

## Chapter 1

### Niwasa Kendaaswin Teg: Hamilton, Ontario

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Niwasa Kendaaswin Teg is a multi-service Indigenous agency located in Hamilton, Ontario. The early years department comprise Licensed Child Care, EarlyON Child and Family Centre, Culture and Language Outreach, and Cultural Safety.

In close proximity to the City of Hamilton, Six Nations of the Grand River is the largest reserve in Canada, with 25,000 members and approximately 13,000 members who live off reserve. It borders the Mississaugas of the Credit First Nation, which has 2,000 members. These two distinct nations have different linguistic and culture protocols and practices. Hamilton's Indigenous population is estimated to be around 17,000.<sup>5</sup>

At Niwasa Kendaaswin Teg, we honour two of the nations from this territory by offering programs, and services, in both the Anishinabemowin and Kanyen'kehà:ka languages, cultures and protocols. Niwasa Kendaaswin Teg serves all urban Indigenous peoples and respects the diversity of all First Nations, Métis and Inuit families. *Today, the City of Hamilton is home to many Indigenous people from across Turtle Island (North America).*

The City of Hamilton is situated on the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee and Mississaugas peoples. This land is covered by the Dish with One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabe to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase of 1792, between the Crown and the Mississauga of the Credit First Nation.

For the purpose of this article, we will be using the term "Indigenous" to represent First Nation, Métis and Inuit in Canada. The word "disability" will also be used; however, it should be noted that the word "disability" does not reflect an Indigenous worldview. The understanding of disability is impacted by cultural aspects such as norms or values. Historically, there is no word for disability in any of the diverse Indigenous languages spoken across Canada. Through an Indigenous lens, children with differences or disabilities are referred to as having gifts. The Indigenous worldview seeks to align the child's gifts with their role within the family and the broader community.

### **Problem Identification**

To identify the problem and develop a strategy for the Inclusive Early Childhood Service System (IECSS) project, ten staff were engaged in a brainstorming session to discuss inclusion in the early learning environments and determine the barriers that affect

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<sup>5</sup> "Profile of Hamilton's Aboriginal Residents" Hamilton, 2015, <http://www.sprc.hamilton.on.ca/wp-content/uploads/2015/04/Profile-of-Hamiltons-Aboriginal-Residents.pdf>.

educators, families, and children. The barriers that the Niwasa Kendaaswin team identified were grouped into three major themes: accessibility, medical diagnosing, and colonial structure.

**Accessibility:** Educators observed that there are complicated processes to access services for children with disabilities, including long wait times to access the services, and limited access to advocacy for both the family and the child to be supported throughout the process. There are little to no culturally relevant or safe services available for Indigenous families in the current model. Due to these barriers, many parents and families are unwilling or hesitant to access disability services and supports.

**Medical Diagnosing:** The educators identified that they believe services were developed from a colonial worldview based on the idea of “deficit” or “lack,” and that medical diagnosing results in a label that follows the child through the education continuum. This practice can also create exclusion for some children who would benefit from support but do not fit within a certain criteria. A child’s identification in the Diagnostic and Statistical Manual of Mental Disorders and the label that accompanies their diagnosis does not support the view of the child as capable, competent, or resilient and therefore places children and families in a struggle for autonomy from system-imposed requirements.

The barriers identified by frontline staff at Niwasa Kendaaswin Teg correlate to IECSS findings that state that accessing disability supports and services can be daunting for parents and families as they are currently structured. As the IECSS outlines, medical and developmental diagnoses are at the forefront of barriers for access to disability support and services for children in the early years. The medical model often creates an increased likelihood for discrimination.

## **Strategy Description**

### **Method**

After identifying structural barriers, the Niwasa Kendaaswin Teg team identified the need for a strength-based culturally relevant inclusion tool that supports the Indigenous worldview of children and disability. A core group of educators worked together on a strategy to develop such a tool. Not wanting to take a pan-Indigenous approach, they based the tool on the medicine wheel and the wampum string, reflecting the cultures of both the Haudenosaunee and the Anishnaabe nations.

