboriginal communities
- *Child Care Provider Professional Development and Training Fund* – 35 First Nations and Aboriginal organizations received grants in 2004-05
- *Early Childhood Education Bursary* - available only in 2004-05. 120 students received bursaries.
- *Safe Play Space Program* – 47 First Nations and Aboriginal organizations received funding to upgrade playgrounds
- *Child Care Resource and Referral Program* – BC Aboriginal Child Care Society (BC ACCS) - 37 contracted agencies and two contracted provincial agencies serve all areas of the province.

³³http://www.mcf.gov.bc.ca/early_childhood_development/index.htm

³⁴ Ministry of Children and Family Development, *Annual Service Plan Reports 2004/05*.

³⁵ *Early Learning and Child Care Agreement a Landmark for BC*. Press release, September 29, 2005. <http://bciberals.com/EN/1342/8023?PHPSESSID=31aebb4c2a0a1544>

- Success By Six – A partnership with United Way and Credit Union Central of BC that focuses on developing “a comprehensive, integrated service delivery system that supports all children and families”. In partnership with BC ACCS in 2004-05, it established linkages with Aboriginal communities.
- Children First – An advocacy organization with some Aboriginal involvement. Input to a regional Aboriginal ECD network is provided from four regions.
- Leading Edge Endowment Fund and Aboriginal ECD Research Innovation Chairs. In 2006 MCFD committed to fund two Aboriginal ECD university/college Chairs in 2006.
- Grants to Enhance Capacity in Aboriginal communities and Initiatives – Aboriginal grants focused on FASD and training
- Seeds of Empathy – to promote empathy in preschoolers. Ten Aboriginal sites will receive pilot projects in 2005-6
- Aboriginal Supported Child Development - the focus is on inclusion in childcare settings of special needs children. In 2005, conditional grants were awarded to 17 Aboriginal communities for Aboriginal Supported Child Development initiatives
- Aboriginal Infant Development program, - projects were developed or emerging in 30 Aboriginal communities in 2005
- MCFD Community-based Aboriginal ECD Initiatives – to support community based culturally appropriate prevention and intervention services. 41 Aboriginal ECD initiatives have been established.
- Aboriginal Family Resource - 11 Aboriginal organizations received grants to enhance family support programs
- Building Blocks – Aboriginal Programs. The emphasis is on building parental capacity. 5 sites focus on urban Aboriginal families.
- Human Early Partnership (HELP)³⁶

The Aboriginal Supported Child Development Program

The Aboriginal Supported Child Development (ASCD) program is designed to assist special needs children and their families by providing extra support for them to be included in a child care setting.

³⁶ Jamieson, K. (2007). Environmental Scan of Aboriginal Early Childhood Development Programs in BC: The Winds of Change. BC Aboriginal Child Care Society: 41-43

For the purpose of the ASCD program, “special needs” includes a broad range of health, learning and behavioural challenges including, for example, speech and language delays, attention deficit disorder and hyperactivity, autism, Fetal Alcohol Spectrum Disorder (FASD, Spina Bifida, giftedness among other possible barriers to inclusion). A formal diagnosis is not required for access to the program. The program is designed to serve children 0-12 years of age with the possibility of special support for ages 13-19 being provided in the community. The current emphasis of the program is on children 0-6 years.³⁷

There are currently 12 ASCD programs across BC that contract with MCFD to provide service delivery. Five programs are delivered by First Nations agencies.³⁸

“In British Columbia, FNEC and the First Nation School Association (FNSEA) implemented the *None Left Behind – Addressing Special Needs Education in First Nation Schools* initiative. Activities included workshops, an information pamphlet and a video highlighting special education issues and challenges in First Nation schools. FNEC and FNSEA is continuing to work with the University of British Columbia to expand the special needs assessment program. They have increased the services of the toll-free telephone help line to provide assistance to First Nations school personnel dealing with special education issues, needs and programs.”³⁹

BC Supported Child Development Program (SCDP)

The Supported Child Development Program (**SCDP**) takes First Nations into account. Part of their objectives responds to diversity. The principles include the following (excerpt taken directly from the SCDP manual):

- All components of SCDP will be designed and delivered to respect the range of diversity in communities
- Full range of diversity includes diversity of ethnicity, financial circumstances, language, culture, etc
- All individuals working with children and families employ culturally appropriate and relevant practices
- Service providers will respond to families within the cultural context of family and community

³⁷ Jamieson, K. (2007). Environmental Scan of Aboriginal Early Childhood Development Programs in BC: The Winds of Change. BC Aboriginal Child Care Society: 44

³⁸ http://www.mcf.gov.bc.ca/early_childhood/ascd.htm and <http://www.scdp.bc.ca>

³⁹ http://www.ainc-inac.gc.ca/gs/ierex_e.pdf. March 20, 2007.

- SCDP will put processes in place to address diversity issues such as English as a Second Language (ESL), translation, need for staff skilled in various languages, barriers to access, and different cultural practices

Another principle inherent in the manual is the relationship with “the Aboriginal Community”.

“SCDP acknowledges the unique position of Aboriginal people in society and respects their right to design and deliver SCPD in their communities upon readiness. Therefore the SCDP reaffirms:

- That SCDP will serve as an interim program until such time as Aboriginal communities determine their preferred method of service delivery
- The historic and new relationship of self-governance between the government of BC and Aboriginal children and families established at Tsawwassen on June 11, 2002, and through the Memorandum of Understanding, September 9, 2002...
- That First Nations, Métis, Inuit and other Aboriginal Peoples assert jurisdiction over their children and families regardless of where they live
- That SCDP will draw upon the expertise of Aboriginal service delivery agencies and research institutions
- That SCDP will build Aboriginal staffing capacity by supporting training of Aboriginal persons for the SCDP field

SCDP honours and values a cultural approach that includes serving the Aboriginal child in the context of the family as a whole and within the child’s community.

SCDP supports capacity building within Aboriginal communities and recognizes that this is a shared responsibility among SCDP agencies, all staff, local Advisory Committees, MCFD, Provincial Steering Committee, and Aboriginal communities.”⁴⁰

The intended outcomes for this initiative are:

- Aboriginal children with extra support needs participate in SCDP
- Aboriginal families feel supported to access SCDP

⁴⁰ Office of the Provincial Advisor SCDP & Ministry of Children and Family Development. (2005). *Supported Child Development Program Policy and Procedures Manual: Every Child Belongs*. BC: 13,14

- Aboriginal community partners feel supported to build capacity to determine their preferred method of service delivery⁴¹

The goal of SCDP within the First Nations context is to support capacity building. “Support capacity building with the Aboriginal Community is a shared responsibility among SCDP agencies, all staff, Local Advisory Committees, MCFD, the Provincial Steering Committee, and Aboriginal communities. Identified below are suggested strategies to assist SCDP agencies and Local Advisory Committees and Aboriginal communities to work together to support capacity building with the Aboriginal community. SCDP will serve as an interim program until such time as Aboriginal communities determine their preferred method of service delivery, and resources and training issues are addressed....SCDP will:

- Actively support the building of expertise of Aboriginal service delivery agencies.
- Support, contribute and collaborate, as appropriate, with Aboriginal research projects and initiatives.
- Build provincial and regional profiles of Aboriginal children and families who are eligible for or receive SCDP services.
- Recruit Aboriginal Child Development Consultants and Aboriginal Support Workers.
- Develop and implement culturally significant practices for all Child Development Consultants and Support Workers working with Aboriginal families or within Aboriginal communities.
- Work in partnership with Aboriginal Authorities, political organizations, bands, tribal councils, and Aboriginal family service agencies to develop culturally appropriate services and to ensure access for Aboriginal families.

Strategies for inclusion

- Recognize and address where appropriate, the systemic exclusion of Aboriginal family systems, across sectors.
- Recognize a key place for Aboriginal staff and implement a policy of preference for Aboriginal staff when serving Aboriginal families.

⁴¹ Office of the Provincial Advisor SCDP & Ministry of Children and Family Development. (2005). *Supported Child Development Program Policy and Procedures Manual: Every Child Belongs*. BC: 16

- Recognize the diversity of Aboriginal culture, practice and belief systems and incorporate that knowledge into policy development and service delivery.⁴²

The plan incorporates various strategies specifically for outreach, recruitment and retention, training for staff, training for families and communities, and providing support for emerging Aboriginal driven SCDP initiatives⁴³

The plan also details a comprehensive Memorandum of Understanding between MCFD/MCAWS (Ministry of Community, Aboriginal and Women's Services) and the Aboriginal Community, details measurement outcomes, barriers towards accessibility and protocol agreements.

"Inclusive child care seeks to include children with special needs with their typically developing peers in child care settings. Inclusive child care is known as Supported Child Care in the province of British Columbia. Supported Child Care replaced the Special Needs Day Care Program (SNDC). The decision to make the transition away from SNDC to inclusive child care strategies in the early 1990's. The Supported Child Care program was phased in over a four-year period (1995-1999). SCC has three main philosophies:

- All families should have the same child care choices,
- Some children need extra supports, and
- Child care settings must be supported to ensure inclusion.

Extra supports for child care settings can include training, consultation, and intermittent or ongoing additional staffing. Supports available to child care programs through SCC depend on levels determined by the Ministry and are based on the requirements of the child.⁴⁴

The Native Psychologists of Canada web site cites a report that refers to the BC way of addressing special needs:

British Columbia. The First Nations Education Steering Committee has been addressing special needs in a number of different ways during the

⁴² Office of the Provincial Advisor SCDP & Ministry of Children and Family Development. (2005). *Supported Child Development Program Policy and Procedures Manual: Every Child Belongs*. BC: 18,19

⁴³ Office of the Provincial Advisor SCDP & Ministry of Children and Family Development. (2005). *Supported Child Development Program Policy and Procedures Manual: Every Child Belongs*. BC: 18-20

⁴⁴ Centre of Excellence for Children and Adolescents, UNBC, & the Caledonia Branch of the Early Childhood Educators of British Columbia. (n.d.). *Research Brief – Inclusive Child Care in Northern BC*. BC: 1

1990's, including: (1) production and circulation of information booklets on specific special needs; (2) production and circulation of an information video; (3) regular special needs conferences; and (4) a periodic newsletter focusing on special needs. In the domain of political economics, FNEC has documented a 99% (or greater) decrease in special needs funding for First Nations students during the 1990's. Even if the number of special needs children has been greatly overestimated, there is no possibility that cuts of this level will not impact on services for those who do need them. One reaction has been that Native-run schools have been forced to send special needs children to provincial schools to obtain services, thus denying First Nations children the chance to grow and learn in the context of their own cultures.

One of FNEC's reactions to this has been to undertake a study to document the incidence levels of special needs First Nations students in British Columbia....From what is available, the approach seems entirely conventional, using the provincial special needs classification system and standard notions of assessment. This is unfortunate, since FNEC gives every indication of its appreciation of the oppressive nature of modern mainstream education.⁴⁵

BC Aboriginal Network on Disability Society

"BCANDS provides a variety of support services and resources to help B.C.'s Aboriginal People with disabilities. They operate a Health Resource Centre whose mandate is to enhance the delivery of health promotion and disability information resources to aboriginal communities throughout British Columbia. The Resource Centre provides information including kits, charts, books, manuals, reports, videos and audio cassettes, through a lending program and a complimentary health promotion and prevention program."⁴⁶

BC First Nation Health Handbook

This is a companion document to the B.C. Health Guide and provides information on unique health services for First Nations, as well as advice for health professionals serving aboriginal individuals and communities.⁴⁷

FNEC and FNSA (First Nation School Association)

"In British Columbia, FNEC and the First Nation School Association (FNSA) implemented the *None Left Behind – Addressing Special Needs Education in First Nation Schools* initiative. Activities included workshops, an information pamphlet and a video highlighting special education issues and challenges in First Nation schools.

⁴⁵ <http://natpsycdn.brandonu.ca/News%209911.htm>. March 23, 2007.

⁴⁶ BC Ministry of Children and Family Development. (n.d.). *Your Future Now: A Transition Planning & Resource Guide*. BC: 61

⁴⁷ BC Ministry of Children and Family Development. (n.d.). *Your Future Now: A Transition Planning & Resource Guide*. BC: 61

FNESC and FNSA is continuing to work with the University of British Columbia to expand the special needs assessment program. They have increased the services of the toll-free telephone help line to provide assistance to First Nations school personnel dealing with special education issues, needs and programs.”⁴⁸

⁴⁸ Unknown. (n.d.). *Gathering Strength – Investing in Education Reform, Some Community Examples*. Canada: 1

Alberta

Research Projects

No data provided.

Data Gaps

No data provided.

Needs

Better services are needed for children with special needs was the message from participants in the *National Dialogue on ECD for Aboriginal Children*.⁴⁹

Priorities

No data provided.

Pilot Projects

No data provided.

Lessons Learned

No data provided.

Provincial/Territorial Initiatives

The Alberta component of INAC and First Nations in Alberta will review the framework of the delivery of education programs including that relating to special education.⁵⁰

“In Alberta, the Samson Cree Nation has introduced a four-part special education initiative which helps their school system to develop and implement remedial programs targeted towards students of all age groups. The project also centralizes all special education needs programming and employs well- trained teachers to address the needs of the First Nations students more efficiently. Specific actions include implementing Individual Education Plans, Individual Option Plans for students, and ongoing computer assisted learning programs to

⁴⁹ Health Canada. (2005). *National Dialogue on Federal Aboriginal Early Childhood Development Strategy*. Canada: 6

⁵⁰ <http://www.education.gov.ab.ca/nativeed/nativepolicy/AppendixE.asp>. March 19, 2007.

support special needs activities.”⁵¹

“The Alberta Government, through the Alberta Learning department, distributes funds to help schools provide programs and services for students with special needs. All local school jurisdictions decide how the funds are divided to schools and how the funding is spent. The school jurisdiction uses these funds to hire staff, get teacher resources, specialized materials and equipment, and pay for any outside education-related services. School jurisdictions make decisions on how to spend funds in their schools.”⁵² Funding is provided for mild/moderate disabilities and for severe disabilities. Each school jurisdiction receives the same amount of funding for each student. Funding is also provided for Early Childhood Services, severe disabilities, pending the child’s age.

A Handbook for First Nations children with special needs was produced by Alberta Education. The Handbook seeks to demystify special education in the context of the mainstream school system.

The Southern Alberta Child & Youth Health Network

“The Network is a mechanism to develop a shared vision and purpose, to involve families and service providers in significant ways in service planning, to identify and create opportunities for positive change, and to build inter-regional, cross-sector, and clinical connections.”⁵³

What is available in Alberta:

“The Alberta Children’s Hospital (ACH) is part of the Calgary Health Region and an important component of the *Network*. The mandate of ACH is to provide specialty health services to children and youth throughout southern Alberta. One way of providing service closer to home is through outreach activity. Outreach can occur when a physician or team of professional staff travel to another region to hold a clinic, when a consultation occurs by telehealth, or through a discussion by telephone.”⁵⁴

“Primary Care Capacity Building Initiatives: Enhancing Child and Youth Health: Enhancing Child and Youth Health Outcomes is an initiative that expands the Outreach Services Framework to build the capacity of primary health care providers in two areas: maternal risk factors (Healthy Infants) and children’s mental health (Healthy Minds/Healthy Children).

⁵¹ http://www.ainc-inac.gc.ca/gs/ierex_e.pdf. March 20, 2007.

⁵² Alberta Learning & Premier’s Council on the Status of Persons with Disabilities. (2000). *A Handbook for Aboriginal Parents of Children with Special Needs*. Edmonton: 43

⁵³ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix A

⁵⁴ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix A

This initiative is funded from Health Canada's Primary Health Care Transition Fund through Alberta Health and Wellness."⁵⁵

Southern Alberta Family & Community Resource Centre

"The Southern Alberta Family & Community Resource Centre is an essential component of the *Network* in that it is committed to facilitating access to information as a way of building family and community capacity to address child health concerns across child-serving sectors. The Family and Community Resource Centre (FCRC) at ACH enhances existing services and provides a focal point for families, southern Alberta health regions, Treaty 7, other child-serving sectors and the community at large."⁵⁶

Treaty 7 Liaison Coordinator

"The Treaty 7 Liaison Coordinator role is designed to provide liaison functions among the Calgary Health Region, the Southern Alberta Child & Youth Health Network and Treaty 7 at the planning, development, policy and administrative level to:

- Strengthen and facilitate linkages and coordination between the Calgary Health Region and the surrounding First Nations communities within Treaty 7, specifically as related to the Aboriginal Health Program, and to
- Support the participation of Treaty 7 in the *Network*. Treaty 7 engagement and participation in the *Network* is viewed as critical in addressing the health and well-being of Aboriginal children and youth in southern Alberta"⁵⁷

Calgary Health Region Aboriginal Health Program

The purpose of the Calgary Health Region Aboriginal Health Program is the "development and implementation of a dedicated regional program that maximizes the health and wellness capacity of Aboriginal people who live in and/or access services within Region 43."⁵⁸

Some of the services and key initiatives that relate to special needs include:

- Aboriginal Hospital Liaison and Representative Service (to provide support to First Nation clients and families while in hospital care and to coordinate follow-up following discharge)

⁵⁵ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix A

⁵⁶ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix A

⁵⁷ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix A

⁵⁸ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix B

- Aboriginal Cultural Education Services
- Development of a Coordinated Aboriginal Mental Health Strategy (an initiative in partnership with Mental Health to address the mental health needs of First Nations who would access the services of the Calgary Health Region.)⁵⁹
- Aboriginal Mental Health Liaison Project (to improve service coordination for First Nations clients who use the mental health services of the Calgary Health Region)

Development of Coordinated Rehabilitation Services for Disabled Aboriginal Clients (another initiative lead by the Canadian paraplegic Association (CPA). The idea is to design a coordinated service strategy to address the rehabilitation needs of First Nations who are disabled.⁶⁰

The Native Psychologists of Ontario produced a study (1999) that makes the following comments concerning Alberta special needs:

At the level of the province, Alberta is as insensitive to ethical and cultural issues related to the special needs of First Nations children as any other Canadian province. And....children attending off-reserve schools seem to be getting faced with the "Ritalin Ultimatum" with increasing frequency.

