

Enhancing Aboriginal Child Wellness: The Potential of Early Learning Programs

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This article reflects a survey of a number of federally sponsored Aboriginal early learning programs in place throughout Canada in 2008. Information regarding policy and curriculum, governance structure, assessment standards, and challenges associated with specific programs are explicated. This survey of programs revealed that, in order to be effective, Aboriginal early learning programs must meet a number of criteria, including the encouragement of parental and community participation and the incorporation of a culturally-appropriate, holistic perspective of learning. Presently, Aboriginal early learning programs face a number of formidable challenges including the inaccessibility of programs for parents living in remote or rural areas, infrastructural limitations, funding issues, and lack of cooperation among federal and provincial/territorial departments.

INTRODUCTION

The attention given to Aboriginal early childcare has grown over the past decade. This recent interest is in contrast to the 1960s, 1970s, and 1980s when the federal government paid relatively little attention to Aboriginal early learning programs. In the 1960s and 1970s, early childhood development programs and services for Aboriginal peoples were virtually nonexistent (National Indian Brotherhood & Assembly of First Nations, 1989). The programs that did exist experienced inadequate and/or sporadic funding and were often short-lived (Greenwood, 2000a). By the 1980s, Aboriginal peoples began to articulate a need for early childhood programs, but it was not until the mid 1990s that the need for Aboriginal early learning programs was addressed more seriously by government leaders (Ball, 2005; Greenwood, 2000a). Friendly and Beach (2005) expressed the necessity of such programs by stating that, "All Aboriginal groups have larger than average child populations, making early childhood education and care an especially important

issue" (p. xxiii). Statistics Canada (2006) also supported the necessity of Aboriginal early learning programs when indicating the fertility rate among Aboriginal women was 2.6 children per woman, as compared to a rate of 1.5 children among non-Aboriginal women.

Over the past two decades, numerous sectors of government have introduced a variety of programs advocating increased early childhood education and care for the general Canadian population. Yet, Aboriginal peoples have not obtained equivalent opportunities to benefit from these services, a position echoed by Greenwood (2000a) who stated that, "Quality child care services in Aboriginal communities do not exist. First Nations and Inuit parents, for the most part, do not have access to the subsidies and infrastructure for childcare available to the rest of the population" (p. 17). Political leaders across the country must pay greater heed to basic Aboriginal childcare needs (Aboriginal Research Institute of Six Nations Reserve, 2005; Assembly of First Nations Health Secretariat, 2005; BC Aboriginal Child Care Society, 2005; Greenwood, 2005).

Currently, federally sponsored Aboriginal early learning programs are administered and funded by four main ministries: Health Canada, the Public Health Agency of Canada, Human Resources and Skills Development, and Indian and Northern Affairs Canada (Jamieson, 2007; Morley, 2005) and early childcare/daycare are directed under various provincial/territorial departments. Morley (2005) explained that, "While we are seeing the beginning of collaboration among the departments and ministries, there is as yet no overall cohesive plan for Aboriginal early childhood development; the result is a patchwork of services with many needs not being addressed" (p. 21). Each ministry or department may fund a number of distinct programs, and each program has distinct requirements for eligibility and reporting and therefore, Aboriginal childcare services differ in quantity, quality, and accessibility across provincial/territorial jurisdictions.

Before discussing the intricacies of Aboriginal early learning programs, specific terms used throughout this article need to be defined. The term *Aboriginal* is used as an inclusive term, encompassing all groups of Indigenous people: First Nations, Inuit, Métis, treaty and non-treaty Indians, regardless of their status or place of residence. The term *First Nations Peoples* refers to individuals and/or communities who specifically reside on reserves. *Early learning programs* are those programs intended to promote the health, general

wellbeing, and education of youth under the age of six years. Such programs include childcare/daycare, structured preschool programs, family resource centers, and programs targeted to help at-risk children. Corresponding terms associated with early learning programs include *early childhood development programs, early childhood education and care, and early learning services.*

In this article, I identify federally sponsored Aboriginal early learning programs currently in place throughout Canada in 2008, and I explore the various characteristics of these programs such as policy and curriculum, governance structure, assessment standards, and challenges. Based on a review of these programs, I highlight the quality components of Aboriginal early childhood programs. At the present time, Aboriginal early learning programs face a number of formidable challenges including the inaccessibility of programs for parents who live in remote or rural areas, unavailable space/resources, funding issues, and lack of cooperation among federal and provincial/territorial departments.

