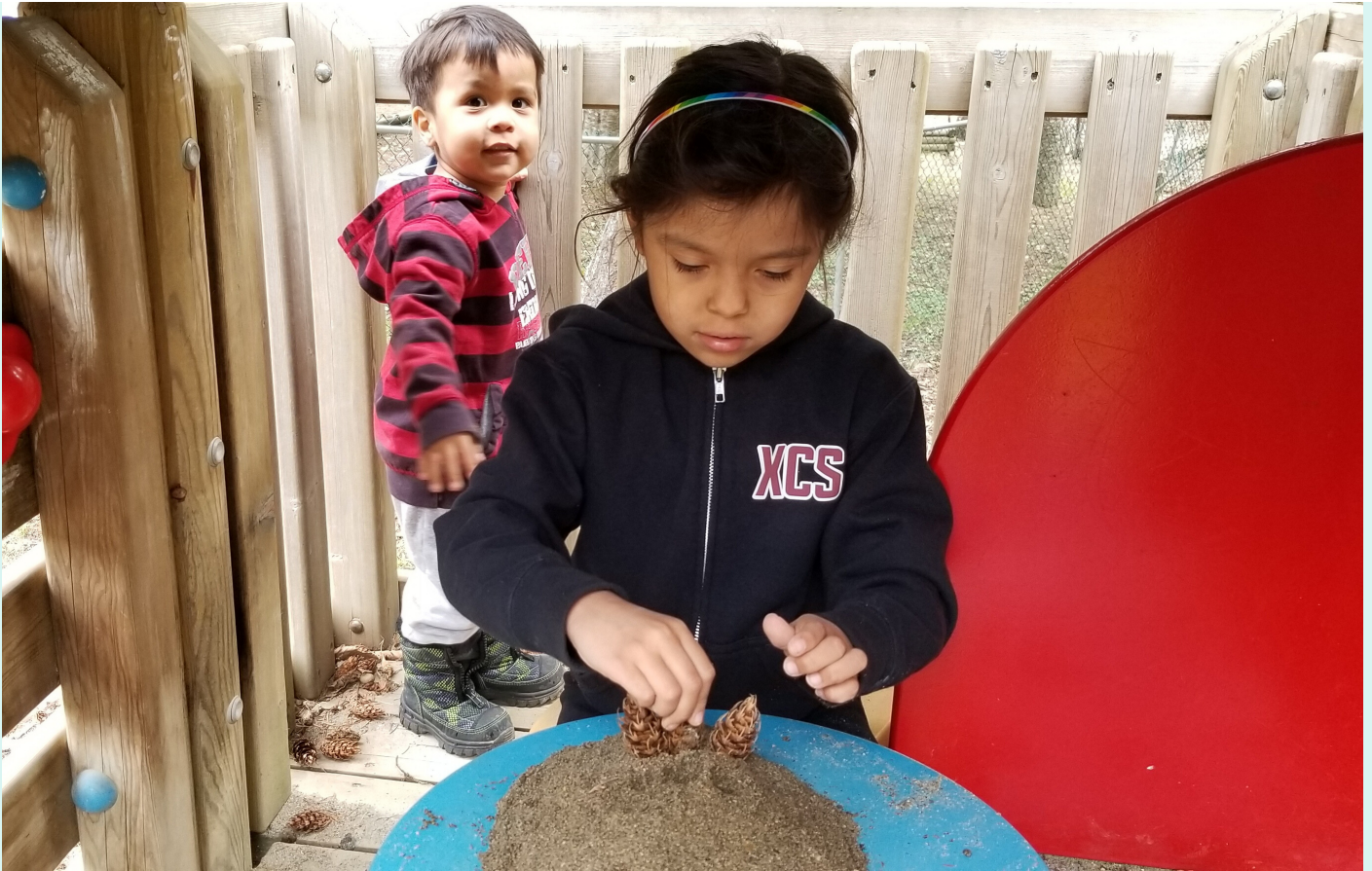


JUNE 2019



LIL'WAT NATION EARLY CHILDHOOD DEVELOPMENT STRATEGY

REAFFIRMING STRENGTH IN FAMILIES



LIL'WAT NATION EARLY CHILDHOOD DEVELOPMENT STRATEGY

VISION

Strong Lil'wat7ul families within a strong, safe community as the foundation on which children reach their full potential.

MISSION

To reaffirm family strength and knowledge and provide effective Early Childhood Development services, grounded in Lil'wat7ul culture and responsive to child, family, and community needs.

CONTENTS



01

ACKNOWLEDGEMENTS

02

EXECUTIVE SUMMARY

04

BACKGROUND

What is remembered from the past 05

What have we learned from science and research 06

07

LIL'WAT7UL CHILDREN AND FAMILIES

What do we know about the families: measures of health, income security, housing, safety 07

What we heard from families 10

11

LIL'WAT PROGRAMS AND SERVICES

ECD Programs and Services 11

Participation in Programs and Services 12

13

THE LIL'WAT EARLY CHILDHOOD DEVELOPMENT STRATEGY

Vision 13

Mission 13

Values and Guiding Principles 13

Goals, Objectives and Actions 14

CONTENTS



2 2

B I B L I O G R A P H Y

2 4

A P P E N D I X

Glossary of Acronyms 2 5

Consultant's Methodology 2 6

Lil'wat Child Care Protection Law 2 7

Questionnaire Summary 4 6

Departments Providing ECD Services: Description of Services 5 3

Determinants of Health: Web of Being 5 8

Recommended Priorities 5 9

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For Aboriginal parents, extended families, and communities, caring for children is a sacred responsibility. The Creator has given Aboriginal peoples the right and responsibility to initiate, design, and control programs and services for our children. We accept these rights and responsibilities to care for and educate our children according to the Laws of the Creator."
BC Aboriginal Child Care Society

Thank you to the above staff who created space in their busy workloads to participate in this important work.

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Statistical information in this report has been gathered from reliable sources, representing a snapshot of early 2019. Data fluctuates over time and should be updated regularly.

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The project began in May 2018 and was completed June 2019.

EXECUTIVE SUMMARY

The *Lil'wat Early Childhood Development Strategy* is written to direct Early Childhood Development¹ (ECD) services for Lil'wat7ul children and families, now and in the future. This *Strategy* can assist families, the community, leadership, and service providers in the actions needed to strengthen families and improve Early Child Development experiences for Lil'wat7ul children.

Over the past ten months, key service providers from the health, education, day care, and community social services departments have collaborated on this *Strategy*. Staff members also distributed and collected parent questionnaires.

The Five Goals of the Lil'wat Early Childhood Development Strategy

1. Support families to achieve greater health and well-being
2. Improve the ECD services provided to children
3. Coordinate and streamline the services to families and the specialized services for children with extra needs
4. Develop community awareness of the importance of the early years in a child's development
5. Identify and access external resources to support current and future Lil'wat ECD services

Priority Actions

1. Recruit and hire an ECD Manager.
2. Review existing positions and redesign roles to address gaps.
3. Work with all departments to address determinants of health including: income, food security, language, housing, safety, employment, and education.
4. Provide supports to the whole family to strengthen life skills and reintroduce family roles, responsibilities, and systems.
5. Pursue funding for a day care/ family development centre to be located at Xet'olacw.
6. Coordinate all Lil'wat ECD services with a 'one door' access for services.
7. Learn from community strengths including: Lil'wat7ul child care practices, past volunteer services, and past community services.
8. Develop Lil'wat-specific resources such as parenting training and Lil'wat7ul childhood development milestones.
9. Engage the whole community in valuing, supporting, and celebrating each child's early years experiences.
10. Engage with external partners and identify and pursue opportunities to develop and transform Lil'wat ECD services.

[1] The physical, cognitive, linguistic, spiritual, and socio-emotional development of a child from the prenatal stage to age six.

EXECUTIVE SUMMARY CONTINUED

Focus on the whole family

A child's growth and development is largely dependent on a healthy and safe family. The *Strategy* recognizes the importance of the family as a whole. Parents are the key to a child's healthy development.

A basic level of stability and adequate income are essential to support the needs of family members. Poverty, food insecurity, trauma, unemployment, family violence, and addictions not only contribute to poor health for family members, but also limit a child's ability to reach their potential. It is here that the Lil'wat Nation can engage with the community to address these influences.

Implementation

It is hoped the *Strategy* will be recognized as a high priority for the Lil'wat Nation and resources allocated for its implementation. To fully implement the Strategy, it is essential that dedicated staff members be recruited and supported to lead the work.

This *Strategy* is one of several planning initiatives under development by the Lil'wat Nation. Many of these strategies will share common objectives and would benefit from coordinated implementation.

Preparing for Transformation

As the Lil'wat Nation moves towards greater self-determination, potential opportunities to transform ECD services are also emerging. There are new opportunities to engage with government to 'do things differently'. In the near future, a more holistic and simplified system of ECD service delivery may be possible if the Nation can develop a state of readiness for such a transition.



BACKGROUND

The Lil'wat Nation has identified Early Childhood Development as a priority. *The Lil'wat Nation Strategic Plan, 2013-2016* includes the following: "Implement and promote day care and early education programs that assist children transitioning to school".

In addition, the *Lil'wat Nation Chief Operating Officer Three Year Priority Roadmap* identifies the development of an Early Childhood Education Plan as an action item.

The implementation of the *Strategy* should be guided by Lil'wat7ul community strengths and child care practices. There is great value in recalling and reviewing what was successful in the past. This will include traditional parenting and child care practices, community volunteer initiatives, and previous programs and services.



BACKGROUND CONTINUED

What is remembered from the past

Prior to the destructive impacts of colonization, the Lil'wat7ul people followed traditional and cultural practices that sustained the community. The parents, extended family, and community shared responsibility for the teaching and care of children. Roles and responsibilities for all ages were understood and children grew up in a community of adults who supported their development.

The document, *Lil'wat Child Care and Protection Law* provides valuable information about the Lil'wat7ul child care practices of the past (See Appendix). The *Law* states "Before six years of age...children were allowed to be who she or he is...people just kept an eye on them, there was lots of respect for them."

2

Over time, the care and teaching of young children at Lil'wat evolved to also include community services such as day care, school, health, and social services.

