

AKWE:GO

WHOLISTIC LONGITUDINAL STUDY (AWLS)

PHASE I BASELINE REPORT



OFIFC
Ontario Federation of
Indigenous Friendship Centres

FINAL REPORT

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We would like to begin this report by inviting readers to take a moment and process the words expressed by our communities in describing our children. This is a ‘word cloud’ that represents the frequency of key themes that emerged from our data collection. The larger or more prominent text reflects the thoughts and ideas most commonly expressed by our community members.

We would also like to acknowledge the hard work and courage demonstrated by participating youth, parents, caregivers, as well as Friendship Centre staff and community members. Their collective dedication to building safe, healthy, and vibrant communities for our children infuses every aspect of this work.

INTRODUCTION

The following report details the preliminary stages and first year baseline data from the **Akwe:go Wholistic Longitudinal Study** (AWLS). The Ontario Federation of Indigenous Friendship Centres is conducting this study to better understand how the Akwe:go Program impacts the children involved. This program strives to help provide supports that are physical, mental, emotional, and cultural—including social, educational, health, and community engagement opportunities. It is offered to Aboriginal children between the ages of 7-12 through local Ontario Friendship Centres.

Akwe:go is a Mohawk word which translates to “all of us” as children require the support of their entire community in order to be happy, healthy, competent, and to thrive.

The objective of the AWLS is to follow the same group of Akwe:go participants for a period of twenty years, beginning in the Fall/Winter of 2012. Every three years after 2012, we will be following up with this same group of children and, while they are minors, their parents/primary caregivers (all referred to as “caregivers” in this study). Beginning in 2012 and every following three years, we will be asking the children involved in this study, their caregivers and the Akwe:go Workers to complete a questionnaire and informal interview in a sit-down and comfortable setting. The answers to these questions will help us to understand the short term and long term impact of the Akwe:go Program on the children involved.

In this first study year (2012), the children, their caregivers and program workers involved in the Akwe:go Program have assisted us, through completion of questionnaires and interviews, to better understand the children involved and their take on the Akwe:go Program. In total, we worked with 59 children, along

with their caregivers and workers. This information on the children will serve as a baseline that we will use to follow the children for the next twenty years.

AWLS ORIENTATION TO RESEARCH

The OFIFC conducts, supports and recognizes community-driven, community-relevant, faithful to Indigenous identity, self-voiced, useful, accessible and relations-based research which generates locally-authored Indigenous knowledge and locally-determined, confident, well-informed and effective action to bring desired changes and benefits to urban Aboriginal communities (USAI, 2012).

In 2012, the OFIFC released its USAI Research Framework, named after four principles that guide all their research activities: Utility, Self-Voicing, Access and Inter-Relationality. These principles provides an ethical and methodological foundation for the AWLS study by ensuring the following:

1. **UTILITY:** Research inquiry is practical, relevant, and directly benefiting communities.
2. **SELF-VOICING:** Research, knowledge, and practice are authored by communities, which are fully recognized as knowledge holders and knowledge creators.
3. **ACCESS:** Research fully recognizes all local knowledge, practice, and experience in all their cultural manifestations as accessible by all research authors and knowledge holders.
4. **INTER-RELATIONALITY:** Research is historically-situated, geo-politically positioned, relational, and explicit about the perspective from which knowledge is generated

With these overarching principles, the AWLS research team established a two-fold hypothesis to guide the study:

- Firstly, we believe that Akwe:go, being an individualized, culturally-appropriate support program, anchored in meaningful and positive relationships, has positive impacts on the child's sense of security. This is because the protective influences that are transmitted from everybody involved in the Akwe:go circle of security to the child in a way that is akin to the benevolent adult-child relationship.
- Secondly, we hypothesize that the increased sense of security, manifested in the four areas of impact that correspond to Akwe:go goals and domains of the Indigenous Identity Medicine Wheel, remains a protective factor over the child's development years. This results in a healthy state of body, mind, emotions, and spirit, as well as confident and affirmative attitudes rooted in Indigenous ways of knowing, increased emotional and community integration, and the perceived and documented sense of life balance.