ABORIGINAL EARLY LEARNING PROGRAM DESCRIPTION

One of the best well-known federally funded Aboriginal early learning programs, *Head Start*, is modeled on an American early learning program that is also called *Head Start* (Colbert, 1999). In addition to the *Head Start* program, there are numerous other federally funded early learning programs for Aboriginal youth, including: (a) *First Nations & Inuit Child Care Initiative*, (b) *Fetal Alcohol Syndrome/Effects Initiative*, (c) *First Nations Child & Family Services*, (d) *First Nations' National Child Benefit Reinvestment Initiative*, (e) *Brighter Futures*, *Canada Prenatal Nutrition Program*, (f) *First Nations and Inuit Component*, and the (g) *Maternal Child Health Program*. Each of these Aboriginal early learning programs is further described below.

Aboriginal Head Start in Urban and Northern Communities and Head Start on Reserves

In 1995, the Government of Canada established *Aboriginal Head Start in Urban and Northern Communities*, an early intervention program intended to enhance child development and school readiness of First Nations, Métis, and Inuit children and their families who were living in urban centers and northern communities (Ball, 2005; Health Canada, 2005a). An expansion of this program, *Head Start on Reserves*, was introduced in 1998 (Ball, 2005; Colbert, 1999; Cox, 2002; Health Canada, 2005a).

Both Head Start programs operate throughout Canada and are primarily preschool programs, focusing on the spiritual, intellectual, physical, and emotional growth of children. The Head Start programs generally operate from September to June, four days per week and provide services to, three to five year olds on a half-day basis (Government of Canada, 2001); in addition, Head Start programs also offer supports to help meet parenting needs (Cox, 2002). A small number of Head Start programs are full-day and may be delivered from the home (Barrieau & Ireland, 2003) with a maximum of 30 students enrolled in morning or afternoon sessions (Government of Canada, 2001; Jamieson, 2007). On reserves, transportation (usually bus service) for children traveling to and from the program is sometimes provided (Barrieau & Ireland, 2003). Another specialized characteristic of the Head Start program is that the program encourages communities to adjust and shape the project to meet local needs. For example, communities can decide to focus a program on a special age group, children with special needs, or cultural components from within their community (Barrieau & Ireland, 2003).

The Head Start programs should not be regarded as daycare programs because unlike daycare programs, the Head Start programs have a specific curricular component, which addresses six main themes: culture and language, education and school readiness, health promotion, nutrition, social support, and parental involvement (Barrieau & Ireland, 2003; Ministry of Public Works and Government Services Canada, 2002). In addition, these programs are intended to cultivate a desire for lifelong learning and to support parents and guardians as the prime teachers and caregivers of their children (Cox 2002). In an effort to ensure that local child-rearing practices and culture influence the nature of the service, parents, caregivers, and local community members are encouraged to play a key role in the planning, development, operation, and evaluation of the programs (Cox 2002).

The Aboriginal Head Start in Urban and Northern Community program and the Head Start on Reserves program are funded separately. The Aboriginal Head Start on Urban and Northern Communities program is funded by the Public Health Agency of Canada, the Health Promotion and Programs branch (Colbert, 1999; Public Health Agency of Canada, 2004); the Head Start on Reserves program is funded by Health Canada, Medical Service branch (Colbert, 1999; Health Canada, 2005a). Head Start programs are often integrated with other federal childhood development programs such as the *First Nations and Inuit Child Care Initiative*, *Brighter Futures*, and various school

Kindergarten programs that are overseen by Indian and Northern Affairs Canada (Government of Canada, 2001).

Barrieau and Ireland (2003) described some of the outcomes exemplified by those children who had partaken in the Head Start programs and advanced into Kindergarten. Kindergarten teachers were impressed with the positive behaviour, academic achievement, and positive self-esteem of Head Start children. Generally, these children were better practiced in their Indigenous language and were more knowledgeable about health and nutrition. Colbert (1999) stated that these programs, which often include visits to elementary schools, familiarize children with what will be expected of them in kindergarten.

