Mi’kmaw Family and Children’s Services of Nova Scotia

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Nova Scotia’s First People

The Mi’kmaq are the founding people of Nova Scotia and remain the predominant Aboriginal group within the province. When the Mi'kmaq first encountered Europeans in the 16th and 17th centuries, their territory stretched from the southern portions of the Gaspé Peninsula eastward to most of modern-day New Brunswick, and all of Nova Scotia and Prince Edward Island.
Culturally relevant programs are practices which are congruent to the Mi’kmaq World View which is based on respect, honesty, trust, sharing of resources, relationships with all things, where the care of children is seen as a gift from the creator and where the nurture and love of children is the responsibility of all.
FAMILY WELLNESS

For the purpose of this discussion, family wellness is more than the absence of discord. It is the presence of supportive, affectionate, and gratifying parent-child relationships and a stimulating home environment that is conducive to positive child development. Wellness is about need satisfaction. Wellness is an ecological concept: a child’s well-being is based on the level of parental, familial and communal, and social wellness. Essentially, wellness can be defined as a condition in which everyone’s needs in the family are met.
First Nations Child and Family Service agencies address

- Community responsibility for parenting
- Four directions of the medicine wheel
- Effects of residential school on parenting and families (cultural loss and interruption of relationships, skewed gender roles)
- Traditional parenting values
- Existing community and family support networks
- Realities of living under oppression
- Protection
- Children in Care
- Foster Care
- Adoption
- Family group conferencing
- Family and Community Healing:
  - Family Support
  - Family Healing Centres
- Prevention (Interagency)
Agency History

- MFCSNS was established in 1985

- Provide Child Welfare and Family Services to all on reserve Mi’kmaw Men, Women and Children

- Agreement between Canada (Federal Dept. of Indian and Northern Affairs), Nova Scotia (Depart. Of Community Services) and the First Nations Community through the 13 Chiefs of the Nova Scotia Bands, a representative of N.S. Native Women’s Assoc., and Grand Chief Ben Sylliboy is an honorary board member.

- Private child welfare agency under the Children and Family Services Act
Culturally Competent Child Placement Principles:

- Child to extended family
- Child to Aboriginal community/group
- Child to another Aboriginal family culturally appropriate
- Child to Non-Aboriginal where Aboriginal Child Care Agency can be involved to ensure that child is able to maintain links to people and culture
Principles

- Community values and traditions essential
- Family is a powerful resource for change
- Sometimes families need help and support
- Healthy homes and communities are experienced through physical, mental, emotional and spiritual development of community people (Holistic Programming)
- Employment of community people
- Modern and traditional education
What program components are essential in a comprehensive aboriginal child welfare and family services program?

- Sound agency administration
- Qualified staff
- Secure funding
- Solid community links
- Traditional teachings
- Personal and family awareness and education of clients
- Individual, group, and family work where appropriate

New programs must be flexible enough to be implemented in different communities and anticipate the growing pains as programs evolve and address the unique needs of every community.
What would a comprehensive Aboriginal Child Welfare and Family Services Program look like?

- Culturally based
- Address client needs
- Accountable to the client and the community
- Be family oriented
- Responsive to local needs
Challenges of implementing a comprehensive (holistic) Aboriginal child welfare program

- Forming of policies and procedures
- Maintaining consistency between theory and practice
- Working through systemic (trust) issues with clients and community
- Community support and connections
- Sustaining the energy required to maintain relationships in the community
History of restructuring of MFCSNS

- Agency was founded on the intention of progress being on a continuum (not static, but fluid)
- Evolution contingent upon the changing needs of aboriginal families with cultural knowledge and traditional teachings embedded in service delivery
- “When Everything Matters” (model instigated by the work of Cindy Blackstock U of T)
- Examination of best practices in the field of aboriginal child welfare and promising approaches in Aboriginal communities.
Contributing factors in restructuring services for aboriginal families

- Flexible Funding (2003-2004)
- First Nations Child & Caring Society of Canada
- Canadian Incidence Study of Reported Child Abuse and Neglect (Cycle 2)
- Enhanced Prevention Funding: Joint partnership with INAC, DCS and MFCSNS
When Everything Matters

