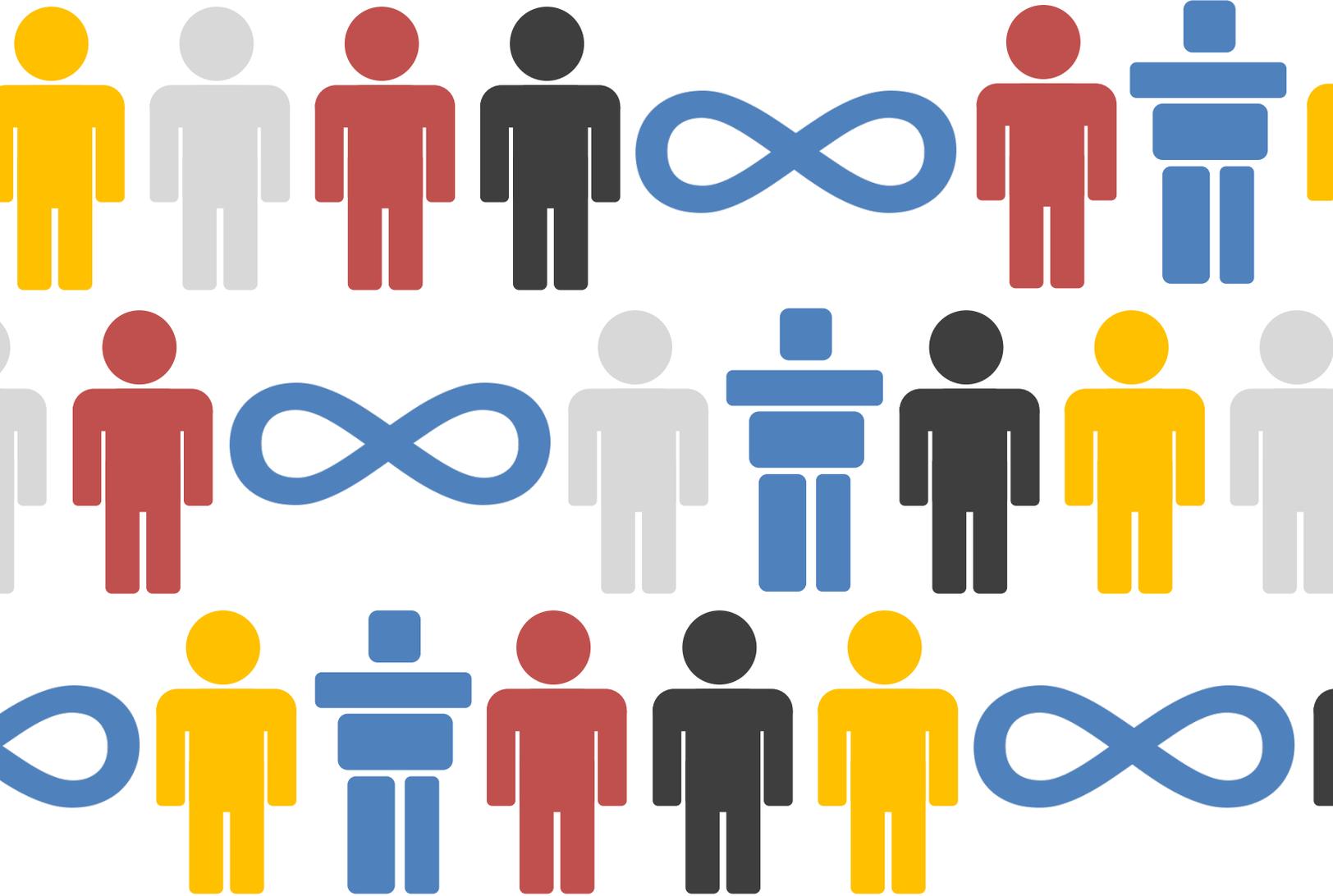


Raising the Village

Measuring the Well-being of
Children and Families in Toronto



PART 2: INDIGENOUS OUTCOMES

The Toronto Child & Family Network

Raising the Village

Measuring the Well-being of Children and Families in Toronto

Part 2: Indigenous Outcomes

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Toronto
Child & Family
Network

ABOUT

About this report

Raising the Village: Measuring the Well-Being of Children and Families in Toronto (Part 2: Indigenous Outcomes) is a report by the Aboriginal Advisory and Planning Committee of the Toronto Child and Family Network. It outlines the desired outcomes for the well-being of Indigenous children and families in Toronto.

This report is part of the Shared Outcomes initiative, which outlines well-being outcomes for all children and families in Toronto. These outcomes were developed through a collaborative effort between the Toronto Child and Family Network, Toronto Children's Services, and the broader child and family service sector. Part 3 of this series (forthcoming), will outline the indicators that will be used to monitor child and family outcomes.

The Aboriginal Advisory and Planning Committee

The Aboriginal Advisory and Planning Committee is a committee of the Toronto Child and Family Network, and is responsible for constructing an Indigenous integrated service model based on the needs of Indigenous children and families in Toronto that truly reflects cultural, linguistic, political and historical integrity.

The Toronto Child and Family Network plans, coordinates, and promotes the broad range of services for children up to 12 years of age and their families. It is a partnership between a cross-section of agencies and organizations who share the same goals of promoting positive outcomes for children and families in Toronto.

Acknowledgments

Primary Author: Heather Dorries, Toronto Urban Fellow, City of Toronto

Contributions from Toronto Children's Services staff: Lorraine McLeod (Manager, Service Planning and Policy), Emma Feltes (Policy Development Officer), Brendon Goodmurphy (Policy Development Officer), David Lee (Children's Services Consultant).

Thank you to all the members of the Aboriginal Advisory and Planning Committee for their guidance and support, and a very special thank you to Kahontakwas Diane Longboat of Six Nations Grand River Territory for her contributions of time and knowledge to this report.

Terminology

The term "Indigenous" is used throughout this report to refer to First Nations, Métis, and Inuit peoples.

PREAMBLE

Working to advance the well-being of Indigenous children and families in Toronto requires strong, reciprocal partnerships between Indigenous and non-Indigenous peoples. These partnerships are based in the inherent rights of Indigenous peoples and the historic nation-to-nation relationship that continues to guide us in living together on the territory where Toronto now sits.

The historic relationship between Indigenous and settler peoples on this territory provides us with a model for just and engaged relationships today. This goes back to the original relationship established by the Two Row Wampum treaty between the Haudenosaunee and the Dutch in 1613. It was recorded by the Haudenosaunee in a beaded wampum belt consisting of two rows of purple on a white background.

The three white rows represent peace, friendship, and respect, while the purple rows signify two vessels travelling parallel down the same river together (Borrows, 2002, pp. 126). One is a canoe symbolizing the Haudenosaunee peoples, and carrying their laws and customs. The other, a ship, carries European laws and customs. Travelling together down the shared river of life, neither one interferes with the course of the other or tries to steer the other's vessel (Asch, 2014, pp. 114).

The principles of alliance and autonomy, held together simultaneously in the Two Row Wampum, established a model of relations which set the stage for subsequent treaties and agreements, including the Royal Proclamation of 1763. One of Canada's first constitutional documents, the Royal Proclamation reaffirmed the nation-to-nation relationship and formalized Indigenous rights to their lands and territories. These principles were renewed in the 1764 Treaty of Fort Niagara between the British Crown and 24 First Nations, during which numerous wampum belts – including the Two Row Wampum – were exchanged to solidify the commitment to mutual respect and equal alliance between peoples.