The Ministry of Public Works and Government Services Canada (2002) explained how these programs are formally assessed. Each year, the National Process and Administration Evaluation Survey collect demographic data from program sites. Such data depict information pertaining to participants, site operations, needs, finances, community sizes, locations, cultures and languages. As well, the National Impact Evaluation reports data specifically relating to the six curricular components of the programs and provides information about the development and impact of the programs. This multi-level, evaluative process also collects qualitative information by describing the effects the programs have on children, parents, and communities.

A core concern for many Head Start programs is finding appropriate accommodations for the service (Assembly of First Nations, 2005; Barrieau & Ireland, 2003). For example, minimum facility requirements of a program are a kitchen area, an adequate bathroom(s), and general safety standards. In order to meet such requirements, building renovations are common, and a few communities (when funding is approved) construct new buildings in order to implement the Head Start programs (Barrieau & Ireland, 2003).

Within scattered, remote and northern communities, finding and keeping qualified staff can be problematic (Jamieson, 2007). A survey of Head Start programs conducted by Health Canada reported 70 out of 134 Head Start communities had vacant positions that needed to be filled by someone trained in Early Childhood Education (Barrieau & Ireland, 2003). In addition, there was a recognized need for professionals such as occupational therapists, speech and language pathologists, and community health nurses to be involved with the programs. Access to such specialists is often limited, especially in remote or rural Aboriginal communities.

Problems with initiating the programs are further exacerbated because obtaining funding is an arduous, bureaucratic process and difficult to obtain for many communities. The Head Start programs must be made more accessible for Aboriginal peoples because, as Greenwood (2000b) stipulated, there is a critical need for more Aboriginal early learning programs (Greenwood, 2000b). In 2003, 273 communities throughout Canada were funded to implement and/or continue with Head Start programs, while 310 communities were on a waiting list (Barrieau & Ireland, 2003). Many of the 193 reserves in British Columbia had difficulty in qualifying for Head Start programs because of small, fluctuating child populations within their communities (Jamieson, 2007).

Establishment and maintenance of the Head Start programs may be challenging. As indicated above, a central focus of the programs is the utilization of the knowledge and wisdom of the community when planning and delivering the service. Unfortunately, many Aboriginal early learning programs, such as Head Start, tend to have governmental spokespersons and outside professionals planning the services for Aboriginal peoples (Northern and Rural Health Task Force, 1995). De Leeuw, Fiske, and Greenwood (2002) noted that, "Currently, child welfare policies, women's programs, and health initiatives fail to offer comprehensive approaches to meeting the unique needs of the [Aboriginal] communities" (p. 65). It is imperative that Aboriginal early learning programs embrace Aboriginal voice and traditions. Inadequate transportation for children participating in the programs, inadequate curriculum resource materials for the programs, lack of training for community members, and unawareness about the program's existence and potential have also been cited as serious issues for the Head Start programs (Barrieau & Ireland, 2003).

First Nations and Inuit Child Care Initiative

The First Nations and Inuit Child Care Initiative is a federally funded child/daycare program introduced in 1995 (Government of Canada, 2001). The purpose of this program is to assist First Nations and Inuit people in obtaining quality, affordable childcare within their community that is comparable in quality to child/daycare care services available for the non-Aboriginal population (Greenwood, 2000b). The guiding principals of the First Nations and Inuit Child Care Initiative asserts that First Nations and Inuit

people should direct the program, and the service should include a community-based holistic perspective to early childhood development (Palmantier, 2005).

The First Nations and Inuit Child Care Initiative complements other federal and provincial early learning services (e.g., the Head Start on Reserves program) by advocating child/daycare as an important component of a holistic approach to early childhood development (Indian and Northern Affairs Canada, 2004b). About 50% of communities that receive the First Nation and Inuit Child Care Initiative also utilize Head Start programs. The First Nations and Inuit Child Care Initiative supports children between the ages of 0 to 12, with priority given to children under six (Government of Canada, 2001). Approximately 87% of the First Nations and Inuit Child Care Initiative funding is allocated to First Nations communities, while the remaining 13% is allotted to Inuit communities (Indian and Northern Affairs Canada, 2004b). As with most federally funded childcare programs, at least some of the caregivers working with the children are required to have training in early childhood education (Friendly & Beach, 2005).