To look into these questions, we travelled to five research site communities (Red Lake, Timmins, Sudbury, Midland and Niagara) to collect survey information and interview material. We used grounded theory methods to analyze the data and then incorporated the survey information into our findings.

As this is a longitudinal study, we are unable to report on change over time among children who participated in the AWLS. In this report, we provide baseline profile information about the children and general impressions related to the Akwe:go program.

AWLS BASELINE YEAR FINDINGS

Both in our methodology and subsequent analysis, we were guided by the teachings of the Indigenous Identity Medicine Wheel, as taught and practiced at the OFIFC. With its guidance, we developed four areas of impact of Akwe:go on its participants:

- Wholistic plan of care
- Learning
- Sense of belonging
- Healthy choices

These also correspond to the goals of Akwe:go.

WHOLISTIC PLAN OF CARE

Within this area we looked at what the study participants said about their entry into and participation in the program, and documented their hopes and dreams for the future. Caregivers talked about enrolling their children in the program for a range of social and learning supports. What is significant is that they talked about specifically seeking out supports in an Indigenous culture-based environment. General feedback about the Akwe:go program from caregivers and children was very positive, with 83% of caregivers indicating that their children are happy with the program. Caregivers, children and Akwe:go workers reported on a range of dreams and aspirations for the children that seemed typical for this age group. Generally, children were able to identify and talk about their own areas of strength.

LEARNING

We understand learning as the acquisition of the skills and knowledge an individual needs to take on the challenges of the future in differing and various cultural contexts. Indigenous knowledge is central to this definition of learning. We found that many AWLS children had some access to Indigenous languages, songs, dances, stories, crafts, land based activities, foods and spiritual/ceremonial practices through grandparents and other family members, as well as through the Akwe:go program. Many children talked about gaining appreciation for their cultures through Akwe:go.

In terms of school-based learning, participants talked extensively about both social and academic challenges, with "problems at school" identified by 27% of caregivers as a "source of significant stress." Akwe:go workers had a notable presence in helping with challenges related to school, through one on one tutoring, advocacy in the schools and homework support.

SENSE OF BELONGING

In this section, we focused on the children's subjective feelings of being safe and happy, the nature of their relationships, and engagement in activities. We found that extended families play a considerable role in the upbringing of many of the participant children, providing evidence of ongoing and distinct Indigenous cultural childrearing customs. At the same time, many children had experienced family trauma and loss, and this had profoundly affected their sense of safety and happiness. The establishment of relationships within Akwe:go and Friendship Centre communities were very important in providing a sense of belonging for many of the children, as the program/centres provided a safe space for interaction and relationship development among peers as well as mentors. Connections with a larger Indigenous community were important for the children, as were opportunities for increased activity and interaction.

Our findings also indicated that cultural activities and access to Indigenous knowledge was important to the children and their families. Approximately half of the children indicated a strong connection to their culture and a desire to learn more about it.

HEALTHY CHOICES

The healthy choices area of impact is characterized by a sense of confidence, a strong sense of right and wrong, being adaptable and resilient, being discerning in judgement, and knowing oneself. Within this area of impact, we collected information about self-reported health status, including mental health, self-awareness and judgement. We found that mental health was a concern for many of the children, as 16% of the children were identified by their caregivers as suffering from depression, anxiety or severely low self-esteem, and most of the caregivers reported that the children had experienced "great amounts of worry or unhappiness." Yet caregivers also talked about how activities through the Akwe:go program taught their children how to make healthy choices around anger and sadness.

One of the key areas of interest in the AWLS pertains to role modeling and the influence of a benevolent adult in a child's life. Our questions about role modeling showed that many children

look to role models in their families, but that Akwe:go workers also figure significantly as role models for AWLS children by creating safe spaces for children's social integration and their sense of belonging. Individuals like Akwe:go program workers build, guide, and support communities in which children thrive. Participants talked about women in the families as highly influential role models to the children. A number of children are being raised by grandmothers and/or have grandmothers who play a significant role in their lives. Speaking broadly of healthy choices, participants indicated that the children are engaged in a range of healthy activities, including arts and crafts, creative activity, sports and outdoor play.