Today, our rights – both Indigenous and non-Indigenous – flow from these pre-confederation agreements, which frame Canada's current legal structure (Borrows, pp. 125). Beyond Canada, it is this kind of framework of simultaneous alliance and self-determination that underpins the UN Declaration on the Rights of Indigenous Peoples (Asch, 2014, pp. 103).

However, we have veered off-course from the historic nation-to-nation relationship. As we continue to uncover stark injustices that have been committed against Indigenous peoples – from the dispossession of their lands, to the removal of their children to residential schools and foster care – we continue to shed new light on the far-reaching impacts that are still playing out in Indigenous communities today. The well-being of Indigenous peoples can only be understood in the context of this complex legacy of colonialism.

As a result, our task now is reconciliation. This means working together to recover those historic models of relations, and figure out how to put them into practice in our current context. It is the responsibility of Indigenous and non-Indigenous peoples alike to look at our commitments to one another, and determine our parallel, yet autonomous roles in advancing the rights and well-being of Indigenous peoples today. This approach guides the five outcomes for Indigenous children and families described in this report.

INTRODUCTION

The Aboriginal Advisory and Planning Committee of the Toronto Child and Family Network developed five outcomes that reflect our aspirations for the well-being of Toronto's Indigenous children and families.

Advancing the well-being of Toronto's children and families

This report is the second in a series called *Raising the Village: Measuring the Well-being of Children and Families in Toronto*. Part 1 outlined ten well-being outcomes for all children and their families in Toronto (see *Appendix A*). These outcomes were developed through a community process that engaged researchers, service providers, and community organizations from across Toronto's child and family sector.

During the process of developing child and family outcomes, the Aboriginal Advisory and Planning Committee expressed the need to develop additional outcomes that reflect the specific needs, values, and worldviews of Indigenous peoples. This is due to the fact that the well-being of Indigenous people must be understood in the context of colonization, and the far-reaching impact it has had on Indigenous communities today.

This report, Part 2, outlines the additional outcomes we hope to achieve specifically for Indigenous children and families in Toronto, and their communities.

Developing Indigenous outcomes

The Indigenous outcomes outlined in this report were informed by existing research and community input. Members of the Toronto Child and Family Network's Aboriginal Advisory and Planning Committee, representing Indigenous service organizations in Toronto, provided ongoing input and feedback into the development of these outcomes. Further guidance was provided by Kahontakwas (Diane) Longboat, Turtle Clan, Mohawk Nation from the Six Nations Grand River Territory, who is an Elder and ceremonial leader, healer, and traditional teacher of Indigenous spiritual ways.

A number of reports on the health and well-being of Indigenous children and families have been published by various organizations and researchers across Canada, including several projects focused on Toronto. For this report, the following research projects were reviewed - a summary of each can be found in *Appendix B*. Many of these research projects were informed directly by Indigenous families and communities, as well as Indigenous service providers.

- Aboriginal Research for the Community Action Research—Community Integration Leader Project: First Nations, Inuit and Métis Report (2012)
- Little Voices Child and Family Centers—A Framework for the Delivery of Native Children’s Services in the City of Toronto (2011)
- Toronto Aboriginal Research Project Final Report (2011)
- Decolonizing Our Schools: Aboriginal Education in the Toronto District School Board (2010)
- Urban Aboriginal Peoples Study (2010)
- The State of Aboriginal Learning in Canada (2009)
- An Exploratory Regional Study on Child Welfare Outcomes in Aboriginal Communities (2009)
- Urban Aboriginal Life: The 2005 Indicators Report on the Quality of Life of Indigenous People in the Greater Vancouver Region (2005)

The urbanization of Indigenous people

Toronto is graciously hosted by the Mississaugas of the New Credit First Nation and is the traditional territory of Anishnaabe, Haudenosaunee, and Huron Wendat Peoples. Toronto has a long history as a place of Indigenous hunting and fishing, social gathering, and trade (McCaskill, FitzMaurice, & Cidro, 2011, pp. 17). In contemporary times, Toronto has the largest Indigenous population in Ontario, with an estimated 35,000 - 70,000 Indigenous people. However, there is little reliable data available that accurately estimates the size of Toronto’s Indigenous population, or that captures their experiences and living conditions.

Indigenous peoples living in urban environments have unique needs, challenges, perspectives, and priorities. Today, more Indigenous people in Ontario are living in cities than on reserves (Smiley et al., 2011). Since municipal governments plan and deliver services at the local level, it is crucial that they are responsive to the needs, experiences, and rights of Indigenous people and partner with the Indigenous community to ensure they can experience and practice their cultures.

Indigenous people in Toronto are diverse and include urban First Nations, Métis, and Inuit communities. As it is important not to take a pan-Indigenous approach when planning and delivering services with Indigenous communities, the outcomes in this report are intended to be interpreted and applied by individual nations and peoples according to their own cultures, practices, and traditions.

COMMUNITY DETERMINANTS OF WELL-BEING

Indigenous health and well-being is generally worse than that of the Canadian population as a whole. This is due to the legacy of colonization and other inequities that Indigenous people experience.

Indigenous identity is a determinant of well-being

Positive health and well-being outcomes are unequally distributed across the population (Marmot, 2008). The root causes of these inequities are based on a number of social, economic and environmental factors that affect well-being, such as employment, income, gender, race, disability, and housing. These are what we call the community determinants of well-being – the structural factors that are often beyond the control of individuals.

Indigenous identity is a determinant of well-being – that is, Indigenous people are more likely to have worse health and well-being than the Canadian population as a whole (King, Smith, & Gracey, 2009; Reading & Halseth, 2013). On average Indigenous children experience higher infant mortality rates, lower immunization rates, poorer nutrition, and higher rates of chronic diseases compared to non-Indigenous children (UNICEF, 2009; Smylie & Adomako, 2009).

While other community determinants (as outlined on page 20 in *Report 1*), such as income, housing, education, and food security impact the well-being of both Indigenous and non-Indigenous people, research shows that there are additional factors that specifically impact the well-being of Indigenous people, including colonialism, racism, self-determination and cultural continuity (NAHO, 2007).

Colonialism

Colonialism in Canada is a complex and ongoing process characterized by unequal power relations, and the extension of political, economic, and social control over Indigenous lands and lives. Colonialism has had far-reaching effects on the well-being of Indigenous people (McCaskill, FitzMaurice, & Cidro, 2011), and thus is a key determinant of Indigenous well-being (Czyzewski, 2011).

Colonialism is linked to the disintegration of community health and well-being (Corntassel, 2012). The forced removal of Indigenous children from their homes through residential schools and the “sixties scoop”¹ interrupted family structures, and prevented children from receiving and learning about nurture and care from their families. These experiences are also linked to poor mental health outcomes for individuals, and have weakened family and community relationships (Wesley-Esquimaux, 2007).

Racism

Racist beliefs about Indigenous peoples are in turn used to justify discrimination and violence against Indigenous peoples. Racism can take on many forms, from interpersonal relationships and the discriminatory treatment in social settings, to the marginalization of Indigenous worldviews and forms of Indigenous knowledge (Reading, 2013). Racism helps perpetuate the uneven distribution of wealth, power, and resources (Allan & Smylie, 2015).