The First Nations and Inuit Child Care Initiative, funded by Human Resource Development Canada and Skills Development Canada (Cox, 2002; Friendly & Beach, 2005), targeted children living in communities that entered into the Aboriginal Human Resources Development Agreement (Indian and Northern Affairs Canada, 2005). The specific arrangement for this program differs somewhat in Alberta and Ontario. Within these two provinces, this child/daycare incentive is supported through the Department of Indian and Northern Affairs (OECD Directorate for Education, 2004).

First Nations Child and Family Services Program

The purpose of the *First Nations Child and Family Services Program* is to promote and fund the development of child and family wellness. Through this program, First Nations people develop culturally sensitive child and family services for their community (Indian and Northern Affairs Canada, 2004a). Additionally, the First Nations Child and Family Service Program is intended to ensure that services provided to First Nations people are comparable to those available to the general population throughout Canada (Indian and Northern Affairs Canada, 2004a). The First Nations Child and Family Service Program, sponsored by Indian and Northern Affairs Canada, is one

component of their Social Policy & Programs (Indian and Northern Affairs Canada, 2004a).

In 2000, the Department of Indian Affairs and Northern Development, in partnership with the Assembly of First Nations, completed a review of the First Nations Child and Family Services Program. The review focused on determining how strategies of the program could be improved, with particular focus given to revamping the funding structure. The results of the review indicated that the federally funded First Nations Child and Family Service programs received 22% less funding per child, as compared to the average provincially sponsored child and family service (Shangreux, 2004). Furthermore, the review indicated that program funding did not provide adequate resources to allow First Nations Child and Family Services agencies to sponsor alternative programming for children at risk (McDonald & Ladd, 2000). Indian and Northern Affairs Canada is exploring the use of block funding to provide First Nations and Child and Family Services with the flexibility to reallocate portions of funding to meet specific Aboriginal priorities and circumstances (Indian and Northern Affairs Canada, 2004a). Such an endeavour could enhance program quality if a portion of funds would be directed at services for children in their own homes (Indian and Northern Affairs Canada, 2004a).

First Nations National Child Benefit Reinvestment

Through the Canada Child Tax Benefit, the Government of Canada has increased its funding support for low-income families. In turn, provincial/territorial and First Nations governments have equally increased social assistance for First Nations recipients with children by reinvesting this money into community-based programs (Government of Canada, 2001). This initiative, established in 1998 (Indian and Northern Affairs Canada, 2008), is called *First Nations National Child Benefit Reinvestment*.

The First Nations National Child Benefit Reinvestment falls into five broad areas of wellness, three of which relate directly to early childhood development: child/daycare, child nutrition, early child development/support for parents, employment and training opportunities, and cultural enrichment/other (Government of Canada, 2001; Indian and Northern Affairs Canada, 2004c). Although the program can be adapted across a variety of youth to adult domains, community-based projects aimed at early learning

and development include such things as the provision of daycare facilities, funding for child/daycare and preschool meals/snacks, funding of playground equipment, parenting skills programs, and parent drop-in centers. The First Nations National Child Benefit Reinvestment initiative is administered by the Canada Revenue Agency (Indian and Northern Affairs Canada, 2004c).

Brighter Futures

Brighter Futures is an Aboriginal early learning program which began in 1992. This program is designed to assist First Nations and Inuit communities by establishing culturally relevant programs pertaining to child development, parenting skills, and overall community wellbeing. While *Brighter Futures* is specifically intended for First Nations and Inuit children from ages zero to six years, the program recognizes that the needs of children and the needs of their families cannot be separated. Therefore, services funded by the *Brighter Futures* program also focus on the promotion of healthy families and community environments (Government of Canada, 2001).

There are five main components of the *Brighter Futures* program including: mental health, early child development, the promotion of healthy babies, parenting skills, and injury prevention (Government of Canada, 2001). Each funded community determines its own priorities and allocates resources accordingly. Examples of activities within a community are community-based infant, toddler, and preschool programs and mental health programs promoting children's development by meeting the needs of the family and community. *Brighter Futures* also sponsors such things as promoting the health of infants through prenatal education and supporting culturally-based parenting skills and training (Government of Canada, 2001). The *Brighter Futures* program is sponsored by Health Canada (Government of Canada, 2001).