On reserve there is little acquiescence to accepting the mainstream's version of the special needs difficulties of First Nations students. Several First Nations reserves (notably, the Paul Band in Treaty Six and the Kainai Band in Treaty Seven regions) have made long term commitments to radical revision of existing special needs practices. In the early 1990's Treaty 7 region undertook an energetic, proactive program in special needs, matched only, it seems, by an equally lethargic INAC counter-program. Treaty 7's analysis has comprehensively covered a range of special needs issues, from political economic concerns to particular assessment and interventions practices. Their critique has included: (1) an insistence that special education be "core funded" instead of "proposal driven;" that is, that rather than consider special education as an afterthought, it be included in any calculation of educational spending; (2) a recognition of the arbitrary and biased assessment standards imposed by INAC; (3) a desire to assume control over teacher training, curriculum

⁵⁹ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix B

⁶⁰ Trumper, R. (2004). *Health Status and Health Needs of Aboriginal Children and Youth: Literature Review*. Alberta: Appendix B

development, in-servicing, assessment tool development, and related activities that will assure the adequacy of an integrated education/special education system for their students; (4) an exposure of "accountability" jargon being used to maintain long-distance practical and ideological control over First Nations initiatives; (5) a commitment to grass-roots development and implementation of combined First Nations educational services; and (6) the intransigence of INAC.

The inability and/or unwillingness to move on the program Treaty 7 is trying to initiate may have an unremarkable origin; nowhere in what Treaty 7 proposes in its integrated education/ special education approach does there appear to be any need for a Department of Indian Affairs.⁶¹

⁶¹ <http://natpsycdn.brandonu.ca/News%209911.htm>. March 23, 2007.

Saskatchewan

Research Projects

No data provided.

Data Gaps

No data provided.

Needs

No data provided.

Priorities

“The Commission [RCAP] believes mental health services available to children and youth in Saskatchewan are inadequate.... Saskatchewan has a higher than average population of young First Nations and Métis, who have special needs due to conditions in which they live, as well as, in many cases, suffering from the effects of prenatal exposure to alcohol and from other mental disorders.”⁶²

Pilot Projects

No data provided.

Lessons Learned

“The commission [RCAP] heard there simply are not enough resources to deal with the needs of offenders affected by fetal alcohol spectrum disorders (FASD). Her Honour M.E. Turpel-Lafond wrote:

The stark reality is that without community resources and support for M.B. and others in his circumstances, the fall back will be to use custodial facilities in substitution for therapeutic supports. The YCJA implores us to consider special needs and to investigate the reasons and background circumstances behind offending behavior. Here, we have a very good sense of the underlying causes of M.B.’s behaviour: his FASD and traumatic background. Yet, there is nothing to offer him and the expectation that he change first before

⁶² Saskatchewan Justice. (n.d.). *Children and Youth: Realizing Potential*. Saskatchewan: 5

something can be offered. When things do not work out for him, even when little supports are provided, we then attribute full responsibility to this youth. Is he failing society's expectation or are we failing him by expecting too much in light of his FASD diagnosis?"⁶³

Provincial/Territorial/First Nations Initiatives

The province of Saskatchewan has a variety of initiatives in place especially with respect to Fetal Alcohol Spectrum Disorder.

"With respect to Fetal Alcohol Spectrum Disorder (FASD), the Province supports a number of prevention, awareness and intervention initiatives including the Provincial Fetal Alcohol Spectrum Disorder Prevention Program and the Saskatchewan Fetal Alcohol Support Network. In addition, KidsFirst provides support to vulnerable families and gives priority to pregnant women. The Province is working to have all health professionals understand FASD and incorporate the functioning and special needs of individuals affected by FASD into the way services are provided. Six departments are currently developing a provincial strategy for individuals with complex cognitive disabilities, including FASD, based on feedback received from a number of community discussions held across the province. Saskatchewan participates in the Canada Northwest FASD Partnership, an alliance of seven provinces and territories, that is committed to the development, promotion and co-ordination of a comprehensive approach to the prevention of FASD, as well as the intervention, care and support of individuals affected by FASD."

"The Children's Advocate Office is also involved in public education (in 2003, staff made approximately 100 presentations related to the role of the CAO and issues involving the interests of children); in systemic advocacy respecting government policies, practices or legislation (e.g. issues related to youth in conflict with the law, mental health services for children and youth, dispute resolution in the school environment, services for children with disabilities and standards of care in residential family services and First Nations Child and Family Services facilities, and safeguards for children and youth in foster and group home care); and in community advocacy on children's issues (eg. Fetal Alcohol Spectrum Disorder, Section 43 of the Criminal Code of Canada) (Saskatchewan Children's Advocate 2003-2004 Annual Report).

⁶³ Saskatchewan Justice. (n.d.). *Children and Youth: Realizing Potential*. Saskatchewan: 4

More information on the work of the CAO can be found at www.saskcao.ca.⁶⁴

Saskatoon Tribal Council

KidsFirst is a free, voluntary program that helps families to become the best parents they can be and to have the healthiest children possible. They receive support from a home visitor who will provide assistance concerning child development, parenting and connecting to community; help to access services such as child care and parent support groups; early learning opportunities for children; and help regarding literacy, nutrition, transportation and specialized counselling services.

Parents and their children under 5 years of age who live in the Saskatoon neighbourhoods of Pleasant Hill, Riversdale, Holiday Park, King George, Meadowgreen, and Confederation Suburban Centre. The in-home assessment looks at family strengths. Those who can best benefit from KidsFirst services will be eligible to join the program.

KidsFirst is a joint initiative of Saskatchewan Health, Saskatchewan Learning and Department of Social Services (Department of Community Resources and Employment).

Program Services

Home visiting is the cornerstone of the KidsFirst program. Home visitors meet with families often and help with any questions or concerns parents have about development and behaviour of babies and children. Home visitors help families to learn about and use community services, such as child care, pre-school programs, health services, and transportation.

The KidsFirst program has professional counsellors who are specially trained to assist with mental health and addiction issues. Counsellors provide one-to-one assistance as needed, develop group programs and provide consultation to the home visitors.

Specialized home visiting services are available for children with development disabilities or who are at risk of developing such disabilities. Childcare and early learning programs will be expanded and developed to meet the needs of KidsFirst families. These programs help children develop social skills and get ready for school. KidsFirst aims to enhance and ease access to existing community services that benefit families in the program.

⁶⁴ http://www.pch.gc.ca/progs/pdp-hrp/docs/fifth_iccpr/sk_e.cfm. March 22, 2007.

The wishes of each family are respected. Help and assistance is provided to build on strengths and to address each family's own needs. It is a voluntary program and everyone in the program has a right to privacy. Information about families in the program is not shared outside the program without their written permission, except as the law requires when a life is in danger or a child in need of protection.⁶⁵

In the report, *You have to be Carefully Taught: Special Needs and First Nations Education* (1999) hosted on the Native Psychologists of Canada website, the following observations were made concerning First Nations special needs in Saskatchewan.

The Federation of Saskatchewan Indian Nations commissioned a survey of special needs in First Nations schools (sent to administrators, resource teachers, and parents), the preliminary report of which was made available ...for this survey. The authors of the report seem to have followed somewhat the format adopted by Quebec, but are more properly circumscribed about the capacity of surveys to document an existing special need.

The survey has generated a great deal of interesting findings, including, for examples, (1) special needs teachers have, on average, larger classes than regular teachers; (2) one-third of the schools surveyed can assure access and support for education to special needs students equal to that provided regular students; (3) nearly two-thirds of the schools are creating their own materials "on the fly" to support special needs students; and (4) parents are strongly involved in supporting the educational activities of their special needs children.....

Further, FSIN expressed skepticism concerning the identification of large numbers of their students as "behaviorally disordered," and resist the label and associated explanation (pathology in individual First Nations students). The commitment seems unquestionably toward doing the right thing from first principles, not from a starting point designated by INAC.⁶⁶

⁶⁵ <http://www.sktc.sk.ca/ufnsannualreport.htm>. March 23, 2007.

⁶⁶ <http://natpsycdn.brandonu.ca/News%209911.htm>. March 23, 2007.

Manitoba

Research Projects

No data available.

Available Data Gaps

Research needs were identified as follows:

- Analysis of current data
- FASD
- Intellectual disabilities
- Mental health disabilities
- Determinants of care
- Children receiving services but not in care
- Use of administrative database⁶⁷

Needs

For First Nations with special needs there is a need for:

- Culturally appropriate support
- Disability awareness training for working parents
- Increased access to support services
- Early intervention
- Further development of integrated services
- Placement resources for children with disabilities
- Better linkages to CSS, Mental Health Resources, Education System
- Better linkages to disability organizations⁶⁸

⁶⁷ Fuchs, D., et. al. (2006). *Children with Disabilities Receiving services from Child Welfare Agencies in Manitoba: An Overview*. Manitoba: 16

⁶⁸ University of Manitoba. (2006). *Children with Disabilities Receiving Services from Child Welfare Agencies in Manitoba: An Overview*. Manitoba: 15

“Community supports for Aboriginal children are of particular concern and accessing community-based services is even more difficult for those residing in remote or rural areas....Accommodating referrals posed very real challenges for KSMA. As a child welfare provider, the agency did not have the resources or medical/health training to respond the, at times, complex medical needs of the children being referred. The agency also experienced pressure from family doctors and other professionals, who unaware of the service situation on reserve would send letters, filled with recommendations and suggestions for care based on urban expectations and accompanying resource base.

The availability of funds to develop a program to meet the needs of children and their families was also a challenge, as KSMA does not receive funding for special services under its federal funding agreement, Directive 20-1. Under this agreement, KSMA receives funding through two major categories known as operations and maintenance. Operational funding is based on the population of Status Indian children resident on reserve in the 0-18 age group and is intended to support the administrative functioning of the agency for salaries, travel, insurance, and operational expenditures. Maintenance funds are provided on a reimbursement basis and cover costs related to placing children in care. Without designated funds to create programs to meet the service requirements of special needs children and their families, KSMA initially tried to respond to this service gap by using funds from its operations budget. This arrangement, however, created pressure on other service areas within the agency and could not be sustained. Without adequate funds to support the delivery of these much needed services, KSMA had to turn away up to 22 families seeking assistance.”⁶⁹

Priorities

No data available.

Pilot Projects

No data available.

Lessons Learned

⁶⁹ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 6

No data available.

Provincial/Territorial Initiatives

In Manitoba most children with disabilities live in home with their families. Unfortunately, for these children and their families, there is very limited access to sources of support such as disability support services, health services, equipment, homecare, education, child care and recreation. For those living in remote, poor communities, the difficulties are further stressed. Service delivery in communities tends to be poor or non-existent, adding to the problem, even though, ironically, special needs in First Nations communities is three times as high as the national average.⁷⁰

Norway House Cree Nation Community

The Norway House Cree Nation Community is a First Nations child and family services agency.

“Kinosao Sipi Minisowin Agency (KSMA) is a fully mandated child and family services agency responsible for ensuring that child and family services, as outlined in the Manitoba Child and Family Services Act, are carried out with the membership of the Norway House Cree Nation....

KSMA received its mandate in April 1999 with the signing of a tripartite agreement between the Child and Family Services Support Branch of the Province of Manitoba, the Department of Indian and Northern Affairs Canada, and the Norway House Cree nation Chief and Council. Under this agreement KSMA is responsible for the provision of child and family services as governed by the Manitoba *Child and Family Services Act*. The agency’s mandate was initially limited for First Nations members living on the Norway House Cree Nation reserve. However, the restructuring of the child welfare system within the province of Manitoba, under the 2003 *Child and Family Services Act*, has now provided the agency with a province-wide mandate. This expanded mandate means that KSMA is responsible for the provision of child and family services to status bearing Cree Nation members both on and off reserve throughout the province o Manitoba and has the authority to sign service agreements with other service providers to fulfill this function.”⁷¹

⁷⁰ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 3

⁷¹ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 4

“Each community-based, child and family service agency in the province is accountable to one of the four province-wide Child and Family Services Authorities. KSMA is affiliated with the First Nations North CFS Authority. The Northern Authority is responsible for the executive management of the service delivery system for First Nations of northern Manitoba while its affiliated agencies are responsible for direct service within the communities.”⁷²

Provincial/Territorial Initiatives

“The Children’s Special Services program was created by the Kinosao Sipi Minisowin Agency to meet the requirements of special needs children and their families in the Norway House Cree Nation community. While the program itself is an excellent resource, its creation highlights the challenges faced by Aboriginal children with special needs and their families in regards to accessing services. Specifically, the creation of the program draws attention to the service vacuum that Aboriginal children with special needs must face. The value of the program to the community cannot be underestimated as due to its existence, fewer parents have to make the choice of either placing their children in foster care or moving from their community in order to access services.”⁷³

The goals of this program include:

- Provide accessible services so that families with special needs children do not have to leave the community for service supports;
- Provide individualized in-home support services
- Improve the quality of life for all children with special needs by providing services to help them with the activities of daily living
- Work with the whole family to ensure everyone is involved in the decision making process, thus empowering the family unity
- Network with other resources (schools, hospitals, etc) in and out of the community,
- Educate families about disabilities to help strengthen the family’s care capacities; and

⁷² Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 5

⁷³ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: Abstract

- Promote awareness and education on the issues and challenges faced by children with special needs and their families⁷⁴

Specific In-Home services provided by the program include: Rehabilitative Therapy, Case Management and Home Service Providers.⁷⁵

The program has demonstrated a great deal of success. There has been an increase in the demand for these services and more and more families are being served. Fewer families have had to leave the community and the family unit is thus preserved. The program uses community resources and operated within organizational and community principles.⁷⁶

The Native Psychologists of Canada host a document on their website that examines special needs across Canada. While the document is dated (1999), the components ring true today.

The Manitoba Special Education Review Final Report is in many ways an exemplary report. In their literature review the authors acknowledge the disputability of many special needs categories (as above), and consider the possible biases operating in their employment. They review the policies of other Canadian provinces and territories, special education legislation across Canada, and the way in which different problems hand cross-jurisdictional (e.g., educational and health) issues. Overall, the usefulness of the report goes far beyond the borders of Manitoba.

The Final Report is also quite detailed with respect to the positives and negatives of special needs education and what should be done to improve the system. For example, the authors consider Manitoba's version of inclusiveness, where intervention and support are based on specific student need rather than student diagnosis category, superior to jurisdictions focusing on diagnosis. Inclusiveness is also leading to full integration of provincial education and special education operations. However, the authors also find (1) that the absence of a clear statement of special education policy, terminology, assessment practices, and similar specifics makes implementation difficult for educators, as well as giving it an air of current educational fashion than deliberate

⁷⁴ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 8

⁷⁵ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 9

⁷⁶ Ramdatt, J. (2007). *Promising Practices in First Nations Child Welfare: Kinosao Sipi Minisowin Agency Creating a Community Response for Special Needs Children*. First Nations Child and Family Caring Society of Canada: 10

government policy; (2) that lack of support (such as teacher in-servicing) for practical techniques needed (such as Individual Education Program development, differential instructional strategies, etc.) also makes practical classroom implementation of inclusiveness nearly impossible, and (3) that the absence of legislation concerning educational rights of exceptional children (Manitoba is the only province without such a statement) demonstrates a complacency to allow case law to fill a gap that should be mandated.

However, when First Nations issues arise at all (and that rarely happens in this document), they are slighted (for example, they are grouped with immigrant special education needs). The authors acknowledge that Manitoba does little in the way of addressing First Nations concerns, and recommend "culturally appropriate" special needs services, without, however, spending time on what those might be and how an understanding of them might be developed. The lack of attention to First Nations matters is curious, particularly since (1) the authors are aware that marginalized peoples ("less privileged socially and economically") are unfairly over-diagnosed as requiring special needs, and (2) Manitoba First Nations groups (e.g., the Manitoba Indian Education Association) have been consistently and incisively critical of their treatment under Manitoba special needs programming, establishing, for example, consistent funding biases in services provision and, compared with mainstream Manitobans, fewer trained special needs educators, particularly in remote areas. It may well be that the authors of the Final Report are caught in the same place First Nations people frequently find themselves, the limbo between federal responsibility to/jurisdiction over First Nations and provincial responsibility to/jurisdiction over education. Seizing, perhaps, upon the Framework Agreement of 1994 as a "parting of the educational ways," the authors chose to limit their inquiry. However, insufficient attention was given to the fact that First Nations students would continue in Manitoba educational jurisdictions for some time to come, regardless of the education system that eventually arises from the 1994 agreement, and that either by osmosis or force (i.e., federally mandated "comparability"), mainstream practices will continue to influence First Nations special needs.⁷⁷

⁷⁷ <http://natpsycdn.brandonu.ca/News%209911.htm>. March 23, 2007.

Ontario

Research projects

The Roeher Institute conducts a variety of different projects related to special needs, especially with respect to community inclusion.

Data Gaps

No data available.

Needs

No data available.

Priorities

No data available.

Pilot Projects

No data available.

Lessons Learned

No data available.

Provincial/Territorial Initiatives

At the present time Ontario legislation allows for First Nation representation on the special education advisory committee of school boards, and the Minister's Advisory Committee on Special Education.⁷⁸

The Native Psychologists of Canada placed their findings from a 1999 study on their website. The findings are as follows for Ontario (note the following text is written in first person and as such is a direct quote of the author cited):

In Ontario I met with a community-based working group concerned with the devolution of services to on-reserve special needs children. A new funding formulaic approach to service provision, initiated by

⁷⁸ <http://www.education.gov.ab.ca/nativeed/nativepolicy/AppendixE.asp>. March 19, 2007.

