

IECSS

Inclusive Early Childhood  
Service System Project

# LET THE RIVERS FLOW

A gathering of Indigenous and allied communities, youth,  
professionals, and families with children from across Canada

November 2nd, 3rd, and 4th, 2022

Elk Lake, Ontario

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## EVENT TECHNICAL REPORT

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## **Executive Summary**

Let the Rivers Flow Gathering was organized by The Inclusive Early Childhood Service System (IECSS) Project and Keepers of the Circle and was hosted by the District of Timiskaming Elders Council. The gathering took place in Elk Lake, Ontario, on November 2, 3, and 4, 2022 and was conducted in a hybrid format. A total of 210 people registered through Eventbrite for the gathering, of whom 71 attended in person. The remaining 139 attendees participated virtually.

This report details the presentations of all panelists who presented at the Let the Rivers Flow Gathering. The gathering was guided by three questions:

1. What does having an intersectional identity mean to disabled Indigenous children and youth?
2. What are the ways that disability services can be made more culturally safe?
3. How can Indigenous communities and spaces be more inclusive of disabled community members?

**Day 1** presentations consisted of perspectives from the community and the lived experiences of students, parents, and grandparents of disabled children. The topic of Indigenous perspectives on supporting disabled children and their families and how Indigenous teachings guide us to be capable were discussed by Rona Sterling-Collins and Dr. Sharla Mskokii- Peltier.

The presentations on **Day 2** examined disability from professional perspectives through a cultural lens, presenting cultural teachings and experiences. There was a strong focus on changing the narrative to benefit the whole self, recognizing all creation, and challenging western conceptions of disability.

**Day 3** focused on policy and systemic cultural practices with Kendra Danielle Nisawaynoodinaawkokwe sharing a parent perspective and Marsha and Max Ireland discussing the Oneida sign language. Finally, Dr. Kathryn Underwood and Nicole Ineese- Nash presented research findings and policy recommendations.

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## Day One: Community and Lived Experiences

Wednesday, November 2 | **Community and Lived Experiences**

**9:00- 9:45am** Opening, Keepers of the Circle

**9:45am- 11:00am** *Lived Experiences Panel* with Regis Huston, Tyler Huff, Mike Ashkewe, Charlotte Hunter, moderated by Nan McLeod

**11:15am-12:15pm- 2:30pm** *Parent Panel* with Connie Hall, Samantha Chevrier, Lorette McKnight, and Tamara Chevrier, moderated by Dr. Kathryn Underwood

**12:15- 1:15pm** Lunch

**1:30- 2:30pm** *Grandparent and Elder Panel*, with Tammy Chevrier, Philip Gliddy Sr., Marilyn Chevrier-Wills, and John Wills, moderated by Nicole Ineese-Nash

**2:45- 3:45pm** *An Indigenous Perspective to Supporting Children & Families with Disabilities and Challenges* with Rona Sterling- Collins, moderated by Kaitlyn Wilcox

**4:00-5:00pm:** *Nurturing the Young Child from Within an Indigenous Paradigm* with Dr. Sharla Mskokii-Peltier, moderated by Kaitlyn Wilcox

**5:45pm** Closing Song and Prayer

On November 2nd, 2022, there were five sessions where the panelists shared their knowledge with the attendees. Day one focused on the community and the lived experiences of Indigenous people with disabilities and their family members. The following sessions were conducted: the lived experiences, a parent panel, a grandparent and Elder panel, an Indigenous perspective to supporting children and families with disabilities and challenges, and a keynote with Dr. Sharla Mskokii-Peltier. The day finished with a song and prayer.



## Session One: Community and Lived Experiences

<b>Time</b>	9:45am- 11:00am
<b>Attendees</b>	59 online attendees
<b>Presenter(s)</b>	Regis Huston, Mike Ashkewe, Charlotte Hunter, and Tyler Huff <a href="#">[online presentation]</a>

### Synopsis

Session one focused on lived experiences with the following speakers: Regis Huston, Tyler Huff, Mike Ashkewe, and Charlotte Hunter. Tyler Huff shared their experience virtually and it is available online. The speakers shared their personal experiences of being unsupported and excluded by physical spaces or other people due to disability discrimination.

Panelists from session one shared their concerns about participating in cultural activities due to the lack of accessibility. They suggest that Indigenous people with disabilities need to ask for accommodations, resources, mobility transit, financial support, and social support. Emphasis was placed on asking questions, finding your community, and embracing who you are. Cultural safety was connected to disability identity and diversity. There was discussion about the differences in access needs and that each person has unique access needs. Finally, the panelists shared their feelings about the lack of representation of Indigenous people with disabilities in their own communities.

### **Panelist 1: Regis Huston (he/him)**

Regis is a grade 10 student at University Hill high school in Vancouver. Regis loves spending time with his French bulldog Lenny, and his favourite subject is social studies. He has a passion for learning about his Metis ancestry and the 1800s historical period in North America.

Regis spoke about his school experience of feeling forgotten and ignored by teachers and frequently unsupported. He felt that participation was a barrier, and teachers had to ignore Regis in order to teach everyone else in the classroom. He states a turning point in his learning journey was when he got to stay home with his mother during the COVID-19 pandemic, and she started helping him out and tested for a learning disability. Testing for learning disability was helpful as he was able to access the resource team, and his learning needs were assessed and met. Regis wants to remind educators, teachers, and principals that everyone learns differently.

**Panelist 2: Mike Ashkewe - *O'dah Ziibing Heart of the River* (he/him)**

Mike is a Disability and Indigenous advocate and freelance radio contributor across Canadian radio stations where he spreads awareness on the barriers he's faced throughout his life. Currently serving as the region's Indigenous representative for the Guelph NDP, Mike says he chooses to draw strength and courage from his indigeneity; to spread awareness and share his lived experiences.

He talks about his experience as a survivor of the Sixties Scoop, where he was taken from his community and culture and raised by a non-indigenous family. Mike was marginally aware of his identity for many years but still was subjected to racism and bullying as a result. He was unaware of his biological mother's identity for many years and did not know his biological father's until almost 40 years later. He then spoke about how he became disabled in 2017 and how this changed the course of his life. Mike explored his intersections of what being Indigenous and being disabled means. Being disabled, Mike accounted for many barriers; he notes that cultural gatherings, like ceremonies and sweat lodges, are often not accessible. This made Mike hesitant to participate, and he felt that he was isolated because he was disabled. However, he soon realized that being disabled doesn't have to mean being isolated. Mike discussed a couple of ways to ask for accommodations in cultural practices depending on what your needs are. He emphasises asking for help and asking questions to advocate for yourself. He states that you can still choose to participate, learn and embrace who you are and that your indigenous identity is something you are.

*"Disability is not one size fits all; it's a spectrum of disabilities." Mike "O'dah ziibing" Ashkewe*

**Panelist 3: Charlotte Hunter (she/her)**

Charlotte is an Indigenous Autistic Transgender woman working in the disability sector as a Program Facilitator for Keepers of the Circle. Keepers of the Circle is an Indigenous Intergenerational Family Learning Center that offers onsite and on-the-land programs and services that follow a continuum along the lifecycle.

Charlotte talked about autism and prefers to use the term "autistic person" instead of persons with autism because it is how Charlotte sees the world. In the westernized world, people see her as only a label of her many intersections, such as being transgendered or having ADHD, PTSD, and ASD - she finds herself fighting for the word "disabled" and trying to convince people that she is disabled is a painful process. She adds that figuring out her needs so people can understand is challenging in mainstream



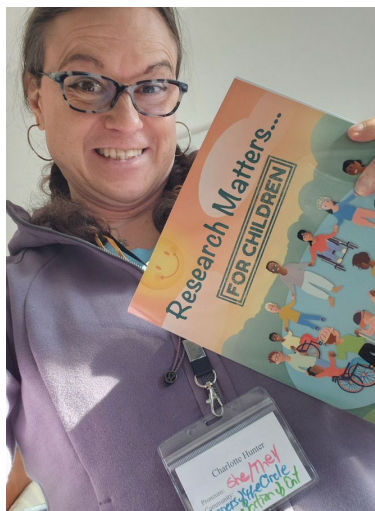
services. Charlotte described how much effort it takes to get a diagnosis – time, and finding out how to do it, but more importantly finding the right professionals who understand all of their identity. Even then, engaging in the process is emotionally difficult.