Today, many families still function in ways that reflect traditional practices. Grandparents, aunties, and uncles continue to play important roles in the lives of children. Grandparents are often caregivers for their grandchildren and Elders are available to guide and teach children.

Day care services have been provided in the community for twenty years. Early Childhood Education (ECE) training has also been delivered in the community: the first in 1999 through the University of Victoria, again in 2008 by Native Education College, and, in 2017 by Nicola Valley Institute of Technology. Currently, the Ts'zil Learning Centre is delivering an Infant Development and Special Needs Certification program.

Many Lil'wat7ul members received their ECE training in these programs and have become important ECD employees and managers in the community.

In 2014, day care services were offered at both Ul'lus and Xet'olacw with a total of 73 licensed spaces. Both programs operated at full capacity. An after-school program was also provided. Day care staff worked closely with other Lil'wat staff to coordinate services to these children and families.

In 2016, the Xet'olacw Day Care closed. The Ul'lus Childcare Centre remains open.

Current ECD services are offered through four departments:

- Ul'lus Child Care Centre
- Lil'wat Health and Healing
- Xet'olacw Community School
- Community Social Services

A structured intake and referral system is not in place.

[2] p. 2. *Lil'wat Child Care and Protection Law*, (1984). This philosophy is similar to a current ECD 'best practice': the child's learning should be self-directed by the child's natural curiosity.

BACKGROUND CONTINUED

What we have learned from science and research

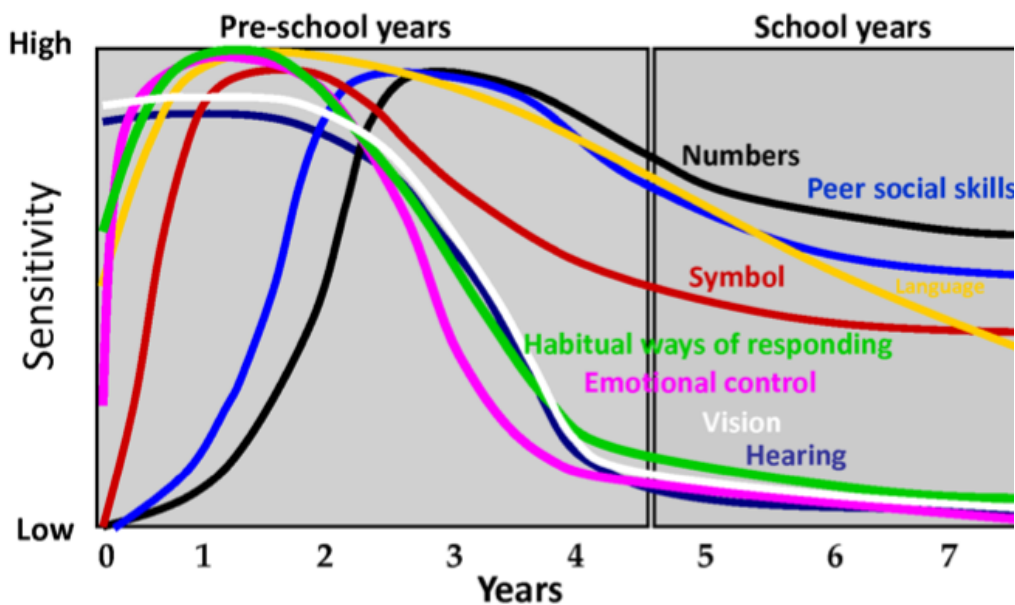
Over the past decades, research has proven that the early years of a child's life are crucial in learning and brain development. According to the World Health Organization, "The early child period is considered to be the most important developmental phase throughout the lifespan."

The chart below highlights the importance of learning opportunities for young children to help build brain capacity and enhance emotional, social, and physical well-being.

The developmental period of a child's life from preconception to kindergarten transition (0-6 years) is where children have the opportunity to build a solid foundation for life-long well-being. Having access to strong early years supports and programming is a proven core social determinant of health in both adolescence and adulthood.

Grand Chief Ed John,
*Indigenous Resilience,
Connectedness and
Reunification: From Root
Causes to Root Solutions*

Sensitive Periods in Early Brain Development



Graph developed by Council for Early Child Development (ref: Nash, 1997; Early Years Study, 1999; Shonkoff, 2000.)

LIL'WAT7UL CHILDREN AND FAMILIES

As with many First Nations, the Lil'wat Nation is a community with a high proportion of young children and families.

Birth rates over the past six years in Lil'wat vary from a low of 16 to a high of 36 births per year. As of June 2019, there are approximately 130 children from birth to six years from approximately 100 families.³



What do we know about Lil'wat7ul families?

Measures of Health

The document, *Final Report: Evaluation of Lil'wat Health and Healing*, identifies several positive maternal and child health indicators for the years 2012 to 2016:

- Breastfeeding: 85% of children were breastfed past six months of age
- Age of mother: 86% of mothers were over the age of 19
- Healthy lifestyle during pregnancy: 98% non-smoking and 99% clean and sober

Anecdotal evidence from LHH staff indicate that these positive health trends continue to the current day.

Additional positive child health indicators include:

- Very high immunization rates for children birth to six years
- High participation in ECD programs such as Baby Clinic and Talk, Learn and Grow Together

[3] Lil'wat Health and Healing Community Health Nursing service delivery data.

LIL'WAT7UL CHILDREN AND FAMILIES CONTINUED

Income Security

Many young Lil'wat7ul families are busy working, going to school, and raising their children. As identified above, parents and families also participate in programs and services to develop and maintain family well-being. However, there remains challenges for families in achieving income security.

Lil'wat Income Assistance data from January 2019 identifies approximately 40 children from birth to six years whose families received Income Assistance benefits. This represents approximately 25 families, one quarter of the total families of children birth to six years. These families fall far below the Canadian Poverty Line (see table below).

In addition to those on Income Assistance, some employed Lil'wat7ul families will also fall below the poverty line.

Food insecurity will be an issue for these families, with the possible exception of families who practice traditional food gathering and grow some of their food.

Research has long demonstrated that poverty is toxic to children's health and development. From poor nutrition to family stress to exclusion from social participation, there are many ways poverty is known to raise the risk of lifelong ill effects on health and reduce opportunities for children and youth to realize their full potential.

2018 BC CHILD POVERTY REPORT,
firstcallbc.org

FAMILY AFTER TAX INCOME 2016 - CANADIAN POVERTY LINE ⁴

Family Unit	Poverty Line Annual Income After Tax	Annual income assistance rates	Amount below poverty line
Single parent with one child	\$28,884	\$19,120	-\$9,764
Couple with one child	\$35,375		
Single parent with two children	\$35,375		
Couple with two children	\$40,848	\$24,603	-\$16,245

SOURCE: 2018 BC CHILD POVERTY REPORT CARD, P 21

[4] Determined by Census Family Low Income Measure (CFLIM) after tax measure, Statistics Canada

LIL'WAT7UL CHILDREN AND FAMILIES CONTINUED

Housing

The Lil'wat Housing Survey, 2019 provided an overall picture of housing issues in the community.

This survey found that:



80%
reported their housing
costs were affordable

57%
reported their housing
was suitable

41%
reported their housing was
small or overcrowded

66%
reported their housing
was in need of repair

28%
of respondents had children
age birth to 17 years old

63%
identified families of young
children as the first or second
priority for new housing

Safety

Safety is a primary need for all human beings. A lack of safety is a significant contributor to poor health outcomes for children and families.

Anecdotal information indicate that some families experience the stressors of unsafe living conditions. These include:

- Unsafe neighborhood due to unregulated pets, illegal activities, and other neighbourhood risks
- Family violence in the home
- Unsafe housing

Interventions and practices designed to foster and enhance the health and well-being of Aboriginal children require holistic concepts of health that move beyond biomedical realms and, instead, address and focus upon social determinants. Approaches must be flexible, while also addressing historical and contemporary determinants and should include decolonizing strategies.

Margo Greenwood and Sarah de Leeuw, *Social determinants of health and future well-being of Aboriginal Children in Canada*

These Determinants of Health⁵—**income security, food security, housing, and safety**—have a powerful impact on the health and well-being of children and families.

[See **Web of Life** in Appendix].

[5] The range of behavioural, biological, socioeconomic, and environmental factors that influence the health status of individuals or populations. Adapted from the World Health Organization 1998.

LIL'WAT7UL CHILDREN AND FAMILIES CONTINUED

What we heard from Lil'wat7ul parents

Questionnaires were completed at the Health Fair in November 2018 by parents and community members.

In early 2019, a more in-depth questionnaire was distributed directly to parents by staff from LHH, the Xet'olacw School and the Ul'lus Childcare Centre. Thirty-four questionnaires were completed, representing parents of half the children in this age group.

See Appendix for a summary of the questionnaire results.

I liked going to services with my daughter because it helped us bond.

Everyone is so helpful and supportive.

Parents' comments in questionnaire



SUMMARY OF LIL'WAT7UL PARENT QUESTIONNAIRES

- Two thirds of respondents were two-parent families; one third were aged 25-30; two thirds were 31 years or older
- Programs and services most used:
 - Childhood immunization; Prenatal Class; Baby Clinic; Talk, Learn and Grow group; Ul'lus Childcare Centre; Xet'olacw Community School; Parent and Tot Play group; First Drum Ceremony; and Doula Services
- Services from LHH Partners most used:
 - dentist, nurse practitioner, optometrist, chiropractor
- One third of respondents reported transportation as a barrier to accessing programs and services
- Seven of the thirty-four respondents received a home visit in the past year. These visits were from the MCH staff following the birth of a child
- Two thirds of respondents use a family member for child care; several respondents identified a need for a day care at Xet'olacw
- Comments reflected a high level of satisfaction with services
- Families identified their strengths including keeping child's shots up-to-date, healthy eating, good support system
- Improved housing was identified as a need
- The respondents' vision for the future centred on better housing; a safe, healthy home environment; improved education and employment opportunities; and their children succeeding in school.