INAC in 1997, led to a redistribution of financial resources that was destructive to some programs. However, even those programs that received an increase under the new formula still considered that their requirements were not being met. In searching for alternative resourcing, the working group uncovered provincial programs, jointly funded by the Ministry of Health, Education, and Community & Social Services, that were accessible to non-First Nations students in Ontario and to First Nations students attending a provincial school, but which were denied to First Nations students attending First Nations institutions. When pressed on the matter, the province claimed that collateral programs were the responsibility of INAC (who hold responsibility for on-reserve schools), even though (1) multiple ministries were involved and (2) health care for on-reserve First Nations peoples in Ontario is an Ontario responsibility. In the classic Alphonse – Gaston Act, the province suggested the working group seek clarification from INAC.

It was this suggestion that led to my unsuccessful attempt, on behalf of the working group, to get INAC to detail what specific conditions and/or disorders are covered in coming up with their educational funding formulas, what was the basis of their incidence calculations, and upon what pieces of information were special needs cost projections developed. As already related, I only received recitals that "funding formulas are region-specific," which everyone already knew and was not an answer to my inquiry.

The working group is continuing to explore this systemic bias against First Nations schools in Ontario, and, on a more practical level, looking to find ways of reducing costs in some areas (e.g., assessment) so that service cutbacks, particularly in the areas of pre-kindergarten programs and speech & language intervention, can be restored.⁷⁹

⁷⁹ <http://natpsycdn.brandonu.ca/News%209911.htm>. March 23, 2007.

Quebec and Labrador

Research Projects

No data available.

Data Gaps

In Quebec there is a lack of available resources for educators, parents, and children involved with children with Fetal Alcohol Syndrome or Fetal Alcohol Effects. One such resource guide has been produced by the FNQLHSSC Early Childhood Programs. This resource outlines the groups and the literature available on FAS/FAE.⁸⁰

Needs

Staff Qualifications in Quebec

“Quebec is the only region with a requirement for Aboriginal-specific training. In centres operating under the Cree Regional Authority in Quebec, two out of three educators must hold a certificate from an educational program for Aboriginal child care recognized by the Quebec government. All Cree centres have implemented high quality educational programs which are culturally appropriate for Aboriginal communities. Since the nine FNICCI-funded centres were established in Quebec communities, the kindergarten teachers in these communities have had to rework their curricula because children entering school from early childhood development centres are so far advanced. In addition, children with special needs are being identified through these centres before they reach school. This allows for early intervention in cooperation with the Cree Health Board, and early intervention has meant that these children do better once they reach school.”⁸¹

Priorities

No data available.

Pilot Projects

No data available.

⁸⁰ FNQLHSSC. (n.d.) *FAS/FAE Resource Guide*. Canada: 4

⁸¹ http://www.socialunion.gc.ca/ecd/2003/report1_e/c8e.html. March 22, 2007.

Lessons Learned

No data available.

Provincial/Territorial Initiatives

The following initiative has taken place by the First Nations of Quebec and Labrador Health and Social Services Commission:

“Directors of First Nations communities at the FNQLHSSC AGA, the FNIHB has begun the allocation of Foetal Alcohol Syndrome funds for fiscal year 2003-2004.

Despite the short notice for project preparation, twenty-three communities were able to capitalize on the available funding by organizing awareness, prevention, training and intervention activities related to Foetal Alcohol Spectrum Disorder (FASD).

Activities launched in the communities under FASD funding include:

- Workshops to increase awareness of Foetal Alcohol Syndrome Disorder among youth, community counsellors and the public at large;
- Early screening to be performed during pre-natal follow-ups;
- Screening program for children enrolled at ECCs;
- Early Stimulation Groups for children enrolled at ECCs;
- Organization of Special Conferences;
- Arrange meetings with families and young pregnant mothers in order to explain FAS;
- Publication of feature articles in community newspapers on FAS;
- Use of video cassettes and radio spots to increase public awareness;
- Awareness campaigns in public bathrooms (for women) in local licensed establishments;
- Awareness activities planned for September 9, which is FAS Awareness Day;

- Self-help groups for families affected by the syndrome, individual appointments, and adapted excursions for families who have FAS children; Purchase of appropriate educational material;”⁸²

⁸²http://www.cssspnql.com:8080/cssspnql/ui/health/HealthFAS.jsp?section=link_sante&lang=_en.
March 19, 2007.

New Brunswick

Research Projects

No data available.

Data Gaps

No data available.

Needs

No data available.

Priorities

No data available.

Pilot Projects

No data available.

Lessons Learned

No data available.

Provincial/Territorial Initiatives

Children with Special Needs, under the Education Act mandates the inclusion of all special needs children.

The Education Act mandates the inclusion of exceptional pupils. A policy on Special Education is under development. Extra supports include possible provision of physical accommodations as ramps or elevators; assertive technology when needed; development of special Education Plans; and teacher assistants and school intervention workers. Some children's physical needs or medical fragility necessitate the provision of a teacher's assistant. In 2000/2001, approximately 509 students with identified special needs were in the regular kindergarten program.⁸³

⁸³ <http://www.childcarecanada.org/ECEC2001/NB.pdf>. March 20, 2007.

“The New Brunswick Education Initiative represents an alliance of 14 First Nations in New Brunswick who have joined together to address issues such as tuition agreements, access to special education services and the relationships between First Nations and the New Brunswick Department of Education and local school districts.

Indian and Northern Affairs Canada works closely with First Nations across Canada to improve educational outcomes and opportunities. Recent key initiatives include: a new Special Education Program; a new Parental and Community Engagement strategy, and measures to assist in the recruitment and retention of qualified teachers. As one of the key policy priorities identified during the Canada–Aboriginal Peoples Roundtable process, education will be discussed during the upcoming Policy retreat between Aboriginal leaders and the Cabinet Committee on Aboriginal Affairs.”⁸⁴

⁸⁴ http://www.ainc-inac.gc.ca/nr/prs/m-a2005/2-02658_e.html. March 20, 2007.

Nova Scotia

Research Projects

“Projects Related to People with Special Needs: 2004 – 2008

CMM administers FASD Projects in the communities that are funded by FNIHB. The following are a list of major activities that took place since 2004 and are in progress.

Activities in Progress: 2006-2007

Special Research Project: Paq'tnkek First Nation Early Intervention Project

This research project is in the process of being planned and implemented. Paq'tnkek is a small community that will purchase early intervention services from a nearby provincial program. There are jurisdictional issues involved.

The process will be researched so that a model can be developed for other First Nation communities in Nova Scotia. The Task Force on Early Intervention at Mount Saint Vincent University as part of The Centre of Excellence for Children and Adolescents with Special Needs will assist in conducting the research on jurisdictional and funding issues and make recommendations. The recommendations will assist in making the early intervention programs sustainable.

Early intervention programs are only available in one First Nation community in Nova Scotia at this time, but all would like to have programs available should a child with special needs be born in communities.

Youth

- Continual planning on a referral system for appropriate programs and services,
- Collaborating with the CMM Aboriginal Youth Suicide Prevention Initiative on a weekend Youth Event in March, and
- Planning a workshop for Aboriginal Consultants in provincial schools and universities on issues that they have identified as important and in need of addressing. The issues will be related to mental health and learning disabilities and will assist in future planning.

Infants and Young Children

- Collaborating with the Maternal Child Health Program on the implementation of the program. One of the objectives of the program is for: *Screening, Assessment, Early Identification and Intervention & Referral of Children with Special Needs with Case Management*
- Planning for professional development for Early Childhood Educators with other organizations. The main emphasize is on a plan to meet with the administration at Mount Saint Vincent University on April 12 to initiate planning for degree programs with components for working with children with special needs.
- Implementation of a pilot multi-disciplinary team in Pictou Landing First Nation for children with special needs with case management.

Activities: 2005 – 2006

- A conference titled: *Early Identification and Intervention of Children with Special Needs* on June 6 and 7, with Dr. Louis Rossetti attend by professionals and parents
- A workshop titled: *Issues Related to People with Disabilities, Including FASD* on January 19 and 20, 2006. This workshop included parents and professionals from First Nation and provincial communities.
- Resource Acquisition: Resources on FASD were purchased and distributed to communities
- *Youth Leadership Workshop* on February 3 and 4, 2006. Youths from all communities meet in Millbrook for the weekend and planned a community event for their home communities where information on FASD would be shared.
- A workshop titled: *Issues Related to People with Disabilities, Including FASD* was held at Mount Saint Vincent University. This event was in collaboration with The Task Force on Early Intervention at Mount Saint Vincent University as part of The Centre of Excellence for Children and Adolescents with Special Needs. The agenda included a report on assessment tools and practices that resulted from research at the Centre. Discussion on opportunities and challenges followed.

Activities: 2004-2005

- A culturally appropriate pamphlet on FASD developed and distributed in the 6 CMM communities.
- Four articles on FASD written and published in the *Mi'kmaq Nation Maliseet Nations News*.
- A resource list of information on FASD compiled and distributed to the 6 CMM communities.
- Activities to map services and supports for people with disabilities and the prevention of FASD in CMM communities.
- Investigation of diagnostic services for people suspected of having FASD.
- Recommendations for services and programs for people with disabilities and prevent FASD in CMM communities.

February 2004

Na'kusetewikl Na'kwekl Klan Mikiknatl Wutanminal Bright Beginnings - Strong Communities Symposium

This five-day symposium sponsored jointly by CMM and the Union of Nova Scotia Indians (UNSI) attracted approximately 120 participants from every First Nation community in Nova Scotia. Issues related to people with special needs, with a special emphasize on young children and FASD, were the topics for the symposium.”⁸⁵

Research papers specific to special needs include the following:

*Mi'kmaq Students with Special Education Needs in Nova Scotia (2001)
Authors: Isabel den Heyer and Fred Wien with the assistance of Jean Knockwood and Virick Francis (February 2001)*

*The Cost of Addressing the Special Education Needs of Mi'kmaw
Kina'matnewey Students in Nova Scotia Authors: Isabel den Heyer and Fred
Wien (October 2001)*

⁸⁵ NA. (2007). *Research and Projects Related to the Children with Special Needs in Member Communities of The Confederacy of Mainland Mi'kmaq*. Nova Scotia: 1-3

Mi'kmaw Kina'matnewey Parental Handbook Authors: Mi'kmaw Kina'matnewey Staff: John Jerome Paul and Kevin Burton, with input from parents and educators (2005)

Mi'kmaw Kina'matnewey Special Education Policy Author: Isabel den Heyer (2005)

Mi'kmaw Kina'matnewey Special Appeal Procedures Author: Isabel den Heyer (2005)

Review of Kindergarten/Pre-Primary Programs for Children Age Four in Communities under the Mi'kmaw Kina'matnewey Agreement and in Conne River First Nation, Newfoundland Author: Isabel den Heyer (2005)

Initiatives and Projects

Human Resources

“In January 2004, MK hired a fluent Mi'kmaw speaker, as full-time Coordinator of Student Services to work with schools on issues related to special education. In addition, a consultant was hired for specific projects related to special education.

Professional Development

MK and schools under the MK Agreement have recognized that professional development for professional staff and teacher assistants is essential for the successful programming for students with special needs. Some initiatives they have undertaken include:

- Regular professional development on assessment and programming in individual schools and system-wide,
- Movement from an assessment model for programming for children with special needs to an intervention model,
- Conference on student outcome rubrics, an assessment methodology developed and researched by the Western and Northern Canadian Protocol Special Education Agreement, with the support from the Prince Albert Grand Council,
- Purchasing of appropriate assessment tools and professional development,

- In collaboration with Mount Saint Vincent University and Saint Francis Xavier University, the organizing of cohorts of teachers taking Master level degrees in the area of special education,
- Training for teacher assistants in some schools,
- Questionnaires on professional development needs, and
- Planning with other organizations to investigate the possibility of having a degree program from Mount Saint Vincent University for early childhood educators delivered in First Nation communities

Technological support

- Technology to assist with programming for students with special needs has taken many forms. With the introduction of the DATAVAN system for student data management, IPP PRO was developed to help manage programs for students with special needs.
- Video-conferencing is being explored for use in professional development and student planning.
- The MK (kinu) website plays an important role in communications as all documents and reports are placed on the site.
- Other, such as direct technology support for students.

Parental Involvement

MK schools have taken many steps to ensure that parents are actively in schools. MK supported this effort with a parental handbook which is available on the web site. The handbook has been printed in both the Mi'kmaw and English languages.

Present Research and Policy Development

MK has been actively involved in research and policy development in the area of special needs. Presently MK is involved in planning pre-primary / kindergarten initiatives for young children with special needs.

Strategic Planning

MK and member communities have just entered a second five-year planning cycle. All plans have initiatives to advance programs and services for students with special needs.

Teacher Recruitment and Retention

MK and member communities have developed policies to address staffing issues. This includes staff with expertise in the area of special education.

Representation on National Committees

Staff from MK attend national working groups and participate in national initiatives for children and youth of school age and in early childhood programs.

Early Childhood Initiatives

MK staff members have participated on committees on issues in early childhood education and have actively promoted early identification and intervention initiatives for young children with special needs and their families.

Presentations at Conferences

Staff presented at many conferences on issues related to children with special needs. In addition, many guest speakers have presented on the topic at MK Working Group meetings.”⁸⁶

Data Gaps

No data available.

Needs

No data available.

Priorities

No data available.

Pilot Projects

*Early Intervention Services for Young Children with Special Needs
In Paq'tnkek First Nation Pilot Project:*

“Paq'tnkek First Nation is located near the town of Antigonish and has a Band membership of 491. To support children and families, the community has a wide

⁸⁶ NA. (2007). *Research and Projects Related to the Students with Special Needs in Schools under the Mi'kmaw Kina'matnewey Agreement*. Nova Scotia: 1-4

range of services, many of which are delivered from the preschool school and the health centre. The health centre offers services such as dental services and visits by a family doctor. Each year there are between 8 and 10 students who enter Primary at Antigonish East Education Centre.

This project is a pilot for early intervention services for children birth to six with special needs and their families in Paq'tnkek First Nation. The process of acquiring these services will be used for as model for other First Nation communities in Nova Scotia wishing to purchase early intervention services from provincial programs. The services for Paq'tnkek will be purchased from the Antigonish Guysborough Early Childhood Intervention Program (AGECIP).

The number of children with special needs in any given community is small, but children with special needs require intense services at an early age to reach their optimal potential. Small communities such as Paq'tnkek cannot support such as a program on their own, even though they may have young children with special needs who require early intervention services.

First Nation communities in Nova Scotia have four potential options for obtaining early intervention services:

- Establish a community early intervention program, such as in Eskasoni,
- Share early interventionist services with other nearby First Nation communities,
- Purchase services from a nearby provincial program,
- Purchase services privately.

This pilot would address purchasing services from a nearby provincial program and purchasing services privately.”⁸⁷

Lessons Learned

No data available.

Provincial/Territorial Initiatives

“Community services in First Nation communities in Nova Scotia are under Mi'kmaq Family & Children Services of N.S.

⁸⁷ NA. (2007). *Early Intervention Services for Young Children with Special Needs in Paq'tnkek First Nation Pilot Project*. Nova Scotia: 1

In the late 1990s, Head Start Programs were introduced in First Nation communities under Health Canada, First Nations and Inuit Health branch (FNIHB) and had a component to address children at risk. Formal services similar to Early Intervention Programs, designed to directly address children with special needs and their families, were not developed by Mi'kmaq Family & Children Services of N.S. or Head Start. However, they do deliver a number of valuable programs and services that address needs of children and families.

It should be noted that until 2000, about one third of the provincial population in Nova Scotia did not have access to Early Intervention Programs. In 2000, the Department of Community Services provided funding to expand services to all children birth to six with special needs in Nova Scotia, with the exception of children in First Nations as they did not fall under their jurisdiction. Although services are available, there are long wait-lists in some programs due to limited funding.

Eskasoni Health established the first Early Intervention Program in a First Nation in Nova Scotia in 2005 and adopted the *Standards and Guidelines for Early Intervention Programs in Nova Scotia* (2002). The administrative placement of the program under Health was a deviation from the provincial model, but one that works well in Eskasoni as early interventionists require close collaboration with health staff.

Other First Nation communities have expressed the need for early intervention services, and are in the process of trying to organize such programs. However, they are hampered by jurisdictional and funding issues.”⁸⁸

⁸⁸ NA. (2007). *Early Intervention Services for Young Children with Special Needs in Paq'tnkek First Nation Pilot Project*. Nova Scotia: 2,3

PEI

Research Projects

No data available.

Data Gaps

No data available.

Needs

No data available.

Priorities

No data available.

Pilot Projects

No data available.

Lessons Learned

No data available.

Provincial/Territorial Initiatives

No data available.

Newfoundland

Research Projects

No data available.

Data Gaps

No data available.

Needs

No data available.

Priorities

No data available.

Pilot Projects

No data available.

Lessons Learned

No data available.

Provincial/Territorial Initiatives

No data available.

Yukon

Research Projects

No data available.

Data Gaps

No data available.

Needs

No data available.

Priorities

No data available.

Pilot Projects

No data available.

Lessons Learned

No data available.

Provincial/Territorial Initiatives

For the territory there are a variety of special programs designed with special needs in mind. This unit also provides the professional services required by many individuals with special needs.

“The Special Programs unit provides special needs services to all Yukon public schools. These services include assessing students and working out strategies to meet their needs. The Special Programs unit provides the expertise of psychologists, physical and occupational therapists, speech and language pathologists, and specialists in visual and hearing impairments, among others.”⁸⁹

“The Healthy Families Program is a volunteer service which delivers a culturally appropriate intensive home based family support service to overburdened families, prenatally and/or at birth through school age.