Canada Prenatal Nutrition Program: First Nations and Inuit Component

Established in 1994, the *Canada Prenatal Nutrition Program: First Nations and Inuit Component* provides prenatal nutrition, health information, and counselling for expectant First Nations and Inuit mothers, mothers of infants, and infants up to one year of age (Andersson, et. al., 2003). The program is community-based; each community develops its own program dependent upon one or more of the four key areas of nutrition education, parenting skills, supportive groups for pregnant women and mothers, and the pro-

vision of nutritious food (Jamieson, 2007). The goals of the program are to improve the nutrition and health of pregnant women and mothers and to promote the healthy growth of infants and children (Jamieson, 2007). This program is administered through the Medical Service Branch, a component of Health Canada (Tarbell, 2007).

An evaluation of this program, conducted by the Assembly of First Nations, raised some important issues regarding accessibility of Aboriginal programs. The report found that only half of pregnant woman in First Nation communities utilized this prenatal service. Jamieson (2007) believed that those expectant mothers who did not make use of the program were women who were in most need of care. As noted by Andersson et al. (2003): "Only one in five of the most vulnerable First Nations women actually received prenatal care classes or nutrition counselling. The same pattern was evident in relation to food coupons, community kitchens and cooking classes" (p. 12). This finding raises important questions regarding the accessibility of this program and other programs designed for vulnerable First Nation families. What prevents the programs from being utilized? What can be done to ensure increased participation? The answers to these questions may support improvement to this program.

Fetal Alcohol Syndrome/Effects Initiative

Fetal Alcohol Syndrome is a medical diagnosis of disabilities associated with prenatal exposure to alcohol, while *Fetal Alcohol Effects* describes specific problems associated with Fetal Alcohol Syndrome (Health Canada, 2005b). For example, a child with Fetal Alcohol Syndrome may experience such Fetal Alcohol Effects as intellectual deficits, hyperactivity, attention deficits, memory deficits, difficulties with problem solving, and/or inability to manage anger (Health Canada 2005b). It is currently estimated that in Canada, one out of 1,000 children have Fetal Alcohol Syndrome; however the prevalence of this disability may be as high as one in five within high-risk communities (Jamieson, 2007). The rates of Fetal Alcohol Syndrome/Fetal Alcohol Effects in some Aboriginal communities are significantly higher than in non-Aboriginal populations (Health Canada, 2002), thus highlighting the importance of this program within Aboriginal communities.

The goal of this initiative was to prevent Fetal Alcohol Syndrome/Effects in Aboriginal communities. Primary activities directed from the program in-

clude public awareness and education, early identification and diagnosis, surveillance, and project funding (Government of Canada, 2001).

As a part of the *Canada Prenatal Nutrition Program*, Health Canada funds the Fetal Alcohol Syndrome/ Effects Initiative. In addition, Health Canada, through national and regional offices, works in collaboration with provincial and territorial governments, a National Advisory Committee on Fetal Alcohol Syndrome/ Fetal Alcohol Effects, a National First Nations and Inuit Steering Committee, and other Government of Canada departments to enhance national efforts pertaining to Fetal Alcohol Syndrome/ Effects (Health Canada, 2001). In 1999, the Government of Canada increased funding to Health Canada to strengthen the Fetal Alcohol Syndrome/ Effect Initiative (Government of Canada, 2001; Health Canada, 2001).

Maternal Child Health Program

The *Maternal Child Health Program* was initiated in 2006 (Jamieson, 2007). The aim of the Maternal Child Health Program supports First Nations women and their families on reserves by providing local, integrated maternal health services that respond to preconception, pregnancy, infancy wellness, and early childhood wellness (Jamieson, 2007). Additional components of the program are decided in consultation with specific Aboriginal communities. The program mandate includes home visits by nurses, Elders, and experienced mothers within the community.

As well, the program is intended to provide linkage for pregnant women and their families with other services (e.g., Head Start, Canada Prenatal Nutrition Program, and Fetal Alcohol Syndrome/ Effectives Initiative). The program's mandate reflects a proactive, preventative approach to promote good health among pregnant women, mothers, and infants (Assembly of First Nations, n.d.). The Maternal Child Health Program is funded by Health Canada (Assembly of First Nations, n.d.).