CONCLUSIONS AND MOVING FORWARD

Following our hypothesis, we have offered some observations on whether the Akwe:go program has made positive impacts on the child's sense of security, and corresponding to the four areas of impact. In future years, we will be able to speak to these impacts over time.

When we looked for themes that cut across the identified areas of impact, we first noticed the importance of the extended family and community, which includes the Akwe:go and Friendship Centre communities. Many of the children have benefited from the social environments and community that Akwe:go workers were able to facilitate and support around the child. The presence of extended family in the children's lives is significant, and is consistent with traditional/historical Indigenous child rearing models.

Another theme that cut across the areas involved learning about and practicing Indigenous cultures, which was highly and broadly valued by the AWLS children and families. The Akwe:go program provides an important venue for children to access culture and build an Indigenous identity out of it.

We conclude this phase of the study by noting that while the AWLS children all have encountered struggles, there is positive outlook for each one. We look forward to working with them into the future, as we document their stories and learn more about the impact of the Akwe:go program.

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1. INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION TO THE AKWE:GO PROGRAM

The Akwe:go program was developed by the Ontario Federation of Indigenous Friendship Centres (OFIFC) in 2005 when a need was identified for programming for at risk and high risk Aboriginal children between the ages of 7-12 years. The Akwe:go Urban Aboriginal Children's Program evolved from a previous OFIFC children's program entitled the Lil Beavers Program for which funding was cut in 1995. The Akwe:go program is offered at all 27 Friendship Centres, as well as one satellite and two delivery sites across Ontario. The program is based on the principle of one-on-one counselling and services. The Akwe:go Program is offered in three different formats: Akwe:go Regular Program with a client cap of 20; the Akwe:go Enhanced Program with a client cap of 20 (this program is always offered in addition to the Regular Akwe:go Program at a given site); and the Akwe:go High Risk Program with a client cap of 10 (this program is for high risk children only and is run in addition to the Akwe:go Regular Program at the three Friendship Centre sites where it is offered).

The Akwe:go program is based on the principle of attending to individual needs of each child, creating a circle of security that consists of many people who are involved in the program, providing a child with a supportive relationship to achieve the following goals:

- Attend to the distinctive needs and strengths of each individual child to support his/her development in a wholistic way, fostering those types of learning and growing that are best suitable to nurture child's unique abilities. Parents, caregivers, school staff-members, healthcare professionals, CAS staff, other

Friendship Centre Program workers or any other person or people who are or could be involved in addressing the needs of the child by providing supports and services may be included in this circle of security.

- Support a child in her/his journey through learning, in the mainstream school system and/or within community learning systems, with the goal of improving learning outcomes and increasing opportunities for change and growth associated with learning achievements.
- Expose and provide a child with cultural connectedness, via opportunities for positive experiences of and within an Indigenous community, Indigenous cultural activities and relationships with Elders. The goal is to foster a positive self-identification of Indigenous children with their cultural heritage and a development of strong identity. This involves building a sense of belonging so that children feel safe, happy, and supported by caring adults, and develop a willingness to be of service to their community with a sense of purpose and meaning.
- Enable a child to make healthy choices, with the goal of promoting improved health outcomes. This goal addresses suicide and other mental health issues, obesity, diabetes, nutrition, substance use/misuse and other addictions, as well as physical activity as it relates to overall health outcomes. The notion of making healthy decisions also incorporates all choices that a child makes to promote an overall sense of everyday good living.

1.2 INTRODUCTION TO THE AKWE:GO WHOLISTIC LONGITUDINAL STUDY

The Akwe:go Wholisitic Longitudinal Study will take place over a 20-year period. Every three (3) years, beginning with the Fall/Winter 2012, data will be collected from children ages 7-12 yrs involved in the Akwe:go Program at five (5) different Friendship Centre sites. Participation is voluntary and during the years while the child is under-age, their legal guardian will be required to sign consent. In Phase I of the study, data will be collected on each child through the form of interviews and questionnaires from three (3) primary sources: the child themselves,

their parent(s)/primary caregiver(s), and Akwe:go Program workers. In subsequent years, teachers may be considered as additional sources of information. Secondary data sources will include pre-existing records from the Akwe:go Program and available federal, provincial and school records. This will result in a compilation of qualitative and quantitative information on each child that can be followed throughout the 20-year longitudinal study.