⁸⁹ <http://www.education.gov.yk.ca/general/services.html>. March 20, 2007.

Fetal Alcohol Spectrum Disorder

FASD has been a priority of this government for many years. It is a member of the Canada Northwest FASD partnership and the Canada North West FASD Research Network.”⁹⁰

“The Child Development Centre (CDC) is a non-government organization with an independent board of directors. Their priority goals are:

- early intervention to promote and provide the assessment and treatment planning for pre- school children with developmental difficulties
- programs that provide services to enhance the capabilities of families in meeting their child’s special needs as well as supporting them in meeting the family challenges of caring for a young child with special needs
- community integration that promotes and supports the delivery of services at the community level in order to enhance the capabilities of communities to support special needs.”⁹¹

“Hundreds of Yukon children have been affected by prenatal alcohol exposure. The cost, both in lost potential, and financial, is extremely high. FASD has been a priority of this government for many years. It is a member of the Canada Northwest FASD partnership and the Canada North West FASD Research Network.

The Yukon does much to support those with FASD, and their families and caregivers.

A diagnostic team operating through the Child Development Centre is supported by Health and Social Services. This diagnostic program was established in the fall of 2004 and is expected to expand into school age children within the next 24 months. Diagnostic team members include therapists, physicians and psychologists.

Meconium testing

The Yukon is also supporting a one-year project being conducted by the Yukon Medical Association and Whitehorse General Hospital. This anonymous screening program to determine the number of Yukon infants exposed to maternal alcohol exposure during pregnancy will test the meconium of all Yukon newborns for a 12-month period. Meconium testing is 100 per cent anonymous.

⁹⁰ http://www.hss.gov.yk.ca/programs/family_children/early_childhood/. March 20, 2007.

⁹¹ Yukon Government. (2004). *Yukon Government Report on Early Childhood Development: Activities and Expenditures 2003-2004*. Yukon: 7

Samples are randomly coded, making it impossible to link the results to an individual mother and baby. This test will provide important information on the number of infants who may be at risk for FASD in the Yukon. The meconium screen program begins in January 2005.”⁹²

Children with Special Needs

There is a policy guideline for children with special needs. Children are included in regular kindergarten unless they have severe, multiple special needs. Extra support is available; the Department of Education assigns Educational Assistants. Services such as speech and language, physical and occupational therapies and psychological services for testing are provided.⁹³

[The] 1995 childcare regulations state that children with special needs in mainstream child care programs must be integrated to the fullest extent possible. A child is designated special needs on the assessment of a child care professional. An Individual Program Plan must be developed for the child in consultation with staff, parents and professionals in the community. The Plan outlines goals and objectives for the child. There are no segregated child care programs in the Yukon Territory. The Whitehorse Child Development Centre provides special needs programming and supports across the Yukon. It operates an integrated preschool program licensed for 25 children as well as unlicensed preschool programs. It provides in-home early intervention supports and resources to families of children with special needs. It operates a mobile outreach unit that serves every community in the territory to support and provide resources. Funding is also available for centres and family day homes through a Supported Child Care fund and is based on the individual need of the child. Funding may be provided for adaptive equipment, transportation, programming support and additional staff.

Parents who meet the financial eligibility criteria receive a fee subsidy for their child to attend a child care program, whether or not the parent is in the paid labour force. Parents who are not eligible for a subsidy pay for the child care space but not for the additional supports.⁹⁴

Child Development Centre

“The Child Development Centre (CDC) is a non-government organization with an independent board of directors. Their priority goals are:

- early intervention to promote and provide the assessment and treatment planning for pre-school children with developmental difficulties

⁹² http://www.hss.gov.yk.ca/programs/family_children/early_childhood/fasd/. March 20, 2007.

⁹³ <http://www.childcarecanada.org/ECCEC2001/YK.pdf>. March 20, 2007.

⁹⁴ <http://www.childcarecanada.org/ECCEC2001/YK.pdf>. March 20, 2007.

- programs that provide services to enhance the capabilities of families in meeting their child's special needs as well as supporting them in meeting the family challenges of caring for a young child with special needs.
- Community integration that promotes and supports the delivery of services at the community level in order to enhance the capabilities of communities to support special needs⁹⁵

Healthy Families Program

An intensive home-visitation program supported in partnership by public health nurses and family support workers. Workers work with parents to develop skills to promote the well-being and healthy development of their children. The focus is on early intervention. Reviews of the program have been very promising.⁹⁶

⁹⁵ Yukon Government. (2005). *Yukon Government Report on Early Childhood Development*. Whitehorse: 7

⁹⁶ Yukon Government. (2005). *Yukon Government Report on Early Childhood Development*. Whitehorse: 9

NWT

Research Projects

No data available.

Data Gaps

No data available.

Needs

No data available.

Priorities

No data available.

Pilot Projects

No data available.

Lessons Learned

No data available.

Provincial/Territorial Initiatives

Health Canada's Public Health Agency of Canada (PPHB) is responsible for the Alberta and NWT. The mandate of this agency is to delivery federal health promotion programs in Alberta and the NWT, working with government, non-government and the private sectors.

A Toy Lending Library – CAPC (Community Action Program for Children)

The objective of the toy lending library is to provide young children with the opportunity to play with others and to have exposure to educational toys, while increasing parental awareness of how they can participate in their child's development. It also provides opportunities for caregivers to identify children at-risk and to make special needs toys and books accessible to parents who otherwise

may be unable to afford them. Workshops for parents are offered on a variety of topics. [Sponsor: Yellowknife Catholic Schools]

Children's Advocate/Youth Counselling Program - CAPC

This project seeks to offer quality programs and services to children who use the resources of the Centre and to children in the community at-large, by enlarging the availability of child care advocate workers. As well as providing counselling services to children staying at the shelter, the advocates also offer continuous follow-up and support to children and parents in the school environment. Educational programs focusing on parenting skills constitute a core element of the services provided. [Sponsor: Women's Resource Centre]

Support for FAS Children and Their Families - CAPC

This project promotes the health and social/intellectual development of children with developmental disabilities associated with Fetal Alcohol Syndrome and Fetal Alcohol Effect. The intent is to promote understanding, education and community action around the prevention of FAS/FAE and to facilitate the development of an effective community-based support system. Audio-visual materials and other resources are developed to promote the prevention of FAS/FAE and to support families who are dealing with this issue. [Yellowknife Association for Community Living]

Open Doors - CAPC

The goal of this project is to develop a community-based early intervention program which reaches at-risk pre-school children and their parents. The program provides ongoing preventive activity-based intervention for children with medical histories that place them at-risk for developmental delays or potential learning disabilities. The program enhances the intellectual, social and physical development of children, while strengthening and supporting the whole family. Project staff also work with parents to extend the program to homes and provide assistance on parenting issues. [Sponsor: Open Door Society]

Small Steps Program - CAPC

The goal of the Small Steps Program is to develop a pre-school intervention program which provides holistic intervention strategies for children at-risk in Arviat and to improve parenting skills in the community. Under the supervision of the school principal and the inter-agency team, an intervention worker develops early childhood intervention plans for each child in consultation with agencies, parents and student support teachers. The close proximity of the

intervention program with the daycare and the school allows for modelling of parent/child interaction and provides resource-sharing opportunities. [Sponsor: Arviat District Education Authority]

Promoting Healthy Children Through Family Well-Being - CAPC

The goal of this project is to help Dene children have healthier and happier childhoods by increasing their families' ability to eliminate and deal with the effects of alcoholism, violence, child sexual abuse and other intergenerational dysfunctions in the home. This is done by providing mobile healing workshops, upon request, to Dene communities in the western Arctic. The workshops are experiential, participant-driven and culturally appropriate. Workshops cover areas such as FAS/FAE, anger management, parenting skills, communication skills, spousal abuse, sexual abuse, grieving and relationships. The promotion of health and social development within the context of community healing is the vision that directs the program. The overall mission is to support the re-building of families and communities. [Sponsor: Dene Cultural Institute]

Gameti Early Intervention Program – CAPC

This early intervention program will work in partnership with the Gameti Band to establish a licensed child centre for 3-4 year old community children as a way to promote knowledge and skill development for both children and their parents. The Centre will also provide student teacher training, and its programming will be both developmentally and culturally appropriate. All of these elements will help ensure the child's social, emotional, verbal, intellectual and physical readiness for kindergarten.⁹⁷ [Sponsor: Dogrib Divisional Board of Education]

⁹⁷ http://www.phac-aspc.gc.ca/canada/regions/ab-nwt/resources/e_nwt_summary_hcproject.html.
March 23, 2007.

International Initiatives

In 1999/2000 there were some very specific Maori policy initiatives and budgets planned for early childhood special education. For example, “\$3.1 million over 3 years to provide professional development for special educators and early childhood service providers, and to undertake a pilot program to help identify and assist Maori children with special education needs who are not receiving assistance.”⁹⁸

Success Factors to Effective Programming

For programs to be successful, research on the global scale reveals several common elements:

- Commitment of staff is vital for program effectiveness. The people who are intensely involved are the one who will determine the success of the program, or the project, regardless of the planning. The sentiment of being reliable and being willing to help, the spirit of unity, hard work and community service is at the heart of any initiatives success with respect to special needs (or any endeavor, for that matter) understanding the social conditions of the community are vital to success.
- The traditions and the culture of the community where the program is implemented must be taken into account. Culture and tradition is the lifeblood of the community.
- Implementation of the programs require that community “insiders” and “outsiders” be involved.
- Allow for community empowerment through training for local people is a critical element of success.
- Community mobilization is critical for the sustainability of programs.
- Open communication for program effectiveness.
- Appropriate management plan that allows for quality control and assessment of program progress.⁹⁹

⁹⁸ <http://www.education.gov.ab.ca/nativeed/nativepolicy/AppendixE.asp>. March 19, 2007.

⁹⁹ Hertzman, C. et. al. (2005). *Knowledge Network for Early Child Development Analytic and Strategic Review Paper: International Perspectives on Early Child Development*. World Health Organization’s Commission on the Social Determinants of Health: 21-23

Conclusions

The Liberal Government promised, in 1993 to create new child daycare spaces in Canada. In this promise there was a First Nations early intervention program included. In 1994 Human Resources Development Canada's Social Security Discussion Paper reiterated the federal promise that had been made. It was out of these Federal commitments that the First Nations and Inuit Child Care program and the Aboriginal Head Start program were born.¹⁰⁰

In 1997, the Aboriginal Head Start On Reserve Program was announced. This program, modeled after the Aboriginal Head Start Urban and Northern Initiative, was to support First Nations children and families living on reserve. The primary goal of the on-reserve Head Start program is to demonstrate that locally controlled and designed early-intervention strategies can provide First nations preschool children with a positive sense of themselves, a desire for learning, and opportunities to develop fully and successfully. This on-reserve program also employs the six program components of the Urban and Northern Initiative. In 2000-01, 6,500 children in 168 Aboriginal head Start On-reserve projects, consisting of over 300 communities, were served.¹⁰¹

The Early Childhood Development Agreement was established by the First Ministers in September 2000. The federal government announced \$2.2 billion over five years for early childhood development programs in the provinces and territories. The agreement provided the provincial and territorial governments with funding for use within four broad themes:

- to promote healthy pregnancy, birth, and infancy
- to improve parenting and family supports
- to strengthen early childhood development, learning and care,
- to strengthen community supports

...As part of the Early Childhood Development Agreement, the First Ministers also agreed to work with Aboriginal peoples to find practical solutions to address the developmental needs of Aboriginal children. These investments were consistent with

¹⁰⁰ Greenwood, M. (n.d.). *Children are a Gift to us: Aboriginal-specific Early Childhood Programs and Services in Canada*. Canada: 3

¹⁰¹ Greenwood, M. (n.d.). *Children are a Gift to us: Aboriginal-specific Early Childhood Programs and Services in Canada*. Canada: 5

commitments outlined in the January 2001 Speech from the Throne wherein the government articulated a commitment to work with First Nations to improve and expand the early childhood development programs and services available in First Nations communities. The Speech from the Throne also committed to significantly expand the Aboriginal Head Start program and to reduce the number of babies born with Fetal Alcohol Syndrome. These commitments were reiterated in the 2002 Speech from the Throne along with a new commitment to support the special learning needs of First Nations children. These Speeches from the Throne, more than at any time in the past, recognize the unique needs of First Nations and Aboriginal children in Canada.¹⁰²

In July 2002 HRDC, Health Canada and INAC jointly implemented the federal Aboriginal Early Childhood Development strategy. One initiative undertaken by HRDC was an environmental scan. The scan was designed to research existing programs, to identify best practices in ECE development, to look at community capacity and to share approaches with respect to integration and coordination. INAC has been the lead with respect to the implementation of early childhood development pilot sites. Pilot sites look at community planning, testing evaluation tools to establish measurable outcomes across a range of programs and services and assessing the viability of coordination between regional and federal partnerships. There is also the national Aboriginal Children's Survey, developed to address the data gaps existing for Aboriginal children, done through Statistics Canada. *Early Childhood Development and First Nations children*, commissioned by the AFN, responded to the Federal government activities. Among other issues, came up the concern that resources are currently inadequate to meet the requirements of special needs children.¹⁰³

Currently there is no national policy designated only for First Nations children and their families.¹⁰⁴ As a result, special needs is really just lumped in with child care. Perhaps what is needed is a national policy with a section specifically designated for First Nations children with special needs.

In conclusion, the point needs to be made again, that services for special needs are, at best, limited for First Nations people. Current funding is not sufficient to address the needs of these children. Furthermore, based on the latest headlines, current government policy does not appear to be lending itself to the betterment of First Nation communities. In response to the 2007 budget, First Nations concerns are not addressed. Rather the budget seems to look at First Nations in

¹⁰² Greenwood, M. (n.d.). *Children are a Gift to us: Aboriginal-specific Early Childhood Programs and Services in Canada*. Canada: 6-7

¹⁰³ Greenwood, M. (n.d.). *Children are a Gift to us: Aboriginal-specific Early Childhood Programs and Services in Canada*. Canada: 8

¹⁰⁴ Greenwood, M. (n.d.). *Children are a Gift to us: Aboriginal-specific Early Childhood Programs and Services in Canada*. Canada: 10

terms of jobs and home ownership, placing no regard on the real issues facing communities such as poverty, education, and as it relates to this document, special needs. The following quote appears in the March 20, 2007 edition of the Globe and Mail.

At the time, Conservatives said they supported the accord's goals of reducing aboriginal poverty within 10 years, but said they could not support the \$5-billion cost because it lacked detail.

As recently as this month, Quebec Premier Jean Charest urged the Conservatives to honor the federal government's pledge, but the 2007 budget makes no mention the accord.

The AFN has also recently launched a human rights complaint against Ottawa on the grounds that the federal government is under-funding child welfare services, resulting in thousands of native children landing in foster homes. That issue is not addressed in the budget.¹⁰⁵

Recommendations

First Nations families who have children with disabilities face many barriers when it comes to receiving care and services. Concentrated effort needs to take place by different organizations to optimize care and services offered to these individuals. The following list outlines what needs to happen to decrease the gap between First Nations children with special needs and their mainstream counterparts.

1. Resolve jurisdictional issues

All levels of government need to mobilize and cooperate to ensure that services are available and accessible for all. Moving clients back and forth, not being sure of who is responsible for what must be addressed. The coordination of services across jurisdictions is possible, an example being service delivery to refugees and immigrants to Canada.¹⁰⁶

2. Mainstream agencies need to improve their outreach

Agencies that serve persons with disabilities must address the low participation rates of First Nations. These organizations must evaluate

¹⁰⁵ <http://www.theglobeandmail.com/servlet/story/RTGAM.20070319.wbudgetnatives20/EmailBNStory/budget2007/home>. March 20, 2007.

¹⁰⁶ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 59

how they are “doing business” and develop strategic partnerships with First Nations and together address the low participation rates.¹⁰⁷

3. First Nations leadership needs to change

Professional services must be improved at the community level. The communities must mobilize and be committed to serving the members of their respective First Nation.¹⁰⁸

4. National awareness is needed

Awareness, education, and sensitivity to the issues must be improved upon by provincial authorities, the federal government and national First Nations leadership. This can occur through supported research and professional conferences. There also needs to be an improvement in the coordination of policy at the federal and provincial levels and many issues cross programs and are separated into “Aboriginal departments” and divided up in government.¹⁰⁹

5. Issues of “inclusion” need to be understood and agreed upon

One widely held value among First Nations communities is that children with special needs be part of the daily life of the community. The definition of what exactly inclusion means and how that serves the community needs to be defined. A “strong voice” is needed to bring about change and improve the lives of those with disabilities. This change needs to occur at the ground level. That is to say, First Nations families who are living with a child with special needs must be given a chance to be heard and must participate in the decision making processes that will affect their lives.¹¹⁰

6. All First Nations regions that do not currently have special education policy documents be encouraged and appropriately resourced to develop such policy. The Assembly of First Nations Policy includes a framework, developed by the First Nations Education Committee in Quebec, which may serve as a useful guide in these developments.¹¹¹

7. Indian and Northern Affairs Canada and the Assembly of First Nations establish a working committee to identify culturally relevant effective

¹⁰⁷ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 59

¹⁰⁸ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 59

¹⁰⁹ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 60

¹¹⁰ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 60

¹¹¹ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

- practices for First Nations special education programming as it pertains to key areas such as:
- a. Personal Program Planning
 - b. Parental and Community Involvement in Programming Initiatives
 - c. Student Assessment Practices
 - d. Instructional Approaches for Major Disability Categories¹¹²
8. Given the current national focus on special education accountability, Indian and Northern Affairs Canada and the Assembly of First Nations initiate a national consultation process to establish guidelines for a special education accountability framework that will address both individual student programming and system accountability requirements. This framework must support regional flexibility and cultural differences within an overarching national framework.¹¹³
9. Indian and Northern Affairs Canada in collaboration with the Assembly of First Nations consider the establishment of regional research funds to support First Nations educational research that will serve to inform the First Nations special education agenda.¹¹⁴
10. Indian and Northern Affairs Canada, in collaboration with the Assembly of First Nations, establish a targeted fund to support the development and delivery of special education teachers training courses for First Nation teachers that address special educational instructional approaches. These courses should be designed to be delivered through distance education methods.¹¹⁵
11. Indian and Northern Affairs Canada, in collaboration with the Assembly of First Nations, establish regional special education funding guidelines to insure funding protocols for low and high incidence exceptionalities in all regions of the country. This should also include guidelines for second level support services including cost associated with ongoing professional

¹¹² Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

¹¹³ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

¹¹⁴ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

¹¹⁵ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

development.¹¹⁶

12. Indian and Northern Affairs Canada undertake a program to educate INAC regional staff, especially Regional Finance Committees, on Special Educational needs, directions and priorities.¹¹⁷
13. Indian and Northern Affairs Canada in collaboration with the Assembly of First Nations establish a forum to develop a strategy to foster collaboration and reduce service gaps among the following agencies: Child and Family Services, First Nations and Inuit Health Branch, and Human Resources Development Canada. The area of early identification and intervention should be viewed as a priority in these deliberations.¹¹⁸
14. Support First Nations children and youth with disabilities by ensuring that they and their families are provided with accessible buildings, counseling, advocacy and respite care.¹¹⁹
15. Finally, child care programs must be First Nations directed and controlled, must be community based and holistic in their approaches and must be inclusive, comprehensive, flexible and accessible.¹²⁰

For specific actions that could start the process for long-term change refer to Appendix G.