Structural racism—which is enacted through economic, social and political institutions—has been shown to have a profound effect on the well-being outcomes of Indigenous people. Structural racism is reflected in both the active and subtle ways that Indigenous peoples are excluded from accessing health care, housing, education, employment opportunities, and other resources that are crucial for well-being. As a result, racism negatively affects many well-being outcomes for Indigenous people (Allan & Smylie, 2015).

Structural racism is also embedded in political structures and can be enacted through public policy (Reading, 2013). For example, policies and programs that do not take into consideration how colonialism and racism affect well-being outcomes perpetuate inequities. Paternalism – that is, policies that claim to be in the best interests of Indigenous people but are not informed by them – can also be harmful, regardless of the intentions behind such policies.

Self-determination

Colonialism has had a profound impact on the ability of Indigenous communities to act as self-determining peoples, and has weakened social and political relationships within Indigenous communities. Given the far reaching affects on political, economic, and social life, the loss of self-determination has been

¹ The term “sixties-scoop” refers to the wide-spread practice of removing Indigenous children from their homes and placing them in foster care. It is estimated that between the 1960s and 1980s over 16,000 Indigenous children were removed from their families during this time, contributing to the loss of cultural identity and community cohesion. See: <http://indigenousfoundations.arts.ubc.ca/home/government-policy/sixties-scoop.html>

identified as an important factor influencing the health and well-being of Indigenous communities (Reading & Wien, 2009).

The restoration of community control over the governance of services and resources has been identified as a fundamental step in addressing the legacy of colonialism in Indigenous communities (Ladner, 2009). Communities who are able to exercise greater self-determination often experience better health outcomes across several domains. For example, Indigenous communities with control over governance (e.g. social service delivery) are more likely to have lower suicide rates (Chandler & Lalonde, 2008).

It is not always clear what Indigenous self-determination looks like in an urban context. However, we do know that one aspect of self determination is that Indigenous peoples are involved in all aspects of the planning and delivery of services, as well as governance and decision-making that relates to their well-being (Smylie et al., 2011).

Cultural continuity

The loss of linguistic and cultural traditions for many Indigenous communities has in turn resulted in further negative consequences. Cultural continuity includes the degree of social and cultural cohesion within a community, and “intergenerational connectedness, which is maintained through intact families and the engagement of elders, who pass traditions to subsequent generations” (Reading & Wien, 2009, pg. 21).

Strengthening ethno-cultural identity and restoring cultural continuity can contribute to improving outcomes for Indigenous peoples (Chandler & Lalonde, 2008). Cultural continuity can be reflected in policies and services, and is closely tied to community control over them. Cultural continuity can also be expressed in the teaching of traditional languages and cultural practices, and in this way fosters healthy community and intergenerational relationships.

INDIGENOUS UNDERSTANDINGS OF WELL-BEING

Indigenous peoples hold unique perspectives on health and well-being. In order to be culturally relevant, outcomes for Indigenous children and families must reflect these understandings.

Balance in the realms of spiritual, emotional, physical, and mental well-being

Well-being is understood as completeness and balance between the spiritual, emotional, mental and physical realms. A holistic approach to well-being considers all aspects of the individual. For many First Nations communities, this concept is depicted in the image of a medicine wheel – a circle divided into quadrants, each colour (white, yellow, red and black), representing a different aspect of life and wellness.

Emphasis on relationships and responsibilities

Relationships within the family, within the community, and between people and the environment are important aspects of well-being. Each member of the family and the community has roles and responsibilities that come from cultural and political understanding. Learning about traditions helps people to fulfill their roles, and build healthy relationships. Well-being occurs when people are able to fulfill their roles and responsibilities to each other and to the environment.

The community includes all generations

A child's growth and development is a process that takes place within a community that includes parents, Elders, aunties, uncles and non-blood relations. Family and community are closely tied together, and are often one in the same. The emphasis on intergenerational relations is also an important aspect of cultural continuity and well-being in Indigenous communities, and includes the generations that have come before, and the generations not yet born.

INDIGENOUS OUTCOMES

The following five outcomes have been developed for Indigenous children and families in Toronto through research and community input.



1

SELF-KNOWLEDGE

Indigenous children and families have knowledge of, take pride in, and have opportunities to express their identity.

Individual cultural identity affects spiritual, social, emotional, mental, and physical aspects of health and well-being (Lavallee, 2000). Taking pride in, and having a strong sense of one's Indigenous identity has been linked to a number of positive outcomes for Indigenous youth (Hovey, Delormier, McComber, 2014). Similarly, the affirmation of linguistic and cultural traditions has been a factor in improving health outcomes for Indigenous communities (McIvor, Napoleon, & Dickie, 2009), and can contribute to community building and self-determination (Simpson, 2011). Indigenous identity is affirmed when Indigenous children and families have opportunities to learn and use traditional languages, participate in cultural ceremonies, and learn from Elders. Self-knowledge through the acquisition of language, spirituality and culture are key protective factors that support the individual's social and emotional well-being.

2

STRONG FAMILIES

Indigenous families, including all generations, are able to cope with challenges, meet their goals, and foster their culture and identity.

“All my relations” is a concept that captures the broad way that family is defined within many Indigenous communities. It recognizes all the generations within a family – Elders, parents, aunts and uncles, children and grandchildren – and the unique roles they each play in supporting well-being. It also recognizes non-blood relations, and emphasizes the relationship between all people. It acknowledges the ancestors who have come before, the future generations who are not yet born, and can also include the spirits of the non-human world.

Families support well-being at the individual level by providing a source of strength for cultural identity and self-knowledge. Strong families are also the foundation for strong communities. When families are resilient and connected to their communities, they provide the foundation for healing from intergenerational trauma and the impacts of colonialism and racism. Programs and services should take a holistic approach to Indigenous families, and where possible, should engage children, parents, Elders and other members of the community together.

3

VIBRANT COMMUNITIES

Indigenous communities are diverse, vibrant, growing, and connected, and provide a source of strength for children and families.

The Indigenous community in Toronto is diverse and comes from many different nations and regions. The final report of the *Toronto Aboriginal Research Project* (2011) identified community cohesion as an important aspect of strengthening communities and achieving positive outcomes at the community level. Because the Indigenous population is spread out across Toronto, and is very diverse in terms of economic status, cultural background, and service needs, finding ways to connect people to each other and to culturally appropriate services is an important aspect of building vibrant communities that can in turn provide a source of strength for families.

4

CULTURAL EQUITY

Indigenous children and families experience their cultural identity and way of being with dignity and respect.

Indigenous peoples have the right to express, practice, develop and foster their cultures and traditions (United Nations Declaration on the Rights of Indigenous Peoples, 2007). Cultural equity involves protecting Indigenous cultures, and supporting Indigenous people to practice their spiritual and cultural traditions. Indigenous children and families experience cultural equity when they are safe to practice and express their cultures, and when their rights are respected and fulfilled. Cultural equity must also involve the sharing of power between Indigenous and non-Indigenous communities.