- Dissertation defense, presented to the Board and executive staff of MFCSNS (June 2009)
- Comparing First Nations and Non Aboriginal children removed from their families in Nova Scotia
- Wen:de report “We are coming to the light of day” 2005
“When everything matters”

- Over representation of First Nations children in care;
- Related to poverty, poor housing and caregiver substance misuse;
- Family Violence (an overarching theme)
“When everything matters”

- Gaps in Child and Family Support:
  Non-Aboriginal: Federal, provincial and Municipal contributions, non-profit benefits (115 billion a year) and average of 38 K per annum
  First Nations: Federal funding only, Non profit benefits 100K in 2003 and 7-10 per annum.
When Everything Matters Study  Aims

- Compare the rates per thousand at which FN and Non Aboriginal children are placed in child welfare care in N.S.
- Identify structural risk factors that affect child removal and child welfare exit destination
Family and Community Healing Program

The evolution of the Family and Community Healing Program was born out of examining the factors which bring children and families to our attention. Through data gleaned from our participation in the Canadian Incidence Study of Reported Child Abuse and Neglect; we were able to access our own data and through this process, we refocused our work throughout all of our agency’s programs and services. As a result, our best approach was to unite the Family Support Program and the Healing Program into a new combined unit.
Family and Community Healing Program

- Design and implement community based initiatives through creating partnerships, sharing knowledge/expertise and using the indigenous process to address issues which impact family and community wellness.

- Combined with the **Family Healing Program** (which provides safety, shelter, counselling, outreach services and public education on domestic violence) and the **Family Support Program** (which delivers home based support, guidance and information to caregivers on parenting skills, life skills, and access to community resources) has enabled families to receive a suite of resources to enhance family strengths and contribute to community capacity building.

- All programs and services presented by the Family Community Healing Program are respectful of Mi’kmaq customs and traditions.
FAMILY AND COMMUNITY HEALING PROGRAM

- FAMILY SUPPORT
  - EARLY INTERVENTION PROTECTION/CHILDREN IN CARE COMMUNITY EVENTS
- FAMILY HEALING
  - SHELTER OUTREACH PUBLIC EDUCATION
- Family and Community
  - Community Based Events
  Resource Person: FGC
Mission Statement

To develop and nurture a meaningful and culturally relevant delivery of family support to Mi’kmaw Families; to empower Mi’kmaw families by recognizing the role of parents and caregivers is to raise children who become productive, responsible adults, having strong sense of worth. Recognize and respect the importance of traditional teachings, which say that children are gifts from the creator. Acknowledge that all members of a community are responsible in creating and sustaining a healthy environment for our Mi’kmaw children based on mutual trust and respect.
Elders say

“Our Culture is Prevention”

- Language
- Oral Tradition
- Family is part of community
- Children are part of the community and greater nation
- Needs determine resources
Breath of Life Theory

- Ancestral knowledge matters across the model
- Rational Worldview principles:
  - Physical: water, food and shelter
  - Emotional: Belonging (attachment to family and community)
  - Spiritual: spirituality and life purpose
  - Cognitive: self and community actualization, identity and service
Family Community Healing

- “From the roots” up approach in program design and implementation
- Community driven, consumers identified needs
- Services occur within the community at any location
- Sphere of influence is broader (compared to formal mainstream model) in which facilitators and workers (i.e. family support, healing centre and community healing workers) are a known presence in the community (increase engagement)
WHAT DOES THIS LOOK LIKE

- Language and traditional knowledge embedded in program delivery
- Groups: Parents, Youth and Elders
- Individuals (health centre :walk info family resource)
- Ally in navigating more formal systems of support
- Consistent: natural flow of contact (crisis intervention and continuity of service)
- Sustaining partnerships: Ongoing assessment of understanding needs and healing (service providers/community)
Traditional Perspective on Women

- Traditional culture did provide protection, as women were honored and respected.

- “Prior to colonization, Indian Societies for the most part were not male dominated. Women served as spiritual, political and military leaders. Although there did exist a division of labor between men and women, women’s labor and men’s labor had similar status. (none were less important or inferior)

- As women and men lived in balance, native societies were consequently much less authoritarian than their European counterparts.