¹¹⁶ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

¹¹⁷ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

¹¹⁸ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 25-26

¹¹⁹ http://www.hc-sc.gc.ca/fnih-spni/pubs/develop/1999_priorit-child-enfant/concl_e.html. March 27, 2007.

¹²⁰ Greenwood, M. (n.d.). *Children are a Gift to us: Aboriginal-specific Early Childhood Programs and Services in Canada*. Canada: 10-11

Appendices

Appendix A

(The following excerpt is taken from *Meeting the Needs of Children and Adolescents with Special Needs in Rural and Northern Canada: Summary Report of a Roundtable for Canadian Policy-Makers*.¹²¹)

What does the Centre's Research tell us about the needs of children with special needs in rural and northern Canada?

Results from the Centre's research clearly demonstrated that prevention and early intervention are fundamental to achieving well-being for children and adolescents with special needs in rural and northern Canada. The Centre's four key conclusions about how to achieve effective prevention and early intervention are:

1. Access to appropriate services is essential for effective prevention and early intervention. People living in rural and northern communities have a right to effective health, child care, and education services.
2. Community involvement and participation at all stages of the design, planning, implementation, operation, and evaluation of services must become the norm.
3. Members of the community in rural and northern Canada must have appropriate and high-quality education, training, and professional development.
4. A policy network for children and adolescents with special needs in rural and northern Canada fosters knowledge sharing and the development of focused strategies for knowledge uptake and policy development.

What do we need to do?

To improve the well-being of children and adolescents with special needs in rural and northern Canada, the Canadian policy environment must respond to and correspond with the evidence presented. The current and future well-being of these young people depends on the following principles:

- The effective harmonization of policies across federal, provincial/territorial, Aboriginal, regional, and local jurisdictions;

¹²¹ Varga-Toth, J. (2006). *Meeting the Needs of Children and Adolescents with Special Needs in Rural and Northern Canada: Summary Report of a Roundtable for Canadian Policy-Makers*. Canada: 32-34

- The establishment of culturally sensitive, respectful, collaborative, and community-driven approaches to research, policy and practice;
- Community capacity building with the objective of providing choices and opportunities for children and families;
- Children and families must be able to access information and communicate, including via technology, in the language preferable to them.

This is the overarching policy framework that is necessary to support effective and sustainable policy initiatives. In the absence of this framework, children and families will have fewer choices and opportunities, which could restrict their ability to achieve well-being. It is within this larger policy environment that the Centre proposes the following recommendations for policy-makers at all levels. These recommendations are clustered to correspond with the four conclusions that the Centre's research findings have supported.

1. Equitable access to effective services across rural and northern Canada.

Child development screening programs that include follow – up, diagnostic assessment, prevention and interventions must be available to all rural and northern children from birth on.

A framework for implementing and sustaining communication and information technology throughout rural and northern Canada must be established. This framework must include: strategies for community readiness, equitable and accelerated access allowing for concurrent multiple uses, ongoing user-support, and training.

A Special Needs Information Service On-line must be established in all regions of the country to provide and collect information about services for children and adolescents with special needs.

2. Involve the community in all stages of research and service development, provision and evaluation.

Members of the child's own community must be paramount in the development and provision of child care and education.

The importance and necessity of sustained funding for community involvement must be recognized.

3. Develop and provide appropriate education, training and professional development with the highest standards

Community members must have access to high-quality training and education that is properly funded and sustained, and enhanced by best practice distance learning models.

A national framework for establishing competency guidelines for child care providers and educators must be developed.

4. Establish a policy network for children and adolescents with special needs in rural and northern Canada

A national environmental scan of children and adolescents with special needs, based on the OECD definition of special needs, must be conducted and include markers for Francophones, Aboriginal status and other cultural specifiers.

A national policy network funded by government and based on a co-productive relationship between the network and government must be established.

Appendix B

Provincial/Territorial Government Areas of Investment under the Early Childhood Development Agreement, 2003-2004¹²²

BC

- ECD in Aboriginal communities
- Child care
- FASD
- Infant development
- Childhood immunization
- Autism

Alberta

- Family resource centres
- Healthy pregnancy, birth and infancy
- Aboriginal family supports
- Parent-child literacy
- ECD programming in child care settings
- Early intervention (FASD, home visiting)
- Parent education
- Children who experience/witness family violence
- Breastfeeding support

Saskatchewan

- Universal newborn screening
- Early intervention
- Infant mortality
- Child care

In targeted communities:

- FASD
- Home visiting
- Enhanced child care
- Early learning programs
- Parenting supports

Manitoba

- Prenatal benefit/community support programs
- Universal infant screening targeted home visiting
- FASD
- Parent-child activities
- Child day-care

¹²² Government of Canada. (2005). *Early Childhood Development Activities and Expenditures Government of Canada Report 2003-2004*. Canada: 17-19

- Early childhood health promotion
- Readiness to learn/school transition
- Children with special needs
- National Child Benefit Restoration

Ontario

- Ontario Early Years Centres
- Early literacy
- Infant development
- Children's mental health
- Autism
- Teen parents
- Healthy Babies Healthy Children program (enhanced screening at 18 months)
- Aboriginal child nutrition
- FASD
- Prenatal and postnatal services
- Public education and awareness
- Injury and abuse prevention/treatment
- Screening and risk assessments

Quebec

- Since Quebec does not participate in the ECD Agreement, its priorities are not reflected here.

New Brunswick

- Community-based early language program
- Prenatal financial benefit
- Community capacity building
- Enhanced child day-care (wage enhancement and training)
- Early intervention/integrated day care for special needs children
- Parenting education and resources
- Support for children witnessing family violence
- Infant-parent attachment

Nova Scotia

- Home visiting
- Stabilizing and enhancing child care through wage enhancements, training opportunities, increased supported child care, increased portable subsidized seats, inclusion of children with special needs and part-day child care grant
- Increased parent education programs
- Expanded child care information and support services in the community
- Early language and learning program
- Community collaboration and information systems

PEI

- “Healthy Child Development Strategy – Partnerships for Children” and community development
- Publicly funded, community-based kindergarten
- “Measuring and Improving Kids Environments” – early childhood education
- Support to children with special needs
- Disability supports for children ages 0-6
- Early intervention – “Best Start Home Visiting”
- Newborn auditory screening

Newfoundland and Labrador

- Prenatal/postnatal benefit
- Early literacy and pre-kindergarten orientation
- Family resource programs and healthy baby clubs
- Child care services and supports
- Early intervention/autism

Yukon

- Healthy families (including home visits, parent education and FASD)
- Children with disabilities

Northwest Territories

- “Healthy Family” home visitation program
- Parenting and family literacy
- “Child Development” resource kits
- Aboriginal language development and retention
- Universal newborn hearing screening
- Universal developmental screening
- Public awareness

Appendix C

Role of the Centre of Excellence for Children and Adolescents with Special Needs. Excerpt from Government of Canada ECD Activities and Expenditures.¹²³

This Centre's objective is to produce knowledge about children and adolescents with special needs in rural and northern Canada, and to transfer it effectively to those who can use it to make a difference in the lives of these children. The target audience includes researchers, service providers, parents, teachers and policy makers.

What's New: During 2003–2004, the Centre released findings from two important studies. The first was *The young mothers project: Prevention of otitis media through breastfeeding and second-hand smoke abatement*. In this project, Dr. Alan Bowd conducted an investigation with 42 young mothers and pregnant adolescents attending a special program at the Adolescent Parent Centre in Winnipeg. Eighty percent of the young women in the study were of Aboriginal descent. The purpose was to encourage the young women to choose to breastfeed for as long as possible and to reduce their babies' exposure to second-hand smoke, because both of these behaviours are known to reduce the prevalence of chronic otitis media (a form of middle ear disease). The investigation was essentially descriptive, but the following core conclusions were noted:

- A need for school-based health-related services that are not only available, but also more "visible." Services should promote health-enhancing behaviour regarding sexual activity and the avoidance of smoking, alcohol and drugs.
- The importance of promoting breastfeeding among Aboriginal Canadians by emphasizing the benefits of exclusive breastfeeding, as well as the benefits of a lengthier breastfeeding period.

The second study looked at *Overweight and obesity in preschool children in Newfoundland and Labrador*, using measured heights and weights as opposed to parental reports. The project relied on data from the records of children born in 1997, who had taken part in a province wide screening program conducted by public health nurses before the children started school. The sample size was 4 161, representing 77% of the 1997 birth cohort.

According to the project findings:

¹²³ Government of Canada. (2005). *Early Childhood Development Activities and Expenditures Report 2003-2004*. Canada: 84-85

- The most conservative estimate is that one in four preschool children in Newfoundland and Labrador is already overweight or obese.
- The rates of overweight and obesity in this study may be indicative of the extent of the problem nationally.

The study suggests that overweight and obesity monitoring and prevention measures should be incorporated into existing prenatal and child health programs.

Additional details about these and other projects are available online in the Centre's Annual Report, at www.coespecialneeds.ca/PDF/annualreport04.pdf. Early Childhood Development Activities and Expenditures Government of Canada Report 2003–2004

The Centre also hosted conferences; produced workshops, reports, pamphlets and posters; and maintained an online directory of resources and information for children and adolescents with special needs in Nova Scotia (www.snis.ca).

Expenditure: The estimated 2003–2004 expenditure on early childhood development by the Centre of Excellence for Children and Adolescents with Special Needs was \$353,752.

This represents 55% of the Centre's budget for the year.

Appendix D

(the following excerpt is taken from ECD Activities and Expenditures 2003-2004¹²⁴)

In support of this common goal, governments will improve and expand early childhood development programs and services over time. Governments will work with families and communities to help meet the needs of young children and their families. Governments will report regularly on their progress and will continue to build knowledge and disseminate information to parents, communities and service providers to help them to give children the best possible start in life.

Objectives

Focusing on children and their families, from the prenatal period to age six, the objectives of this early childhood development initiative are:

- to promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and
- to help children reach their potential and to help families support their children within strong communities.

Four Key Areas for Action

To meet the objectives set out above, *First Ministers agree* on four key areas for action. Governments' efforts within this framework will focus on any or all of these areas. This will build on the priority that governments have placed on early childhood development and the investments that governments have already made.

1. Promote Healthy Pregnancy, Birth and Infancy

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. This priority addresses needs related to the prenatal, birth and infancy periods and includes supports for pregnant women, new parents, infants and care providers. Possible examples are prenatal programs and information, and infant screening programs.

2. Improve Parenting and Family Supports

Parents and families have the primary responsibility for the care of their children. This priority addresses the needs related to positive parenting and includes supports for parents and caregivers. Possible examples are family resource centres, parent information and home visiting.

¹²⁴ Government of Canada. (2005). *Early Childhood Development Activities and Expenditures Report*. Canada: 129-132

3. Strengthen Early Childhood Development, Learning and Care

Quality early childhood development, learning and care have been shown to promote physical, language and motor skills; and social, emotional and cognitive development. This priority includes supports that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families. Possible examples include preschools, childcare and targeted developmental programs for young children.

4. Strengthen Community Supports

Communities make key contributions to the well-being of children through formal and informal networks. This priority includes supports to strengthen community capacity to meet the needs of children and families from a healthy community perspective. Possible examples include supports for community-based planning and service integration.

Government of Canada Reports 2003–2004

Governments recognize that effective approaches to supporting early childhood development are:

- focused on prevention and early intervention;
- intersectoral;
- integrated; and
- supportive of the child within the family and community context.

Early childhood development programs and services should be inclusive of:

- children with different abilities; and
- children living in different economic, cultural, linguistic and regional circumstances.

Working Together to Meet Children's Needs

Governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early childhood development programs and services. Each government will determine its priorities within this framework.

Governments will work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children.

Governments will ensure effective mechanisms for Canadians to participate in developing early childhood development priorities and reviewing outcomes.

Funding

First Ministers agree that ensuring effective early childhood development is a long-term commitment to our children's future. *First Ministers agree* that investments for early childhood development should be incremental, predictable and sustained over the long term.

First Ministers are committed to helping all sectors of society support children in their early years and to making incremental investments in this area.

First Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early childhood development and agree on the need to ensure flexibility to address local needs and priorities. This initiative also complements existing important federal investments for children and families.

Public Reporting

First Ministers believe in the importance of being accountable to Canadians for the early childhood development programs and services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on, early childhood development provides governments and others with a powerful tool to inform policy making and to ensure that actions are as focused and effective as possible.

Therefore, *First Ministers commit* their governments to:

- report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above, beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;
- develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above.
- The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions,

and expanding with the overall development of early childhood development programs and services; and make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development. This could include currently available indicators (such as children born at healthy birth weight and infant mortality) and newly developed indicators (such as a measure of the proportion of children who are ready to learn when they start school).

First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development.

The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance.

Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based decision making and are critical to informed policy development. Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services. Governments agree to work together, where appropriate, on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work together to disseminate the results of research.

Next Steps

First Ministers direct Ministers Responsible for Social Services and Health to begin implementation as soon as possible of the commitments and priorities outlined above.

1 *While the Government of Québec supports the general principles of the Early Childhood Development initiative and the Early Learning and Child Care initiative, it did not participate in developing these initiatives because it intends to preserve its sole responsibility on social matters. However, Québec receives its share of federal funding and the Government of Québec is making major investments towards programs and services for families and children. All references to viewpoints shared by the federal, provincial and territorial governments in this document do not include the viewpoints of the Government of Québec.*

Appendix E

(the following citation is taken from ECD Activities and Expenditures 2003-2004)¹²⁵

Multilateral Framework on Early Learning and Child Care, March 2003

On March 13, 2003, Federal, Provincial and Territorial Ministers Responsible for Social Services agreed on a framework for improving access to affordable, quality, provincially and territorially regulated early learning and child care programs and services. Under this Multilateral Framework, the Government of Canada is providing \$900 million over five years to support provincial and territorial governments' investments in early learning and child care. Following is the full text of the Multilateral Framework.

Introduction

In September 2000, First Ministers released a communiqué on Early Childhood Development (ECD) that recognized the critical importance of the early years of life in the development and future well-being of the child. Recognizing that families play the primary role in supporting and nurturing children, they committed to improve and expand early childhood development programs, building on existing investments. Progress has been made under the Early Childhood Development initiative in each of the four key areas for action identified by First Ministers:

- promote healthy pregnancy, birth and infancy;
- improve parenting and family supports;
- strengthen early childhood development, learning and care; and
- strengthen community supports.

Governments remain committed to improving and expanding programs and services in any or all of these four key areas for action over time. Building on this commitment, Federal, Provincial and Territorial Ministers Responsible for Social Services agree to make additional investments in the specific area of early learning and child care. Ministers recognize that quality early learning and child care programs play an important role in promoting the social, emotional, physical and cognitive development of young children. This early learning and child care framework represents another important step in the development of early childhood development programs and services. This initiative is consistent with, and builds upon, the commitments made by First

¹²⁵ Government of Canada. (2005). *ECD Activities and Expenditures Report*. Canada: 133-136

Ministers in September 2000.

Objectives

The objective of this initiative is to further promote early childhood development and support the participation of parents in employment or training by improving access to affordable, quality early learning and child care programs and services.

Areas For Investment

To advance the objective set out above, Ministers agree to further invest in provincially/ territorially regulated early learning and child care programs for children under six. In the context of this framework, regulated programs are defined as programs that meet quality standards that are established and monitored by provincial/territorial governments. Early learning and child care programs and services funded through this initiative will primarily provide direct care and early learning for children in settings such as child care centres, family child care homes, preschools and nursery schools. Types of investments could include capital and operating funding, fee subsidies, wage enhancements, training, professional development and support, quality assurance, and parent information and referral. Programs and services that are part of the formal school system will not be included in this initiative.

Effective Approaches

In the settings described above, effective approaches to early learning and child care are based on the following principles:

Available and Accessible

Flexible and responsive early learning and child care options should be broadly available to promote early childhood development and to support parents to participate in employment or training. Examples of initiatives that support availability and accessibility could include increasing early learning and child care spaces, supporting extended and flexible hours of operation, and parent information and referral.

Affordable

Early learning and child care services should be affordable. Governments have established mechanisms to assist parents in meeting the costs of early learning and child care. Examples of initiatives that support affordability could include enhancing fee subsidies that take into account parents' ability to pay and operational funding.