In order to achieve cultural equity for Indigenous children and families in Toronto, non-Indigenous people must become culturally proficient in Indigenous culture. That is, they must be knowledgeable about Indigenous ways of being, knowing, and doing. This process must begin in the services and programs that Indigenous children and families access. Service providers must become culturally proficient through training and education, in order to have the skills, tools and attitudes that allow them to serve Indigenous children and families in a manner that is respectful and appropriate.

5

SELF-DETERMINATION

Indigenous communities are able to make decisions that improve the well-being of their children, families and communities as a whole.

Self-determination refers to the ability of communities to make important decisions about their governance, lives, and membership. In a policy context, self-determination means that Indigenous peoples are able to dictate the interventions that will produce positive health and well-being within their communities.

In July 2010, Toronto City Council adopted a *Statement of Commitment to Aboriginal Communities in Toronto*. This statement not only recognized the inherent rights of Indigenous peoples enshrined in Section 35 of the Canadian constitution, it also affirmed the City's support for Indigenous self-determination.

Self-determination is expressed when:

- Indigenous peoples and organizations make decisions about the services and programs that are needed to support the well-being of Indigenous peoples
- Indigenous organizations have the financial resources required to provide adequate community services
- Programs and services are rooted in Indigenous worldviews, culture and languages
- Relationships between Indigenous and non-Indigenous peoples, organizations and governments are collaborative and respectful

FROM WORDS TO ACTION

Indigenous and non-Indigenous peoples and organizations must understand their roles and responsibilities in helping achieve these outcomes for Indigenous children and families.

Policy level: the City of Toronto

The City must build strong, positive and respectful partnerships with the Indigenous community. It must also move toward policy and planning that respects Indigenous self-determination.

The City of Toronto's *Statement of Commitment to Aboriginal Communities in Toronto* sets strong direction for City in supporting Indigenous rights:

"The City of Toronto recognizes and respects the unique status and cultural diversity among the Indigenous communities of Toronto. The City of Toronto continues its commitment to supporting the Indigenous right to self-determination by working inclusively with Indigenous communities in Toronto to achieve equitable outcomes for Indigenous people within their communities and their day to day lives."

Children's Services is the division that manages the system of services for children and families in Toronto, including child care, special needs services and family support programs. Children's Services must actively help implement the *Statement of Commitment to Aboriginal Communities in Toronto* as it pertains to the child and family system.

This begins by placing strong, positive and respectful relationships with Indigenous communities at the centre of system planning. The Indigenous community and Indigenous service providers are partners who, together with the City of Toronto, help build a system of services that responds to the needs of Indigenous people and promote Indigenous outcomes.

While engagement and partnership with the Aboriginal community is integral, the City must also begin to move beyond consultation and toward policy development processes that respect the autonomy of Aboriginal peoples as decision-makers who have the right to self-determination and self-governance. Policy must support and work towards this ultimate goal.

System level: the Toronto Child and Family Network

The Toronto Child & Family Network must promote outcomes for Indigenous children and families in all the work they do, across the entire child and family system. They must also support the role of the Aboriginal Advisory and Planning Committee in leading this work.

The Toronto Child and Family Network helps plan and promote the system of services for children and families. It is made up of many stakeholders and partners from across the child and family service system, including community service providers, school boards, other City divisions, the Toronto Public Library, and others that work together to advance outcomes for all children and families.

While the Aboriginal Advisory and Planning Committee provides leadership and represents the voice of Indigenous people within the Network, Indigenous outcomes must also be embedded in the work that happens across the Network. This report gives a stronger mandate to the Network to promote positive outcomes for Indigenous children and families.

One important role that has already been identified for the Toronto Child and Family Network is to support efforts to increase Indigenous cultural competency across the child and family system by working with service providers and the Indigenous community. This could include training, educational resources and tools, and other strategies to ensure that all Indigenous children and families experience cultural safety when accessing services in Toronto.

As a next step, the Toronto Child and Family Network will support and work with the Aboriginal Advisory and Planning Committee to identify actions and strategies that can be taken in order to build a system of services that will help advance outcomes for Indigenous children and families.

Program level: Community organizations

Community organizations have an important role to play in advancing outcomes for Indigenous children and families through the programs and services they provide by becoming culturally proficient and addressing the unique needs of Indigenous communities.

Significant achievements can be made at an individual program level to advance the well-being of Indigenous children and families. While these efforts must be supported at all levels, agencies and community organizations can take steps to make their programs more inclusive and responsive to Indigenous children and families, and adopt culturally safe practices.

For example, community organizations could:

- Engage in cultural competency training, so as to ensure that staff have knowledge about Indigenous cultures and identities, and can provide culturally safe and respectful service environments
- Work with Indigenous communities, including Elders and parents to design programs that are culturally relevant and responsive to Indigenous children and families
- Design and offer programs and services for Indigenous children and families that take a holistic approach to the family and community by delivering programs that are geared towards multiple generations
- Build partnerships with Indigenous agencies and other Indigenous people in their communities
- Work with Indigenous communities to develop respectful and responsible ways of identifying Indigenous clients, as well as a clear referral process, so that Indigenous children and families can learn about and get connected to other available services

Measuring and monitoring Indigenous outcomes

In order to advance outcomes for Indigenous children and families, we must work with Indigenous communities to collect better data and information that can be used to support planning and policy.

Measuring and monitoring Indigenous outcomes is how we know if our collective actions are having the intended impact on the lives of Indigenous children and families. The approach being taken in the shared outcomes project is to measure child and family outcomes using quantitative data as indicators of child and family well-being at the population-level.

One major challenge for Indigenous outcomes is that there is very little data collected on Indigenous children and families in Toronto. For example, we do not have accurate data to estimate the number of Indigenous people living in Toronto, as many experts assert that the national Census vastly underestimates Toronto's Indigenous population.

It is important that the City of Toronto and the Toronto Child & Family Network explore opportunities in the near future to collect data that could be used to measure Indigenous outcomes. This could involve partnering with academic researchers and community agencies to conduct surveys or to evaluate the impacts of particular programs and policies.

Measuring and monitoring Indigenous outcomes may require collecting information using different types of research methods that draw on other forms of knowledge beyond quantitative data. For example, qualitative data, and storytelling may help fill the potential gaps of quantitative data.

It is also important that data collected within the Indigenous population is done in collaboration with Indigenous communities, and that any future initiatives to collect new data should be participatory. Research and data collection has historically been, and sometimes continues to be, a way to subjugate Indigenous peoples. Ideally, Indigenous communities are given opportunities to help design the research questions and methods, to collect data, and to inform the analysis and interpretation of that data. Within the context of international Indigenous rights, this is referred to as “free, prior and informed consent,” which acknowledges the right of Indigenous communities to give or withhold consent for policies, projects or research that may involve or affect them.