(Smith 2005: Conquest; Sexual Violence & American Indian Genocide)
Address family violence issues and the impact it has on children, i.e. risk of harm.

This issue is incorporated into our parent education sessions both through home based and community based events. In the majority of parent sessions we have had across the province, parents themselves have identified wanting information on family violence, especially the impact on children.
Community Need
The Challenges

- Rapid cultural change
- Intergenerational trauma
- Erosion of culture which have been harmful to maintaining cultural practices, family structures, parenting skills and community support networks
- In comparison to overall rates in Canada:
  - Suicide (5-7 times higher)
  - Addictions (Double alcohol related deaths)
  - Family Violence (5-8 times higher)
  - Sexual Assault (three times)
  - First nations children in care: (15 times more likely)
Community Need

The Strengths

- Revitalizing culture: cultural empowerment
- Resiliency in the face of adversity
- Partnerships with formal and in-formal systems
- Utilizing traditional tools for problem solving (healing circles)
- Multiple initiatives through family services, justice, health and education to engage communities in the healing process
- Recognition of the community as its own best resource
Family and Community Healing Team Concept

- Multi-disciplinary
- Individual, family and community centred
- Community owned, defined and driven
- Incorporating Mi’kmaq traditional, cultural and western concepts in planning and implementation
- Continuity and sustainability of service
- Supports principles of community development
- Integrated approach to program delivery
Service Delivery Model

The Family and Community Healing Program service delivery model is based on integrating aboriginal values with the determinants of health and wellness which are powerful factors impacting the day to day reality of our Mi’kmaw Communities.
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<tr>
<th>Value</th>
<th>Health Determinant</th>
<th>Session Content</th>
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<td>Obedience</td>
<td>Physical Environment</td>
<td>Housing Effects of Transient lifestyle</td>
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<td>Respect</td>
<td>All Determinants</td>
<td>Respect, manners, language, rules</td>
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<td>Appreciating differences</td>
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<td>Discipline (guidance)</td>
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<td>Rewards vs. Punishment</td>
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<td>Boundaries/Appropriate touch</td>
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<td>Humility</td>
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<td>Happiness</td>
<td>Employment/training</td>
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<td>Healthy vs. Unhealthy relationships</td>
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<td>Kinship</td>
<td>Social Support Networks</td>
<td>Family and Social Supports Support Groups</td>
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Spirituality Practices

- Dream catcher
- Dance
- Drum
- Eagle
- Elder
- Fasting
- Medicine Bundle
- Medicine Circle (Wheel)
- Medicine Pouch
- Moon Time
- Naming Ceremony
- Pow Wow
- Regalia
- Sacred Fire
Spirituality Practices

- Sacred Medicines
- Sacred Pipe
- Songs
- Sunset and Sunrise Ceremony
- Sweat Lodge
- Talking Circle
Traditional First Nations values that guide parenting

- Story telling
- Interconnectedness
- Gifts
- Respect
- Relationships
- Teaching
- Songs and ceremonies
- Equality
- Dignity
- Self determination
- Healing
- Patience
- Time
- Thankfulness
- Humility
- Wisdom
- Interdependence (mother earth and relationships)
- Sharing
- Awareness
- Understanding
- Individual gifts
- Ongoing learning
- Balance
- Experiential learning
- Vision
- Guidance
Aboriginal Principles

- Wholeness
- Change
- Change occurs in cycles or patterns
- The physical world is real; The spiritual world is real
- People are physical and spiritual beings
- People can acquire new gifts, but they must struggle to do so
- There are four dimensions of “True Learning”: Mental, spiritual, physical and emotional
Principles

- The spiritual dimension of human development has four related capacities
- People must decide to develop their own potential
- People must actively participate in the development of their own potential
- Any person who sets out on a journey of self development will be aided
- The only source of failure is a person’s own failure to follow the teachings

_Bopp, Bopp, Brown & Lane, 1985, p.26-30_
Two eyed Seeing (elder Albert Marshall)

The diversity within aboriginal peoples in Canada is enormous. Despite this diversity there are commonalities

- Deep spiritual and philosophical reservoir of wisdom, knowledge and technology
- Passed on from generation to generation through story telling, ceremonies, protocols, taboos and other social balancing systems
- Braiding together of past wisdom, knowledge and current experiences from both native and non-native perspectives
The Legacy of Colonization is Generational Trauma

“Almost every contemporary social pathology or health issue in Aboriginal communities can be attributed directly to the fall out of colonialism…

- residential school
- child welfare
- racism, social exclusion, marginalization, and oppression” (Sinclair, p.51).