She related to Mike and Regis's experience as she went through a similar situation. She was getting good grades on tests when she was in school but always getting in trouble, as the teachers ignored her needs; therefore, she could not participate in activities. Being different was put under the rug. She noted that meeting other autistic people changed her life. She also described discrimination in higher education and in relation to her professional identity as a lawyer.

Charlotte shared on social media following the event:

“We live under a disability in the outside world; that requires accommodations. We also have a role waiting for us within our own community where there is no pathologizing; there is a semi-familiar place for us to flourish enough to share out medicine with everyone.”

Today I heard an Elder from my community say about disabled children, “every child whose role is to be a medicine person shows up as a medicine person. And there has been no government [service agency] yet who's been able to change that.”



**Panelist 4: Tyler Huff (he/him) [online]**

Tyler is Métis man and a teacher. Tyler shared about his first year of university and the opportunities it offered such as joining the student council and new relationships. However, he also shared the challenges he experienced during this time such as the end of an important relationship and discrimination from his peers. After finding different ways to manage his emotions and ruminating thoughts, a person in a position of authority on the student council put forth a formal accusation that Tyler was dangerous and a threat to others. As the rumor advanced, Tyler was ostracized from his peers in residence and experienced negative outcomes such as extreme weight loss, fatigue, and he stopped attending classes. When responding to a question about intersectionality between disability and Indigeneity, Tyler stated that he finds it difficult identifying as disabled or Indigenous as an all or nothing determination by stating 'you're either disabled/Indigenous or you are not.' Tyler claimed that he has wondered if he was treated that way because he is Métis and has ADHD and added that his gender could have influenced how he was treated by others. Finally, Tyler noted that maybe disability does affect Indigenous people differently because they are not given the time and space to explain themselves.

Tyler argued that culturally supportive and safe spaces are ones that give credibility and understanding to everyone and noted that too often, people ignore the factors that are affecting a person. Tyler discussed the Métis worldview that he identifies with as the past plus the present equals one's future and has found that speaking with Elders as very helpful. Tyler highlighted the gap between westernized and Indigenous medicine in that westernized medicine and service does not take into the account the human element and our emotions. Tyler ended his presentation stating that he always thinks about the next person and what needs to change to make sure that they do not experience what he did.

*"My ADHD does not dictate who I am or sorry, does not dictate what I am. It's just a small accompaniment. It's a small part of who I am. I accept that and I sort of wear it like armour because now nobody could ever use it against me." Tyler Huff*

## Session Two: Parent Panel

<b>Time</b>	11:00 am- 12:15 pm
<b>Attendees</b>	56 online attendees
<b>Presenter(s)</b>	Lori Huston, Connie Hall, Samantha Chevrier, and Lorette McKnight, Tamara Chevrier <a href="#">[online presentation]</a>

### Synopsis

Session two involved perspectives of parents. Lori Huston, Connie Hall, Samantha Chevrier and Lorette McKnight were the speakers who shared their experiences as parents of children with disabilities. Tamara Chevrier's perspective was recorded and is available online.

The parents shared their feelings towards 'disability' as a colonial term that can harm people and the term is not comfortable for Indigenous peoples. The parents recommended healthcare providers assume every patient could be Autistic as this would allow the provider to understand their possible needs and ensure the institutions are providing the required services. They should not wait for a diagnosis. Parents suggested that the provision of individualized education plans (IEPs) is essential in supporting children to achieve their full potential. By acknowledging that every student learns differently, offering a wide range of school subjects that cater to their unique needs is necessary. The fundamental idea is that if we, as educators, parents, or caregivers support students to use their abilities and needs, anything is possible for them. Furthermore, to cater to students' diverse needs, it is essential to offer a broad range of subject areas that can be tailored to meet individual requirements. This approach can ensure that students are exposed to topics and concepts that resonate with their interests and learning styles, thereby improving their engagement and overall performance.

Barriers to raising children with disabilities were discussed. Social barriers with non-Indigenous people resulted from a lack of awareness about how to interact with Indigenous people. Geographic barriers were encountered, as some needed to travel two hours to access a school that could support their child. Advocacy was central to the work parents must do for their children to access services, especially regarding schools not providing adequate support services. The parents felt that their children encountered stigma from educators viewing their child with a disability as lazy, having behavioural problems, and receiving an incorrect diagnosis. Parents noted it would be

helpful for their children to learn fundamental life skills in high school to prepare them for life.

All of the parents emphasised how tired they were, and how much pressure they had been under when schools and other service organizations had misunderstood their children. They noted the importance of finding people to help them as parents, so that they could help their children.

### **Panelist 1: Lori Huston**

Lori, Regis's mom, spoke about her experience with Regis's school. Regis's school would often call Lori to pick him up as he would shut down at school to get out of school. She was told he was lazy, didn't want to learn, was stubborn, and is a student with behavioural issues. Getting the assessment done helped them to understand who he was as a learner. As the family relocated to the West, Lori was considering private schooling for Regis because he was academically behind. However, the new area had things in place to support students. A course called Learning Skills, where he gets credit for learning about how he learns was helpful. He has peer mentors and the choice to take courses that support his learning and interest. The school focuses on his strengths his teachers have seen him.

*"When we can support children where they are at, everything is possible." Lori Huston*

Lori emphasizes that we must keep exploring what will work for that child and not make assumptions about them without working on how to support each child.

### **Panelist 2: Connie Hall**

Connie is a mother to eight children and talks about her experience as a mother. Connie's son had undiagnosed dyslexia, and his behaviour was often blamed on ADD or ADHD in school settings. He had an IEP and accommodations at school, but they never addressed the underlying issue, and he was told to "try harder."

Her daughter has health complications, such as getting seizures. So, Connie tried strict diets for her daughter, which improved with doing work in kindergarten, playing and being awake all day. Connie has figured out different ways to support her child after many years of engaging with professionals and working on different diets and approaches at home. Currently, her daughter has not been on medication since she was 4 years old and has graduated from high school. She emphasises taking care of

yourself is important. This can look like going to therapy or self-care, which allows you to take care of your children.

### **Panelist 3: Samantha Chevrier**

Samantha has a son who has been diagnosed with Autism Spectrum Disorder. She talks about the first blog she ever wrote; she felt scared and did not know what to do when she first discovered her child may have autism. She talks about difficulties visiting doctors. Doctors would disappear after diagnosis; there was no consistency. She felt she had no one to speak to, nobody to help her, so she did her research online on her own. Hearing things like “I have never seen a child like him.” has been really hard to hear for her. Samantha noted that she had a lot of family support but still felt alone [the grandparent panel is Samantha’s parents and grandparents]

*“If you give him a chance, you can see he is smart. But people don’t always see that.” Samantha Chevrier*

### **Panelist 4: Lorette McKnight**

Lorette noticed that her son did not speak much at two years old and was also not playing. Therefore, Lorette decided to see a doctor for her son. Lorette’s son started with a speech therapist and had workers from community living when he was in preschool. The speech therapist and the workers were there to support him in expressing himself verbally rather than using physical means. When he turned 4 years old, he went to Junior Kindergarten, which was tough as there was no personal aid. The school called her daily to pick him up with behavioural issues. Lorette noted that schools tend to move the child to the next grade, regardless of whether the child is ready or not.

Lorette would knock on doors for help if she felt she needed something for her child. For example, at the school, she felt he was bored with the transitional learning classes so she advocated for him to take courses and credits that he could manage. Lorette noted that as your child gets older the parents need to find new supports. Lorette’s son is now aging out of high school and again she has to start finding services, care and help.

*“More services early on, the earlier you start, the better outcome for the child.”  
Lorette McKnight*

**Panelist 5: Tamara Chevrier [online]**

Tamara is an Algonquin person from Temiskaming First Nation. Tamara and her partner are the parents of two children. Their daughter was born with Down Syndrome (DS) and their son was diagnosed with Autism Spectrum Disorder in 2020.

Tamara shared that their lives consist of many specialist appointments for her daughter, many of them taking place at the Children's Hospital of Eastern Ontario (CHEO). When medical services are accessed outside of CHEO it can be very difficult as she is required to repeat her daughter's medical history from the beginning of her life. Tamara's family lives in the Quebec but their community is close to the Ontario border, so they access services in both provinces. Accessing English speaking services in Quebec has proven challenging so they often access services in Ontario.