REFERENCES

- Alfred, T. & Corntassel, J. (2005). Being Indigenous: Resurgences against Contemporary Colonialism. *Government and Opposition*, 40(4), 597-614.
- Allan, B. & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON: The Wellesley Institute.
- Bennett M, Auger A. (2014). *The Rights of First Nations Children in Canada*. Prince George, BC: National Collaborating Centre for Aboriginal Health. Available from: <http://www.nccahccnsa.ca/en/publications.aspx?sortcode=2.8.10&searchYr=2014>.
- Blackstock, C., Bruyere, D., Moreau, E. (2005). *Many Hands, One Dream: Principles For A New Perspective On The Health Of First Nations, Inuit And Métis Children And Youth*. Summary of the conference of the same title held in Victoria, B.C., Dec. 3, 2005. Available at: www.manyhandsonedream.ca
- Blackstock, C., Cross, T., George, J., Brown, I, & Formsma, J. (2006). *Reconciliation In Child Welfare: Touchstones Of Hope For Indigenous Children, Youth, And Families*. Ottawa: First Nations Child & Family Caring Society of Canada. Available at: www.reconciliationmovement.org
- Blackstock, C. (2010). First Nations Child County: An Indigenous Envelope for Quantitative Research. *First Peoples Child & Family Review*, 5(2), 66-73.
- Canadian Council on Learning. (2009). *The State of Aboriginal Learning in Canada: A holistic approach to measuring success*. Ottawa: Canadian Council on Learning.
- Cardinal, N., & Adin, E. (2005). *Urban Aboriginal Life: The 2005 indicators report on the quality of life of Aboriginal people in the Greater Vancouver Region*. Vancouver, BC: Centre for Native Policy and Research.
- Corntassel, J. (2012). Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination. *Decolonization: Indigeneity, Education & Society*, 1(1), 86-101.
- Czyzewski, K. (2001). Colonialism as a Broader Social Determinant of Health. *The International Indigenous Policy Journal*. 2(1). Retrieved from: <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>
- Dion, S. D., Johnston, K., & Rice, C. M. (2010). *Decolonizing Our Schools: Aboriginal Education in the Toronto District School Board*.
- Firestone, M., Smylie, J., Maracle, S., Spiller, M., & O'Campo, P. (2014). Unmasking Health Determinants and Health Outcomes for Urban First Nations Using Respondent-driven Sampling. *BMJ Open*, 4(7), e004978.
- Greenwood, M. L., & de Leeuw, S. N. (2012). Social Determinants of Health and the Future Well-being of Aboriginal Children in Canada. *Paediatrics & Child Health*, 17(7), 381.

- Gracey, M. & King, M. (2009). Indigenous Health Part 1: Determinants and Disease patterns. *Lancet*, 374, 65-75.
- Hovey, R., Delormier, T., & McComber, A. M. (2014). Social-relational understandings of health and well-being from an Indigenous Perspective. *International Journal of Indigenous Health*, 10(1), 35-54.
- Johnson Research (2012) *Aboriginal Research for the Community Action Research—Community Integration Leader Project, First Nations, Inuit and Métis Report*. Toronto: Johnston Research.
- King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, 374(9683), 76-85.
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: transformations of identity and community. *The Canadian Journal of Psychiatry*, 45(7), 607-616.
- Ladner, K. L. (2009). Understanding the Impact Of Self-Determination On Communities In Crisis. *International Journal of Indigenous Health*, 5(2), 88-101.
- Lalonde, C.E. (2005). *Creating an Index of Healthy Aboriginal Communities. Developing a Healthy Communities Index: A collection of papers*, (pp. 21-27). Report prepared for the Canadian Population Health Initiative, Canadian Institute for Health Information.
- Lavallee, L. (2007). Physical activity and healing through the medicine wheel. *Pimatisiwin*, 5(1), 127-153.
- Marmot, M. (2008) *Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010*. <http://www.marmotreview.org/>.
- McCabe, G. (2008). Mind, body, emotions and spirit: Reaching to the ancestors for healing. *Counselling Psychology Quarterly*, 21(2), 143-152.
- McCaskill, D. FitzMaurice, K. & Cidro, J. (2011). *Toronto Aboriginal Research Project: Final Report*. Toronto: Toronto Aboriginal Support Services Council.
- McIvor, O., Napoleon, A., & Dickie, K. M. (2009). Language and culture as protective factors for at-risk communities. *International Journal of Indigenous Health*, 5(1), 6-25.
- McMillan, A. (1995). *Native Peoples and Cultures of Canada: An Anthropological Overview* (2nd ed). Toronto, ON: Douglas & McIntyre.
- National Collaborating Centre for Aboriginal Health (2009). *The Importance of Disaggregated Data*. National Collaborating Centre for Aboriginal Health. Available from: www.nccah-ccnsa.ca
- Native Child and Family Services of Toronto (2011). *Little Voices Child and Family Centres: A Framework for the Delivery of Native Children's Services in the City of Toronto*. Toronto: Native Child and Family Services.
- NAHO [National Aboriginal Health Organizations] (2006). *Fact Sheet: Cultural Safety*. Retrieved from: www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf

- NAHO [National Aboriginal Health Organization] (2007). *Ownership, Control, Access and Possession*. National Aboriginal Health Organization: Ottawa, 1-23.
- Nelson, S. (2012). *Challenging Hidden Assumptions: Colonial Norms as Determinants of Aboriginal Mental Health*. National Collaborating Centre for Aboriginal Health.
- Poonwassie, A. & Charter, A. (2001). An Aboriginal Worldview Of Helping: Empowering Approaches. *Canadian Journal of Counselling*, 35(1), 63–73.
- Reading J. (2009). *A Life Course Approach to the Social Determinants of Health for Aboriginal Peoples*. Ottawa: Senate Sub-Committee on Population Health.
- Reading, J. (2013). *Understanding Racism*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Reading, C. L., & Wien, F. (2009). *Health Inequalities and the Social Determinants Of Aboriginal Peoples' Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Reading, J. & Halseth, R. (2013). *Pathways to Improving Well-Being for Indigenous Peoples: How Living Conditions Decide Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Schnarch, B. (2004). Ownership, Control, Access, and Possession (OCAP) or Self-Determination Applied to Research: A Critical Analysis of Contemporary First Nations Research and Some Options for First Nations Communities, *Journal of Aboriginal Health* 1(1), 80–95.
- Simpson, L. (2011). *Dancing On Our Turtle's Back: Stories of Nishnaabeg re-creation, resurgence and a new emergence*. Winnipeg: ARP Books.
- Smylie, J., & Adomako, P. (2009). *Indigenous Children's Health Report*. Toronto: St. Michael's Hospital, Centre for Research on Inner City Health.
- Smylie, J., Firestone, M., Cochran, L., Prince, C., Maracle, S., Morley, M. & McPherson, B. (2011). *Our Health Counts Urban Aboriginal Health Database Research Project: Community Report*.
- UNICEF. (2009). *Canadian Supplement To The State Of The World's Children 2009 Aboriginal Children's Health: Leaving No Child Behind*. Toronto: UNICEF Canada.
- UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: <http://www.refworld.org/docid/471355a82.html> [accessed 7 October 2015]
- Wesley-Esquimaux, C. C. (2007). The intergenerational transmission of historic trauma and grief. *Indigenous Affairs*, 4(07), 6-11.
- Williams, A. (1997). Urban Aboriginals: A Focus on Aboriginal Women in Toronto. *Canadian Journal of Native Studies*, XVII (1), 75-101.
- World Health Organization. (2000). *The Implications For Training Of Embracing: A Life Course Approach To Health*.

Appendix A:

Child & Family Outcomes

The following ten outcomes were developed by the Toronto Child & Family Network through a broad community consultation process with stakeholders across the child and family service sector. For more information about how they were developed, please refer to the first report in this *Raising the Village* series (*Part 1: Developing Shared Outcomes*). These ten outcomes apply to the entire child and family population in Toronto, including Indigenous and non-Indigenous people. The five Indigenous outcomes outlined on page 9 of this report are additional outcomes that apply to Indigenous children and families, taking into consideration the specific context, history and needs of Indigenous peoples in Canada.