Quality

Early learning and child care should be of high quality to support optimal child development. Examples of initiatives that support high-quality early learning and child care could include enhancements to training and support, child-caregiver ratios and group size, compensation, recruitment and retention, physical environment, health and safety, and learning environment.

Inclusive

Early learning and child care should be inclusive of, and responsive to, the needs of children with differing abilities; Aboriginal (i.e., Indian, Inuit and Métis) children; and children in various cultural and linguistic circumstances. Examples of initiatives that support inclusiveness could include special needs programming and supports, and culturally and linguistically appropriate resources and training.

Parental Choice

Early learning and child care services should provide the flexibility to respond to the varying needs and preferences of parents and children. Examples of initiatives that support parental choice could include innovative approaches to service provision in rural and remote communities, and flexible approaches that address a range of family and employment circumstances.

Working Together

Consistent with commitments made by First Ministers, governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early learning and child care. Each government will determine its priorities within this initiative. Each government agrees to publicly recognize and explain the respective roles and contributions of governments to this initiative.

Governments will continue to work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children.

Governments will ensure effective mechanisms for Canadians to participate in developing early learning and child care priorities and reviewing outcomes.

Funding

First Ministers agreed that investments for early childhood development should be incremental, predictable and sustained over the long-term. Federal, Provincial and Territorial Ministers Responsible for Social Services agree that support for

early learning and child care is a critical investment in our children's future. Ministers agree that further investments in early learning and child care should also be incremental, predictable and sustained over the long-term. Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early learning and child care and agree on the need for flexibility to address local needs and priorities. This initiative also complements important existing federal investments for children and families.

Public Reporting

Ministers believe in the importance of being accountable to Canadians for early learning and child care programs and services. Clear public reporting will enhance accountability and will allow the public to track progress in improving access to affordable, quality early learning and child care programs and services. In the First Ministers' Communiqué on Early Childhood Development, governments committed to report annually to Canadians on investments and progress in the area of early childhood development. Consistent with that commitment, and with early childhood development reporting by jurisdictions, Ministers commit to report annually to Canadians on their progress in improving access to affordable, quality early learning and child care programs and services.

More specifically, Ministers will report annually to Canadians on all early learning and child care programs and services as defined in this Framework, beginning with a baseline report for 2002–2003. Reports will include:

- descriptive and expenditure information on all early learning and child care programs and services;
- indicators of availability, such as number of spaces in early learning and child care settings broken down by age of child and type of setting;
- indicators of affordability, such as number of children receiving subsidies, income and social eligibility for fee subsidies, and maximum subsidy by age of child; and
- indicators of quality, such as training requirements, child-caregiver ratios and group size, where available.

Governments commit to publicly release baseline information by the end of November 2003; annual reports will be released beginning in November 2004. The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance. Governments will strive to continue to improve the quality of reporting over time.

Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based

decision making and are critical to informed policy development. Governments recognize the importance of evaluation in determining the effectiveness and outcomes of initiatives in early learning and child care, and agree to work together to develop an evaluation framework within one year of federal funding being received. Where appropriate, governments agree to pursue evaluations based on this framework, and agree to work together to share information on effective practices in early learning and child care, which may include evaluation findings.

Next Steps

Federal, Provincial and Territorial Ministers Responsible for Social Services will begin implementation as soon as possible of the commitments and priorities outlined in this framework.

Appendix F

(Table of national recommendations, needs and gaps edited from the summary report *Meeting the Needs of Children and Adolescents with Special Needs*.¹²⁶)
 N.B. the document was tabled for a northern and rural Canada, but the edits chosen for this table reflect a national perspective.

Recommendation	Needs	Gaps
Harmonize policies across federal, provincial/territorial, Aboriginal and regional jurisdictions.	Reduce duplication of programs. Public relations campaign. Identify and use best practices. Adequate funding. Map of what is available nationally, that is current and up to date.	Common definitions need to be developed across jurisdictions and agreement on what constitutes a basic service.
Culturally sensitive, respectful, collaborative, community driven approaches to research, policy, and practice must be developed.	Creation of models using a cultural “lens”. Community based delivery. Community driven ethics process for research. Workplaces must reflect the community they serve (values, traditions, ways of working).	Networks are lacking that enable discussion on research needs and results/best practices. Common language and vocabulary pertaining to special needs specifically.
Building community capacity with the objective of providing choices and opportunities for children and families.	Community involvement in all aspects of the process. Screening process from birth to identify and quantify special needs.	Identification of successful existing models of capacity building. Replication of small successful systems.

¹²⁶ Varga-Toth, J. (2006). *Meeting the Needs of Children and Adolescents with Special Needs in Rural and Northern Canada: Summary Report of a Roundtable for Canadian Policy-Makers*. Canada: 24-29

Recommendation	Needs	Gaps
	A systematic approach to service, objectivity, equity and fairness.	
Providing access for children and families to information and enabling them to communicate in their first language of choice.	<p>Equal access to materials.</p> <p>Identification of needs.</p> <p>Service providers need to be familiar with the local language and members of that cultural group.</p> <p>Message needs to reflect the needs of the audience it's targeting.</p> <p>Technology and communications must serve and reflect the needs of the culture (e.g. print versus word of mouth).</p>	<p>Lack of resources in languages of communities.</p> <p>Lack of mainstream resources revised to reflect culture appropriately.</p> <p>Lack of culturally appropriate assessment tools.</p> <p>Lack of culturally appropriate diagnostic tools.</p>
Ensure equitable access to high-quality services.	<p>Focus on prevention.</p> <p>Marketing and public relations.</p> <p>Conduct actual needs assessments that are culturally valid.</p>	Lack of cost-benefit assessments between government, researchers and communities/regions.
Involve the community at all stages of research and service development, provision and evaluation.	<p>Report back to communities appropriately, the findings of research.</p> <p>Relationship with community that is ethical and professional.</p> <p>Researchers should establish clear guidelines and expectations to build trust.</p>	<p>Federal funding mechanisms to support multi-disciplinary, community-driven models of research.</p> <p>Participation of all communities.</p>

Recommendation	Needs	Gaps
	<p>NGO's need to be involved.</p> <p>Be culturally sensitive to each First Nation community's perspective and understanding of special needs.</p>	
<p>Developing and offering appropriate education, training, and professional development to members of the community.</p>	<p>Training must be accredited so workers can officially assess children.</p> <p>Training needs to be systematic and professionally designated.</p> <p>Create culturally appropriate needs assessments in the communities and design training around the needs.</p> <p>Use train-the trainer model so community members can share their knowledge.</p>	<p>Shortage of ECE trained and professionally trained special needs workers in First Nations communities.</p>
<p>Establish a policy network for children and adolescents with special needs.</p>	<p>Funding is necessary, from various sources, government and non-government, to continue research and development.</p> <p>Priorities must be established.</p> <p>Clear policy needs to be established.</p>	<p>Establishment of priorities.</p> <p>National strategy.</p>

Appendix G

(Excerpt from *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?*¹²⁷)

Action #1: Establish Provincial Advocate Offices: Ombudsman for Aboriginal Families of Children with Disabilities

Accessing services and programs, which are readily available for many persons, are often inaccessible or denied to Aboriginal/First Nations persons and families with disabilities. An intergovernmental office should be established which could be based on the following partners:

- Federal/Provincial/Territorial Ministers Responsible for Social Services,
- the Department of Indian Affairs,
- the National Association of Friendship Centres,
- the Assembly of First Nations, and
- Aboriginal adults and families of children with disabilities.

This intergovernmental effort should establish Advocate Offices for each province, with a director whose primary responsibility is to ensure that Aboriginal and First Nations persons with disabilities and their families receive the basic services and programs they are entitled to receive from whatever government is responsible. This “ombudsman” for Aboriginal persons with disabilities would facilitate the access to services and would be prepared to facilitate the client in achieving his/her rights. This may mean taking agencies, both government and non government, to court. The position must have “teeth.”

Offices should be established in every province with a sizable Aboriginal population. The office for the province of Newfoundland and Labrador should be located in Labrador. This plan would involve the establishment of nine offices across Canada: at approximately \$200,000 per office it would cost about 1.8 million dollars. This action would greatly enhance the profile of Aboriginal/First Nations persons and their families with disabilities in Canada and directly improve their quality of life.

Action #2: Implement a National Jurisdictional Review Panel

There is an immediate need to resolve the jurisdictional problems.... Repeatedly, studies have identified the jurisdictional difficulties and reported that it is a major barrier for this population. An intergovernmental review team should be established which could be based on the similar partners as suggested for the ombudsman offices. It could include the following:

¹²⁷ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 61-63

- Federal/Provincial/Territorial Ministers Responsible for Social Services,
- the Department of Indian Affairs,
- the National Association of Friendship Centres,
- the Assembly of First Nations, and
- Aboriginal adults and parents of children with disabilities.

This intergovernmental team would complete a comprehensive review of the jurisdictional issues and propose a realistic system to adequately resolve it.

Action #3: Create National Network of Urban Aboriginal Health and Social Services Centres

...[T]here are over-riding issues facing Aboriginal families in all of the major cities in Canada. They lose their contact with their cultural and family supports. They face agencies and service providers who are intentionally and un-intentionally unwelcoming. They face administrative bureaucracy and a cold impersonal system. The Friendship Centres attempt to address some of their needs but with funding dependent upon multiple sources, the workers live with insecurity and instability. However, these Friendship Centres cannot do it alone. There is a desperate need to take a hard and critical look at the provision of health and social services to urban First Nations/Aboriginal individuals and families. The model of the cooperation between the Vancouver Aboriginal Friendship Centre Society and Vancouver Native Health Society may be an example but again, funding prohibits any long term strategic planning. The situation in Montreal is simply appalling and unacceptable. The partnership between the urban Aboriginal communities, provincial and federal governments that struggles but seems to be working in Ontario, and B.C. is not happening in Quebec. Each of the major cities should have a professionally staff and self-governed Aboriginal Health and Social Services agency delivering a variety of health and social programs such as outpatient addictions counselling, family supports, education, public health and health prevention. Comprehensive services should be available and management/administrative systems should be developed. Secure and dependable financial arrangements should be established in the same way the provincial health and social services are.

.... One model is to develop a parallel national network of First Nations/Aboriginal Health Centres that is roughly constructed on the national model of existing Friendship Centres. The National Association of Friendship Centre is a central national body that distributes core funding to the provincial and regional centres. Such an organization exists as the National Aboriginal Health Organization (www.naho.ca). Their mandate could be expanded to include both health and social services. The individual centres then seek additional funds from a variety of sources to provide specific programs and services. These funds are time and program limited and are used to provide site specific programs and services depending upon local needs. The other model is to expand the mandate

of the existing National Association of Friendship Centres to include comprehensive health and social services. This model could create a specific “division” within the national body to create Health and Social Service centres either physically separate or within existing centres. However, it appears that many centres have limited space and would need to expand into separate or larger facilities. For large Friendship Centres such as in Victoria, some of their existing program, for example in the domain of public health, could be transferred to the new specialized health and social services centre. It is important to centralize and coordinate information and services and not exacerbate the fragmentation and over-specialization of the service delivery systems.

Action #4: Expand Research Knowledge Base

It is recommended that the federal government departments including Human Resources Development Canada, in conjunction with relevant partners, initiate expanded and strategic research Effective and efficient policy development, both nationally and regionally, as well as programs planning and service delivery, must be based upon empirical research findings completed under the rigours of accepted systematic inquiry.

The relationship between social and policy research, and sound practice has too frequently been ignored.... [There are] three potential research areas:

- disabilities among Aboriginal children, with a focus on prevention,
- issues facing specific disabilities including strategic interventions,
- issues regarding the family and its role, and
- the aspirations of Aboriginal families regarding inclusion and integration.

While some literature does exist regarding the adult population of persons with disabilities, little information is available on the infants, children, and [the] adolescent Aboriginal population. Considering the increasing rate of a young Aboriginal population, an understanding of their circumstances and issues is crucial to providing proactive measures in the detection, prevention, and intervention of disabilities. Also, it would be beneficial to examine the causes and implications of potentially disabling conditions such as chronic ear infections and foetal alcohol syndrome. Insight into these conditions may identify the causes and the necessary steps for prevention.

There is a desperate need for research on the Foetal Alcohol Effects/Syndrome. There is very little information on how to help these children and the impacts of early intervention. There is little understanding of the impact of the living environment and behaviour management that will lead to successful adjustments. The mothers in this study often had serious problems themselves leaving the children to manage as best as they can. Much research is needed to find ways to help these families.

Further study is required to examine the role of the family in the care of family members with disabilities. The exploration of how Aboriginal families cope with family members who have disabilities, and how communities assist or alienate these families, needs further study. Considering the lack of support and services available to families with disabilities, it would be beneficial to examine what services and supports are available to family members both on and off reserve, and whether or not there is compensation.

There is also the need for an improved understanding of “inclusion” and “integration” from the families’ perspectives. There are many assumptions of what citizenship and participation mean from different partners and these assumptions may not coincide with the aspirations and goals of this population.

The old man said, to have been born imperfect was a sign of specialness... as Canadians, where have we gone wrong? It is time to start to right the wrongs.

Appendix H

(Excerpt taken from *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?*¹²⁸)

The following snapshot of a situation in Regina, Saskatchewan is likely reflective of First Nations parents trying to navigate the system to access services for their child.

Family Goals and Aspirations

Agency professionals tended to find this question difficult to answer except in general terms that the parents of these Aboriginal children generally want what is “best” for their child. The parents wanted their child to grow up as normal as possible, to be accepted in school and get along with other children. Often these children have been removed from daycare centres and schools that had difficulty coping with the child’s behaviour. The mothers are keenly aware of her child’s issues and desperately wanted help. In some cases where the child’s disability was related to the neglect or behaviour of the parent such as FAS/E, the mother had shame and guilt over the situation.

In other cases, the professionals reported that the mother was in denial over the situation and that created a serious barrier to the provision of services. The agency staff could offer little opinion on the goals of these single mothers. They had not determined if their goals were different or similar to other parents of children with disabilities. They did not seem to know this client population very well.

One participant, an Aboriginal mother of two children with disabilities, could offer insights to what she wanted and what she felt other families sought. She desired the family to be a complete and functioning unit in the traditional Aboriginal understanding where their physical, cultural, community and spiritual needs are met. She reported that her children are a special gift from the Creator and given to her for a special reason. She wished that other caregivers and providers of services including teachers and medical staff would operate from this perspective. She felt that professionals were too quick to focus on the behavioral problem to be controlled by Ritalin and “consequences” such as punishment. She wanted more than “survival” – the day-to-day struggle that she lives under. She wants her sons to get the help they need so they will grow up to “make this world a better place” and become an active contributor to society.

Disability Supports and Services

¹²⁸ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 20-23

The city of Regina has a vast array of supports and services for persons with intellectual, emotional and physical disabilities. There are numerous agencies, which collaborate in making referrals, doing case management and providing parental support in terms of education of the needs of the child. Many of these services are designed to support the family in the home environment and avoid removing the child from his/her home. A number of agencies are able to provide workers to go into the home and give the parent guidance and services.

Whether First Nations or Aboriginal, the non-insured health benefits can provide many technical aids that a physically disabled child might need. An Aboriginal person without status can receive these benefits if they qualify for social assistance and a First Nations person can access them through the non-insured benefits program offered through their Band Council. Even though they may be eligible for the benefit, accessing a benefit may be a problem if there are communication problems with the Band personnel or if the Band workers are uncooperative. This unfortunate situation does occur and creates serious problems accessing benefits.

The city has a number of agencies, which are organized and operated by Aboriginal people specifically for Aboriginal clients. Also, some of the agencies have staff that is of Aboriginal descent. It was reported that these agencies and Aboriginal staff are more effective in delivering programs and services to Aboriginal mothers/parents. It was felt that the staff is better able to bridge the culture gap.

The funding arrangements vary widely from agency to agency. The entire spectrum of organizations is present in Regina: provincial government agencies, Band/Tribal Council agencies, non-profit charitable organizations, which receive government grants, grants from local organizations and private donations and for-profit businesses. Some of the non-profit agencies charge a modest fee for service but most of the services are available without personal cost to the mother.

Goals And Gaps

The professional members, at agencies that provide specific services to address a physical disability or a disability like speech and language, believe that they are providing an efficient and effective service. They believe that they are addressing the problem or need and see themselves as competently meeting these needs in the future.

There seems to be more supports available to help the family when the child is at home than in care of the province or in an institution. However, they report the need for expanded services and the need for Aboriginal workers. Also, there seems to be more supports and services directed at children than adolescents. As in the literature review, there is a serious problem in accessing services

because of the lack of knowledge of these services. Many services and programs are not utilized because the mother simply was unaware of their existence or how to access them. These women are just trying to **survive** and lack the knowledge and time to “track down” services.

Many services cost money and usually the money that is made available has certain qualifications that are attached. When these children do not meet the exact criteria they can be denied services. Where they live, status or non-status, and category of disability can limit the availability of services. Sometimes this is called the “hardening of the categories”.

When funding is a problem there is a “ping pong” effect from agency to agency; no one seems to have the mandate to cover the costs of the benefit or service. Sometimes the gap means no service, particularly as the child gets older. While a Band receives funding for the disabled child who has treaty status they may be reluctant to pay for a service when the child is off-reserve and living in the city. In many cases these families are dealing with other issues besides a child with a disability such as poverty, isolation, family dysfunction. To address the needs of the child effectively these other issues need to be addressed as well.

Transportation was frequently cited as a barrier. Mothers asked, “Even if the service is available how do I get my child there?” Sometimes they might have a vehicle but insufficient funds to keep it operating. When other children are in the home, there are problems finding child care when pursuing services. They ask, “Who will look after the other children when I am taking my son to speech class?”