LIL'WAT NATION EARLY CHILDHOOD DEVELOPMENT PROGRAMS & SERVICES

UL'LUS CHILD CARE CENTRE

Certified early childhood education & care including Lil'wat culture and language (Language Nest)

- 12 spaces, 1-3 years
- 15 spaces 3-5 years
- 20 spaces, after school

LIL'WAT HEALTH & HEALING

- Maternal Child Health
- Prenatal classes, including healthy food voucher
- Baby Clinic
- First Drum Ceremony
- Doula services
- Talk, Learn & Grow Together group
- Child Immunization
- Parent & Tot group
- Health Education
- Aboriginal Supported Child Development
- Lilwat Infant Development
- Parental support, including mental health & addictions services

Partners

Dentist
Nurse Practitioner

Contracts

Speech & Language
Occupational Therapy

CHILDREN AND FAMILIES

EDUCATION

Xet'olacw Community School

Nursery (4 years)
Kindergarten (5 years)
Grade One (6 years)
Including the option for Ucwalmicwts Language Immersion classes

Employees for all Grades

Behaviour Therapist (1)
Behaviour Therapist Assistant (1)
Child & Youth Counsellors (2)
Speech & Language Assistant (1)
Cultural Staff (12)

COMMUNITY SOCIAL SERVICES

- Social Development
- Financial Assistance
- Active Parenting Program
- Family Support Program
- Child Protection, Advocacy & Support
- Women's Empowerment Group
- Family Preservation Key Worker

See **Appendix** for a full description of ECD programs and services.

LIL'WAT NATION ECD PROGRAMS & SERVICES

Participation in Community Programs and Services

PRENATAL TO 18 MONTHS

There is a high participation rate of Lil'wat7ul parents from prenatal through the first 18 months of their child's life.

Parents regularly attend prenatal classes and many access doula services. Since June 2012, the Lil'wat doula has supported 57 births.

After their child's birth, most parents attend baby clinic and meet with the nurse for their baby's scheduled immunizations.

18 MONTHS TO 4 YEARS

There are no scheduled childhood immunizations between 18 months and 4 years. Prenatal and Baby Clinic classes are finished. As a result, there is less LHH involvement with parents and children in this age group, even though parent groups and workshops are offered.

Some children in this age group access Ul'lus Childcare Centre; currently there are 17 Lil'wat7ul children attending.

4 TO 6 YEARS

Most 4-6-year olds are in day care or school. Xet'olacw Community School has a total attendance of 45 Lil'wat7ul children from 4-6 years (2018/2019):

- 17 children in the nursery program
- 14 children in kindergarten
- 14 children in grade one

An estimated 21 children attend Signal Hill Elementary in Pemberton.

I love that my daughter is at our school learning our language and our ways.

I think my child is safe at day care; it's reliable and I love that the language is taught there.

Parents' comments in questionnaire

2019 EARLY CHILDHOOD DEVELOPMENT PROGRAM ATTENDANCE

Data source: Lil'wat day care, Xet'olacw Community School, and Signal Hill Elementary enrollment figures.

Attendance Status	0-1 Years	1-4 Years	5-6 years	TOTAL
Children enrolled in Early Childhood Development Programs		34	49	83
Children not enrolled in ECD Programs	22	24		46

THE LIL'WAT EARLY CHILDHOOD DEVELOPMENT STRATEGY

Vision

Strong Lil'wat7ul families within a strong, safe community as the foundation on which children reach their full potential.

Mission

To reaffirm family strength and knowledge and provide effective Early Childhood Development services, grounded in Lil'wat7ul culture and responsive to child, family, and community needs.

Values and Guiding Principles

- *Nt'akamen* – Our Way
- Children are a gift from the Creator and are our most valuable resource
- Children must be nurtured and protected
- Every community member has a role in teaching children
- Strength-based
- Grounded in culture
- Inclusive
- Recognition of Lil'wat7ul traditional roles, responsibilities, and family systems across the lifespan
- Recognition of the role of the child and their future role in the community



Goals, Objectives and Actions

GOAL 1: WHOLE FAMILY DEVELOPMENT

Strong, healthy Lil'wat7ul families with individual and family resources to care for one another and access opportunities for healthy family development.

OBJECTIVES

1. Using a determinants of health framework , identify and implement priority actions to address those determinants impacting Lil'wat7ul families.

ACTIONS

- Develop an income security (poverty reduction) strategy to address poverty and food insecurity
- Explore options to support the transition of families from Income Assistance to self-sufficiency
- Facilitate Persons with Disabilities (PWD)⁶ assessments for adults to assist designated individuals to increase income security
- Develop a lifelong learning strategy to build skills and capacity in families
- Support housing improvements and development
- Prioritize initiatives to improve community and family safety
- Incorporate language and culture in all programs and services

2. Address barriers to accessing services: lack of transportation, current silos in services, fear of Ministry of Children and Family Development (MCFD), affordability.

ACTIONS

- Explore transportation options between the Xet'olacw and Mt. Currie communities including child-friendly transportation
- Review and adapt schedules and locations of service delivery (e.g. parenting programs) to suit families' schedules and improve accessibility
- Continue to coordinate and streamline Lil'wat ECD services
- Continue to build trust in services through quality, reliability, and communication
- Partner with MCFD to deliver an awareness campaign about child protection practices to help reduce the fear of child apprehension/ MCFD involvement
- Identify and address affordability of day care including exploring options to reduce and/or eliminate day care fees for Lil'wat7ul families

[6] Persons with Disabilities designation provides a higher rate of financial support and a higher earnings exemption to individuals receiving income assistance.

Goals, Objective and Actions

3. Strengthen life skills of all family members.

ACTIONS

- Support families to reclaim their roles, responsibilities, and family systems
- Create a Life Skills team (a Coordinator and an Elder) to develop and deliver a culturally-grounded life skills program for families that includes basics (e.g. budgeting, cooking, preserving, gardening, harvesting from the land, rites of passage)
- Create a mental wellness strategy to build culturally-grounded and age-appropriate mental wellness skills across the lifespan (e.g. managing stress, communication skills, conflict resolution)
- Build capacity, encourage 'learning by doing', use the collective memory to build on past strengths, and encourage families to share skills with each other
- Develop seasonal programming to ground programs in cultural practices
- Offer services based on the family priorities, encouraging a family development plan to support positive change

4. Engage with external partners, such as Community Living BC, to provide additional supports to parents/ caregivers with special needs.



Goals, Objectives and Actions

GOAL 2: HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT PROGRAMS FOR CHILDREN

Culturally-grounded, high-quality opportunities for learning and development in which all Lil'wat7ul children from birth to six participate.

OBJECTIVES

1. Support and develop day care services. Explore funding and initiate action to expand and enhance services.

ACTIONS

- Pursue funding for a day care/child development centre to be located at Xet'olacw
- Support and enhance existing day care services

2. Continue to build connections and coordinate ECD services, including identifying a philosophy and/or model for services (e.g. Perry/ High Scope) and exploring the option of adopting the same or similar model.

3. Maintain a focus on quality services that ensure core components including: Ucwalmicwts language, relationship with the land, and partnerships with families.

4. Support and develop ECD programs and services.

ACTIONS

- Review the MCFD-funded positions
- Review home visiting/outreach to identify ways to enhance the service
- Improve use of space for ECD programs at Lil'wat Health and Healing (LHH) and explore re-naming services
- Develop new Early Childhood Development programs such as Head Start and Strong Start as funding becomes available
- Increase the frequency of Talk, Learn, and Grow Group to twice per year
- Increase the frequency of Parent and Tot group to twice weekly

Goals, Objective and Actions

5. ECD staff capacity development.

ACTIONS

- Support day care staff to develop and maintain their skills and their understanding of policies and best practices
- Explore provincial and federal initiatives for ECE recruitment and retention opportunities
- Continue to offer Early Childhood Education training in the community
- Implement recruitment and retention practices for ECD workers such as ensuring equitable wages and benefits
- Promote ECD as a career within the community
- Encourage community and leadership recognition of the value of ECD professionals

6. Identify jurisdictional and regulatory barriers and work with Lil'wat leadership and external partners to reduce/remove barriers.



Goals, Objectives and Actions

GOAL 3: COORDINATED AND EFFECTIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR CHILDREN AND FAMILIES

Coordinated, accessible, comprehensive programs and services for parents and children to support every Lil'wat⁷ child to reach their potential.

OBJECTIVES

1. 'One door' access for ECD services.

ACTIONS

- Maternal Child Health (MCH) staff introduce all ECD services to expectant parents
- Create an ECD Manager position to assume leadership for services
- Create a Systems Navigator position to provide navigation supports for parents to access internal and external services and resources
- Re-establish the regular meetings of the ECD Working Group
- Identify and adopt information sharing, confidentiality, and collaboration practices including harmonizing intake, referrals, and follow-up
- Develop Lil'wat-specific resources (e.g. brochures, tools) for parents and children
- Coordinate use of assessment tools, e.g. Ages and Stages Questionnaire (ASQ)
- Create paper and electronic tools which present all Lil'wat ECD services as one program

2. Invest in shared training of Lil'wat ECD staff, including integrated case management, trauma-informed practice, and confidentiality.

3. Ensure early identification of children with extra⁷ needs and support their timely access to services.

ACTIONS

- With all ECD staff, review the methods of identifying extra needs in a child
- Develop and implement an effective referral and follow-up process
- Educate parents and caregivers about how to identify extra needs in their child

[7] Also termed 'special needs' or 'children with a disability'

Goals, Objectives and Actions

4. Pursue Jordan's Principle⁸ funding for services for individual children and groups of children.

ACTIONS

- Designate a lead staff member for Jordan's Principle to assist families in accessing and applying for funding
- The lead staff member will monitor and support the service delivery

5. Develop internal partnerships, e.g. with the Ts'zil Learning Centre and Recreation Department.

ACTIONS

- Create opportunities for cross-program collaboration, planning, and training

6. Develop Lil'wat ECD resources.

ACTIONS

- Develop unique ECD resources that create an awareness of early childhood as a critical period of development
- Create Lil'wat7ul childhood development milestones, such as milestones based on achievements (e.g. crawlers, walkers, talkers, potty trained) rather than age
- Using best practices from mainstream parenting programs; create and deliver culturally grounded parenting programs

7. Initiate a community engagement project to remember and learn from traditional Lil'wat7ul infant and child care practices, past community volunteer activities, and previous programs and services.