Information regarding the mandate, governance, and curriculum of nine federally sponsored Aboriginal childcare programs is provided within the above section. A synthesized description of these programs is reflected through Table 1.

ENHANCING ABORIGINAL EARLY LEARNING PROGRAMS

The inclusion of parental and community involvement and the incorporation of a culturally-appropriate, holistic perspective of learning are two

crucial components of quality Aboriginal early learning programs. Other core concerns which need to be addressed within Aboriginal early learning programs are the accessibility of programs, infrastructural requirements for the programs, funding issues, and unilateral cooperation among federal and provincial/territorial departments. Peripheral issues surrounding these points may merit discussion.

Parental and Community Involvement

For an Aboriginal child, his/her parents, siblings, Elders, aunts, uncles, cousins, and the spouses and children of cousins are all an integrated part of the child's life (Native Council of Canada, 1990). Networking among family and community members often results in intimate bonding, a process that helps ensure the survival and prosperity of the family circle. The National Indian Brotherhood & Assembly of First Nations (1989) stated, "An Aboriginal child's sense of security and belonging is based on cooperation and harmony within the extended family" (p. 9). For this reason, when creating and developing quality early childcare programs, it is vital that extended family and community members are encouraged to become involved.

TABLE 1

A Synthesis of 2008 Canadian Aboriginal Early Learning Programs

Program	Governance	Policy Focus	Curriculum
Aboriginal Head Start in Urban and Northern Communities (established 1995)	Public Health Agency of Canada, the Health Promotion and Programs branch	To enhance child development and school readiness by meeting the child's spiritual, emotional, intellectual, and physical needs, while encouraging locally controlled programs.	Six themes: (a) culture and language, (b) education and school readiness, (c) health promotion, (d) nutrition, (e) social support, and (f) parental involvement.
Brighter Futures (established 1992)	Health Canada	To assist First Nations and Inuit communities in establishing culturally-relevant programs specific to child development, parenting skills, and overall community wellbeing.	Five themes: (a) mental health, (b) early child development, (c) promotion of healthy babies, (d) parenting skills, and (e) injury prevention.
Canada Prenatal Nutrition Program, First Nations and Inuit Component (established 1994)	Health Canada, the Medical Service branch	To provide prenatal nutrition, health information, and counseling to First Nations and Inuit pregnant women, mothers of infants, and infants up to one year of age.	Four themes: (a) nutrition, (b) parenting skills, (c) supportive groups for pregnant women and mothers, and (d) provision of nutritious food.
Fetal Alcohol Syndrome/Fetal Alcohol Effects (established 1999)	Health Canada, National Advisory Committee on FAS/FAE, National First Nations and Inuit Steering Committee, and other federal departments	To reduce the prevalence of Fetal Alcohol Syndrome and the unwarranted effects it has on children, families, and communities.	Four themes: (a) public awareness and education, (b) early identification and diagnosis, (c) surveillance, and (d) project funding.
First Nations Child & Family Services Program (established 1989)	Department of Indian and Northern Affairs, the Social Policy & Programs branch (in cooperation with provincial/territorial governments)	To assist First Nations in acquiring culturally-relevant child and family services similar to services existing within the non-Aboriginal population.	Promotes the development and expansion of child and family services, which are designed, managed, and controlled by First Nations.

Program	Governance	Policy Focus	Curriculum
First Nations & Inuit Child Care Initiative (established 1995)	Human Resource Development and Skills Development Canada and Department of Indian and Northern Affairs	To assist First Nations and Inuit people in obtaining quality, affordable child / day-care similar to services existing within the non-Aboriginal population	Promotes the provision of a healthy, safe, and caring environment when the child's primary caregiver is away.
First Nations National Child Benefit Reinvestment (established 1998)	Canada Revenue Agency	To provide an opportunity for First Nations to develop projects addressing child poverty.	Five themes: (a) child care, (b) child nutrition, (c) parental support for parents, (d) home-to-work transition, and (e) cultural enrichment.
Head Start on Reserves (established 1998)	Health Canada, the Medical Services branch	To enhance child development and school readiness by meeting the child's spiritual, emotional, intellectual, and physical needs, while encouraging locally controlled programs.	Six themes: (a) culture and language, (b) education and school readiness, (c) health promotion, (d) nutrition, (e) social support, and (f) parental involvement.
Maternal Child Health Program (established 2006)	Health Canada	To support First Nations pregnant women, mothers, and their families, while providing linkage to other services.	Foci: (a) preconception, (b) pregnancy; and (c) infancy and early childhood wellness.