CHILD OUTCOMES

- 1. Physical Health & Development:** Children are born healthy, and reach their optimal physical health and development.
- 2. Mental Health & Social Development:** Children have the social, emotional, mental and spiritual wellbeing to reach their potential.
- 3. Learning & Education:** Children are engaged and curious learners, gain knowledge and skills, and have educational success.
- 4. Rights & Opportunities:** Children's rights are fulfilled; they have opportunities for personal development and participate in decisions about their lives.
- 5. Nurture & Care:** Children have safe, nurturing and positive environments that encourage learning and development.

FAMILY OUTCOMES

- 6. Family Health:** Families experience optimal individual physical and mental health, and contribute to the growth and development of each family member.
- 7. Resilience & Support:** Families are able to cope with challenges, and have consistent support through social networks and appropriate services.
- 8. Lifelong Learning:** Families have equitable access to learning and training, and are active in their children's education.
- 9. Material Wellbeing:** Families have material wellbeing and an equitable standard of living.
- 10. Community & Culture:** Families belong to communities, and have the freedom to express, and opportunities to foster their cultural identity.

Appendix B:

Review of Key Literature

A number of health and well-being outcomes for Indigenous children and families have been proposed by various organizations and researchers across Canada, including several projects focused on Toronto. In this section, eight projects outlining outcomes and indicators of Indigenous health and well-being are described. The main outcomes and indicators (if any) identified by each research project are also summarized.

1. Aboriginal Research for the Community Action Research—Community Integration Leader project: First Nations, Inuit and Métis Report (2012)

In 2012, Children’s Services commissioned Johnston Research Inc. to conduct community-based research with the Aboriginal community in Toronto to explain the unique needs of Aboriginal children and families, and to identify effective means of supporting Aboriginal children and families in a culturally responsive way.

The report is based on 95 stakeholder interviews and focus groups with program managers, frontline staff, parents and caregivers. Based on these interviews, the researchers identified culturally-based outcomes of importance to Aboriginal children and families. Primary and secondary outcomes, as well as selected tertiary outcomes identified in the report, are summarized here.

Primary Outcome	Secondary Outcomes	Selected Tertiary Outcomes
Affirmation within Self of One Rights to Good and Whole Living and Internal Belief this is True for all Indigenous People	Access to Motivated and Appropriate Staff to serve as Role Models	<ul style="list-style-type: none"> • Parents feel comfortable among their own people, both in the program and with staff • Parents feel valued and empowered by staff through the services and information staff provide • Children feel protected by staff who truly act as Aunts and Uncles • Parents feel their rights are protected since staff invest in the family unit as a whole

	Access to Culturally-based Community that Can Drive/Govern	<ul style="list-style-type: none"> • Children feel pride in their cultural background and heritage • Parents and children alike feel a strong sense of connection to community • Parents feel a sense of community that has roots in cultural traditions and ways of being and knowing • Parents participate in events and activities they have developed, supported, and implemented that include both western and First Nation, Inuit, and Métis ways of being and doing • Parents have confidence in their future and potential improve their current socio-economic status
	Access to a Home-Base Service that Provides Culturally-Based Access to Comprehensive Culturally-Responsive Services	<ul style="list-style-type: none"> • Parents perceive that the program has their best interests in mind and that it is dedicated to preserving and engaging them within their cultural traditions and values • Parents feel staff treat them with dignity and respect, through the staff's ability to participate in community events and activities as a community member, where in that regard, they are both equal • Parents feel respected and trusted, and thereby feel trust and power in themselves
Confidence and Strength within the Family	Parenting with Soul and Living Simply	<ul style="list-style-type: none"> • In an environment where there are ca. three times more children in custody than there were in residential schools, reductions in the number of apprehensions is regarded as the primary and most urgent outcome by parents and staff • Parents have peer support • Parents are context to a strong Indigenous community • Reduced incidents of FASD • Parents have a strong willingness to support their children from the perspective of supporting the spirit first, then the mind, emotions and body • Parents have a strong foundation in parenting with simplicity through being present with their children
	Security and Hope for the Future	<ul style="list-style-type: none"> • Parents feel they have a place of safety where they can truly be themselves and rest their minds • Parents feel they have started to reach or have established a lifestyle that is respectful and inclusive of the community established through the program • Parents have a sense of safety and hope for the future • Parents hold hope for a future with their children through enrichment by culture, pride and security

2. Little Voices Child and Family Centers—A Framework for the Delivery of Native Children’s Services in the City of Toronto (2011)

This report was prepared by Native Child and Family Services of Toronto, and outlines key objectives in serving Aboriginal children and families in Toronto. The report is based on an environmental scan, as well as interviews conducted with elders, parents and families, and also with frontline workers, supervisors, and managers.

The report describes three sets of outcomes which communicate the goals of the Aboriginal community in offering services for children and families. These outcomes are separated into three groups, including outcomes for children and families, service providers, and the community as a whole. These outcomes are presented as medicine wheels, suggesting that these outcomes are to be equally weighted, and understood as closely interconnected.

The child, family, and community outcomes identified in the report reflect a holistic understanding of health and well-being, encompassing physical, spiritual, psychological, and emotional dimensions. All outcomes emphasize the importance of family and community relationships, and development of outcomes along the life-course. The outcomes are unified by a set of underlying principles, including:

- Children and families are at the centre of all circles
- Communities are to be understood as self-determining
- Program and services will be rooted in Aboriginal worldviews, culture, and language
- Work is done from a holistic and strengths based approach
- Programs and services are culturally safe, integrated & equitable
- Relationships are collaborative and respectful
- Shared accountability underlies all work

3. Toronto Aboriginal Research Project Final Report (2011)

The Toronto Aboriginal Research Project was a large, comprehensive study of Aboriginal peoples living in Toronto, and was sponsored by the Toronto Aboriginal Support Services Council (TASSC). The purpose of the project was to provide a picture of the current situation, aspirations, and challenges faced by Aboriginal Peoples in the Greater Toronto Area, and collected information from over 1400 individuals using several different research methodologies.

The Final Report identifies several factors which contribute to the success and well-being of Aboriginal children. These factors were identified through focus groups conducted with youth, educators, and social services providers as part of TARPS data collection. In order of importance, the factors of success identified by participants were:

- Positive educational experiences
- Positive sense of self
- Positive role models
- Aboriginal family support
- Access to Aboriginal culture
- Positive peer influence
- Recreation facilities
- Part-time employment

4. Our Health Counts: Urban Aboriginal Health Database Research Project (2011)

This project was led by Dr. Janet Smylie at the Centre for Research on Inner City Health (CRICH) at St. Michael's Hospital, in conjunction with the Ontario Federation of Indian Friendship Centres, Métis Nation of Ontario, Ontario Native Women's Association, Tungasuvvingat Inuit, and De dwa deh ney>s Aboriginal Health Access Centre in Hamilton. The main objective of this project was to develop an accessible and culturally relevant data base of health information about the urban Aboriginal population in Ontario.

Using a community-based participation research approach, the project developed a survey to collect information on the health and wellness of Aboriginal peoples in Hamilton. The Urban Aboriginal Health Database created through this project begins to fill the gap in public health data available for urban First Nations populations in Ontario.