8. Develop and implement a data governance framework across all ECD services.

ACTIONS

- Create Lil'wat7ul health and well-being indicators
- Create data collection, monitoring, evaluation, and reporting processes

[8] Jordan's Principle is a federal government program which provides funding to individual First Nations children and groups to address health, social, and educational needs.
Toll free: 1 855 572 4453. www.canada.gc.ca/Jordans-principle

Goals, Objectives and Actions

GOAL 4: COMMUNITY DEVELOPMENT

An informed community valuing and supporting the care and education of Lil'wat7ul children and supporting parents and families.

OBJECTIVES

1. Develop and deliver community education about the importance of early childhood development.

ACTIONS

- Share information with the community about the importance of early childhood development using a variety of mediums such as social media, print, posters, and presentations
- Engage parents and grandparents in promoting ECD, including identifying community champions

2. Create opportunities for community members to teach and mentor young children and families.

ACTIONS

- Facilitate youth/ child interactions whereby youth can positively engage with young children
- Support Elders' participation in ECD programs and activities
- Encourage the re-introduction of volunteer community groups to support families such as the previous 'Homemakers' group

3. Celebrate and recognize past and present accomplishments in ECD.

ACTIONS

- Celebrate and honour the community's accomplishments in ECD, e.g. the services that have been delivered over the years, ECE courses in the community, and the number of trained Lil'wat ECE staff
- Continue the 'Celebrating our Children' annual event

4. Encourage community members to identify and assume traditional roles, responsibilities, and systems with children and families.

ACTIONS

- With all ages and groups within the community, begin a conversation about the traditional Lilwat7ul roles, responsibilities, and family systems, and how these roles, responsibilities, and family systems can be re-established

Goals, Objectives and Actions

GOAL 5: IDENTIFY AND ACCESS EXTERNAL RESOURCES

To develop partnerships, awareness, and readiness to access funding, resources, and opportunities.

OBJECTIVES

1. Strong, effective relationships with external partners including other First Nations, BC First Nation ECD organizations; BC First Nation health organizations; federal and provincial departments and agencies; and educational institutions.

ACTIONS

- The Lil'wat ECD Manager will build external partnerships to access resources, build alliances, and access funding

2. Achievement of a state of readiness to access new resources for innovative, Nation-designed ECD programs and services.

ACTIONS

- The Lil'wat ECD Manager will monitor and pursue external opportunities such as the Indigenous Early Learning Framework and Child Care BC New Spaces Fund
- The Lil'wat ECD Manager will engage with the Lil'wat7ul community and leadership to explore services transformation and enhancements as guided by the Nation.



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APPENDIX

GLOSSARY OF ACRONYMS

ASQ	Ages and Stages Questionnaire: The ASQ is a series of parent-completed questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. The age-appropriate questionnaire is completed by the parent or caregiver.
CLBC	Community Living BC is the provincial crown corporation that funds supports and services to adults with developmental disabilities, as well as individuals who have a diagnosis of Autism Spectrum Disorder (ASD) or Fetal Alcohol Spectrum Disorder (FASD).
ECE	Early Childhood Education: A certified training program offered through colleges and universities requiring full time attendance for three semesters (13 months) to receive an Early Childhood Education Certificate. ECE staff must have a current license to practice and complete annual professional development. Additional specialized training includes Infant/Toddler and Special Needs certification.
ECD	Early Childhood Development: The physical, cognitive, linguistic, spiritual and socio-emotional development of a child from the prenatal stage to age six.
LHH	Lil'wat Health and Healing: Lil'wat community health services including public health, home and community care, maternal child health, traditional health and community health.
MCFD	Ministry of Children and Family Development: A provincial government ministry responsible for services for children and families including child protection and early childhood development services
MCH	Maternal Child and Family Health: A health program funded by the First Nations Health Authority which focuses on maternity care, early childhood development and parenting supports
PWD	Persons with Disabilities: a designation of an individual that results in a higher rate of financial support and a higher earnings exemption for persons receiving income assistance. To qualify for the designation, an application and evaluation process is required.

CONSULTANT METHODOLOGY

1. Meetings with Early Childhood Development Working Group.

TIMELINE	ACTIVITY
May 25, 2018	Aboriginal Head Start application
June 11, 2018	Head Start application and introduction to the ECD Strategy
November 8, 2018	ECD planning, work plan review, data needs, draft department summaries
January 24, 2019	Review and finalize demographic data; finalize department summaries; identify and discuss emerging issues; planning for parent questionnaire distribution
March 7, 2019	Review data from questionnaires; discuss Jordan's Principle; review first draft of strategies/ recommendations
April 11, 2019	Review and develop draft goals, objectives, and actions
May 14, 2019	Creation of Vision, Mission, and Values; final review of Goals, Objectives, and Actions.

2. Completion of Aboriginal Head Start application, June 13, 2018. Lil'wat advised the application was not successful in late 2018.

3. Meetings with Directors of Health, Community Social Services, Education, and Ul'lus Childcare Centre to identify the programs and services offered by each department for the early childhood age group, October 2018.

4. Meetings to review day care operations and exploring funding for new day care services at Xet'olacw: December 5, January 10, January 25, April 9.

5. Community Questionnaires

- 21 questionnaires completed at Health Fair; results summarized
- Revision of the questionnaire and distributed to parents in early 2019
- 34 completed and results summarized
- Follow-up letter sent to parents

6. Ongoing literature review. See Bibliography.

7. Attendance at Indigenous Early Learning and Child Care Leadership Forum, May 23rd, 2019, hosted by the BC Aboriginal Child Care Society.

LIL'WAT CHILD CARE AND PROTECTION LAW



LIL'WAT CHILD CARE AND PROTECTION LAW

Nilh ts7a nxekmens i skelkekla7lhtalha

ihes ripcalwit

THIS IS THE CUSTOM ACCORDING TO WHICH
OUR ELDERS RAISED CHILDREN

LIL'WAT CHILD CARE
AND
PROTECTION LAW

Huylhkalh ama ihes huzwit
ama i stsmaltkalha

LIL'WAT PEOPLE SURVIVAL THROUGH
OUR CHILDREN

Szuhmnskalap i stsmaltlapa
PRACTICE LIL'WAT CHILD CARE

Research by Terri M. Williams
In Consultation with ELDERS
Mrs. Adelina Williams and
Mrs. Mary Susan James

Completed March 1984

LIL'WAT CHILD CARE AND PROTECTION LAW

TABLE OF CONTENTS

<u>LIL'WAT CHILD CARE AND PROTECTION LAW</u>	<u>PAGE</u>
INTRODUCTION	2
CHILD CARE CUSTOMS AND SPIRITUAL VALUES AND BELIEFS	7
CHILDREN DEVELOPING DISCIPLINE AT HOME	9
HOW TO DISCIPLINE YOUR CHILDREN TO DEVELOP GOOD HABITS	10
PARENTAL RESPONSIBILITY	12
TEACH YOUR CHILD RESPECT WHEN THERE IS DEATH IN OUR COMMUNITY	14
CHILD PROTECTION LAW	15
LIL'WAT POLICY ON RELIGION	17
QUOTATIONS FROM LIL'WAT ELDERS	18

LIL'WAT CHILD CARE AND PROTECTION LAW

-2-

INTRODUCTION

This Lil'wat Child Care and Protection Law is designed to assist Lil'watmec people in the right ways to raise children and to make them aware of not the right ways.

A long time ago people lived according to certain regulations and laws that were recorded not in writing. They were taught by way of doing.

Lil'watmec people do in some cases today govern themselves within their homes by certain spiritual values and beliefs, that have been passed down to them from generation to generation.

A child is believed to have a very close connection to the spirit world, to our ancestors. When a child is born it is almost like reincarnation, because when a child comes the child comes as a spirit. This is why one of the reasons people wouldn't allow babies to cry too hard. The spirits in the air can feel sorry for the baby and make the baby sick.

It was these type of regulations that were known that governed all of these ways. How they were based were on certain sets of beliefs. Those belief were that when children came into this life, its the people's responsibility for making sure that that baby has a place here with our families. So they were welcomed. So, if you believe that then you just think of those kids in a real different way.

Before six years of age, or at the time the child is beginning to develop reason and hasn't yet developed full awareness children were allowed to be who she or he is. When they were being silly or whatever they were just allowed to run around and do whatever they please, people just kept an eye on them, there was lots of respect for them, everyone watched over them wherever they were not, just the parents. When the child was doing something that was harmful to the child they would move the child away or take away whatever they had that may hurt them. They wouldn't say don't do this or don't do that, they wouldn't use a verbal commanding approach, they taught in the way of showing them. They taught indirectly what was appropriate and inappropriate behavior.

LIL'WAT CHILD CARE AND PROTECTION LAW

-3-

Once she or he reaches the age of around six then they begin to remember and think about things. Then you begin to really teach them to respect people, respect their belongings and so on. They're taught through stories. At that time too they're given things from the grown up world. One example being with the berry baskets. When the family goes out berry picking the children would get a small little one, so at the end of the day the adult basket would be there and the little one beside them. Everyone notices that everyone contributed to the picking. The reason for that is belief that a person has to know what it feels like to be competent. The only way you can feel that is through practise in working with everyone. You don't learn by being told. You learn by doing. The whole area of sharing is then reinforced.

The principle then that guides the thinking is that as an adult what the laws are doing, the laws of appropriate behavior is how your going to berry pick, you have to anticipate what your trying to teach. There are laws that govern how your going to do that. You see as an adult I can't impose that on you, you have to discover that yourself. That idea then underlies the law that I have No Right To Impose My Will On You, Because You Have A Will Of Your Own. Lil'wat people exercise this form of law because they let children make decisions.

The laws that guided them came from the spirits, the creator. There were messengers. In some cases messages came as gifts in way of dreams, someone talks to you, whom you cannot see. These are some of the underlying principles of where our laws came from. A long time ago people lived according to the laws that became known to them. One main law was that everyone had to really respect and protect your body. Body means not just your physical body but your emotional and spiritual and social body.

That was why everyone trained, everybody had to reach a place where the ultimate is that as an individual you attain harmony and balance. The only way you can reach that is through the right way of doing things. All the people chose to purify and cleanse their minds, emotions and bodies so that it would make them more open to teachings.