Tamara emphasised the importance of her local health centre as it offers programming that supports her entire family, and she noted these centres are not available in many Indigenous communities. Jordan's Principle is a program that Tamara noted has helped her children get access to services and coverage for items that NIHB does not cover. This includes access to private English-speaking speech and language pathologists and occupational therapists that would otherwise have endless waitlists if accessed publicly. Jordan's Principle has also supported with travel expenses to medical appointments and the Canadian Down Syndrome Conference in Hamilton, where Tamara has found supportive relationships with other parents.

Tamara's advice for early childhood educators, medical specialists and other service providers is to listen to parents when they speak because the parents are the experts on their child. Parents should be asked questions before being challenged or brushed off by specialists. She shared that as an Indigenous parent accessing services for her daughter's needs that both she and her daughter have been treated poorly when seeking medical supports. Administrators have also challenged Tamara's NIHB health coverage and have been questioned by administrators about why they are accessing services in Ontario and not Quebec.

*"Advice I'd have for them would be listen to their parents when they speak." Tamara Chevrier*

### Session Three: Grandparent and Elder Panel

<b>Time</b>	1:30 pm- 2:30 pm
<b>Attendees</b>	51 online attendees
<b>Presenter(s)</b>	Tammy Chevrier, Marilyn Chevrier Wills, John Wills, and Philip Gliddy Sr.



### Synopsis

The parents and grandparents of two of the parent panelists shared their experiences of supporting their children to care for their grandchildren with disabilities. The issues within Ontario school systems were discussed regarding long waitlists for resources, lack of inclusion in the classroom, and the child being passed around between educators. One story shared involved an educator using physical restraints on a child to ensure safety. The speakers shared their views on the role of the grandparent and Elders in supporting the child by providing unconditional love, being understanding, and stepping back to allow the child space to explore. Grandparents and Elders stated the need for more services and resources. They feel there is a lack of resources for parents with disabilities; parents of children with disabilities do not have personal time or a support system they can rely on, and a lot of pressure is placed on family members. It is harder for parents to access counselling services in a smaller community where everyone knows each other. The need for a support system for parents was emphasised.

### **Panelist 1: Tammy Chevrier**

Tammy talks about her grandchild. Tammy sees her grandson wearing a harness when she goes to pick him up from the school bus coming back home. In her opinion, this harness makes him look like the worst person in the world. The harness weighs about 15- 20 pounds, and he wears it all day. She feels that the school is scared to allow him to be free for his safety which makes her angry and sad.

Her grandson is older now and stronger. He gets upset and angry with Tammy when she says no. He hurts her and she gets scared for her daughter because of the physical aspect. He doesn't sleep much, so his mother doesn't get much rest. Grandma wishes she could give more as her daughter is so tired, but it's also tough for her. In her speech, she discusses burnout among parents and grandparents and her desire to see more services for children and families. Tammy says that her daughter doesn't have anyone to talk to and wishes she had someone to vent with and share with; therefore, she wishes a support system was in place for parents.

### **Panelist 2: Marilyn Chevrier Wills, John Wills, and Philip Gliddy Sr.**

Grandparent panels stated they are proud of the parents and their grandchildren. They are also proud of their communities, as they do as much as possible, giving love and supporting each other. Panelists defined their role as grandparents in supporting their children and grandchild and the family who are experiencing disability in these ways:

- Always being there for the parents and children.
- Love the children unconditionally.
- Understand where the family are coming from.
- Providing a community of care.



#### Session Four: An Indigenous Perspective to Supporting Children & Families with Disabilities and Challenges by Rona Sterling-Collins

<b>Time</b>	2:45 pm- 3:45pm
<b>Attendees</b>	56 online attendees
<b>Presenter(s)</b>	Rona Sterling- Collins



**Rona Sterling-Collins (she/her)** shared an Indigenous perspective on supporting children and families with disabilities. Rona has a son with Autism and has had to become an advocate for him. Rona is also an advocate for other Indigenous children and adults with disabilities. Rona is an Indigenous Consultant in British Columbia. Rona stated that occupational therapy, sensory system, speech & language support, visuals and structured schedules helped in terms of physical support for her son. She recognized challenges such as finding services in rural communities, employment opportunities, socialization, and caregiver burnout are all part of a challenge. However, she focuses on long-term planning for your child and finding creative ways to support your child.

Rona has a son, who has autism which has influenced Rona and her son to advocate for Indigenous children and adults with disabilities. Rona talks about a holistic framework. Rona's son was diagnosed at age four, but she said that it would've been beneficial if this had been done earlier. Back in 2001, little information was available regarding autism, so it took a while to figure out what was going on with him. She had to do research on her own.

Sensory would bother him; texture, sounds, foods, sleep issues, teething, and bathing, were some of the challenges. Occupational therapy helped integrate his sensory system and sensory regulation. Speech and language support helped him learn a calm environment and structured environment; a visual schedule helped him. Visual and hands-on learning helped him as well.

Back then, there was no support to navigate through the process, and you had to do it alone. Today, there's a lot more than in 2001. Building the community, if you can, around you and your child and taking breaks for parents are important as well. Living in a rural area has its challenges, but she does the best of what she can, finding resources that she can find. She emphasizes supporting the child in ways that they can flourish and really knowing what the child wants and desires is important.

Session Five: Nurturing the Young Child from Within an Indigenous Paradigm by Dr. Sharla Mskokii-Peltier

<b>Time</b>	4:00 pm- 5:00 pm
<b>Attendees</b>	43 online attendees
<b>Presenter(s)</b>	Dr. Sharla Mskokii-Peltier

**Dr. Sharla Mskokii-Peltier** is an Associate Professor at Lakehead University in the Faculty of Education department. Sharla centers their teachings around Indigenous teaching and learning practices. Sharla discussed how Early Childhood Educators could practice land-based learning in the classroom beyond the programs and schedules and four walls of the classroom.

Sharla Mskokii- Peltier explains Indigenous teachings and learning teach our children to be capable.

*“Schooling or what takes place in a box of a classroom in schools or early learning centres is a western construct” Dr. Sharla Mskokii- Peltier*

Sharla states that school is based on eurocentric values as what counts as knowledge and based on ideals from a colonial lens and perspectives. Indigenous languages and ways of being have been eradicated, and Indigenous children are seen as incompetent learners, which removes the responsibility for schooling to change. Today, we focus on Indigenous content books, lessons, and land-based learning, which are helping because our children can see themselves in the school. But this has limited positive outcomes because it's an add on- approach to the curriculum. Rather than the transformative process that we need.

Sharla adds she has been practicing a deficit model in her professional career- seeing children who didn't measure up to the standards. However, those standards come from foreign cultures and people. Speech and language tasks that she was trained in are invalid with Indigenous peoples. What is required is more clinical interpretation, cultural knowledge and context, and lived experience in the community. Sharla noticed a lack of relationship between parents and early learning centers and schools within specialized services. They focus on home programming and reading to your child, which is done in a prescriptive way; telling people what to do and not having a clue what they are already doing.

Sharla thought critically about what she was trained to do and decided to change. Therefore, she observed Indigenous peoples in her community and sought guidance and teachings from knowledgeable parents and grandparents in the community. She notes that labels focus on children wanting to be all the same, which harms a child's psyche. Moreover, screenings don't always tell us if children are ready for school. Rather, we should be asking the question "Is school ready for our children?"