The *Our Health Counts—Urban Aboriginal Database Project* underlines the many strengths of the First Nations community in Hamilton, while also highlighting significant disparities in the social determinants of health for urban Aboriginal peoples. It brings to the foreground the ways poverty and lack of secure access to shelter and food are associated with negative health outcomes for the Aboriginal community, often at rates that are much higher compared to the general population. Therefore, the findings of the report provides the basis for policy recommendations aimed at local, provincial and federal orders of government on how to address inequities in the social determinants of health experienced by Aboriginal peoples.

Domain	Data Collected	Key Findings/Highlights
Socio-Demographics Housing and mobility, socio-economic status, food security, water quality, and links to poverty	<ul style="list-style-type: none"> • Languages spoken at home • Level of education • Sources of income • Income • Dwelling type • Number of moves in the past 5 years • Nutrition and food security 	<ul style="list-style-type: none"> • 63% of the First Nations community had to give up important things (e.g. groceries) in order to meet shelter-related costs • 22% of the First Nations population sometimes or often did not have enough food to eat
“What happens when we are out of balance” Physical, mental and emotional health problems	<ul style="list-style-type: none"> • Food availability • Self-rated health status • Physical activity • Incidents of chronic health conditions • Percent of children breastfed 	<ul style="list-style-type: none"> • Rates of chronic disease are significantly higher amongst the Indigenous population compared to the overall Hamilton population
“Reclaiming who we are” First Nations identity and belonging, participation in cultural practices, self-esteem and cultural understanding	<ul style="list-style-type: none"> • Multi-group Ethnic Identity Measure (MEIM) 	<ul style="list-style-type: none"> • Multi-group Ethnic Identity Measures indicate a strong sense of First Nations identity among First Nations in Hamilton

<p>“Disconnection from who we are” Substance use, access and availability of health services, barriers to health care, use of Indigenous specific services</p>	<ul style="list-style-type: none"> • Frequency of smoking • Alcohol consumption • Level of Access to health services • Perceived ability of health services • Barriers to receiving health care • Access to traditional medicine • Access to Non-Insured Health Benefits program 	<ul style="list-style-type: none"> • 66% of the population felt that their level of access to health services was the same as the general Canadian population, while 20% felt they had less access and 14% felt they had better access • 40% of the population rated their level of access to health care as fair or poor
<p>“Impacts of colonization” The health impacts of residential schools, child protection agency involvement, disconnection from traditional lands, experiences of racism and discrimination</p>	<ul style="list-style-type: none"> • Impact of residential school • Involvement with child protection agencies • Dislocation from traditional lands, and impacts of dislocation • Affects of discrimination on health and well-being • Experiences of violence and abuse 	<ul style="list-style-type: none"> • 6.1% of the population reported that they had been a student at a federal residential school; of those, 65% felt that their health and well-being had been negatively affected by this experience • 40% of participants reported that a child protection agency was involved in their own personal care as a child
<p>“Lack of Government Responsibility” Addresses challenges and strengths of the community, and availability and access to community services and community resources</p>	<ul style="list-style-type: none"> • Challenges and strengths of the community • Adequacy of community services for particular populations (e.g. youth, TSLGBTQQI) • Adequacy of services (e.g. legal, HIV) 	<ul style="list-style-type: none"> • Alcohol / drug abuse (68%), housing (61%) and poverty (60%) deemed main challenges • Family values (52.5%), awareness of First Nations culture (41%), and community health programs and traditional ceremonies (38%) deemed to be the main strengths
<p>“Importance of the gifts of our children and youth” Health and well-being of children</p>	<ul style="list-style-type: none"> • Ability of children to speak traditional language • Children’s participation in cultural events • Participation in Indigenous Head Start Program or other community programs for First Nations children • Exposure to second-hand smoke • Experience of chronic health conditions • Rates of injury • Children’s access to health care providers and specialists • Children’s access to care and barriers to care • Rates of immunization 	<ul style="list-style-type: none"> • 93% of parents felt that it was very or somewhat important for their child to learn a First Nations language • 63% of participants reported that their child had seen a dentist, dental therapist, or orthodontist in the past 12 months, compared to a rate of 88% for the general population • Rates of asthma were twice as high for Hamilton First Nations children compared to general rate for Canadian children • 55% of respondents with children reported that their child had not participated in any community programs for Indigenous children

5. Decolonizing Our Schools: Aboriginal Education in the Toronto District School Board (2010)

This report on the Urban Aboriginal Education Project outlined the work of the Aboriginal Education Pilot Project (UAEPP) in schools of the Toronto District School Board (TDSB). The report focused on evaluating the success of the pilot project, and made specific recommendations for improving decolonizing and indigenizing the learning environment in TDSB schools. The authors used the concept of well-being to frame their discussion of the importance of decolonization in a reform agenda. The authors argued for an understanding of Aboriginal student success as related to student-well being. Well-being, in turn, was understood as being composed of four factors, including:

- Upholding Aboriginal cultural values as reflected in culturally relevant educational philosophies and teaching practices
- Recognizing how the achievement gap between Aboriginal and non-Aboriginal students can be explained by the legacy of colonialism
- Recognizing the adverse affects of colonization on Aboriginal student identity
- Reconceptualizing learning to go beyond the acquisition of knowledge or mastery of skills to incorporate principles of education that value self knowledge in relationship with others and the larger world

Based on these factors of well-being, the project also identified markers of Aboriginal student success:

- Achievement on standardized tests and credit accumulation
- Consistent school attendance and participation in school events
- A positive sense of self, and specifically a positive sense of Aboriginal identity
- Participation and contribution to community and school events
- The ability of students to imagine and envision their future success

6. The State of Aboriginal Learning in Canada (2009)

This report produced by the Canadian Council on Learning focuses on measuring Aboriginal lifelong learning. The report takes a holistic approach to understanding learning, and uses a community-focused framework for understanding the environmental in which learning takes place. This framework could also be relevant for understanding Aboriginal child and family wellbeing outcomes.

The report recognizes that learning takes places within a family and community context, and includes several community well-being indicators that take into account the effect of social, economic, and demographic conditions on learning outcomes. Thus, the framework goes beyond examining formal educational settings to examine the family and community contexts in which learning takes place. The framework also uses a life-course approach to learning, and examines lifelong learning outcomes from children, to adults, to seniors, and also considers the significance of inter-generational learning opportunities within Aboriginal cultures.