LIL'WAT CHILD CARE AND PROTECTION LAW

Some people had different reasons for training. There were the medicine men, who trained different. They had power even they couldn't control. This was why people really disciplined their children. They made sure that their children wouldn't run in front of them, they had to let them know when they were going to walk by in front of them, and also they were taught not to talk whenever anyone was talking, because the medicine man had so much power and became alarmed or nervous by the children, or even jealous that their power would bounce on them and hurt them, that would make them sick. The medicine man could do this without even meaning to. If the medicine man was real, strong they could heal you again if this happened, but if not you had to get another medicine man to help you. There use to be so many medicine men in those days.

In articulating these ways from a Lil'wat point of view explains that we had a very different way of viewing life. What happened in the western way of thinking is that there was a separation between what is people's and what is the spirit's or creator's. There was a separation between the two. What happens now in this life is what they say is we're going to take away all the spiritual guidance, and put them over here. Now we're going to look at the laws that guide us as a people. So in a way it comes from the way that the western person lives in this industrial technological world. He believes that they're above everything else. Whereas we've not separated ourselves from the spiritual teachings, the way the western thinking separated this physical earth from the spiritual earth. One example of this that is really going on now is the abortion issue, when they say: "I WOMEN, I MAN, I HAVE THAT POWER TO MAKE THAT DECISION" They're only thinking of themselves on this.

Another example of where that's taking place right now is in the Supreme court with the Land Claims, again that's where you see that basic concept in both of those issues is the concept of ownership. There is a real different view about land. We don't put ourselves above the land and say we own it. This is the same thing with our view of our children. How can I say that I own my child if I believe that the child is really coming from the spirit world, and the child is coming here to spend time here it is my responsibility to care for that child, not decide whether she or he is going to live or die. So there's a real conflict then in that concept of ownership. You see it in both of those two cases. The two beliefs are in conflict.

What we're saying is there still exists the recognition that there is a connection, that there are two ideas here, that clarify what that ideology is. The two are now in conflict.

LIL'WAT CHILD CARE AND PROTECTION LAW

-5-

Also, Lil'wat Women during puberty training had to get up at sunrise and run up to four miles, go to the river and splash water all over their face and body, and dry off with cedar boughs. Then run back.

Furthermore, during puberty training young women had to pick needles off fir boughs every day, whenever they weren't busy. The purpose of this training was to teach patience; how to work fast and train your fingers to work fast and not to be lazy.

There were also certain practises in how a women kept herself purified within her home during her menstruation. This is on a monthly basis and as well as after each child is born. Everything had to be kept very clean. She wasn't allowed to prepare meals or touch food. She'd use only one cup, one dish and spoon. No one else could use them, she even just cleaned her own and kept them in one place. One reason was that when her husband went hunting or trapping, the animals wouldn't pick up scents.

A long time ago when my great, great grandparents were alive they had stronger practises that were closer to nature. Women use to go out into the woods near creeks and stay there up to four months with their babies. One reason was so she could wash in the creek every morning. This practise took place especially if she had twins. When White settlers first came and spread the T.B. disease, women weren't allowed to go near people who were sick. This was for her protection as well as the person that was sick.

We as Lil'wat people must sort out what is really the Lil'wat thinking and what is the Sama7 thinking. Otherwise we will be always getting tangled up in what is really our traditional values and beliefs in how we govern ourselves and how we reconstruct ourselves in raising children from all stages of childhood, and how we care for oneself and others versus the western model today. Because there are certain ways Lilwat women prepared their body and mind when they were pregnant. They weren't allowed to lay down

LIL'WAT CHILD CARE AND PROTECTION LAW

-6-

during the day. Once they get up in the morning they had to stay busy. If they lay down too much the baby doesn't get strength, and when mother is ready to deliver she will have a hard time. One way the mother prepared for the delivery day, was she had to go for walks and each time she walked she'd carry two rocks, one would be shaped long and square about the length of your finger and the other a round one, as she walks she'd talk to the rocks and say I want my baby to be born this fast and as she says that she'd drop the long rock and immediately after she'd say I want the baby's afterbirth to come fast too, as she drops the round rock. She did this to train and prepare her mind and body.

This Child Care and Protection Law thus reveals that there were laws traditionally, and those laws were driven by the way of the people. That it is our responsibility to exercise our own system of Lil'wat custom's in conformity with our own culture.

HOW OUR CHILDREN ARE BROUGHT UP REFLECTS THE FUTURE OF OUR NATION

There was was no one here before that had to look after us or control our basic needs. We provided our own basic needs. We had our own religion, our own education system and our own language.

In protest we marched in the child caravan because the governments were removing our children from their traditional environment, therefore we were losing our most precious resource. In order for Lil'wat people to survive we must control and develop our human resource according to our own laws.

The strength of any international law is dependent on the strength of laws within our Native Communities.

We are still a sovereign nation, we have never given up our rights. The Creator put us here with the right to self-determination. The right to exist as a people is sacred in our way. Our rights as a nation have never been relinquished, sold or bought by ourselves. Lil'wat People have never given consent or been conquered by any colonial power or government. We are the chosen people. It is a political reality that the Lil'wat Nation is not now, nor has it ever been a part of the State of Canada. We reject Canada's illegitimate claims to our lands, resources and people. We seek only to negotiate on the basis of sovereign equality between a nation and states.

Terri M. W. John, Lil'watmec
April 1989

LIL'WAT CHILD CARE AND PROTECTION LAW

-7-

CHILD CARE CUSTOMS AND SPIRITUAL VALUES AND BELIEFS

CHILD CARE CUSTOMS AND LAWS : SPIRITUAL VALUES

Parents, Guardians, Grand parents, sisters and brothers, aunts and uncles, cousins and friends must speak the Lil'wat language to all children of every age at all times.

To learn our own language a child must learn by hearing you speak from the time he/she is born and every day on. Our tradition and culture come from our language

Mothers do not throw away a newborn baby's belly button once it dries and falls off.

Its practice to put it inside a bark of a cedar tree facing east where the sun rises, so your child grows up strong as the tree. If you do not treat it with respect and lose it, the child looks for it or acts lost.

A child must not be allowed to cry hard.

A baby can be allowed to cry but not too hard; because spirits feel bad for them and can come and take them.

A child must be trained to be in bed every night at the same time.

That if children were let wandering around at night they can bump into the spirits and get sick. If parents allowed their children to roam around they were brought to Indian Court and they had to explain why in front of all the people.

A child must never be thrown up in the air.

When throwing your child up in the air the spirits can take your child.

LIL'WAT CHILD CARE AND PROTECTION LAW

-8-

CHILD CARE CUSTOMS AND LAWS

(People have been known to in playing with their child to throw their child up in the air and catch them again.)

Baby diapers/clothing must not be left hanging up out on the line after 3:00 p.m.

Food and dishes must not be left on the table after a meal or at any time, especially throughout the night time.

Food that is left on the table must be covered with a cloth.

SPIRITUAL VALUES

The spirits are out in the air just before dark. They can go into the the diapers and clothes.

The spirits that are hungry come in and go into your food, and even if you ate the food you will still feel hungry.

LIL'WAT CHILD CARE AND PROTECTION LAW

-9-

CHILDREN DEVELOPING DISCIPLINE AT HOME

Every child must learn to have a certain chore he/she must do daily. The child must develop this responsibility without having to be told daily. Mother/father must train their child to do his/her chore daily the right way. Parents that holler and scold during this training is the wrong way. They must explain by talking gently and slowly and carefully what is expected of them.

Types of chores can develop responsibility:
(a) Caring for chickens, feeding them daily at a regular time each day.

(b) Explain to a child that if he/she notices garbage laying around inside or outside that he/she must not wait to be told to pick it up, she or he must do it without being told.

(c) A child boy or girl must learn to be clean within their home, by helping with daily household chores.

Ex. helping with meals and dishes, sweeping floors, making beds, cleaning their own rooms, etc.

(d) Parents must teach their children how to preserve food.

SPIRITUAL VALUES AND RELIEFS

A child must be taught not to be scared of work from an early age. So when they grow up their mind is not lazy. If a child has to be reminded every day about their chore that child has already learnt to beat you. When a child is screamed at he learns not to listen until he hears you screaming. This child will also raise his/her child the way he/she was treated.

The family beds must be kept in order. You must be taught to fix your beds as soon as you get up. Also teach your children to immediately help because it is a belief that the spirits get into the sheets and blankets if left.

LIL'WAT CHILD CARE AND PROTECTION LAW

-10-

HOW TO DISCIPLINE YOUR CHILDREN TO DEVELOP GOOD HABITS

Mother and Father must work together when they discipline their children. Also where there is a parent and/or guardian raising a child they too must always work together.

- (a) When father has a way of correcting his child, mother must allow him without interfering or interrupting, even if she thinks she is right.
- (b) During child discipline when mother/father or guardian interact child will begin to develop in his own mind to be his/her own boss, which will cause danger later in life and may in some cases be a threat to community.
- (c) During child discipline child must learn never to interrupt when someone is talking, the child must learn to wait until no one is talking and child must be allowed to talk afterward.
- (d) A child must not be allowed to run around when an elder is talking. A child must be taught to sit quietly and behave.
- (e) When a child is being corrected a child must never be hit.
- (f) A child must never be raised to listen to adults using harsh language, such as swearing.
- (g) A child must learn to share and respect other people as well as other children.
- (h) A child during discipline must never be told he or she is dumb or stupid.
- (i) A child must learn to listen to other people such as the teacher, an elder or close relatives, the child must not develop a habit of answering back.
- (j) A child must not talk back when an elder is talking.
- (k) A child must be taught right from the time they are little that he or she must never steal or lie, a child must be explained that if she or he steals a very small thing or tells a very small lie, that is the time that doing wrong begins to grow into a habit that is hard to get rid of as he or she grows older.

LIL'WAT CHILD CARE AND PROTECTION LAW

-11-

- (l) A child must learn to develop to respect other people's belongings. Once a child is noticed to be disruptive he or she must be immediately corrected in a proper manner.
- (m) Parent and or parents must take the time and develop patience to listen to their children, when their child is talking to them.
- (n) A child must be trained not to forget his or her belongings anywhere.