The 2012 AWLS research team was comprised of: OFIFC Research Director and associated team, OFIFC Program Director, OFIFC Children and Youth Manager, and two research consultants.

2. RESEARCH DESIGN & METHODOLOGY

The Ontario Federation of Indigenous Friendship Centres (OFIFC) recognizes and welcomes recent changes in mainstream social sciences' approaches to research with Indigenous communities, including a variety of Participatory Action Research (PAR) models. PAR models promote collaboration, recognize different types of knowledge, and understand that research must lead to action that is meaningful to people. Based, however, on years of experience working with urban Indigenous communities and with its core values rooted in multigenerational Indigenous knowledge, the OFIFC sees the need to go farther than most PAR models to recognize and practice communities' inherent rights to exercise full control over any research project in which they are involved. In a community-driven research model (as opposed to a community-based or placed models), communities have full control over research priorities, research processes, resources, methodologies, decision-making and any actions coming out of research.

The OFIFC has been practicing community-driven research for most of its history. With the Report of the Task Force on Native People in an Urban Setting (1981), with the Final Report of the Urban Aboriginal Task Force (2007) and - more recently - several noted research projects, including Our Health Counts, Urban Aboriginal Health Database Research Project (a collaboration between Aboriginal community partners with the Centre for Research on Inner City Health), an innovative study on Indigenous masculinity supported by the Social Sciences and Humanities Council of Canada, and a research project on the Indigenous Knowledge Networks, we have solidified our position within the urban Indigenous community in Ontario to welcome principled partnerships,

ethical cooperation, and meaningful collaboration with research allies who share our goal to improve the quality of life of urban Aboriginal people.

OFIFC conducts, supports and recognizes community-driven, community-relevant, faithful to Indigenous identity, self-voiced, useful, accessible and relations-based research which generates locally-authored Indigenous knowledge and locally-determined, confident, well-informed and effective action to bring desired changes and benefits to urban Aboriginal communities. In 2012, the OFIFC released its USAI Research Framework, named after four principles that guide all research activities: Utility, Self-Voicing, Access and Inter-Relationality" that correspond to four quadrants on the Indigenous Identity Medicine Wheel.

The OFIFC conducts, supports, and recognizes only those research projects and activities that are informed by the following four principles of ethics (USAI):

1. **UTILITY:** Research inquiry is practical, relevant, and directly benefiting communities.
2. **SELF-VOICING:** Research, knowledge, and practice are authored by communities, which are fully recognized as knowledge holders and knowledge creators.
3. **ACCESS:** Research fully recognizes all local knowledge, practice, and experience in all their cultural manifestations as accessible by all research authors and knowledge holders.
4. **INTER-RELATIONALITY:** Research is historically-situated, geo-politically positioned, relational, and explicit about the perspective from which knowledge is generated

The Akwe:go program is driven by a notion that the needs of every child have to be met for her or him to realize her

or his full potential. Researchers strongly agree that every child needs the support of an emotionally available adult, or – as Marvin, Cooper, Hoffman & Powell (2002:110) say, “a special person who is always kind and stronger, older and wiser than themselves. This person will follow the child’s needs. Whenever necessary they will take charge”.

This resonates well with the psychological theory of “angels in the nursery” which assumes that providing the child with a core sense of security and self-worth supports child’s independence: she/he feels understood, seen, heard, and comforted, and this built-up sense of security “can be drawn upon when the child becomes a parent to interrupt the cycle of maltreatment . . . [while] early benevolent experiences with caregivers can protect against even overwhelming trauma” (Lieberman, Padron, Van Horn & Harris, 2005:504). Same researchers note that important protective influences transmitted by benevolent adults to the next generation guard the course of child’s development, while the experiences of safety and joy “encourage a greater sense of self-worth and emotional investment in developmentally appropriate goals” (Lieberman, Padron, Van Horn & Harris, 2005:507).