Generational Trauma is

“the impact of unresolved historical trauma that has perpetuated itself from individual to individual, from family to family, from community to community, from society to society. Generational patterns of dysfunction become the visible indicator of generational trauma” (Hicks, 2003, p.197).
Residential Schools

- From the passing of the first Indian Act in 1876 which took the leadership away from the Native community to treaty rights in the Constitution Act of 1982 and Bill C-31 in 1985, Aboriginal nations have been under siege.

- While poverty, powerlessness and breakdown of social order were taking hold under government policy, Aboriginal children were removed to residential schools whose purpose was to disrupt their ties with their culture and family. ….these children became parents with no parenting skills…
“The Sixties Scoop”

- Massive intervention from provincial welfare agencies which lasted well into the 1970’s.
- Many children remained in care and were placed in foster care and adopted to non-native parents and communities.
- In 1985 MFCSNS was born to provide culturally relevant services for prevention, protection and foster care.
The Effects

- Often 2-3 generations pass before the most challenging symptoms of trauma show up in individuals, families and communities which result in:
  - Not believing you have a future;
  - Difficulty in relationships;
  - A distrust of the outside world.
The Focus of our work in addressing Family Violence is developing a framework to support individuals experiencing complicated Post Traumatic Stress
Belief Systems and Domestic Violence
DOMESTIC VIOLENCE INFORMATION PACKET • SACRED CIRCLE

VIOLENCE:
- Natural lifeway
- Non-violence
- Natural lifeway

BRANCHES:
- Outgrowth

VIOLENCE:
- Chemical abuse
- Boarding schools
- Witnessing violence
- Stereotypes
- Confusing anger with violence

NON-VIOLENCE:
- Prayer, ceremony
- Honor the gift in others
- Ways of non-violence and respect modeled
- Mental self-discipline
- Seek advice of Women and Elders

TRUNK:
- Contributors

VIOLENCE:
- Chemical abuse
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ROOT:
- Cause of

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ENDING VIOLENCE AGAINST NATIVE WOMEN FROM THE ROOTS UP

Produced by Sacred Circle - National Resource Center to End Violence Against Native Women
The teachings of the Medicine Wheel can help us understand the various forms of family violence. The medicine wheel shows the mental, emotional, physical and spiritual aspects present within all of us.

Family Violence affects all of these elements. The Medicine wheel helps identify the behaviours and feelings associated with family violence and it can be a useful tool in exploring solutions to relationship violence.
The Signs and Symptoms of Family Violence
A Medicine Wheel Approach

Physical - Signs and Symptoms - The "Behavior":
- Hits you, kicks you, burns you, pulls your hair, throws things, pushes you
- Takes your money; does not give you the basics of life (food, shelter)
- Threatens to kill you, your children or the pets; harms property
- Forces you into unwanted sex or touching

Physical - Feeling and Reactions - The "Harm":
- Broken bones, bruises, cuts, burns
- Bruises and swelling caused by hitting
- Bruises and swelling caused by punching
- Internal injuries
- Internal bleeding
- Injuries to your body
- Soft tissue injuries
- Burns
- Scars
- Dents
- Disfigurements

Mental - Feeling and Reactions - The "Harm":
- Family/schema from friends and family
- Guilt
- Shame
-self-harm
- Plans to kill yourself and your children
- Planning to kill your partner
- Planning to kill yourself
- Planning to kill your children
- Planning to kill another family member