LIL'WAT CHILD CARE AND PROTECTION LAW

-12-

PARENTAL RESPONSIBILITY

1. It is the responsibility of the parent/s to tell their children who their relatives are.
2. It is the responsibility of parent's to teach their child/ren respect for their grandparents.
3. A woman and or man must learn to keep their relationship problems between themselves, he or she must not tell other people their problems, they must keep it between each other and help each other.
4. Parents must not fight or argue in front of their child/ren.
5. Parent/s must explain to their children that a watchman is protected by our own Indian Law and that is a community custom.
6. A man must take the responsibility of keeping a clean yard, if he feels he cannot do this he must request his children to help.
7. A woman must be clean within the home. Training your child to have good discipline is not complete unless parent's raise their child to be clean.
8. All children age 14 and under must be in their home by 10:00 p.m. each night.
9. A child must not develop a habit of eating in someone else's home.
10. A child must not be held while mother sits at the table for her meal. There is a certain time to handle and care for child's needs, a child learns to fuss just as mother sits down to eat, if she ever once holds child at the table.
11. A child must be trained and taught never to waste food.
12. A child must not develop to complain what he/she is being served, also a child must not develop a habit of wanting something else, or even ask what is in the plate.

LIL'WAT CHILD CARE AND PROTECTION LAW

-13-

13. A baby must learn to eat food prepared directly from the family meals.
14. For health reasons mother/father must prepare meals regular and at the same time each day.
15. Meals must be eaten together and quietly, talking while eating meals is developing bad manners.
16. Children should be trained that they cannot eat outside at night.

LIL'WAT CHILD CARE AND PROTECTION LAW

-14-

TEACH YOUR CHILD RESPECT WHEN THERE IS DEATH IN OUR COMMUNITY

The Chief is really the headman, he can talk about what sort of behavior he expects from the people during a funeral and at a gathering, he shouldn't hold back, he must lead the people, he can stand up after a gathering meal, or just when the body arrives to express what he expects.

1. A child must be trained to be quiet and never free to wander around near the area of the dead body.
2. Children must not be allowed to attend a funeral, only if death has occurred within immediate family and you feel it is alright for your child to be there, if this may be the case you must take your child aside and explain to your child that you will no longer see this relative anymore, and then you must take your child away and explain to him/her that she or he must remain quiet and stay beside you, and not to run around, otherwise a child must not be allowed to attend a funeral or a gathering.
3. Parents must always keep track of where their child/ren are during a funeral or gathering.
4. When a father helps with funeral arrangements, father must take four days of bathing each morning, before he should pick up his child.
5. A woman that is pregnant must not attend a funeral or look at a dead body. If death has occurred within her family she can remain in the household but she must not help prepare food, she must remain quiet at all times.
6. Alcohol must not be allowed in the area of the cemetery, during funerals or at any other time.
7. People that come to our community to attend a funeral must be highly respected, and be treated as guests during meals, they must be served before our own children.
8. It is a custom that children be taught respect when there is death in the community. There was a time when we were forbidden to look out of a window during a funeral.
9. Food must not be brought into a funeral or eaten during a funeral, also smoking must not be allowed or cigarette butts must not be left in the graveyard.

LIL'WAT CHILD CARE AND PROTECTION LAW

-15-

CHILD PROTECTION LAW

1. Agents of non-Lil'wat agencies, shall not enter the Lil'wat Nation territorial boundaries, without written permission from the Lil'wat Chief or Representative.
2. The Ministry of Human Resources must not enter the Lil'wat Nation Territory, without first signing in at the community Band Office, to state reason for being in community.
3. All non-Lil'wat people that are in the boundaries of the Lil'wat Nation are forbidden to take photos of the people; homes; and land, unless given permission by the community leaders.
4. The Chief and Council shall appoint a Child Care Committee who shall be responsible to Chief and Council for the administration of the Band's laws concerning child protection.
5. Where a parent requires the assistance of the Band in caring for his/her child, the parent shall contact the Child Care Committee who shall, with the consent of the parents, take the child into the care of the Band for a period of time and upon conditions to be agreed upon between the parent and the Child Care Committee.
6. When a child has been taken into the care of the Band with the consent of the parents, the Child Care Committee shall report the situation to Chief and Council.
7. It shall be the duty of every Band member to report to the Child Care Committee any instances where the Band member honestly believes that a child may be in physical or emotional distress and may be in need of protection.
8. Where the Child Care Committee or the Chief and Council has received a report that a child is in distress and his/her physical or emotional health is in danger, the Child Care Committee may take steps to investigate whether the child is in need of protection.
9. The Child Care Committee shall investigate every report of a child who may be in need of protection.

LIL'WAT CHILD CARE AND PROTECTION LAW

-16-

10. To conduct the investigation, the Child Care Committee or any person authorized by them may enter into the home, vehicle, boat or any other dwelling, building or structure of any person residing on the reserve to determine the situation of the child.
11. Where the Child Care Committee considers that child is in need of protection, that child may be taken into the care of the Lil'wat Indian Band.
12. The Child Care Committee shall notify the Chief and Council of any child brought into the care of the Band.
13. Once a child is in the care of the Band, the Chief and Council shall convene a meeting no later than three days following the apprehension to determine what is in the best interests of the child concerning that child's placement.
14. The Child Care Committee shall notify all persons who are known by the Child Care Committee to be close to the child, either through blood relations or through psychological bonding. Each of those persons notified shall have a right to be heard at that meeting.
15. The Chief and Council shall convene with those elders who are available to attend the meeting, to help the Chief and Council decide what is in the best interests of the child.
16. In deciding the placement for the child, Chief and Council and the elders shall be guided overall by what is in the best interests of the child. If the child is in need of care, the child shall be placed first with their closest relative, and, if a relative is unavailable, next with another Indian member of Lil'wat Indian Band. When the Band develops a group home facility, placement may be made at the Bands group home.
17. The Child Care Committee, shall work to return the child to its parents wherever possible and to give assistance to the placement home while the child is in the care of the Band.
18. Any person who is involved with the care of the child may apply to the Child Care Committee to reconvene a meeting of Chief and Council and Elders from time to time to discuss the progress of the child and to consider the child's placement.

LIL'WAT CHILD CARE AND PROTECTION LAW

-17-

LIL'WAT POLICY ON RELIGION

1. Any religious organizations are required to receive written clearance and permission, to carry out any planned activity, or leave any type of religious materials. Permission is required from the Chief and Band Council to solicit on band land, or use any band owned facility. Arrangements are to be made at the Mount Currie Band Management Office.

QUESTIONNAIRE SUMMARY

Summary of data from 21 questionnaires distributed at the Health Fair in November 2018, and 34 Parent Questionnaire distributed in March 2019.

1. PROFILE OF FAMILIES

STRUCTURE OF FAMILIES	NUMBER OF RESPONDENTS
One parent family	7
Two parent family	23
Living with child's grandparents	1
Living with single parent & grandparent	3
AGE OF PARENT/S	
20-25 years old	0
25-30 years old	13
31+ years old	22
CHILDREN'S AGE	
Under 1 year	13
1 year old	5
2 years old	5
3 years old	5
4 years old	5
5 years old	14
6 years old	17
TOTAL 64 children	
7+ years old	34



QUESTIONNAIRE SUMMARY

2. USE OF SERVICES IN THE PAST YEAR

PROGRAM OR SERVICE	NUMBER OF RESPONDENTS	COMMENTS
Ul'lus Child Care Centre 12 to 36 months of age 36 months to 5 years of age	20	No problems, very professional. My child is safe there, it's reliable. Love the language being taught.
After school program (at LHH)	3	
Xet'olacw Community School Nursery, K-5 Grade 1	27	Love close to home, smaller class size. Traditional language and culture.
Signal Hill School Strong Start; K-5; Grade 1	5	
MATERNAL CHILD HEALTH AT LIL'WAT HEALTH AND HEALING		
Baby Clinic Weekly 10 Monthly 4 Occasionally 11	25	Loved it. Learned a lot, loved healthy food and getting reports on child's growth. Good suggestions on dealing with challenges.
Talk, Learn and Grow Together	15	
Parent and Tot Play Group Weekly 5 Monthly 2 Occasionally 11	25	
Prenatal Programs	25	
First Drum Ceremony	16	
Lil'wat Infant Development Program	5	
Aboriginal Supported Child Development Program	1	
Doula	13	
Child Immunization	30	
Home visits⁹	8	

[9] These were the post-birth follow-up visits from Maternal Child Health staff.

QUESTIONNAIRE SUMMARY

3. USE OF LHH PARTNER'S SERVICES IN THE PAST YEAR

LHH PARTNER	NUMBER OF RESPONDENTS
Dentist	22
Audiologist	4
Chiropractor	12
Optometrist	16
Acupuncturist	3
Nurse Practitioner	18
Speech and Language	10
Occupational Therapist	4

4. USE OF GROUP SERVICES OF LIL'WAT WELLNESS DEPARTMENT

LHH PARTNER	NUMBER OF RESPONDENTS	COMMENTS
Active Parenting Program	2	Good support.
Women's Empowerment Group	2	
Family Support Program	5	
Family Preservation/ FASD Key Worker	2	
Connect Program	1	

5. USE OF OTHER CHILD DEVELOPMENT SERVICES IN PEMBERTON

SERVICE	NUMBER OF RESPONDENTS
Healthy Pregnancy Outreach (HPOP)	3

QUESTIONNAIRE SUMMARY

6. SUMMARY OF COMMENTS

SPECIFIC SERVICES:

SCHOOL

Love that my daughter is at our school learning our languages and our ways.

TALK, LEARN, AND GROW GROUP

Great progress, recently haven't been able to go because of time of program. Amazing.

PRENATAL PROGRAM

Loved going, very informative.

FIRST DRUM CEREMONY

Beautiful ceremony.

DOULA

Loved my experience, Doula made it more meaningful and was very helpful.

IMMUNIZATION

Nurse is very good at reminders and throughout the process.

DENTIST

I like that he didn't push my kids to agree to things they weren't comfortable with. Would like more dentist days.

CHIROPRACTOR

Great service.

OPTOMETRIST

Feels too rushed. I didn't like it and won't go back.

ACUPUNCTURE

Would like to go but don't know the schedule.

NURSE PRACTITIONER

Love going to her. Wish she was there more often.