The medicine wheel is a tool that is widely used in Anishinaabe communities and holds powerful teachings throughout life including during a child’s development. The medicine wheel is divided into four quadrants. For the purpose of this strategy, the quadrants represented mind, body, spirit and emotion. The Oneko’ha [wampum] string tool was also divided into segments to represent mind, body, spirit and emotion. Each bead of the wampum can represent a thought, idea or a concept. “When a bead is laced onto a string, Oneko’ha (wampum) the words that go into the string is an agreement between both sides”.<sup>6</sup> For the purpose of the tool, the agreement represents the

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<sup>6</sup> Jonathan Kelly, in discussion with the author, September 20, 2019.

relationship and thoughts of both the educator and the family. The beads represent that those words have come together, like one mind.

### **Procedures**

Educators used the culturally relevant strength-based tool to observe each child and note their strength in each area. Multiple educators documented observations of each child so that there would be diverse perspectives on each child's abilities. Over the course of eight weeks (June and July 2019), educators gathered observations for a total of 24 children, identifying each child's strengths in the areas of mind, body, spirit and emotion using either the medicine wheel or wampum string tool, depending on the child's nation. Educators also made weekly journal entries to record their experience working with the tools.

Focus groups were conducted to evaluate the culturally relevant strength-based tool's efficacy and determine if it had achieved the initial goal of focusing on inclusion in early learning environments that was based on cultural relevance rather than on deficits and diagnoses. Separate focus groups were conducted for parents and educators, and participants in each group were asked a set of open-ended questions in order to gather data on their experience with the culturally relevant strength-based tool that had been implemented over 8 weeks in their programs. Although the use of focus groups raises ethical concerns such as confidentiality, the Niwasa Kendaaswin Teg team opted to use this qualitative method so that all focus group participants could engage in meaningful discussion that allowed for a holistic understanding of the realities and impacts of the tool. Stick notes and chart paper were also provided to participants who wished to contribute data but did not feel comfortable sharing their experience verbally during the session. Lastly, interviews were conducted with Elders and Knowledge Keepers, to maintain the integrity of the cultural aspect of both the medicine wheel and wampum string tools, and enrich our understanding of how the medicine wheel and wampum string both relate to the Indigenous worldview and to the gifts that each child carries. Notes were taken to capture the words of the participants during all the focus group sessions, which were also audio recorded to preserve a solid data foundation. The recordings from both the focus groups and personal interviews were transcribed for data analysis.

Data analysis specifically focused on the accounts of both educators and the parents of the children that used the tool. The notes, chart paper, journals and recordings were coded; central themes were gathered to inform outcomes and recommendations. After the themes were identified from the data, three common strands emerged: relationships; shifts in views about inclusion; and combating stigma.

These overarching themes were important to both educators and parents. The importance of relationships among educators, parents, and children will be explored in the overall recommendations.

## **Outcomes**

**Educator's Voices.** Educators observed that using the tool helped them shift their thinking about inclusion: while having a policy on inclusion is important, having a tool to operationalize the practice helped them see each child's strengths in a different way. The tool prompted educators to consider how each child's strengths could support their inclusion in the classroom. Educators reported a change in their thinking about a child's development from a "deficit" perspective, which is reinforced by the medical model of diagnosis and intervention, to a "strength-based" perspective, with the focus placed on supporting each child where they are developmentally. Educators reported that having a deeper understanding of each child enriched their relationship with them and helped them to be more responsive to them, using the child's strengths identified by the tool's implementation to support growth and development in other areas. The educators wondered how they could invite professionals who are working with the children to view the children and families through the same lens.

Educators reported that when they shifted the way they thought about inclusion and how they engaged with and related to each child the dynamic and relationship between the educator and child also changed. This shift in relationship impacted the classroom environment and reduced undesirable behaviours, which supported inclusion for each child. Educators also indicated that a shift in the relationship with parents occurred. Parents were engaging with educators more often, including those parents who rarely engaged in their child's early learning program.