A prominent theme resurfacing in research and policy statements pertaining to Aboriginal childcare is that Aboriginal peoples must manage their own programs (Assembly of First Nations, 2005; Assembly of First Nations Health Secretariat, 2005; Bryan, 2004; BC Aboriginal Child Care Society, 2003, BC Aboriginal Child Care Society, 2005). This statement precipitates a number of issues. First, Aboriginal peoples need to be allowed to control decisions within these programs. Second, Aboriginal peoples need to acquire the necessary skills to govern early learning services. Finally, funding for Aboriginal early learning programs needs to be flexible enough to reflect diverse community needs. (Society for the Advancement of Excellence in Education, 2005). The Assembly of First Nations Health Secretariat (2005) outlined some issues that limit Aboriginal self-governance. For example, general standards

for childcare centres are sometimes too rigid for Aboriginal communities, and normalized licensing and standards may not reflect traditional cultural norms and practices.

There are additional reasons why Aboriginal peoples need to be in charge of their own early learning programs. Unique orientations, concerns, and predispositions reflected within individual communities can only be adequately represented if community members themselves are involved with the program (Schissel & Wotherspoon, 2003). In addition, ecological conditions vary within Aboriginal communities, as do supplies, resources, and technology available (Eni, 1998). Given the enormous diversity among Aboriginal communities, the notion of one best practice for early childhood programs is a denial of the cultural richness found in each community (Ball, 2005; Native Council of Canada, 1990). For these reasons, parents and community members need to take an influential role in the development, promotion, and administration of the early learning programs within their communities, thus ensuring Indigenous culture is reflected within individualized programs.

Another aspect of parental and community involvement within Aboriginal early learning programs includes input from Elders. A highly respected position in the extended family is the role of the Elder (Hart, 1996). Indigenous knowledge and skill are preserved by Elders, and, for this reason, Elders are often sought for their wisdom (Schissel & Wotherspoon, 2003). Couture (1987) described Elders as "...guardians, purveyors, and teachers of the oral traditions and history of the people; they are the doctors, the healers, the expert survivors" (p. 183). Elders are influential in unifying a family, by offering spiritual healing and providing guidance in effective childrearing practices (Eni, 1998). Because Elders are community role models and the carriers of Indigenous knowledge, it is crucial they participate in the development and sustainability of early learning programs.

Battiste (2002) stated that, "Language is by far the most significant factor in the survival of Indigenous knowledge. Indigenous languages and their symbolic, verbal, and unconscious orders structure Indigenous knowledge" (p. 17). This sentiment supports the notion that in order to fully understand and participate in an Indigenous culture, the language associated with that culture must be understood and utilized by its people. One way Aboriginal early learning programs promote the culture of a community is through the teaching of Indigenous language. Parents and community members are criti-

cally important in this respect because they often have the special knowledge needed to teach an Indigenous language. Therefore, their involvement is extremely valuable.

A Holistic Perspective toward Early Learning Programs

Within Aboriginal cultures, a holistic orientation brings meaning to the life and encompasses the mental, spiritual, physical, and emotional domains of an individual (Archibald, 1995; Weenie, 1998). Concepts embraced by the sacred circle reflect that balance, connection, and harmony exist between all living things (Dyck, 1998). The application of this holistic perspective to child development suggests that the child's body, mind, and spirit are intertwined, and each of these components of self require nurturance, guidance, and respect (Ball, 2005). The Royal Commission on Aboriginal Peoples (1996) concurred that child/student development programs are best facilitated when Aboriginal pedagogy, curricula, and culture are integrated within the programs.