Figure 1.4: Holistic Lifelong Learning Measurement Framework

		Domain	Indicator*	Measure*
Sources and Domains of Knowledge	World of People	Self	<i>(Insufficient data available)</i>	<i>(Insufficient data available)</i>
		Family	Family support	Strength of ties with family members
			Family involvement	Importance of parental engagement in school
		Elders	Exposure to Elders	Amount of time spent with Elders
	Community	Community support	Degree of support from others in the community	
	Land	Natural history	<i>(Insufficient data available)</i>	<i>(Insufficient data available)</i>
		Traditional skills	Use of traditional skills	Participation in traditional hunting, fishing or trapping
		Land use	<i>(Insufficient data available)</i>	<i>(Insufficient data available)</i>
	Languages, Traditions and Cultures	Languages	Language vitality	Sources of support for children learning their Aboriginal language
			Use of Aboriginal language	Degree of Aboriginal language use at home
		Traditions and ceremonies	Participation in cultural ceremonies	Participation of children in traditional cultural activities
		Culture	Cultural vitality	Availability of support for children to learn their culture and history
	Spirituality	Spiritual development	Practice of spiritual teachings	How Métis maintain their spiritual well-being

Figure 1.4: Holistic Lifelong Learning Measurement Framework

		Domain	Indicator*	Measure*
The Lifelong Learning Journey	Infants and Children (0–5)	Early childhood education (ECE)	Enrolment in ECE opportunities	Type of child-care arrangement used
			Availability of Aboriginal-specific ECE programs	Does child-care arrangement promote Aboriginal values?
		Early learning in the home	Reading to children	Proportion of children who read or were read to daily
		Early developmental milestones	Level of school readiness	Proportion of children who hear stories daily
	Youth (6–18)	Learning in school	Dropout rate	Proportion of incomplete high-school learning
			School attendance	Reasons for not finishing high school
		Learning at home and in the community	Participation in extra-curricular activities	Degree of absenteeism from school
			Community involvement	Participation in clubs or groups
			Participation in sports	Participation in arts or music
	Young Adults (19–34)	Post-secondary education	Completion rates	Proportion who completed a university program
				Proportion who completed a college program
		Learning at home and in the community	Distance education	Proportion who completed a trade or apprenticeship program
			Broadband access	Proportion enrolled in distance education courses
	Adults (35–64) and Elders (65+)	Learning at home and in the community	Community involvement	Proportion of First Nations communities with access to broadband services
			Internet usage	Adult volunteerism rates
			Workplace learning	Job-related training
Literacy levels	Adult literacy levels	Level of prose literacy proficiency		

7. An Exploratory Regional Study on Child Welfare Outcomes in Aboriginal Communities (2009)

This report was the product of a partnership between the Faculty of Social work of the University of Manitoba, the First Nations Child and Family Caring Society of Canada (FNCFCS), the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO) and four Aboriginal Child and Family Service Agencies in Ontario. The goal of this research partnership was to understand the usefulness of the Looking After Children (LAC) framework and National Outcome Indicator Matrix (NOM) for assessing outcomes for children and families, and to provide recommendations on how Aboriginal outcomes can best be measured.

Through interviews with staff of the four participating Aboriginal Child and Family Service Agencies (Native Child and Family Services of Toronto; Payukotayno James and Hudson Bay Family Services; Weechi-It-Te-Win Family Services Inc.; and Anishinaabe Abinoojii Family Services), the research team developed a list of indicators of child and family well-being.

Like many other outcomes and indicators focusing on child well-being, these indicators reflect holistic aspects of well-being including: identity; community, family and environmental relationships, and resiliency. However, this set of indicators is unique in including system-level indicators which measure the responsiveness of child and family services to the needs and goals of the communities they serve.

Domain	Indicators
Identity	<ul style="list-style-type: none"> • Knowledge of culture and history • Belonging to clan, community and nation • Connection to language and spirituality • Ceremonies, visions, dreams, and traditional teachings
Relationships	<ul style="list-style-type: none"> • To family and extended family • To land, creator, and community • Use medicine wheel framework • Importance of being loved as part of a “good life” (Bimitizewin)
System-Level Indicators	<ul style="list-style-type: none"> • Prevention of children coming into care • Parent and community well-being • Indicators similar to mainstream but context may differ • Permanence means connections with family, extended family, community, culture
Resiliency	<ul style="list-style-type: none"> • Non-involvement in justice system • Non-involvement in substance abuse • People you can count on • Positive self-identity • Educational attainment • staying in school • informal and acquisition of traditional skills • extra curricular knowledge • learning spirituality • learning traditional art • Sense of belonging • Teaching others • Helping others

8. Urban Aboriginal Life: The 2005 Indicators Report on the Quality of Life of Aboriginal People in the Greater Vancouver Region (2005)

Unlike many research reports which focus on developing indicators and do not collect data, this report collected all available data to paint a picture of the Aboriginal community in the Greater Vancouver Regional District (GVRD). While this research report focuses on the Aboriginal population as a whole across a large geographic area (Greater Vancouver Region), the indicators chosen provide examples of the types of indicators that can be constructed using commonly available data.

Domain	Indicators	Data Sources
Culture and Family	<ul style="list-style-type: none"> Percentage of Indigenous people in the GVRD speaking traditional languages Percentage of Indigenous people in the GVRD participating in traditional activities Percentage of Indigenous children in care in the GVRD Percentage of Indigenous lone parents in the GVRD Childcare access for Indigenous families in the GVRD (# of people using childcare while at work or studying) 	<ul style="list-style-type: none"> Statistics Canada, 2001 Census Statistics Canada 2001 Indigenous Peoples' Survey Ministry for Children and Family Development Community-based surveys
Health, Education, and Safety	<ul style="list-style-type: none"> Indigenous infant mortality rate in the GVRD Indigenous life expectancy in the GVRD Rate of diabetes among Indigenous people in the GVRD Rate of HIV/AIDS among Indigenous people in the GVRD High school graduation rates for Indigenous people in the GVRD Number of Indigenous people in the GVRD graduating from regional post-secondary programs Percentage of Indigenous students in the GVRD in special needs/alternative programs Incarceration rates of Indigenous people in the GVRD Rates of violent crime committed by and on Indigenous people in the GVRD 	<ul style="list-style-type: none"> BC Vital Statistics Agency BC First Nations and Inuit Health Branch British Columbia Centre for Disease Control
Education	<ul style="list-style-type: none"> High School graduation rates for Indigenous peoples in the GVRD Number of Indigenous people in the GVRD graduating from regional post-secondary programs Percentage of Indigenous children in special needs/alternative programs 	<ul style="list-style-type: none"> BC Ministry of Education BC Ministry of Advanced Education Independent research

Crime and Safety	<ul style="list-style-type: none"> • Incarceration rates of Indigenous people in the GVRD • Rates of violent crime committed by and on Indigenous people in the GVRD 	<ul style="list-style-type: none"> • Correctional Services Canada, Indigenous Initiatives Branch • Public Safety and Preparedness Canada
Employment	<ul style="list-style-type: none"> • Employment rates among Indigenous people in the GVRD • Percentage of the Indigenous workforce with management positions 	<ul style="list-style-type: none"> • Statistics Canada, Indigenous Community Population Profiles • BC Statistics, Indigenous Labour Force Survey
Income	<ul style="list-style-type: none"> • Percentage of Indigenous people in the GVRD living below the poverty line • Average household incomes and shelter cost-to-income ratios of Indigenous households in the GVRD • Social assistance rates for Indigenous people in the GVRD 	<ul style="list-style-type: none"> • GVRD Research Project on Homelessness in Greater Vancouver • Canada Mortgage and Housing Corporation • Statistics Canada
Entrepreneurship	<ul style="list-style-type: none"> • Percentage of the Indigenous workforce that is self-employed in the GVRD 	<ul style="list-style-type: none"> • Statistics Canada, Selected Labour Force Characteristics
Youth	<ul style="list-style-type: none"> • Unemployment rates and level of income for Indigenous youth in the GVRD 	<ul style="list-style-type: none"> • Statistics Canada, Selected Labour Force Characteristics