WHAT PARENTS LIKE ABOUT THE SERVICES

- Always nice and welcoming
- It gets us out of the house and we don't have to travel for most services
- That it's offered at Lil'wat and we get good help
- Discretion
- Always patient
- LHH always available
- Going to services with my daughter because it helps us bond
- Everyone is helpful
- Good atmosphere
- I like Parent and Tot and Baby Clinic so my child can interact with other children
- Very professional
- Very friendly staff
- Learn something new every time
- Wish we'd had these when we were growing up
- Doula services are great

WHAT DOESN'T WORK VERY WELL ABOUT THE SERVICES

- Personal issues get in the way and I get left out
- Announcements made without enough notice
- More Nursing and Nurse Practitioner time
- When kids age out
- Communication
- Need more parents involved
- Help with registration for health cards

QUESTIONNAIRE SUMMARY

7. COMMUNICATIONS METHODS

HOW PARENTS FOUND OUT ABOUT PROGRAMS:

Family/ friend	25	Email	5
Facebook	23	Text	4
Poster	9	Word of mouth	2

8. ACCESSING SERVICES

DO YOU HAVE TROUBLE GETTING TO PROGRAMS AND SERVICES?

		COMMENTS
YES	17	Transportation barriers, working parent my schedule does not work
NO	24	No transportation, no license, van only takes certain ages. Takes certain ages, starts before I get off work.

WHERE DO YOU WANT TO RECEIVE SERVICES?

Lil'wat Health and Healing	26
School	15
Ul'lus Childcare Centre	9
Home	8
Off-reserve	4

9. OTHER

IF YOU HAVE A CONCERN ABOUT YOUR CHILD, DO YOU KNOW WHERE YOU CAN GET HELP OR RESOURCES?

YES	16
NO	10

IF YES, WHERE DO YOU GO FOR HELP?

- LHH – ask Receptionist who refers me to the right staff member
- LHH Nurse
- Ul'lus Childcare Centre
- Nurse Hotline
- Family
- Family Doctor/ Nurse Practitioner
- Educate myself
- Speech and Language Therapist
- Band council rep for children

WHAT DO YOU USE FOR CHILD CARE?

Family member	25	COMMENTS: It's hard to get into the day care, we need more spaces Sometimes costly
Day care	12	
Babysitter	13	
Not needed	11	

QUESTIONNAIRE SUMMARY

10. SUMMARY OF COMMENTS

HOW CAN LIL'WAT SERVICES WORK BETTER FOR YOU?

CHILD CARE: At upper reserve; bus for day care children; more day care spaces; change age limit for after school care

LIL'WAT HEALTH AND HEALING: Open on weekends; doctor available in the community; shorter wait times for appointments; Men's Group; help to get appointments; more notice for events; learn how to cook healthy for children

FOLLOW-UP: With new graduates; help to understand reports

TRANSPORTATION: Better transportation for whole community, especially single moms; bus for day care children

COMMUNITY: Bring Elders in residential care back to the community for visits; more connection with one another

WHAT DO YOU NEED TO MAKE YOUR FAMILY STRONGER AND HEALTHIER?

SERVICE	NUMBER OF RESPONDENTS	COMMENTS
Housing	17	Clean, safe housing; variety of house sizes/ larger house; better quality housing/ home renovations; house on own property; help families keep their houses clean
Better access to healthy food	15	Healthy cooking classes
Transportation	13	Transportation to events; own transportation
Education	13	More university-level classes at Ts'zil
Employment	13	
Personal support	3	Couples counselling in the evenings; 24-hour mental health support

ARE THERE ANY OTHER PROGRAMS OR SERVICES YOU WOULD LIKE TO SEE AT LIL'WAT?

- Strong Start or Head Start
- Cultural opportunities including in school and year round activities
- After school activities at the day care
- Younger groups for drumming
- Active, healthy, family-oriented programs on weekends
- Support programs for women in abusive relationships
- Big Brothers/ Big Sisters

WHAT ARE YOUR PERSONAL AND FAMILY STRENGTHS?

Keep my children's shots up-to-date	30	Employed	16
Healthy eating	25	Manage stress well	12
Good support system (friends/ family)	24	Healthy relationships	12
Active lifestyle	22	Engaged in cultural practices	8
Breastfed my baby	21	Involved in my community	7
Sobriety	17	Attending educational program	5

QUESTIONNAIRE SUMMARY

WHAT IS YOUR VISION FOR YOUR FAMILY FIVE YEARS FROM NOW?

HEALTH, CULTURE, FAMILY & COMMUNITY

Happy and healthy
 Doing more family things together
 Getting involved in culture and community events
 Stronger and healthier
 Continued sobriety for my family
 Be a foster parent
 Involve my child in more recreation activities
 We are living in our community close together
 Gardens, berries, natural medicines
 Live healthier, stay healthy
 Family grown and more connection with community and culture
 Know more of the language and traditions
 A semi-fluent language speaking household
 Learn *Nta'kmen*
 Better informed about what Lil'wat has to offer

EDUCATION

Graduation for my oldest
 Hope all my kids make it to high school
 Take more college courses
 Done my Nursing program and son in school
 My child to graduate
 Education, sports, two graduates

HOME

A good, healthy place
 In our own home so we can expand our family
 A home with enough space for all of us
 A home on my own land
 A home where my son can have his own room
 Ranch with animals
 Get a place of my own
 Live in my own home
 Each child has a home of their own
 Safe environment

EMPLOYMENT

To have a better job and be happy
 Get promoted and a better job
 Better income
 Not on Social Assistance
 Independence and work ethic
 Careers
 Good finances

TRANSPORTATION

Have our own car
 Get my license and a vehicle

SUMMARY OF LIL'WAT ECD PROGRAMS AND SERVICES

1. DAY CARE – UL'LUS CHILDCARE CENTRE

Ul'lus Childcare Centre provides licensed child care for:

AGE	# OF CHILDREN
12-36 months	12
3-5 years old	15
After school spaces (at LHH)	20

The services are delivered by qualified ECE educators, many of whom are from the community. Language Nest funding supports a language program for 15 hours per week.

Services are offered at the Ul'lus site – Mount Currie location.

UL'LUS CHILDCARE CENTRE FEES (2019)

AGE	FEES (PER MONTH)	CHILD CARE SUBSIDY FOR LOW- INCOME FAMILIES (PER MONTH)
12-36 months	\$800	\$635
3-5 years old	\$675	\$550
After school spaces (at LHH)	\$300	

SUMMARY OF LIL'WAT ECD PROGRAMS AND SERVICES: EDUCATION

2. EDUCATION - XET'OLACW COMMUNITY SCHOOL

A. ELIGIBILITY AND PARTICIPATION

NURSERY PROGRAM - K4 (DELIVERED BY 3 ECE STAFF)

Eligibility

Children who are four years old prior to the end of the calendar year may start in September of that year. Children must be toilet trained unless there's a medical condition.

2018/19 Participants

Twelve children in regular program, five children in immersion program. Children in the immersion program are part of a multi-age group of children.

KINDERGARTEN

Eligibility

Children who are five years old prior to the end of the calendar year may start in September of that year.

2018/19 Participants

Twelve children in regular program, two children in immersion program. Children in the immersion program are part of a multi-age group of children.

GRADE ONE

Eligibility

Children who are six years old prior to the end of the calendar year may start in September of that year.

2018/19 Participants

Nine children in regular program, five children in immersion program. Children in the immersion program are part of a multi-age group of children.

B. TOTAL CHILDREN AGE 4-6 YEARS AT XET'OLACW COMMUNITY SCHOOL

Regular program	33 students
Immersion program	12 students

C. TOTAL CHILDREN RECEIVING SUPPORT (AS OF NOVEMBER 2018)

Speech and Language support	7 students
Occupational Therapy support	7 students

SUMMARY OF LIL'WAT ECD PROGRAMS AND SERVICES: EDUCATION

2. EDUCATION - XET'OLACW COMMUNITY SCHOOL CONTINUED

D. RESOURCES FOR STUDENTS

Behaviour Therapist (1 FTE for all grades)
Behaviour Therapist Assistant (1 FTE for all grades)
Child and Youth Counsellor (2 FTE for all grades)
Speech and Language Assessment (contracted)
Speech and Language Assistant (1 FTE)
Occupational Therapist (contract, every second week assessments conducted at school)
Cultural staff (eg. Language, elders) (12 FTE for all grades)

E. SUPPORT SERVICES

- I. Behaviour, Speech, Physical Assessment (Occupational Therapy) and Intervention
In addition to the classroom education, the above noted resource people provide assessment and treatment/intervention plans and supports for students. Teachers and Education Assistants (EA) provide some follow up interventions.
- II. Summer Program (funded through a grant from FNEESC)
Includes Getting Ready for School program for 4-year-olds, summer school for older children.



SUMMARY OF LIL'WAT ECD PROGRAMS AND SERVICES: HEALTH

3. HEALTH - LIL'WAT HEALTH AND HEALING

MATERNAL CHILD HEALTH

Services for children and their parents from prenatal to six years including drop-in and outreach services.

- Prenatal support from the nurse, the MCH team lead, the doula
- Three consecutive sessions of prenatal classes are delivered each year. The classes are held weekly.
- Postnatal supports to parents and new babies, including home visits.
- Baby Clinic for parent/caregiver and baby including immunization, parenting education and support, breastfeeding support, referral and transportation when needed. Classes are offered weekly at LHH and twice monthly at Ts'zil.
- Prenatal and postnatal voucher for healthy food for families from prenatal to six months postnatal or up to one year postnatal for mothers who continue breastfeeding.
- Annual First Drum Ceremony to honor and welcome all babies born the previous year and their families.
- Doula service to support pregnant women and their families before, during and after birth.
- Talk, Learn, and Grow Together Program, led by the Speech and Language Therapist, assisting parents develop parenting skills to support speech, language and development in their children. Six sessions, offered once per year for families and children aged birth to six.
- Child immunizations following the BC routine immunization schedule: age two months, four months, six months, one year, eighteen months, Kindergarten entry.

ABORIGINAL SUPPORTED CHILD DEVELOPMENT PROGRAM

Offers support to parents to understand child developmental stages and to monitor their child's development. Assessment tools such as the Ages and Stages Questionnaire are used.

LIL'WAT INFANT DEVELOPMENT PROGRAM

Provides outreach services and assist families with infants to identify developmental needs using a family service plan which assists parents support their child's development.

Offers Parent and Tot play group once per week.

SERVICES FOR PARENTS

Health services are available for parents including addictions and mental health counselling, health education and medical transportation (FNHA program).