In the city, there is little respite care or funding available. Some agencies will provide childcare while a parent is taking one of their educational programs; some daycares have allocated spots for respite care. But, there are no level 4 respite care places available. The researcher was told that it can take 1 1/2 years for a respite bed to become available at Wascana Rehabilitation Centre (Provincial Health Centre in Regina). It is difficult to get specialized equipment for a child with a physical disability or ramps or other specialized adaptations to a home; equipment is available for the needs of the child but not to make life for the family a bit easier. Even if there is funding from the Band Council, the mother will encounter difficulties in getting approval and accessing the funds.

It was identified that mental health services for Aboriginal youth is a major problem. The existing service network just is not reaching them. Professionals seem dedicated and are genuinely concerned for the welfare of these children and their needs but the services provided tend to be based on the mainstream society. The issue is that these children and their families are Aboriginal and have a different cultural perspective. The professionals may not be aware of it but the Aboriginal family with a child with disabilities often experience racism and discrimination

There is a growing awareness among these agencies that they must do better at networking and making referrals to one another so that there are not as many “cracks to fall through” and so that the parent is not overwhelmed by so many agencies working with their child in a disjointed and fragmented fashion.

Appendix I

(Excerpt taken from *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?*¹²⁹)

Broken Eye Glasses

It was during an intermission at a classical music concert and a dear friend came up to me to chat away the few minutes, which we were enjoying. She is an elementary school teacher who works with children with learning disabilities. She has lots of experience with Aboriginal children and is very understanding and sensitive. No one would consider her “racist” in the overt sense of the word. After all, we all are “racist” in some sense or another.

She asked about my research and I told her about my work with children of Aboriginal descent who have disabilities. Immediately, she told me about a young girl with a learning disability whose glasses broke in class. “Oh it took weeks and weeks to get new glasses. I had to call the mom several times; the girl couldn’t see the board she couldn’t learn without them. Oh, it was so frustrating”. I could feel her anguish and sensed her feelings of non-compliance from the mother.

She didn’t quite say it but she was implying the mom didn’t really care about getting new glasses. I could feel my face getting warm and I offered this scenario. “Look Kathy, the mom is probably First Nation and “status” and she is probably single with a couple of kids who have some problems or another. If there is a father, most likely, he is not much help or part of her problems as well. Her main source of income is probably social assistance. The glasses broke and her daughter told her that night that you, her teacher, told her to get them fixed immediately. Now, if this were me, I would call the optometrists and pop into his office that evening and get the glasses replaced or repaired. I would pay for it on my VISA card and submit an insurance claim the next day. My insurance, which my employer pays half of the premium, would send a cheque for 80% of the costs the next week.

However, this mom would have a different experience. She can’t do anything that evening so she calls her “welfare worker” the next morning. The worker says, “Oh yeah, we pay regular clients, and this is a non-insured health benefit. But, you are a status Indian and therefore, Medical Services of the federal government covers it. Give them a call. Well, our mom looks up the number and she gets the electronic computer run-around you get when you call a federal department. After a couple tries, she finally gets to talk to a real person. After a delay, the federal bureaucrat says, “oh, yeah, you are fully entitled to the benefit but we have devolved these non-insured benefits to the Band under our new

¹²⁹ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 7-8

program of “self-government”. Call your Band office. Have a nice day”.

The next day, she calls the Band office and after several calls she discovers that the Band office is closed for a professional development workshop put on by the Federation of Saskatchewan Indian Nations. They will open next Monday. She calls at 8:30 am Monday but does not reach anyone until 11 am. She leaves a message for the worker handling these benefits and waits for her to call back. She doesn't call back and the mom tries again. Finally she reaches the worker who tells her that she is entitled to the benefit but it must be approved by her supervisor. He is on a trip to Ottawa attending a conference on non-insured health benefits. The worker reassures the mom that she will “get on it” as soon as her supervisor gets back. Since the mom is a re-instated “Indian” under Bill C-31 and living off of the reserve, she suspects that nothing will happen. Her Band has not shown much interest in helping off-reserve families. “Out of sight, out of mind”.

Meanwhile, her daughter has again expressed discontent about the delay in getting the glasses repaired. The mom feels guilty. It is the end of the month and finally, her social assistance cheque arrives. She cashes it and takes her daughter to get the classes fixed. Then she drops by the Food Bank to feed her family because most of the social assistance cheque is gone. The next day, another student, big Albert, sits on and crushes the new pair of glasses.”

At the end of the concert, my friend approaches me, smiles and says, “Thanks, I needed that”.

January, 2002

Appendix J

(Citation taken from (Excerpt taken from *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?*¹³⁰)

Toronto Site

In Toronto, services for children are not coordinated from the Native Canadian Centre of Toronto but delivered by the Native Child and Family Services of Toronto. This professional agency was created in response to the amended provincial Child and Family Services Act (1985) which recognized the special needs of children of First Nations and Aboriginal ancestry. The principles state that “all Indian and Native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of extended family.” Opening in April, 1998, it has been “Ontario’s only full service off reserve child and family welfare initiative under the direct control and management of the Native community.” It receives support from numerous funding sources and provides a variety of programs that hold a culturally based service approach (www.nativechild.org). The centre is located in the downtown core at College and Yonge Street.

The city of Toronto is unique in Canada in several ways. There are no large Aboriginal groups in the vicinity and the Aboriginal population is approximately 0.4% of the total population. This small group is in a city and environs of about 4 million with about 50% visible minorities and foreign born residents. Aboriginal and First Nations individuals come to the city from long distances and normally, they have lost their connections to family. Those families who come from southern Ontario are more likely to access services from their own First Nations agency. Hence, it was reported to the researchers that there are very few families of children with disabilities in Toronto that seek services from Aboriginal agencies.

Our contact was the Development Services Worker who has credentials in psychology, mental health, trauma counselling, and addictions counselling. She is located at a FAS/FAE satellite clinic of the Centre where she works with parents and their children. The worker reported that she had been seen a number of families of children with disabilities but mostly in the mental health domain. Using her knowledge of the service professions, she has connections with the Geneva Centre for Autism. It offers six week training sessions for parents to help them with their child. The Centre’s program is behaviour based and quite theoretical. In the worker’s assessment, most parents whom they refer to the Centre finish the course but find difficulty in applying what they have learned when they get home. She finds that the mothers need help with the daily

¹³⁰ National Association of Friendship Centres. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* Regina: 46-54

struggles that parents share with her.

She gave some examples of her practical and applied teaching. For example, mothers get frustrated when their child does not listen and obey. She tries to help them understand that when the emotional tone of the voice changes the child picks up on that and not the words so she emphasizes the use of consistent language and a consistent tone of voice that their child can understand. On[e] example is that autistic children can have difficulty with space issues in relationship to other people and therefore travelling on public buses where they must share a small space with a stranger can be difficult. So she works with the parents in helping them understand the personal space needs of their child. It is this kind of practical and concrete assistance that her clients need and often do not seem to receive in the formal agencies.

The worker also reported assisting two thirteen year old youth with Down's syndrome. One lives out of the Toronto area and is quite isolated. Both are in special education classes. They are teens with special needs but like all teenagers they seek peer relationships and they need to learn acceptable social functioning skills. She has been working at bringing them together to help them deal with the isolation and social barriers they experience.

Another case is a twelve year old child who acquired a brain injury as a result of an infection as an infant. The child was in a good institution but there has been no support to help this child make the transition into a regular school. Her role is to work as an advocate for this boy.

Once again there are grants that can be applied for, through the school system to identify the needs of the child and help with placement. Once again there are challenges from worker's perspective as an advocate. For lay people, the process for successfully applying for the grant is illusive and difficult. She also notes that the parents do not seem to take ownership for their child's education and do not seem to understand that help is available for their child.

It was reported that many children with FAS/E are in the formal care and custody of the province. The "in care" status is terminated in their late teens and they are sent home after many years of being cared for in the provincial foster homes or group homes. Little has been done to prepare the children and the families for their return. Suddenly, these adults with serious behavioural and social disabilities appear at the door of their mothers. The development worker reported that this issue as a serious neglected area of need.

She has been working with a family where the child has tumours on the peripheral nerve endings (neuro fibro mitosis) and that has meant numerous surgeries. The child is 8 years old but only in grade one and is falling behind in school work because of absences due to the surgeries and the struggles of low self-esteem, related to his condition. He needs to wear very thick glasses which

make him stick out from his peers. The worker does her best in offering support and guidance.

The worker advocates for respite care and encourages the parents to make use of this service which is available to families from a number of sources. She identified the following services.

The Geneva Centre for Autism provides respite homes and will waive the fee for parents who are on welfare or assistance. Bridges is a service of the Geneva Centre that will provide one day of respite on a weekend. They offer a planned day of activities that include recreational and community programs for the child. Finally, Assistance for Children with Severe Disabilities (ACSD) is a grant that will pay for 10-15 hours of respite care to care for the child in the home.

The challenge with any of these services is that there is paper work to complete in order to receive the service and this stresses the parents and often prevents them from getting the help that they and their child need. The problem is further complicated. Not only does the child have a disability, often the parent is struggling with an addiction or multiple issues such as one parent who is bi-polar and living with the effects of polio. In these situations the parent is also in need of support services that add to the stress of trying to cope with the child's needs. While there are programs available including respite care, the worker sees problems accessing them. In addition, she sees a major need for evening workers who are available to help parents cope with the situations that arise when they are at home. It is difficult to respond and correct the situation "after the fact" and in-home support and training would go a long way in addressing this need.

Vancouver Site

The Vancouver Aboriginal Early Childhood Support is a program of the Vancouver Native Health Society. It is one program of many that are designed to assist the inner city Aboriginal population who are coping with a myriad of social and health problems from full-blown AIDS, addictions, STDs, and general poverty. The Childhood program focuses on improving the lives of Aboriginal children by addressing gaps in services and seeking culturally sensitive services. It provides peer support, advocacy, parenting skills training, life skills training and linkages for the family to community activities and services. The program has one worker who was extremely knowledgeable and experienced.

These two agencies are on the "frontline" and in the centre of a notorious neighbourhood. They are offering a vast array of social and health programs but find their worker's time is consumed with "chasing bucks". The core funding for both agencies is more or less stable but the funding arrangements for the programs are very unstable and insecure. The temporal nature of the funding means that a lot of energy is lost on re-applying, submitting funding reports and

seeking funding elsewhere. Sometimes, the situation changes and complications arise that require more reports justifying minor changes. This lack of flexibility creates insecurity and stress for the staff. It is very frustrating. In addition, the provincial and federal governments are exploiting these staff with under-funded projects.

There are insufficient funds to adequately pay many of these professionals who work from their hearts with low pay without employee benefits and without any real security. As a nation, Canada prides itself on fair wages and benefits for its workers and those in unionized workplaces often do quite well. Health and social service workers in these Aboriginal non-profit organizations are not working “for the money” but out of dedication and commitment to their people.

One of the unique features of Vancouver is that the workers see a lot of clients who have status under the Indian Act but not band membership. This situation creates serious problems for accessing services, supports, resources, and programs that are “devolved” to the Band governments. The various health and social programs and services administered by Band governments are not available to non-members regardless of their status. Then the workers are having serious problems accessing services such as non-insured health benefits from the federal Indian Affairs or Medical Services Branch of Health Canada. For those clients with Band membership, accessing services such as non-insured health benefits continues to be a problem. The workers state that the social and health workers in the Band offices do not follow up with requests and approvals. They feel that there is a general lack of professionalism from Band workers. On the other hand, these workers have limited resources for their Bands and may be reluctant to give scarce resources to members no longer living on the reserve. Some mothers move to the city to access services for their children. They lose their cultural and familial supports and with difficulty accessing services in the city, they return to the Band. These mothers report that their children are not welcomed back in the community. The common issues of accessing information, not being informed of services and even denial of services was reported as a consistent problem for their clients.

The mothers had fascinating stories and insights to their situation. The mothers have children who have intellectual disabilities, including Foetal Alcohol Syndrome, Attention Deficit, hyperactivity and behaviour control issues. One mother commented that once you get a “tag on you”, services become available and professionals seem to go out of their way to make as many services available as possible. However, “no tag, no service!” They commented that there seems to be lots of services for children under 5 years of age but a lack of services for the 6-12 age bracket. They commented that day care services picked up on problems but focused on the child and not the mother. They found that there is almost “nothing for the mother” in the way of parenting help and support. They reported feeling very much “alone” and frustrating feelings of “no escape.”

In the province of British Columbia, there is a two tier level of benefits for those on Disability Assistance. Once on the second tier, many additional benefits are available such as bus passes and some extra money. They appreciated the stability and security that the money offered however, it still was not sufficient for so-called "extras" like skating, swimming or club fees. These mothers are not receiving adequate money to provide their children with a more well-rounded development. The assistance is the bare minimum and is limited to basic food and shelter.

In Vancouver, housing is a real issue and concern. They talked about "couch surfing" and living from one friend's house to another. This situation is hardly the way to raise a child and even more disconcerting for a mother of a child with disabilities. They described it as extremely difficult for the children. Stable housing helps reduce the stress and tension.

The issue of Indian status can be a problem for these Aboriginal women. At times, their children are entitled to status through the father's inheritance. However, the lack of cooperation from the father and family breakdown, they cannot provide the documents to secure status. Services and benefits that these children are entitled to receive are not accessible because of the family resistance and conflict. One mother reported that her family "was against me."

On a final note, the mothers admitted to have complex health and social problems themselves. One mother has serious health limitations do to chronic conditions that limit her mobility and strength. She is inclined to "just stay home and rest." Another mother admitted to a long history of illegal drug addiction and was "clean" at this time. She had her child removed by the child welfare authorities and he had just been returned since she was free from drugs and in treatment. This issue is an important point. The Aboriginal mothers of children with disabilities are not like the assumed "white middle class" families of suburbia. These women do not have the personal and social resources of the middle class mothers who can advocate, and negotiate the labyrinth of agencies and services. They are at a disadvantage and it became evident that they themselves have disabilities! These women need help and yet, they fumble and stumble along doing the very best that they can.

It should also be noted that the B.C. Aboriginal Network on Disability Society (BCANDS) has been active in providing awareness, education, advocacy and support to Aboriginal individuals and families (www.bcands.bc.ca). Located in Victoria, they have been leaders in this research topic for many years and have more than 4400 members across B.C. They sponsor an annual conference and provide a clearing house of resource materials.

Montreal Site

In Montreal, the researchers made contact with program staff of the Native Friendship Centre of Montreal and also the Dis-Abled Women Network of Canada (DAWN Canada).

The trip was enlightening and an “eye opener” to some unique issues facing Aboriginal people in the Province of Quebec. The Dis-Abled Women Network has local and provincial groups across Canada with three active groups in Quebec, Ontario, PEI and B.C. They have connections with the Canadian Council for Disabled Persons. They concentrate on assisting women and the particular issues that women with disabilities face. The DAWN member reported that in Quebec, Aboriginal issues are “segregated” and that there was little “cross over” into mainstream agencies. The Aboriginal people in the city are not accessing services for which they would normally be entitled. Historically, children with disabilities would be moved to the city for programs and never returned. The DAWN worker reported a case where a young woman wanted to return to her home reserve and was rejected because she had grown up in the city. The Band refused her services citing that she had long lost her Band membership. She bluntly stated, “If we [non-Aboriginal women with disabilities] have it bad, they have it even worse!”

At the time of the site visit, the Friendship Centre was in a financial freeze and at the edge of bankruptcy. The staff members had not been paid and were waiting for federal funds to refinance the Centre. They were working on a “volunteer” basis hoping that the situation would change. The insecure funding arrangements were plaguing this centre in a deeper and more serious way than even the Vancouver Friendship Centre. The Band action, to exclude their own members, was identified by program staff at the Friendship Centre. Repeatedly, the staff have advocated on client’s behalf in attempting to re-gain status and access benefits for which they were entitled to receive. The staff reported that they did not see many children and most of the adults have complex and cumulative disabilities relating to mental illness, psychiatric disturbances, HIV, AIDS, HepC, TB, diabetes and various infections. Most find their way to the city and do not return to their home community.

For 16 years, the Friendship Centre provided a health outreach worker to work in the hospitals for northern Aboriginal patients. As hospital liaison, the outreach worker advocated and supported the patients and maintained relationships with family members in the home community. For example, she would relay information to the family on their relative’s health progress and assist in preparing for discharge. She worked steadily for the 16 years between 3 Montreal hospitals. She was not good at “paper work” and documenting her important service; hence, her funding was cut two years ago.

The social worker coordinates the Montreal Urban Aboriginal Homelessness Pilot

Project and has many years experience working with families trying to adjust to the rigors of city life. He described two scenarios that seem to repeat themselves.

First, on the edge of the city is the Kahnawake First Nations with very sophisticated health and social services. There are a number of other Bands within a reasonable driving distance. The First Nations people competently manage their own programs and advocate on behalf of their own people. The members maintain strong connections and the Band advocates on their behalf. These families tend to manage fine and generally do not interface with the Friendship Centre. However, serious issues relate to those Aboriginal peoples from Inuit and First Nations communities in Quebec's isolated north. They normally are required to fly south for services and find themselves lost in the large city. With the high cost of travel, they are sometimes "trapped" in the south and susceptible to a host of health and social problems. They lose family and cultural support and often are cut from the Band or community membership. It can take 3 to 6 months to reinstate treaty or disc number and without membership many Montreal agencies refuse service. When the worker tries to contact the First Nation or community to get approvals for spending or reinstatement, he is faced with "incompetence" or sometimes just neglect. It is extremely frustrating and often of the individual just gives up and turns back into the street.

The social worker repeatedly sees mothers with children with disabilities such as the effects of foetal alcohol. The mother has found herself in this situation because of her own addiction and social problems. Like the women interviewed in Vancouver, they do not have the knowledge, skills and resources to manage their children. The worker provides support and gives a fresh start but soon the situation spirals out of control. The children find themselves getting into deeper trouble as they enter their teenage years. The cycle of poverty, drugs, prostitution and homelessness returns.