Traditional teachings (Maracle, 2010; conversation) also recognize that without a protective influence of a benevolent adult, or even if these protective factors are reduced, a child may develop patterns of seeing, knowing, believing and acting that are unbalanced and disharmonious, potentially diminishing her or his inner strength to realize his/her full potentials. A child may perceive the world and his/her immediate surroundings with superficial materialism. She/he may develop a cynical approach to life, living with a sense contributing to a fragmented community and increased social taxation, which all sustain a milieu of cultural deadening.

Building upon these notions, the hypothesis behind the Akwe:go Wholistic Longitudinal Study project is two-fold.

2.1 AWLS HYPOTHESIS

Firstly, we believe that Akwe:go, being an individualized, culturally-appropriate support program, anchored in meaningful and positive

relationships, has positive impacts on the child’s sense of security. This is because the protective influences that are transmitted from everybody involved in the Akwe:go circle of security to the child in a way that is akin to the benevolent adult-child relationship.

Secondly, we hypothesize that the increased sense of security, manifested in the four areas of impact that correspond to Akwe:go goals and domains of the Indigenous Identity Medicine Wheel, remains a protective factor over the child’s development years. This results in a healthy state of body, mind, emotions, and spirit, as well as confident and affirmative attitudes rooted in Indigenous ways of knowing, increased emotional and community integration, and the perceived and documented sense of life balance.

Indigenous Identity Medicine Wheel, as taught and practised by the OFIFC, teaches that four aspects of life need to work harmoniously for a person to feel grounded in Indigenous ways of seeing, knowing, believing, and acting: Wholistic Worldview, Indigenous Ways of Knowing, Sense of Belonging and Everyday Good Living.



These four aspects, we believe, correspond to the four goals of the Akwe:go program, which, for the purpose of this study, will be situated as four areas of impact: Wholistic plan of care, Learning, Sense of belonging, Healthy Choices.

Our hypothesis will be tested throughout the project assessing the influence of Akwe:go individualized supports looking for protective factors in those four areas of impact.

2.2 INDIGENOUS IDENTITY MEDICINE WHEEL FOR AWLS

The four Areas of Impact, their Indicators and Inquiry Practices for the purposes of AWLS, have been detailed in the chart below:

AREA OF IMPACT	INDICATORS	INQUIRY PRACTICES
WHOLISTIC PLAN OF CARE		
<p>OUTCOME: Healthy state of body, mind, emotions, and spirit: perceived and documented sense of life balance; has dreams; appreciates the beauty of the world around her/him; knows her/his strengths and areas for growth.</p>	<ul style="list-style-type: none"> Documented congruence between progress of planned activities and anticipated outcomes and the child's assessed needs Perceived congruence between the individualized plan of care developed by Akwe:go workers and the needs/strengths of each child as assessed by caregivers and teachers Child's subjective feelings of how useful the plan is in meeting all her/his needs and support all her/his strengths 	<p>QUANTITATIVE:</p> <ul style="list-style-type: none"> Needs assessment/database information Survey with workers Evaluation of the plan of care <p>QUALITATIVE:</p> <ul style="list-style-type: none"> One-on-one interviews with caregivers and teachers Child's story (appreciative inquiry)
LEARNING		
<p>OUTCOME: Confident and affirmative attitudes towards learning, rooted in Indigenous ways of knowing. Necessary skills and knowledge to take on challenges of the future; takes responsibility for her/his own learning; questions, reflects and perseveres in the pursuit of learning.</p>	<ul style="list-style-type: none"> School achievements (grades, attendance, awards, participation in school activities) Knowledge of Indigenous language Knowledge of songs/dances/stories/foods Active participation in community activities 	<p>QUANTITATIVE:</p> <ul style="list-style-type: none"> Scholarly and other relevant achievements/awards Survey with teachers Database information <p>QUALITATIVE:</p> <ul style="list-style-type: none"> One-on-one interviews with caregivers and teachers Child's story (appreciative inquiry)
SENSE OF BELONGING		
<p>OUTCOME: Increased emotional and community integration: concerned and rooted member of community, informed and takes an active role in bettering the lives of others around her/him.</p>	<ul style="list-style-type: none"> Child's subjective feelings of being safe/happy Close relationships with peers and elders Enrolment in programs, extra-curricular activities, sport clubs, interest groups Type of daily activities (solitary or group) 	<p>QUANTITATIVE:</p> <ul style="list-style-type: none"> Evaluation of the plan of care and outcomes Database information <p>QUALITATIVE:</p> <ul style="list-style-type: none"> Child's story (appreciative inquiry) One-on-one interviews with caregivers, workers, and teachers
HEALTHY CHOICES		
<p>OUTCOME: Confidence, a strong sense of right and wrong, adaptable and resilient, knows her/himself, is discerning in judgement.</p>	<ul style="list-style-type: none"> Health status Lack of involvement with law Lack of addictions Age-appropriate, safe hobbies Positive role models Types of TV programs/music/other media that child watches/listens to/participates in Child's estimation what constitutes fun 	<p>QUANTITATIVE:</p> <ul style="list-style-type: none"> Health data Other database information (clients in care, institutional interventions, etc.) <p>QUALITATIVE:</p> <ul style="list-style-type: none"> One-on-one interviews with caregivers and workers Child's story (appreciative inquiry)