The Maternal Child Health program staff refer parents to these and other programs as needed.

SPECIALIST AND OTHER SERVICES

There are several services located at LHH which are offered by health professionals. These include Dental, Physiotherapy, Acupuncture, Optometry, Chiropractor. Parents and children can access these services.

An Occupational Therapist for children is also available in the community once per month.

SUMMARY OF ECD PROGRAMS AND SERVICES: COMMUNITY SOCIAL SERVICES

4. COMMUNITY SOCIAL SERVICES

INCOME ASSISTANCE

Financial assistance for individuals and families without financial resources. The Social Development program provides a variety of supports to clients including assistance to access resources (e.g. completing day care subsidy application).

SUPPORT FOR FAMILIES/ CHILD PROTECTION

There is a working relationship with the Ministry of Child and Family Development (MCFD) and Lil'wat Wellness staff including a protocol for response to protection complaints. Lil'wat has three designated Family Advocates who are available 24/7 to assist MCFD in their response and planning for children. These staff also provide support to community members in court proceedings.

This approach has reduced the number of child apprehension to one in the past two years. Lil'wat staff create 'extended family plans' whereby the child does not go into MCFD care.

Advocates help families access services. The parents then receive services to deal with their child protection concerns (e.g. counselling, drug and alcohol counselling). MCFD, through Aboriginal Services, provides the funding for the Family Preservation/ reunification programs, Family Support program, and the FASD Key Worker program.

PROGRAMS AND SERVICES

I. ACTIVE PARENTING PROGRAM

Programs for parents of children age 1 -4 years, 5-12 years, and 13 and older. Scheduling depends on need.

II. CONNECT PROGRAM

A program for parents of teens, offered twice per year, delivered by trained facilitators.

III. EMPOWERMENT WORKSHOP FOR WOMEN

A program open to all women in Lil'wat, offering personal support and cultural activities.

IV. FAMILY DEVELOPMENT SERVICE

1 FTE staff person who provides services to families.

V. FAMILY PRESERVATION/ REUNIFICATION SERVICE

1 FTE staff person to assist families who are involved with child protection concerns.

VI. LIAISON WITH COMMUNITY LIVING BC (CLBC) SERVICES

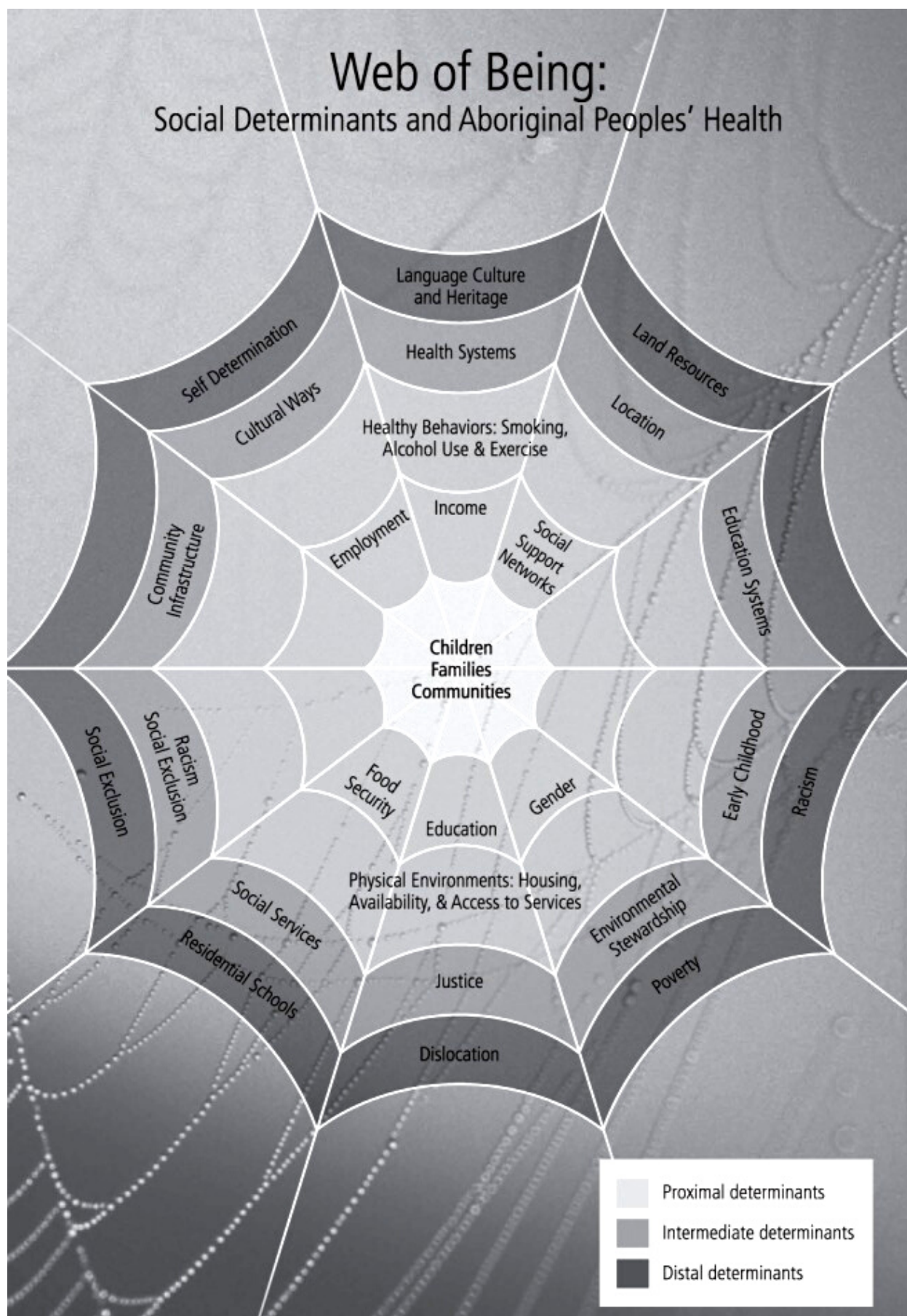
In 2018, Community Living BC (CLBC) began providing some services in the community. The Lil'wat Wellness team acts as the liaison with CLBC.

Social Development staff, Lil'wat Wellness staff, and CLBC staff assist adults who qualify for Person with Disabilities (PWD) designation. The designation allows these adults to access more financial assistance and keep a larger portion of any income earned.

CLBC is also working with children in MCFD care to assist youth transition to adult services by ensuring PWD status is in place when the youth reaches the age of 19.

All PWD designations are completed through BC Aboriginal Network on Disability. (BCANDS).

WEB OF BEING



King, M. & M. Gracey. (2009). *Indigenous Health Part 1: Determinants and Disease Patterns*. Lancet.

RECOMMENDED PRIORITIES

FOR THE LIL'WAT NATION

ESTABLISH EARLY CHILDHOOD DEVELOPMENT AS A PRIORITY

- Pursue funding for a day care/ child development centre to be located at Xet'olacw.
- Support and enhance existing day care services.
- Explore transportation options between the Xet'olacw and Mount Currie communities including child friendly transportation.
- Support ECD staff capacity development to include supporting Early Child Education training in the community and implementing recruitment and retention practices such as ensuring equitable wages and benefits.

RECOMMENDED PRIORITIES

FOR THE LIL'WAT NATION WITH STAFF/ DEPARTMENTS

STRATEGIC PLANNING

- Develop an Income Security (poverty reduction) Strategy to address poverty and food insecurity.
- Develop a Lifelong Learning Strategy to build skills and capacity in families.
- Develop a Mental Wellness Strategy to build culturally grounded and age appropriate mental wellness skills across the lifespan.

HUMAN RESOURCE DEVELOPMENT

- Review existing employee roles, programs and services including a review of MCFD funded contracts.
- Create and hire a new position for an ECD Manager to assume leadership for services coordination and ECD Strategy implementation.
- Hire a Life Skills team (a Coordinator and an Elder) to develop and deliver a culturally grounded life skills program for families through an outreach/ home visiting approach.
- Hire a Systems Navigator to provide navigation supports for parents to access internal and external services and resources, including Jordan's Principle.
- Invest in shared training of Lil'wat ECD staff including integrated case management, trauma informed practice, confidentiality.

QUALITY DEVELOPMENT

- Develop and implement a data governance framework across all ECD services: create Lil'wat7ul health and well being indicators and data collection, monitoring, reporting, and evaluation processes.

COMMUNITY DEVELOPMENT

- Identify and address affordability of day care including exploring options to reduce and/or eliminate day care fees for Lil'wat families.
- Support families and community members to understand and assume their traditional roles, responsibilities, and family systems.
- Learn from community strengths including: Lil'wat7ul child care practices, past volunteer services, and past community services.

RECOMMENDED PRIORITIES CONTINUED

FOR THE EARLY CHILDHOOD DEVELOPMENT STAFF/ WORKING GROUP

ECD TEAM AND SERVICES DEVELOPMENT

- “One door” access for ECD services.
- Continue to build connections and coordinate ECD services.
- Maintain a focus on quality services to include: the Ucwalmicwts language, building relationship with the land, and partnerships with families.
- Re-establish the regular meetings of the ECD Working Group.
- Identify and adopt information sharing, confidentiality, and collaboration practices including harmonizing intake, referrals, and follow-up.
- Coordinate use of assessment tools, e.g. ASQ.
- Continue the ‘Celebrating our Children’ event.
- Ensure early identification and timely access to services for children with extra needs.

RESOURCE DEVELOPMENT

- Develop Lil’wat7ul resources for parents and children.
- Develop and deliver community education about the importance of early childhood development.
- Create paper and electronic tools for Lil’wat ECD services which present all services together.
- Create Lil’wat7ul child development milestones.

COMMUNITY ENGAGEMENT

- Facilitate youth/ child interactions whereby youth can positively engage with young children.
- Support Elders' participation in all ECD programs and activities.

RECOMMENDED PRIORITIES CONTINUED

FOR THE COMMUNITY DEVELOPMENT DEPARTMENT

COMMUNITY ENGAGEMENT AND DEVELOPMENT

- Explore options to support the transition of families from Income Assistance to self-sufficiency.
- Facilitate PWD assessments for adults to assist designated individuals to increase income security.
- Engage with external partners such as Community Living BC to provide additional supports to parents/caregivers with special needs.