Early childhood development programs not only benefit children, but promote the wellness of an entire community. For example, early childhood development centres can serve as the hubs for a range of additional programs and services, which promote wellness, social cohesion, and cultural continuity. Ball (2005) agreed that quality childcare programs can improve the safety, development, and positive cultural identity of Aboriginal children, families, and communities. Eni's (1998) research explained how programs such as Head Start were beneficial not only for children, but for mothers as well. By participating in the Head Start program, Aboriginal mothers learned about themselves and their children's needs, likes, and dislikes. As well, these mothers felt they had a sense of control over their child's educational future and a sense of responsibility and pride towards their community.

For Aboriginal peoples, family and culture are inseparably linked to the individual. That is, a sense of identity is derived from the culture that is transmitted through family (Eni, 1998). The family is a recognized cornerstone of Aboriginal communities. The family "...serves as a repository for value orientations that guide human behaviour, as a transactional milieu for life span socialization and as a catalyst for culture revitalization" (Native Council of Canada, 1990, p. 15). The Royal Commission of Aboriginal Peoples (1996) stated that the future success of Aboriginal peoples lies with its children. For

this reason, perpetuating culture and identity is an important characteristic of quality Aboriginal early childhood development programs.

CORE CONCERNS

The accessibility of early learning programs for Aboriginal peoples who live in remote and rural is often unequal to those of non-Aboriginal peoples elsewhere (Greenwood, 2006). In many of these remote regions, there is a severe lack of capital and facilities. Funding for infrastructure and maintenance of programs need to be a central priority for Aboriginal early learning programs (Assembly of First Nations, 2005; Greenwood, 2006). Also, clarification is required regarding which federal department has the responsibility for infrastructure costs related to childcare facilities (Assembly of First Nations, 2005).

Funding for Aboriginal early learning programs needs to be stable and more equitably distributed across Canada (Greenwood, 2006). Jamieson (2007) described a bleak future for Aboriginal early learning programs when she stated:

With the repudiation by the federal government of the ELCC [Early Learning and Child Care] Agreement and the subsequent changes in federal funding levels, many of these provincial ECEC [Early Childhood Education and Care] programs and projects will have their funding severely reduced or be discontinued by April 1, 2007. (p. 45)

Jamieson (2007) continued by explaining that if federal funding in British Columbia is not restored, British Columbia's childcare budget will be 21% less than it was in 2001/02. Additional problems related to funding include difficulty in accessing finances, the inequitable distribution of finances, and, simply, lack of finances (Assembly of First Nations, 2005; Assembly of First Nations Health Secretariat, 2005).

Federal, provincial/territorial, and First Nations governments need to collaborate in order to sustain and improve Aboriginal early learning programs. Greenwood (2006) provided an example of governmental collaboration. On reserves the licensing and monitoring of child/daycare facilities, Head Start programs, and various other early childhood development programs could be under the jurisdiction of First Nations. Such an act would respect the self-government and self-sufficiency parameters of First Nations

and make programs more accessible and less complicated for First Nation people. At present, application and funding procedures are a tedious, bureaucratic task, often involving layers of federal and provincial/territorial governance departments. This administrative burden must be eased for Aboriginal peoples (Assembly of First Nations, 2005).

CLOSING THOUGHTS

The Royal Commission on Aboriginal Peoples (1996) explained that children have a special place in Aboriginal culture. According to tradition, children are gifts from the spirit world and, therefore, are extremely precious. In this same report, the importance of parents, families, and communities is emphasized: "We believe that the Creator has entrusted us with the sacred responsibility to raise our families...for we realize healthy families are the foundation of strong and healthy communities" (Royal Commission of Aboriginal Peoples, 1996, np). Indeed, the essence of Aboriginal early learning programs focuses upon healthy and happy children. In turn, the growth and success of these children strengthen Aboriginal communities. The perpetuation and prosperity of Aboriginal culture, Aboriginal identity, and the overall wellbeing of Aboriginal peoples are dependent upon how well Aboriginal children are taught and nurtured in present-day situations. For these reason, it is imperative that Aboriginal early learning programs remain a top priority among Aboriginal parents, Aboriginal community members, regional associations, provincial/territorial departments, and federal ministries.

AUTHOR NOTE

Acknowledgement is warmly extended to the Saskatchewan Ministry of Education and the Canadian Council on Learning's Aboriginal Knowledge Center for providing support to write this article.

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