Emotional - Feeling and Reactions - The "Harm":
- Sad
-submitted
- Depressed
- Anxious
- Scared
- Helpless
- Bible
- Minimized
- Denial
- Controlling

Spiritual - Feeling and Reactions - The "Harm"
- Negative coping mechanisms (drinking, drugs)
- Loss of hope
- Mocks your religious/spiritual beliefs
- Takes something you hold dear
- Takes away your children

If you are being abused, you should know it is not your fault.
It’s Not Easy To Leave……

- Denial
- Blame
- Shame
- Fear
- Loyalty
- Nowhere to go

- Leaving community
- Leaving culture behind
- No money and no support
- Best for the children
Challenges

Aboriginal women have a lower life expectancy than non-aboriginal women with higher rates of diabetes, HIV/AIDS, tobacco addiction and suicide.

Aboriginal women face twice the rate of poverty compared to non-aboriginal women.

Gender inequity: aboriginal women have lower incomes than aboriginal men.

This situation is compounded by a higher than average birth rate among aboriginal women and a higher than average percentage of female headed single parent families.
Breaking The Cycle

- The result of domestic violence is social breakdown and learned patterns of aggression. We believe the cycle must and can be broken.

- Recovery will be a long journey but not an impossible one. We must avoid a one size fits all approach.

- Early and effective childhood intervention that is culturally sensitive and balances needs for protection with the need for cultural and family connections is central to breaking the intergenerational cycle of family violence.

- Communities that have taken active steps to maintain their aboriginal cultures and identities have dramatically lower suicide rates.
Due to the multitude of factors that prevent victims of violence from leaving violent situations, Aboriginal women are 8 times more likely to die at the hands of their partners (Stats. Can. 2006 Women in Canada: A Gender Based Statistical Report).

According to NWAC, in recent years, over 500 Aboriginal women in Canada are missing or murdered.
Child Protection Research Highlights

- Provincial and territorial legislation to protect children through the Family and Children’s Services Act and the Criminal Code

- 1998 Canadian Incident Study on Child Abuse and Neglect was the first national study to examine the over-representation in the child welfare system, finding that 25% of aboriginal children were removed or considered for removal from their homes compared to 10.4% of non-aboriginal children (often due to neglect)

- 2000-2002, 30-40% of children and youth placed in care were Aboriginal, although Aboriginal children make up less that 5% of the total child population in Canada.

- 1995-2001: 71.5% increased of FN children from reserves placed in care

- In 2003, estimates indicate that there were three times as many FN children in care as there were in residential schools in the 1940’s.
Why the Higher Levels of Abuse

- Number of simultaneous factors, not a “one size fits all” explanation
- Aboriginal Nurses Assoc. of Canada: 3 factors that sustain family violence in FN communities:
  - Alcohol and substance abuse
  - Economic Problems
  - Intergenerational Abuse
Understanding Aboriginal Victimization

- Three main routes of explanations:
  - 1. Risk factors
  - 2. Colonization
  - 3. Racism
Meeting the Needs of Aboriginal Victims of Crime

- Understanding the Context
- Collaboration between victim services, health, social services, education and the justice system as well as community stakeholders in responding to violence against women
- DV Awareness campaigns, education and prevention focus on DV with youth, agencies, community leaders and community events.
- Emphasis in public education on breaking the “culture of violence.”
- Working in concert with organizations outside of aboriginal communities to share information and build bridges toward working together on addressing domestic violence in a greater context:
The Way Forward

- Culturally relevant child welfare and family service practices
- Culturally based healing centres (transition houses)
- Research sensitive to FN needs
- Programs focusing on community wellness involving elders, parents, youth and community stakeholders
- Preservation of culture and collective identity (reduction in suicide rates)
Community

Support Workers

Families

Abused Woman
Healing

- Talking with elders
- Talking circles
- Sweatlodge ceremonies
- Pow wow dancing
- Prayer
- Following the medicine wheel teachings
- Cleansing rituals

- Culturally relevant Services
- Prevention Education
- Development of self determination and self governance
- Advocacy for legislative changes
- Family Group Conferencing
- Protection of the environment
Recognize the realities when working with Aboriginal Victims