## Day Two: Professional Perspectives

Thursday, November 3 | **Professional Perspectives**

**9:00- 10:15am** Opening with the Council of Wisdom Keepers

*Indigenous Theories of Disability* with Nicole Ineese- Nash and Dr. Evelyn Kissi, moderated by Amber Holmes

**10:30am- 12:00pm** *Community Program Perspectives*, moderated by Amber Holmes

- Lori Huston, Roxanne Fobister, Tammy Loon, Grassy Narrows First Nation, Ontario
- Lisa Sloan and Shyanne Polson, Keepers of the Circle, Temiskaming, Ontario
- *Re-storying Autism and the Indigenous Approaches to Autism Partnership*, with Yan Chen and Patty Douglas, Brandon Friendship Center, Manitoba

**12:00- 1:00pm** Lunch

**1:00- 2:15pm** *Indigenous Early Childhood Programs and Assessment*, moderated by Shannon Murphy

- Monique Lavalley, Niwasa Kendaaswin Teg, Hamilton, Ontario
- *Independent First Nations: Education, Indigenous Early Childhood Programs and Assessment*, with Deborah Terrance, Akwesasne Mohawk Nation, Ontario and New York

**2:30- 3:10pm** *What's LOVE got to do with it? Parenting and Programs Centered on Responsive Care*, Keynote by Dr. Jessica Ball, moderated by Shannon Murphy

**3:30- 4:05pm** Training and Community Programming, moderated by Mia Francis

- Rennais Gayle, Assiniboine College

**4:05- 4:45pm** Keynote by Dr. Alison Gerlach, moderated by Mia Francis

Closing Prayer and Song

### Synopsis

On November 3, 2022, there were six sessions with various panelists sharing their different professional perspectives in relation to the challenges Indigenous families face in accessing services and programming for disability. The day started with an offering of good intentions and good medicine from the Council of Wisdom Keepers, with the same intentional closing ceremony of prayer and drumming by the elders.

*“Access to service is a barrier for many families due to geographic location, funding issues, and systemic racism, in addition to experiencing numerous social conditions which may contribute to ill-health” Nicole Ineese- Nash*



Session One: Indigenous Theories of Disability by Nicole Ineese-Nash and Dr. Evelyn Kissi

<b>Time</b>	9:00 am- 10:15 am
<b>Attendees</b>	72 online attendees
<b>Presenter(s)</b>	Nicole Ineese- Nash and Dr Evelyn Kissi

**Nicole Ineese-Nash - *Strong Beautiful Wildflower (she/her)*** is a mixed Anishinaabe educator, researcher, and community helper, she also sits with the bear clan and is a member of Constance Lake First Nation in Treaty 9 territory. Her educational and professional background is in Early Childhood Studies and Social Justice Education, with a focus on Indigenous perspectives of health, disability, and land-based education. She is an Assistant Professor in the schools of Early Childhood Studies and Child and Youth Care at Toronto Metropolitan University. Nicole is also the Founder and Director of Finding Our Power Together which supports mental health education and cultural healing for Indigenous youth across Turtle Island. For the last decade, she has been on a path of self-discovery, cultural reconnection, and rigorous study. Nicole has committed her life to support Indigenous children, youth, and communities to challenge oppressive systems of harm and foster spaces that promote life, relationship, and care.

**Dr. Evelyn Kissi (she/her)** is a scholar of Indigenous African Black and Transnational Disability Studies from Ghana, Nigeria, and Canada. Her interdisciplinary research focuses on Black Critical Disability Studies, African Spirituality, Black Global Health, and Indigenous Early Childhood Development Studies and Education. She has worked with non-profit organizations and government institutions around the world for the past 20 years. At York University, Dr. Kissi earned a doctorate and master's degree in Critical Disability Studies (CDS).

Session one focused on Indigenous Theories of Disability with Nicole Ineese-Nash and Dr. Evelyn Kissi. During their keynote, both discuss shifting the narrative and challenging the current western ideologies of disability, to one that benefits the whole self, honoring all of creation and the spirit within. They back this theory by sharing Indigenous cultural teachings and perspectives that foster self-determination and positive identity. Nicole Ineese- Nash discussed how we can recognize Indigenous theories of disability through cultural storytelling; and goes on to tell the teaching of the Three Sisters, an Anishnaabeg food crop system. The Three Sisters: corn, beans, and squash when planted together help each other to grow, each sister has a unique role that aids all three to grow more abundantly than if either were planted alone. The sisters

teach us that by honoring each individual and providing the right opportunities for growth, all members of the group are able to benefit. When we look to Indigenous stories and knowledge systems, we see countless examples of how our care systems could be structured. Seeing every child as gifts, gift holders and gift bearers - recognizing individual and collective differences and rethinking the adult-centric model of care and education toward an understanding of children as teachers. Evelyn explains how Indigenous communities where she is from do not talk about bodies in the typical ways that western perspectives might; instead, they see the person from their spirit and their soul. She further shares that the physical body is just the vessel that brings the soul to life and that this demonized way of talking about and describing bodies makes it more difficult to even begin to talk about disability. Kissi stated that there is a cultural disconnect between mainstream referrals, community, parents and peers after being asked “are these children given language and culture or is it done in a European fashion where language is not given, and culture is taken away?” - Marsha Ireland, Oneida Nation.

*“[The gift] was meant for everybody. But that’s the way all human gifts are. - Basil Johnston (2010)”*



## Session Two: Community Program Perspectives

<b>Time</b>	10:30 am- 12:00pm
<b>Attendees</b>	66 online attendees
<b>Presenter(s)</b>	Lori Huston, Roxanne Fobister, Tammy Loon, Lisa Sloan, Shyanne Polson, Yan Chen and Patty Douglas



### **Lori Huston (she/her)**

Lori Huston is Métis, Mother of two, Early Childhood Educator, and currently a doctoral student in the Education, Curriculum and Pedagogy program of the University of British Columbia. Lori is from Red Lake, Treaty 3 Territory, in north-western Ontario. Lori's cumulative research experiences and graduate studies have focused on Indigenous ECE leadership, highlighting Indigenous pedagogies connected to reconciliation, place, and land-based teachings. Lori founded a mentorship program called Rising Indigenous Voices in Early Learning in 2018, where she collaborates with over 100 Indigenous ECEs living in First Nation communities across northern Ontario.

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### **Roxanne Fobister (she/her)**

Roxanne Fobister is Anishinaabe - Ojibway, Mother of three, Early Childhood Educator, Child and Family prevention worker within the band office in her home community of Asubpeeschoseewagong (Grassy Narrows) First Nation, Treaty 3 Territory, in north-western Ontario. Before this role, Roxanne was the Child Care Supervisor at Migizi Wazason Child Care Centre for many years. Roxanne is committed to action and change that supports and uplifts her community members.

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**Tammy Loon (she/her)**

Tammy Loon is Anishinaabe - Ojibway, Mother of three and a Kookum to her first grandson Tanner. Tammy is the Supervisor at Migizi Wazason Child Care Centre in her home community of Asubpeeschoseewagon (Grassy Narrows) First Nation, Treaty 3 Territory, in north-western Ontario. Tammy has provided care within the child care sector for 21 years and has been the Child Care Supervisor for the last three years. Tammy is committed to supporting healthy play and growth for the children and families in her community. Tammy is a silent Ojibway speaker; she understands her language but does not speak it.

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**Lisa Sloan (she/her)**

Lisa Sloan is the Childcare Manager for Keepers of the Circle in Temiskaming, ON.

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**Shyanne Polson (she/her)**

Shyanne Polson is the On-the-land Coordinator for Keepers of the Circle in Temiskaming, ON.

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**Yan Chen (she/her) & Dr. Patty Douglas (she/her)**

Yan Chen is a Coordinator at Brandon Friendship Center in Manitoba and Dr. Patty Douglas is an Associate Professor of Disability Studies and Inclusive Education at Brandon University. Brandon Friendship Centre is where The Re•Storying Autism Project and the Indigenous Approaches to Autism Partnership was created. An arts-based, multimedia storytelling and interviewing project with Brandon Friendship Centre and Manitoba Metis Federation Southwest bringing together Indigenous Autistic people, family and kin, practitioners, and educators to generate new knowledge about autism and educational inclusion grounded in lived experience, decolonize research and understandings of autism, and reimagine practice in culturally affirming ways.

Lori Huston, Roxanne Fobister, Tammy Loon, Lisa Sloan, Shyanne Polson, Yan Chen and Dr. Patty Douglas spoke about their experiences/perspectives in relation to community programs. This session addressed one of the overarching questions: What does it mean to have an intersectional identity of both disabled and Indigenous and how can disability services be more culturally safe. The panelists discussed misdiagnoses that Indigenous peoples with disabilities encounter, such as doctors attributing disabilities to genetics and not mercury poisoning from environmental racism and being misdiagnosed with Fetal Alcohol Syndrome instead of Autism due to the systemic oppression that is still deeply woven into westernized institutions across Turtle Island.