There are a few adults from northern communities who have been institutionalized since childhood and now are middle-aged. They arrived without parents and ended up in institutions or white foster homes. They have their costs covered by Indian Affairs and will never return. No one really knows how many of these Aboriginal children became lost in the system and locked into permanent care. This issue would be interesting research topic because this pattern has occurred in other regions of Canada.

There are serious and fundamental problems between the provincial services and the Aboriginal community. With illegal drugs readily available, many displaced Aboriginal people find themselves with serious problems. Many parents from the north do not speak French. With the province officially francophone, many services are available in only French. When they seek help, they are rebuffed and encounter blatant forms of racism. Sometimes they are refused services because the provincial official claims to not understand the

request. The worker recalls an incident where he was advocating for a client in attempting to get a birth certificate from a provincial office. Not realizing that the worker was fluent in French, the provincial employees were making the process difficult and were heard whispering "sauvage". To the surprise of the clerk, the Friendship worker responded in French.

In order to access disability benefits under the provincial social assistance program, the client needs a birth certificate and a doctor's signature. The application forms are complicated and authorization is required. The client needs to arrange appointments and travel to the appropriate offices. Simple mistakes stop the application and it has to be "restarted."

Many urban Aboriginal persons with disabilities give up "fighting" the system. In another incident with Vital Statistics, the worker attempted to get a birth certificate for a child with a disability. The certificate was required for disability benefits. After paying the fee and submitting the documents, they waited three hours suspecting that the clerk was delaying until closing time at 4:30. They were told that the documents would be mailed.

They returned to the centre and in the pursuing days, they waited and called and called. After 3 months, the clerks claimed that they sent it to 201 St. Laurent and not the correct address of 2001 St. Laurent. The worker believes that they took the fee and never processed the application. They had to return to the office and re-apply.

The worker recalls another upsetting incident. From the high Arctic, a single mother with three children, all with minor disabilities, arrived at the Friendship Centre. She was seeking some help enrolling her children in school. She also had problems and a history of poverty and drug abuse. With the assistance of the Friendship Centre social worker, they collected the necessary documents: past report cards and birth certificates. All the documents were in order and together, they went to see the school principal. He refuses their enrolment demanding a letter from the principal of the Arctic community. Speaking in French, he turns aside and says something like, "oh, she won't stay, homeless, no point in enrolling the kids in school." It is clear that the school did not want the three children and she sent the children back to their northern home. The mother continues to live in the city.

The situation in Montreal is very different than Vancouver. The language barriers, the vast travel distances and blatant racism has created a unique situation in Canada. In Vancouver and Victoria, there is an array of First Nations/Aboriginal operated health and social services agencies. Even the non-Aboriginal service providers seemed to be more open and accepting of First Nations/Aboriginal clients. In the near future, the situation is not going to change in Montreal. The community is desperate for an Aboriginal Social and Health centre such as on the one on East Hastings St., Vancouver. Such a centre would allow the

Montreal Friendship Centre to focus on recreation, education and cultural services and deliver special programs for families, youth and elders. A Social and Health Centre could focus on public health, preventive health, social services and include disability issues. The federal government is remiss in not beginning a developmental plan for First Nations/Aboriginal community in the city of Montreal.

Halifax Site

The Mic'maq Friendship Centre of Halifax operates a Child and Family Development Centre. The contact at the Development Centre was very open to being involved in this research but said they really did not see Aboriginal children with disabilities at their Centre. Our researcher was referred to the Izaak Walton Killam Hospital for Children and contact was made with the Social Work Department. The social worker said that they did see Aboriginal children with disabilities at their hospital from different regions of the province. They run a Program Based Care model with separate departments for physiotherapy, occupational therapy and social work. The hospital employs a First Nations worker to support and advocate for the Aboriginal families and their needs. Unfortunately, our researcher was not able to actually visit the staff; however, through discussion, the issues facing the families are common to other regions of Canada.

Conclusion

There are over-riding issues facing mothers of children with disabilities in all of the cities. They lose their contact with their cultural and family supports. They face agencies and service providers who are intentionally and un-intentionally unwelcoming. They face administrative bureaucracy and a cold impersonal system. The Friendship Centres attempt to address some of their needs but with funding dependent upon multiple sources, the workers live with insecurity and instability.

There is a desperate need to take a hard and critical look at the provision of health and social services to urban First Nations/Aboriginal families. The model of the cooperation between the Vancouver Aboriginal Friendship Centre Society has some merit but again, funding prohibits any long term strategic planning. The situation in Montreal is simply appalling and unacceptable. The partnership between the urban Aboriginal communities, provincial and federal governments seems to be working in Ontario and B.C. but it is not happening in Quebec. Each of the major cities should have a professionally staff and self-governed Aboriginal Health and Social Services agency delivering a variety of health and social programs such as outpatient addictions counselling, family supports, education, public health and health prevention.

Comprehensive services should be available and management/administrative systems should be developed. Secure and dependable financial arrangements

should be established in the same way our provincial health and social services are.

Appendix K

(Excerpt taken from *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context*¹³¹)

Areas for further research:

A search of current literature pertaining to special education and First Nations applications in Canada identifies a noticeable gap in a much needed research agenda. Major journals such as the *Canadian Journal of Native Education* appear to focus more on philosophical issues and general policy areas. There is a virtual dearth of published research that pertains specifically to topics that address First Nations approaches to special education in Canada. There is some research that addresses cultural mediating factors as it pertains to education of First Nation students (Kanu, 2002) and limited discourse examining cultural factors in formalized assessments (Christjohn, 1999), but very little that directly focuses on **topics that pertain to special educational instructional approaches, variations in personal program planning or culturally relevant practices for inclusion, etc. This is clearly an area of research that would benefit from the establishment of a national research agenda to focus and support research that would inform First Nations educational authorities as they work to serve students with special educational needs.**

Although still in its formative stages, a significant special education research project ... co-funded by Indian and Northern Affairs Canada, Manitoba Education, Training and Employment and Saskatchewan Learning is currently underway in 23 schools in southwestern Manitoba and southeastern Saskatchewan (Western and Northern Canadian Protocol- Special Education Committee, 2002). Seven of the participating sites are First Nations schools operating under the auspices of regional tribal councils. The project is attempting to assist special educators in enhancing the individual program planning process to establish measurable student goals in key developmental domains. Teachers will also be assisted in developing scales of progress for the identified goals to enable a more accurate monitoring and reporting of student outcomes. This focus on special education results is part of a larger special education accountability framework being undertaken by the Western and Northern Canadian Protocol – Special Education Committee, which has based its work on internationally recognized approaches to special education accountability (National Council on Educational Outcomes, 1998).

Given the limited research available for the First Nations special education

¹³¹ Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 6-7

context in Canada, an examination of special education research from the Native American perspective was undertaken. A major review of the state of Native American research in the 1980's and 1990's was undertaken by Hutchinson, (1992). The findings of this review indicate that, although more advanced than the Canadian First Nations special education research agenda, there are also significant gaps in addressing key research themes as they pertain to Native American special education as well. The author identifies a number of research areas that have seen activity through the 1990's including assessment, learning handicaps, personnel training and bilingual-bicultural special education programs. In the area of assessment, research points to the need for more naturalistic testing procedures, in particular alternative methods of verbal ability assessment. As in Canada, this researcher also identifies the lack of distinct research on the subject of instruction and handicapping conditions examining the efficacy of applying various teaching strategies and materials. Research addressing the training of special education personnel focused on approaches to training residents of local communities to work in special education capacities. This usually involved offering university credits for field-based programs in closer proximity to Native American communities than those located on university campuses. Research addressing bilingual-bicultural special educational programs examined cultural incongruencies responsible for Native American student failure at school and identified some components of successful bilingual-bicultural programs, such as an honoring of cultural traditions and varied approaches to demonstrate learning that were culturally relevant to the student population.

Topics identified for future research in the Native American context included:

- Alternative verbal measures to aid in the assessment and identification of Native Americans with special needs.
- Assessment of the efficacy of new approaches to teaching Native American students with learning special needs.
- Continued study of field-based training programs that capture the interest of young Native Americans who might consider careers as special educators.

These topics, among others, would also apply to the Canadian First Nations context.

Appendix L

(Taken from *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context*¹³²)

Funding Protocols

Unlike provincial jurisdiction, education in First Nations is funded through one source, Indian and Northern Affairs Canada (INAC). Funding for First Nation Special Education varies greatly region by region.

BC

In British Columbia First Nations do not presently receive any high cost funding for students. Schools receive a low-cost funding of \$219 per student based on the nominal role. In 1995 low incidence or high cost funding was rolled into the low-cost funding. However, FNEC is adamant that this amount was one million dollars lower than what was received before. There is no funding for high cost students at this time. There are no dollars allocated for second level supports such as educational psychologist or speech pathologist.

The First Nations Schools/Provincials Funding Analysis submitted to FNEC (2001) includes in characteristics of an equitable funding system for First Nation schools "Funding should cover special education assessment and intervention at a level that meets the needs of the children. In the First Nations Education Finance Paper (Matthew, 2001) Special Education funding is addressed in the following way. "Significant discrepancies are apparent in the area of special needs. Calculations demonstrate that matching the special education funding provided by the Ministry of Education (province of British Columbia) would require an increase in funding provided by DIAND to a sample elementary school by 4.35 times the current level and an increase in DIAND funding to a sample elementary/secondary school by 3.44 times the current level.

Saskatchewan

Saskatchewan is unique in that it receives both low cost and high cost funding. Low cost is stated at \$500 per child on the nominal role. However, this funding is also to be used for a variety of other costs including language programming, cultural programming, elders programs, driver education, guidance counselling, library books, and school text books, etc. Low cost funds are not protected from third party management deficit reduction budgets. Low incidence or high cost funding follows the provincial categories. The high cost funding is higher than the provincial rate. There are second level support dollars in the Saskatchewan but they are not dedicated toward Special Education. These dollars are used for

¹³² Hurton, G. (2002). *A Review of First Nations Special Education Policies and Funding Directions within the Canadian Context: A Paper Commissioned for the Minister's National Working Group (WG) on Education*. Canada: 17-22

Directors of Education, teacher supervisors, language and culture consultants, curriculum and instruction services, teacher services, and administration support, benefits, and travel. Only three tribal councils are able to offer educational psychologist and speech pathologist services.

Funding for these tribal councils positions are supported by funds from Education, Gathering Strength, and Health funding. This is in direct contrast to the provincial system that has 25 Shared Service centers which offer educational psychologist, speech pathologist, and itinerant classroom specialist.

Ontario

Ontario FN schools receive \$216-\$226 per student on the nominal role for low-cost funding. High cost funding is based on 6% of the school population. It is unclear how this figure was determined. For schools under a student population of 100 this works out to \$81,000. Increments go up in blocks of 100 students with the next increment for a student population of 101- 200 at \$120,000. All these funds are block funded and there are no accountability requirements. There is a procedure in place for additional funding. However the requirements are often outside the resources of the First Nation schools. There are no dollars set aside for assessments and or second level supports.

Quebec

Quebec, outside of the FNEC pilot project, FN schools receive \$216 per student on the nominal role for low cost funding and no high cost funding. There is no funding for second level supports in Special Education. The James Bay Cree are involved in a separate agreement. The FNEC Triennial Special Education Project received funding for Special Education. This project included all 21 FNEC member communities.

Fifteen communities took full part in the pilot and the six member nations without schools were involved differently and to a lesser degree. To ensure proper training of the interveners and monitoring for the project FNEC formed a partnership with the University of McGill's Office of Research on Educational Policy (OREP). Through previous research, a FNEC Special Education Report (1992) had indicated 52% of the school population had learning and/or behavioural difficulties. Special needs in the pilot project were divided into eight categories. The various project communities used a variety of means for meeting the needs of special education students. These included early intervention, individual education plans, resource room, resource class and special class, remedial teaching, psychoeducational services, remedial language programs, violent management/reduction program, academic improvement program, teachers' support program, etc. Although no specific data was presented in the report, improvements were noted in 71% of the case studies.

The amount granted to the project was \$3.4 million dollars which was later

brought up to \$4.4 million dollars, with the increase of \$960,000 from the regional budget for regular education services. The funds are allocated in the following manner:

- Base amount for community with schools \$100,000.
- Per capita rate for 30% of student population \$ 2,000.
- Isolation supplement for 5 communities
- Communities without schools \$10,000. \$ 10,000.

Funding for this project will continue for the next two years. Information gathered from this project on policy development, human resources, community and parental involvement, and the various funding models are very useful in looking at regional policies.

New Brunswick

Special education high cost is historically block funded at 3% of the education tuition rate. INAC official contacted thought this figure was based on the national rate. Funds are block funded in some areas and targeted based on individual assessments in other areas. Regional INAC is endeavoring to move all areas back to targeted funding for high cost funding. A specialist report (usually an educational psychologist) is required for the initial application. This money is then allocated on a first come first served basis.

The low cost funding is included in the tuition funds. There are no second level support dollars provided for assessments. Local First Nation Child and Family Services has been able to provide some funding for assessments. First Nation Health is able to provide limited Speech Therapist services in some areas.

One community has a different system in place. They hired qualified personnel to assess the school population. The results indicated 25% of the school population was in need of special education services. Region INAC was unable to fund this high number and instead funded a project. As a result of this work the community received \$300,000 to implement a project. Staffing was structured to reduce class size to 15 students per teacher, a psychologist was hired, each classroom has a teacher assistant, a resource room with a special education teacher is available for further support for students and staff. This project has been ongoing for 3-4 years. Evaluation of this project will be in the regular 5-year school review. Region INAC has not received any request from other First Nations in response to this project.

Accountability by select regions

The area of high cost funding presents significant variation for accountability practices.

BC

The British Columbia region does not receive high cost funding, so there is no

accountability required.

Saskatchewan

In the Saskatchewan region First Nations have to submit to an annual audit of all high cost funding. The audit is performed by a qualified special education regional INAC staff member who visits all First Nation schools.

Ontario

In the Ontario First Nations receive block funding and do not have to account for high cost dollars.

Quebec

In the Quebec region First Nations outside of the FNEC Pilot project do not receive high cost funding therefore do not have an accountability system.

New Brunswick

New Brunswick First Nations receive a mixture of block funding and targeted high cost dollars. An annual report is sent in to regional INAC to request continuation of services for students assessed in the past.

Regional Policies and Funding

INAC regions do not have formal policies on special education. They have developed procedures for the allocation of special educational funds. The following section will present a representative sample of these procedures. In the following regions:

British Columbia

British Columbia region INAC does not have a special education policy. There is no high cost funding for First Nation students. Low-cost funding is based on the nominal role at a rate of \$219 per student and included in the general education funding. There is an agreement in place for FNEC and the FNSA to handle the special education pilot with the anticipated new funds. Except for the limited assessments FNEC is able to provide there are no funding for second level support services. All professional development in Special Education is through the efforts of FNEC and the First Nations School Authority.

Saskatchewan

Saskatchewan regional INAC does not have a special education policy but does have procedures to access special education funding. Provincial standards are used as a rule of thumb. Funding for First Nations in Saskatchewan region are higher than provincial rates to make up for the tax base provincial school divisions can access. High cost funding categories are the same as the province with 6 categories, at either level 1 or 2. Behaviour funding is primarily based on programs after 4 students have been identified. The INAC procedures require qualified specialist for assessments and all high cost student programs are review annually by qualified INAC staff member. In some cases First Nations are

able to fund early intervention for children before K-5.

The low-cost funding is used for language, culture and other areas as well as special education. The low-cost rate is based on the annual audited nominal role at a rate of \$500 per student and is not reported on.

Ontario

Ontario does not have a special education policy but does have procedures for accessing special education funds. The Low-cost rate varies from \$216-\$226 and is included in the education formula. High cost students are funded through the formula developed in the Ontario region. This formula sets the incidence rate at 11% of the nominal role population. The rate was set after Ontario region had spent one year researching the incidence rate for high cost students. Areas of research included other First Nation regions, inner city schools and research in the United States.

If a school has needs that exceed what the formula makes available there is a procedure for accessing further funds for special education. A four page form that accounts for the expenditure of existing funds is required to access more funding. Provincial standards are used as guidelines, but Ontario region staff does view this as a minimum standard. First Nations are encouraged to develop IEPs for high cost students and involve parents in the IEP process.

There is no formal integration of services with other funding bodies but the INAC region staff does work with First Nations And Inuit Health Branch (FNIB) and INAC social on a case by case need. The region encourages other funding agencies to meet with First Nations to develop ways of meeting the needs of the community. Early childhood screening and intervention is one area in which this cooperative approach has been used. Unfortunately this has not been developed through out the region as a standard practice. Ontario region does work with an educational psychologist to develop some effective practices and resources that can be distributed to First Nations education staff. The region has also held six special education conferences for First Nations teaching staff.

There are no other specific programs or plans in place to address the area of professional preparation and development at this time, but regional staff are studying the needs. There is no funding for second level support services.

Quebec

Quebec region INAC does not have a special education policy in place. There are no specific standards in place. Except for the FNEC pilot project there is no funding for high cost students. Low-cost funding is \$216 per student on the nominal role and included in the education tuition block funding. This funding is not reported on. There is no funding for second level services, early identification/intervention or the development of effective practices. Professional preparation and professional development are left to the First Nation

communities.

New Brunswick

New Brunswick, in INAC Atlantic region, does not have a special education policy but does have procedures for accessing special education funds. Special education high cost is historically block funded at 3% of the education tuition rate. INAC official contacted thought this figure was based on the national rate. Funds are block funded in some areas and targeted based on individual assessments in other areas. Regional INAC is endeavoring to move all areas back to targeted funding for high cost funding. There is no accountability for special education funding other than the annual school report.