- High levels of trauma and interpersonal harm;
- Community attitudes about victims (not always supportive);
- Perceptions of victimization;
- Economic marginalization;
- Lack of sustainable services and being a victim adds another element of need;
- Language barriers;
- Majority of victims know the offender
Kanawayhitowin : Talking Care of Each Others Spirit

- Community Action Campaign to Prevent Woman Abuse in the Aboriginal Community

Adaptation of the Neighbours, Friends and Family Program
Family and Community Healing
Prevention Strategy

- Victims
- Prevention Education
- Legislative and Judicial Responses
• Principles based on Values and Traditional Teachings
  • WISDOM, LOVE, RESPECT, COURAGE, HONESTY, HUMILITY, TRUTH

Goals
Prevent Family Violence
Access Support Early in the Abuse Cycle

Helpful Knowledge

Support for Abused Women
Support for Children who Witness Abuse
Support for Men

Educating and Raising Awareness of the Community

Target Groups for Prevention and Intervention
  • Children, Youth, Women, Men, Elders, Community Stakeholders, Leadership

• Whole family approach to healing
  • Identifying Key People and resources in Community
  • Public education campaigns
  • Gather a team

• Access to housing, building life skills, safety planning, FGC, support groups for women
  • Children: Youth programs
  • Support Cycles
  • Social Supports: Parenting Programs
  • Men’s Healing
  • Men’s Intervention Group
  • Counselling
  • Using traditional practices for healing

• Historical Context (what it is and why it happens, signs..)
• Level of Community Wellness
• Community as navigators of program planning and implementation
  • Community lead Research
Research: (AAHRP Project 2009)
Family Violence and Aboriginal Communities: Building Our Knowledge and Direction Through Community Based Research and Community Forums: Dr. Jane McMillan

- Under reporting
- Addiction
- Cultural Loss
Major Themes in Research
Validated Direction of Our Work

- No exit options (housing, health, employment, addictions)
- Fear of losing children
- Perceived prejudice of police, courts and community services
- Fear of retaliation by abuser/friends/family
- Intergenerational cycles of abuse
- Belief that abuse was deserved
- Cases of mutual abuse
- Shame, Incest
- Access to justice

Normalization of Family Violence (historically not part of Mi’kmaq culture)
Research: Limits to opportunities of intervention

- Ethos of “We are fine when we are sober”
- Ethos of “It is no one’s business-family business is private”
- Code of Silence: complex dynamics of internal and external resistance
- Kinship networks
- Nothing changes: “They are always fighting and getting back together”
- Isolation
- Service options are not culturally relevant
Addressing the Problem

- Cultural Health: Mi’kmaq rights and titles
- Improve experiences in mainstream justice and community services experiences through expansion of programs such as Mi’kmaq Legal Support Network, Victims Services and Mi’kmaw Family Healing Programs
- Create meaningful, flexible and culturally appropriate mechanisms for community intervention and remedy in partnership with education, health, child welfare, justice, addictions, employment and political institutions.
Aboriginal Family Violence Prevention Model “Must Haves”

- Must start with community design and ownership
- Sustainable community mobilization
- Mechanisms for moving beyond survival mode
Mi’kmaw Men’s Intervention Program

- Framework
- Community Stakeholder Advisory Committee
- Cultural Competence Sub Committee
- Communications plans
- Fluid Development
- Evaluation
- Sustainability: Next Steps (MOU and Protocol development with existing resources due to unstable funding)
Wisdom
• Understanding the many forms of violence

Love
• Health relationships

Courage
• Understanding Boundaries

Honesty
• Power and Control

Humility
• Equality

Truth
• Promoting Change
Whole Government Approach

- High Risk for Lethality Protocol
- Federal/Provincial/Territorial Working Group
- Transition House Association of NS
- Men’s Intervention Program
- Interagency Partnerships (on and off reserve)
Information /Education/Empowerment

- Individual/Family: in house and outreach programs, family support, coordinated case management with other service providers;
- Community: parenting, life Skills and healthy relationships delivered through the lens of cultural teachings and tools;
- Nation: Influencing policy, programs, legislation and long term commitment of funding for Aboriginal people.