Colonial history has created a model for the pathologization of Indigenous ways of being which fosters institutional dependency; for example, they shared that Northern Ontario has very limited or no access at all to pediatricians and other needed support services. Tammy shared that having to constantly repeat herself due to the turnaround rate of health staff begins to be disheartening and redundant especially when establishing communication and building rapport. One of the key points stated was that environmental disability is one of the main factors for all the health issues like kidney failure, birth defects, and mercury poisoning throughout the community. The governments and institutions that determined the locations of these communities made such decisions based on a system that was not meant for their survival. Today these communities involve generations and generations of who they are, and so the roots of their kin and culture were built upon and around the land and so asking them to leave to go and seek help is not an option. They suggest the following as ways that community programs can be culturally safe: adding spiritual services, justice-based advocacy, embracing ancestral grassroots, having educators consider social determinants, reassessments to reduce misdiagnoses, implementing a circle of care, and inviting Elders and knowledge keepers in during the process of informing families. Sankofa is discussed as being an anti-colonial tool that allows for cultural reclamation. Sankofa enables people to reconnect with the untold stories of their ancestors.

### Session Three: Indigenous Early Childhood Programs and Assessment

<b>Time</b>	1:00pm- 2:15pm
<b>Attendees</b>	65 online attendees
<b>Presenter(s)</b>	Monique Lavallee and Deborah Terrance

#### **Monique Lavallee (she/her)**

Monique Lavallee is from Neyaashingaming Unceded First Nation in Ontario. She is an advocate for Indigenous peoples and their right to self-determination and believes that Indigenous people should have access to culturally relevant and safe services. Monique is the Executive Director of Niwasa Kendaaswin Teg, a non-profit Indigenous organization in Hamilton, she also serves as the President of the Ontario Aboriginal Head Start Association.

#### **Deborah Terrance (she/her)**

Deborah Terrance is an IFN Senior Education Policy Analyst from Akwesasne Mohawk Nation, Ontario. She is a wife, mother, grandmother, great- grandmother, auntie, sister and teacher.

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Panelists Monique and Deborah shared early childhood programs and assessments. Monique discussed the differing perspectives between Indigenous views of disability and the view of disability used in services and assessments. Monique's organization, Niwasa, created community-specific cultural approaches which make parents feel more comfortable in the spaces because they recognize their child's disability from a strength-based perspective. Deborah discussed challenges in accessing services for Akwesasne families and how the United States has more accessible services. Deborah also discussed the perspective of 'gifted' students in Ontario school systems as being solely based on an intellectual basis with a lack of Indigenous student representation. The Association for Bright Children has a definition of 'gifted' children that aligns closely with the Indigenous perspective. Discussion of labels and colonial lenses were made.

Session Four: What's LOVE got to do with it? Parenting and Programs Centered on Responsive Care, keynote by Dr. Jessica Ball

<b>Time</b>	2:30pm- 3:10pm
<b>Attendees</b>	63 online attendees
<b>Presenter(s)</b>	Dr. Jessica Ball

**Dr. Jessica Ball (she/her) F.L. M.P.H., Ph.D.**

Dr. Jessica Ball is an Early Childhood and Youth Care Specialist and is a professor in the School of Child and Youth Care at the University of Victoria, Canada. Ball has developed and taught countless courses on child and youth care, health and development, including teaching at universities in Canada, the United States, Malaysia, Myanmar, Singapore and Bangladesh. Ball was the director of an innovative, bicultural, post-secondary education program to strengthen Indigenous capacity to design and deliver culturally based early childhood care and development programs.

Jessica Ball discussed the importance of love and relationships in education, and what love actually has to do with fostering brain development through Responsive Care. The *5Rs* of love are the following: *respect, relationships, relevance, results*, and the main focus of Jessica's keynote: *Responsive Care*, as they stated, should be a central principle in parenting classes and programs for young children. Jessica defined Responsive Care as an intentional observing and responding to one's needs and contributions in relevant, timely ways.

*Cultural safety is discussed as an “experience of being respected for who one is” Dr. Jessica Ball*

## Session Five: Training and Community Programming

<b>Time</b>	3:30pm- 4:05pm
<b>Attendees</b>	58 online attendees
<b>Presenter(s)</b>	Rennais Gayle

### **Rennais Gayle (she/her)**

Rennais Gayle is the Chairperson, Early Learning & Education from Assiniboine Community College Child Development Worker.

During session five, the presenter spoke about ways that programming could be more culturally safe. Rennais discusses Indigenizing curriculum, described as being content provided by Elders and knowledge keepers, and focuses on Indigenous histories and ways of knowing or being. Rennais states that programs need to consider the availability of resources in Indigenous communities. Jordan's Principle was mentioned as a child-first approach that addresses the needs of Indigenous children in Canada by providing information on resources, services, funding, and support.

Session Six: *Disrupting* the status quo & *pushing* for equity in the early years Dis/ability service sectors, keynote by Dr. Alison Gerlach

<b>Time</b>	4:05pm- 4:45pm
<b>Attendees</b>	48 online attendees
<b>Presenter(s)</b>	Dr. Alison Gerlach

**Dr. Alison Gerlach (she/her) MSc, PhD**

Dr. Alison Gerlach is of English and Welsh ancestry. While she was born in the UK, she has lived on Turtle Island for the last 30 years. She lives uninvited on the unceded territory of the Skwxwú7mesh (Squamish) Nation in BC and works in the School of Child & Youth Care at the University of Victoria on the unceded territory of the ləkʷəŋən peoples. Her research aims to explore and inform how the organization and provision of pediatric and early years programs and services can be equity-oriented – that is how disability services for children can be inclusive of and responsive to families whose lived experiences include marginalization, racialization and discrimination. Alison is committed to community-engaged and critically-informed research and knowledge mobilization.

Keynote speaker Alison Gerlach discussed the impact that systems have on disability service funding. Alison states that systems tend to focus on the dominant perspective of disability from a diagnostic and deficit perspective. Alison suggested customizing programs for urban contexts, reframing the early intervention process, and assisting with navigating systems. They also mentioned relational accountability could be beneficial as the focus is on the family's needs. Finally, Alison discussed structural factors that prevent the implementation of Jordan's principle.

## Day Three: Policy Recommendations

Friday, November 4 | **Policy Recommendations**

**9:00- 9:30am** Opening

**9:45- 10:45am Moderated by Nan McLeod**

- *Oneida Sign Language*, with Marsha and Max Ireland
- *Parent Perspective*, with Kendra Danielle Nisawaynoodinaawkokwe, Rama First Nation

**11:00- 11:45am** *IECSS Presentation of Research Findings and Policy Recommendations* by Dr. Kathryn Underwood and [Nicole Ineese-Nash](#)

**12:00pm** Closing prayer and song

### Synopsis

On November 4, 2022, there were three panels. Marsha and Max Ireland discussed their experiences as Indigenous children with disabilities in the education system and their experiences as parents with children that are deaf in schools. Kendra Danielle shared their story about their Indigenous daughter with Autism and the challenges they faced. Dr. Kathryn Underwood and Nicole Ineese-Nash discussed their research findings and provided policy recommendations.





## Session One: Oneida Sign Language by Marsha and Max Ireland

<b>Time</b>	9:45 am- 10:45am
<b>Attendees</b>	51 online attendees
<b>Presenter(s)</b>	Marsha Ireland and Max Ireland



### Marsha Ireland

Marsha shared their experience of being Indigenous and deaf. When Marsha was a child, she attended a deaf school with all white children. She tells her story of how she was discriminated against at the school. Marsha was scrubbed by an educator who thought they were 'dirty,' and they felt ignored by the teachers as teachers did not acknowledge their presence.

*"School was not a place where I felt happy." Marsha Ireland*

Schools provided instructions in English, a language that was new to Marsha. The school curriculum started with mimicking verbal language but shifted to teaching American Sign Language (ASL). Marsha learned to sign in their Indigenous language, Oneida, which gave them a sense of cultural identity. Marsha stated that they did not want their children to attend the school they did due to their negative experiences. Marsha feels there are lower expectations for deaf children in schools. However, they want their children to be viewed as equal to other children. They state that accessing

services is a massive barrier as they find that interpreters are afraid to come to their reserves.

**Marsha and Max Ireland** talked about raising children of their own. Marsha stated that as their children went to school, it was like walking back in her own time, going through her trauma again. Teachers were negative and would not see her children's perspectives. However, Marsha can see what her children are good at and support them in ways that they flourish. It is not about pushing children to learn but allowing them to see how to be.