**Parents' Voices and Recommendations.** Parents were provided with copies of their child's inclusion tool and engaged in discussions with educators about supporting their children in the classroom. Parents attended a focus group session where they were asked to share their experiences.

Parents reported that when they reviewed their child's tool, they could see that educators really knew who their child was, and that they understood the child's needs from more than one perspective. Parents said that they were moved when educators shared their view of their child through the inclusion tool, and that they felt that their children were in an environment that respected their individuality and honoured their strengths. Parents reported that their relationship with the educators changed from a quick chat at the beginning and end of each day to a deeper conversation about their child's day. Parents noted that while their children are connected to additional system supports, that those service providers often identify the child's deficit. Parents also referenced school reports regarding their child's behaviour, what children were doing wrong and what needed to be fixed or changed about their child. Parents reported that they felt more able to cope with a diagnosis and/or access additional supports for their children when they had a tool to identify their child's strengths or gifts as opposed to their needs or disabilities. Further, parents indicated they felt less stigma regarding their child's disability and felt empowered to share their view of their child with service providers through the screening tool. Parents indicated that the tool would be useful during the transition to elementary school meetings. Lastly, parents indicated they appreciated the holistic view of their child

and that they could see that the educators cared deeply about their child and acknowledged how they were in relationship with each child.

### **Recommendations**

The Indigenous view of disability does not align with the medical model of diagnosis, labels and potential interventions; however, that does not mean that the Indigenous worldview of child development is invalid. Indigenous children with disabilities (gifts) have the right to culturally relevant services that includes their worldview regardless of where they reside. Articles 15 and 22 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) state, “Indigenous peoples have the right to dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information.”<sup>7</sup> It continues: “1. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration. 2. States shall take effective measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination”.<sup>8</sup>

From the project findings, it is apparent that UNDRIP, Articles 15 and 22 are not being implemented regarding discrimination against Indigenous peoples’ worldview regarding disability. The project data indicated that the strength-based culturally relevant inclusion tool began to create a way to combat parental stigma regarding accessing services for their children. Indigenous children and families with disability should not be required to fit into a system; the system to support children with disabilities must respect Indigenous families’ right to culturally appropriate and safe services and supports. As stated by the Truth and Reconciliation Commission of Canada Call to Action #12, “We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate early childhood education programs for Aboriginal families,” and Call to Action #22, “We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients”.<sup>9</sup> When accessing services for disability, a culturally relevant strength-based tool can assist children and families in a relational aspect, that honours their diverse needs.

### **Conclusion**

Currently in Canada children and families who experience disability often receive services or supports based on a diagnosis or a need identified by an early years professional using standardized screening tools. The process of diagnosis, identification,

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<sup>7</sup>“United Nations Declaration on the Rights of Indigenous Peoples”, (107<sup>th</sup> plenary meeting, 2007, 14), [https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf).

<sup>8</sup> Ibid., 17.

<sup>9</sup> “Truth and Reconciliation Commission of Canada: Calls to Action” (Truth and Reconciliation Commission of Canada: Winnipeg, Manitoba, 2015, 3, [http://trc.ca/assets/pdf/Calls\\_to\\_Action\\_English2.pdf](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf).

and intervention are based on a deficit model. This model and the current system impose a label on the child and interventions that can be perceived as oppressive according to Indigenous worldview. While children and families require early interventions that support healthy child development and inclusion, the system creates a power imbalance and stigma for families. Families are forced to access supports that reinforce their child as deficient of needing to be filled up, fixed or changed by the normative approach of colonial structures.

The implementation of culturally relevant tools allowed educators to improve and reflect on their own practice and approaches and to reflect on the constantly evolving needs of each child. The culturally relevant inclusion tool created new understandings of and perspectives on how one can engage with children to empower their 'gifts', or differences. The strategy provided the opportunity to build stronger relationships among educators, children and their families, which resulted in inclusive practice for all children. It is evident that educators who work directly with children and families have rich insights that can inform and shape policies regarding disability.