Marsha states that colonization weighs a lot on Indigenous Peoples, even more for Indigenous deaf people. Culture, traditions, and language have been stolen from Indigenous Peoples. However, she stresses the importance of parents' and caregivers' need to advocate for children's access to their culture, language, and traditions.

Session Two: Parent Perspective by Kendra Danielle Nisawaynoodinaawkokwe, Rama First Nation

<b>Time</b>	11:00 am- 11:30 am
<b>Attendees</b>	51 online attendees
<b>Presenter(s)</b>	Kendra Danielle Nisawaynoodinaawkokwe



**Kendra Danielle Nisawaynoodinaawkokwe**

Kendra Danielle Nisawaynoodinaawkokwe is a member at Mnjikaning (Rama) First Nation, Ontario and is a Social Worker, educator, community resource, and Mother. With her daughter, Kendra has navigated all systems related to education for an Indigenous child with special needs. Kendra develops and facilitates Indigenous community programs addressing drugs and alcohol, Missing and Murdered Indigenous Women (MMIW), Rape Culture, Indigenous family systems and Life Promotion.

Kendra Danielle shared their story about their daughter with autism. Kendra stated the difficulties faced receiving a diagnosis because their child was meeting the typical milestones and girls tend to be underdiagnosed. A diagnosis took about one year and was expensive. Kendra stated that a diagnosis is essential in receiving school support, as the school is then legally required to provide services. Kendra felt that their family had to fight for services and support at school as their daughter did not meet the criteria. Kendra believes that community is vital. Kendra states that Indigenous communities often have funding available for assessments and people that can support the families

with advocacy. Kendra recommends professionals recognize children's strengths instead of a list of deficits.

Kendra spoke about, her daughter. and noted that she cried a lot, close to 4 years in her early years. Therefore, she did not sleep much. Kendra tried her teachings and what her family had shown her with her daughter, such as smudge and cedar bath to settle her down so she could get some rest. Kendra found that her daughter liked baths, stuffies and soothers, which helped her to soothe.

Kendra felt something was off. her daughter wasn't sleeping; she was screaming a lot which prompted her to go visit the family doctor. Her family doctor referred her to a pediatrician, where the assessment was done in the office, a referral to a psychologist was made, and the diagnosis of ASD was made within the year.

Kendra suggests that as a parent when you feel like you need help, get that referral; don't take no for an answer. What you are feeling needs to be acknowledged and you should receive the support you need. The strategies from doctors helped her daughter through school, home and life. Kendra talks about the importance of funding for assessments and resources for the child, advocating for your needs, and seeking out community resources. When doing so, Kendra suggested to have things in writing, and to open a file in your email to keep track of everything when services have not followed up.

Kendra highlighted the importance of knowing your child's needs and seeking out resources to fund what your child needs. Access culture- dances, and songs. Kendra talked about circles, exposing her and inviting her to be a part of daily practices of praying and smudging. The family connection is also important in a child's life. Looking at a child from a deficit perspective shouldn't be followed. Rather, look at what the child is into. What are they good at? How can we integrate this into their daily lives?

Session Three: IECSS Presentation of Research Findings and Policy Recommendations by Dr. Kathryn Underwood and Nicole Ineese-Nash

<b>Time</b>	11:00 am- 11:45am
<b>Attendees</b>	50 online attendees
<b>Presenter(s)</b>	Dr. Kathryn Underwood and Nicole Ineese-Nash



Kathryn and Nicole discussed research findings from the Inclusive Early Childhood Service System Project and provided policy recommendations. The IECSS project has developed twelve policy briefs and 48 recommendations using the experiences of families from their research. In total, there were 152 families in the study. The recommendations will be brought forward to decision-makers in Indigenous communities, provincial, federal, and municipal governments, and to the Chief and Councils.

Kathryn and Nicole stated that the institutional ethnography approach was used in the research, which is a way that institutions tell stories to families and children.

The research findings state that the core assumptions in service systems are:

- More service is always better.
- The relationships families are having with institutions are neutral.
- Disability equals a service need.
- Access to services lessens risks for children and families.

Not everyone's voices are heard in the institution and the system. The system works in a way that asks more and more from the families, mothers, and children. Their findings stated that there needs to be more Indigenous-led family support, Indigenous

knowledge needs to be included in clinical research, and children need to be viewed as gifts. They also stated that acknowledging that institutions create definitions of disability will allow us to see their power in people's everyday lives. Finally, they discuss the need for more funding and a better understanding of Indigenous-specific experiences of disability in services and improving access and inclusion in early childhood education centres.

People should decide for themselves what they need and what they want in terms of services and resources that fit their needs. Guiding children through relationships and communities is essential in the process, and the system should adapt to the community's needs.

## **Asynchronous Discussion**

### **Discussion**

The Let the Rivers Flow gathering was a unique opportunity for Indigenous and allied individuals to bring together knowledge from lived experiences, professional practice, and research in an inclusive and community-oriented setting. The following section presents various themes that were derived from the presentations, discussions, and questions throughout the gathering. (please see Appendix for data sheet compiling responses from the mentioned sources).

### **Barriers to Access**

Barriers to access of services were frequently discussed during the gathering, including geographical, funding, and relationship barriers. Relationships barriers involve feelings of neglect in schools and fear of social interaction among non-Indigenous peoples, as well as the challenges of virtual schools lacking hands-on experiences and Indigenous voices and perspectives being underrepresented. Physical barriers include difficulty in participating in cultural activities due to lack of accessibility, and geographical barriers that include distance and limited space to access mainstream services. Funding barriers involve a lack of regional coordination, resources, infrastructure, and a high demand leading to long waitlists.

### **Promising Practices**

Education should prioritize love, cooperation, kindness, and patience to better understand students and their families. The focus should move away from standardized testing to portfolio assessments that showcase a child's strengths and follow a responsive care approach, which is a manifestation of love. This education system should acknowledge and respect the holistic, culturally safe, and place-specific learning experiences of the child, and prioritize the relationships with the parents, community, and culture. The goal is for each child to be respected and viewed like any other child by educators.

### **Advocacy**

Advocacy is a key theme that was highlighted throughout the gathering. This included discussions on the importance of self-determination and sovereignty for Indigenous peoples, as well as efforts to raise awareness and support for issues facing Indigenous

communities. This theme also brought up the need for Indigenous voices to be represented and heard in decision-making processes that affect their lives.

### Perspectives of Disability

This theme emphasises the need for an understanding of how disability is experienced differently within Indigenous communities, and how cultural beliefs and practices may impact the way that disability is perceived and addressed. It also highlights the importance of inclusive and culturally appropriate support for people with disabilities within Indigenous communities.

### Relationships and Roles of the Family and Communities

The relationships and roles of the family and communities is a key theme. The discussions highlighted the importance of strong family and community connections for Indigenous peoples, as well as the role of traditional knowledge and practices in strengthening these connections. It also highlighted the importance of community-led solutions and collective action in addressing the challenges facing Indigenous families and communities.

### Additional Themes

Other potential themes that were discussed include language preservation, traditional knowledge and land-based practices, and the impact of government policies on Indigenous communities. These themes are critical to understanding the unique challenges faced by Indigenous peoples, and to developing effective and sustainable solutions that empower Indigenous communities.



### **Jam board Discussion**

During the gathering, asynchronous discussions were conducted both online and in person through the use of jam boards. The discussions centered around three overarching questions related to responsive early childhood and community inclusion for disabled Indigenous children and youth. These questions included:

4. What does having an intersectional identity mean to disabled Indigenous children and youth?
5. What are the ways that disability services can be made more culturally safe?
6. How can Indigenous communities and spaces be more inclusive of disabled community members?

Participants contributed their thoughts and questions through an online Google jam board, as well as through an in-person jam board that was physically present at the gathering. Additionally, research assistants took note of responses to these questions that arose organically in discussions or presentations (please see Appendix for data sheet compiling responses from the above mentioned sources).

The goal of these questions was to gather a variety of perspectives and lived experiences of Indigenous peoples from various communities. The discussions generated by these questions aimed to increase understanding and conversations about inclusivity, cultural safety, and supporting one another within the Indigenous community.

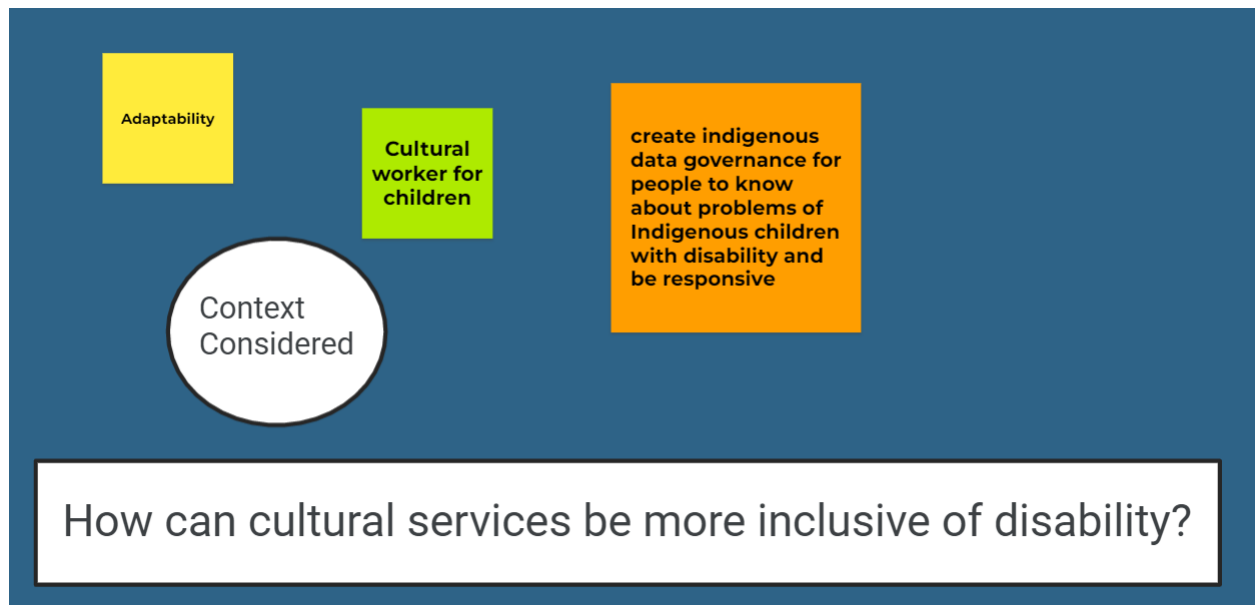
**Figure 1.** What does it mean to have an intersectional identity as both Indigenous and Disabled?



**Note.** This image contains responses from the participants in the Let the Rivers Flow gathering about what intersectional identity as both Indigenous and Disabled means.

Participants acknowledged the challenges and fear of identifying as both Indigenous and disabled; however, some stated that having a disability is like carrying a gift. Parents who have children with disabilities asked about ways to feel supported and emphasized asking for help to access services according to individual needs. The participants questioned how to reconcile love, respect and relationships and cultivating culturally safe spaces for all.

**Figure 2.** How can cultural services be more inclusive of disability?



**Note.** This image contains responses from the participants in the Let the Rivers Flow gathering about how cultural services can be more inclusive of disability.

Participant responses highlighted that adaptability, and the context of the individual would play an important role in cultural services being more inclusive. Other responses included offering a cultural worker for children with disabilities, in addition to creating Indigenous data governance so that people can be made aware of the problems experienced by Indigenous children with a disability, which allows the cultural services to be more responsive.

**Figure 3.** How can disability services be more culturally safe?

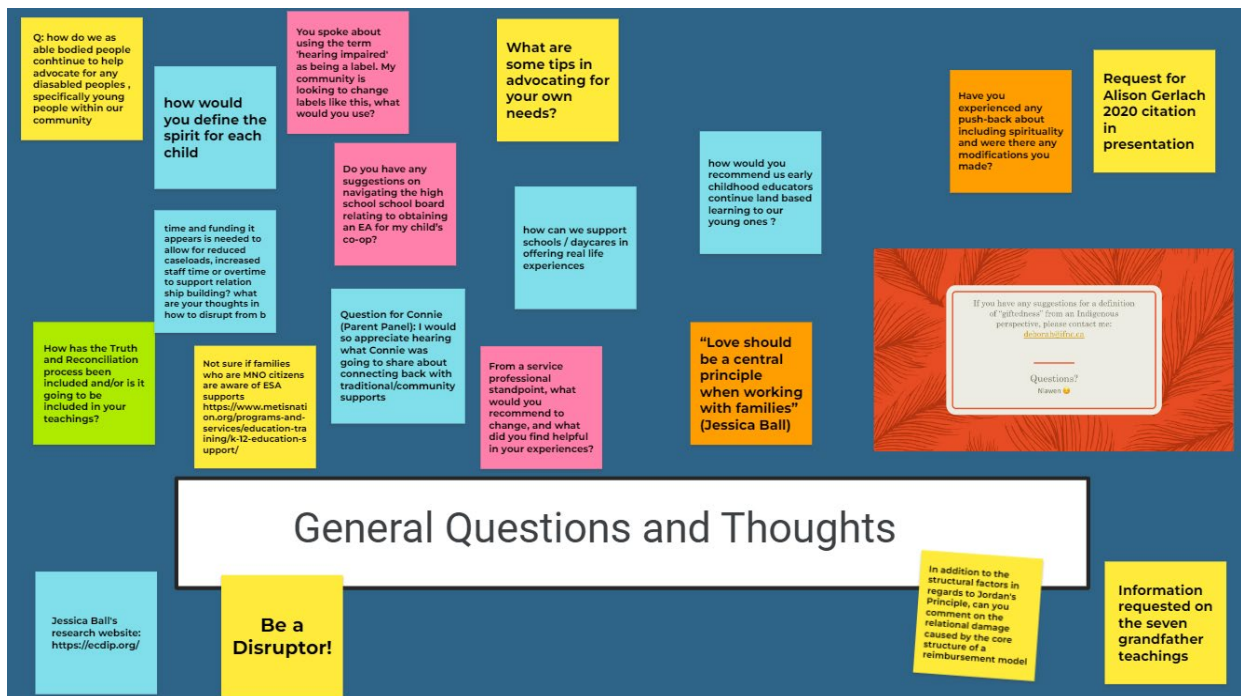


**Note.** This image contains responses from the participants in the Let the Rivers Flow gathering on how disability services can be more culturally safe for Indigenous peoples.

Some of the ideas that stem from participants for disability services to be more culturally safe is that disability services need to reach out to community advocates for guidance. Other ideas include conducting family workshops to raise awareness, understanding and relationships; Utilizing local Indigenous knowledge such as having conversations with Elders in the community and altering the perspective from a deficit perspective to a strength-based perspective by incorporating what the child is good at into their everyday school activities. A simple step such as having conversations and working together also allows us to create inclusive spaces.

Participants asked why we are focused on the disability, not the ability of each individual and inquired about various ways to create culturally safe spaces for children, youth and adults. The key emphasis was that Indigenous worldviews are valid and should be centered.

**Figure 4.** Online general questions and thoughts jam board



**Note.** This image contains general thoughts and questions from the participants in the Let the Rivers Flow gathering.

Participants shared meaningful responses throughout the synchronous and asynchronous jam boards. Throughout the conference, not being afraid to ask for what you need, being a disruptor, and self-advocacy were highlighted. Participants' questions centered around advocating for your needs and education systems offering real-life experiences for children. Recommendations for change and sharing of experiences were noted.

[illegible]

## **Conclusion**

This report details the discussions and presentations of the Let the Rivers Flow Gathering, a community-based event centered on understanding Indigenous early childhood disability. The gathering brought together community members, parents, grandparents, youth, professionals, and researchers to share knowledge across various experiences. The gathering was informed by findings from the Inclusive Early Childhood Service Systems project and hosted by the Temiskaming Council of Wisdom Keepers and Keepers of the Circle. A key focus of the gathering was moving beyond the community level discussions, and into policy and advocacy-based movement. Therefore, a paired policy-based call to action was also produced to enhance the next phase of action in supporting Indigenous children with gifts and disabilities across Canada.

## Thank You | Miigwetch

Thank you to the District of Temiskaming Elders Council:

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Lisa Sloane – Keepers of the Circle  
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**For more information about the IECSS Project and the latest policy brief**

**visit our website at [www.inclusiveearlychildhood.ca](http://www.inclusiveearlychildhood.ca)**

## Appendix: Data Tables

Table 1 Jamboard (Online and In-Person Data)

JAMBOARD DATA		
INTERSECTIONAL IDENTITY INDIGENOUS/ABLED	CULTURAL SAFETY IN DISABILITY SERVICES	DISABILITY INCLUSION IN INDIGENOUS COMMUNITIES
Really feeling the weight of having an intersect disability	Deep healing work - Fosterling and regaining trust	Providing opportunities and alternative/creative ways to meet the child's needs
Having fears of not knowing what to say/do creates a barrier	Help and support in ways that is needed	Have conversations and work together to create inclusive spaces
Colonial school systems	Looking at the person's spirit and soul. The body just brings the soul to life.	Being a good ally, don't be afraid to ask questions, better to ask a dumb question and gain education from it than not at all, always listen
Isolation	Building relationships	Making sure ALL spaces are wheel chair accessible and mobility accessible.
Barriers when trying to access crisis lines, support resources due to lack of interpreters	Language Inclusion	Coming to an equal level of understanding, we can learn together
Wholism(Mind, heart, Body, spirit)	Community knowledge is essential for any culturally safe program	De-pathologize neurodiversity in all forms of service delivery. Normalize being not normal.
Dominant way of thinking has a powerful impact on how disability services are funded	Talk about safer spaces with every client and come to mutual consensus of what's acceptable and what's not. Mutual boundaries	Be aware of what decolonization calls for
System keep pulling back to dominant ways that focus on diagnostic and deficit labels that can be traumatizing and stressful for parents	Embracing who you are, changing perspectives, spirituality	Implement land-based programming into schools to serve the child's disability needs - in consultation with behavioural specialists
Having to relocate from home communities just to have access to resources/services	Empathy, Compassion, Willingness to work together	Elders leading cultural teachings and practices, this has been observed to embrace soothing/regulation for the child.
Bullying and controlling	Mother earth teaches us about love	Community liaison worker that provides support such as transportation and in-home support to complete application forms.
Being two-spirit and autistic in an indigenous context is different than in western context.	Focus on the abilities of each child	Being willing to listen, learn, support our Kin
Honouring our gifts	One on one EA support is very important	More individuals in the education system must be properly trained to provide adequate support
How does poverty intersect or impact on this?	Feeling Belonging	Ask what can be done.
It shouldnt mean anything were all human -We breathe, We bleed red. We have a heart, no matter what colour we are. We are one.	Moving away from standardized testing	Access
	Amplifying indigenous voices	Having a cultural co-ordinator in the programs who are knowledgeable and sincerely wanting to help our children "every child matters"
	Relational practices and relationships	Being creative and finding ways individuals can participate in ways that's comfortable for them
	Disability is NOT a one size fits all. It's a spectrum	Incorporate more visual and hands on learning in schools
	Think about the use of standardized testing	
	How do we get information into the hands of families early?	
	Learn the cultural first!	
	Spiritual services	
	Justice based advocacy	
	Decolonizing practices and embracing ancestral grass roots - deepening connection with spiritual identity and culture.	
	Retaining Teachers, Educators, and practitioners who care about the social determinants of health among Indigenous communities and knowing the effects from colonial bodies	
	To create a safe space for yourself you have to adapt to the rules and policies of the space	
	Responding to communities' right to self-governance, experts need to learn about the community, focus on strengths, invest in relationships, use assessments cautiously if at all, make space for indigenous knowledge	

Table 2. Additional Themes from the Gathering

ADDITIONAL THEMES FROM SESSIONS					PERSPECTIVES OF DISABILITY	PROMISING PRACTICES	OTHER
BARRIERS TO ACCESS	ADVOCACY	RELATIONSHIPS/ROLE OF FAMILY/COMMUNITY	ENVIRONMENTAL CAUSES AND IMPACTS				
POSSIBLE SUBTHEMES: GEOGRAPHY, FUNDING, RELATIONSHIPS.	ASKING QUESTIONS	Enhance social support to provide equal opportunities for children in schools and work	"disability is a spectrum"		Be co-operative, kind and patient to understand others better		
School experience: felt unsupported, forgotten, ignored by educators	Have conversations and work together to create inclusive spaces	"Love them unconditionally"	In the westernized world there are always labels and diagnoses that can be more harmful for disability people in indigenous communities		"Love should be a central principle when working with families"		
Concerned about participating in cultural activities because of disability and lack of accessibility in events like sweat lodges, is able to participate by adapting and finding a way	No such thing as a safe space for everyone	Providing a community of care for the child	"Disability is a colonial term"		There is a lot of work that needs to be done on the validity of our worldview and work with children		
Providing a safe space means thinking outside the box, making sure spaces are well maintained so that accessible spaces are not lost, but it is crucial to recognize disabled people with the same respect	Be an ally, stand with us, support when asked, ask the questions you have, and listen	Should work with your team to determine the needs of the families in your community to create something that localizes the knowledge (eg. local elders)	Children with disabilities can be viewed as behavioural problems or simply being "tasy"		Move away from standardized testing towards portfolio assessments as its easier to showcase child's strengths		
mainstream services can be difficult to get support in receive the appropriate services	Need to be willing to ask for adaptations as many indigenous people are afraid to ask	"there's a cultural disconnect between mainstream parents, community parents and peers"	Partner delivery must look at certain aspects such as building, transportation and relationship support that can be provided		Responsive care is a manifestation of love		
non-indigenous people have a fear of not knowing what to do or say with indigenous people which created social barriers	Parents are advocates, they have to fight for their rights, accessing services, and doing research on their disability	Believes that community is key	The negative processes of disability doesn't align with the indigenous worldview of children as being gifts		Education is based on relationships with the parents, community, culture, languages, and place-specific knowledge		
Geographical barriers	Educate jurisdictions and policy makers that regardless of status or not status, children will need support and encourage to reach out to communities where the children are, and not just in urban centers, and moving forward with receiving support, there's a few cases where a child may need support for mental health however does not live on a reserve and receives a away		Most disability people that are represented are almost all white and that can be difficult to relate for others in getting the support they need		Love and brain development go hand in hand, love promotes brain development (and) is the essential engagement of fostering each child's gifts		
Complicated process in accessing services and limited in being included in the process	Three ways they are working with families are tailoring programs for urban contexts, refining the early intervention process, and navigating systems		Having recognizes that your child is not a list of deficits makes a huge difference as a parent		Cultural safety means the "experience of being respected for who one is" (Jessica Ball), such as cultural identity and practices		
Indigenous people do not have their voices heard in these services	Some indigenous communities have people that can support the families in advocating for their child's services and supports				"Responsive care should be central principle of all our parenting and early childhood programs" (Jessica Ball)		
The Ontario tool system only recognizes gifted students, not recognizing the needs of indigenous students as there is discrimination in our schools (western perspective, educators not building relationships with indigenous students)	Policy change -> see opportunities				Responsive care reduces and avoid stress and is individualized		
The accommodation for disabilities is to assume that every patient might be autistic to provide the appropriate services					Develop a deep sensitivity to the young person by understanding their needs and finding solutions/approaches that can overcome their triggers/concerns		
Misdiagnosing and inaccurate assessments (which is common) can delay the child's progress and opportunities to receive appropriate services and resources					Indigenization of curriculum		
Systems and fundings keep pulling back to narrow and dominant ways					Curriculum seeks for students to thrive and be resilient, focuses on content provided by elders and knowledge holders as opposed to content provided by experts of being and knowing, and takes a leadership approach		
Structural factors preventing from implementing Jordan's principle					Professional love includes allowing children to share their stories, history, culture, allows for youth to build trust and positive relationships with adults		
Insufficient regional coordination, insufficient resources, inadequate physical and digital infrastructure, high caseloads and growing waitlists					Relational accountability: Really disrupt dominant narratives and moves beyond them to come to a relational approach that understands what they need, what is their essential starting point		
There is a belief in the school system that for deaf children the educational criteria needs to be lowered					Stop relying on their guidelines or policies, but what will encourage this child to want to attend school		
LABELS					Just wants her child to be viewed like any other child by the educators		
ACCESS TO SERVICES							
Virtual school are difficult for children with special needs, they need tactile in person experiences							