2.3 SUBJECT GROUP AND LOCATIONS

Study participants include children aged 7-12 yrs currently enrolled in the Akwe:go Program at any of the five (5) Ontario Friendship Centre sites involved in the Akwe:go Wholistic Longitudinal Study, including: Timmins, Niagara, Midland, Red Lake and Sudbury.

All study participants have been assigned a unique identifier number so that anonymity can be upheld as best as possible. Participant names and their identifier number are listed in a separate sheet/document from the study database.

Informed consent was obtained by thorough explanation of the project's goals and processes. A Parent Study Information Package was provided to all caregivers and their children for review. A consent form at the end of this information package was signed in order for the child to take place in AWLS.

As the study involves participants who will initially be between 7 and 12 years of age, caregiver consent is required to participate in this study. Children were also asked to consent to participating in the study.

The individuals involved in the Akwe:go Study will remain anonymous and as such all information collected in the baseline year and included in this report is anonymous. Any quotes that have been used do not identify the individual from which they are sourced. Names have been changed to protect anonymity and quotes include only the gender and age of the child or "parent/caregiver" or "worker" label if applicable.

2.4 PROJECTED DATA COLLECTION TIMELINE

	2012	2015	2018	2021	2024	2027	2030	2033
	GRD 2	GRD 5	GRD 8	GRD 11				
	7 YRS	10 YRS	13 YRS	16 YRS	19 YRS	22 YRS	25 YRS	28 YRS
Child	x	x	x	x	x	x	x	x
Parent/Caregiver	x	x	x	x	x	x	x	x
Akwe:go Worker	x	x						
Teacher	x	x	x	x				
Social Worker					x	x	x	x
Other(s) as Relevant					x	x	x	x

2.5 QUALITATIVE DATA

Qualitative data has been collected through a set of face-to-face open-ended interviews with the child, parent/caregiver and Akwe:go worker for each child involved in the study. These interviews have been conducted by the Qualitative Consultant and take place in an open but private space where the interviewee and interviewer were the only individuals in the room. The interviews were open-ended and conversational in nature. The list of questions that the Qualitative Consultant has been included in the Appendix.

All interviews were recorded and then transcribed. Transcripts were then coded and analyzed in NVivo Software using grounded-theory.

In our thematic analysis of findings, we synthesized them with no claims that we have researched every conceivable aspect of the intervention on every conceivable area of child's life, or addressed every conceivable outcome of the protective factors that the Akwe:go generates. We attempt to understand the child's sense of security as "*gestalt*" or a "protective totality" that is more than a sum of protective factors of which it is composed.

To capture variability and mutability of protective impacts accurately and reliably, we have made a decision to use alternative criteria for "scientific rigour". "Scientific rigour" is called upon when a project is based on an experimental or quasi-experimental "design" that controls as many variables as possible to isolate effects from their causes so that one can make cause and effect statements within a known degree of probability. As we consider our design naturalistic with no intentions to manipulate the variables, we used credibility and transferability, introduced by Lincoln and Guba (1985), as appropriate methods to establish if our research realized its intended meanings.

These methods are defined and achieved as follows:

Credibility: confidence in the 'truth' of the findings, achieved by Prolonged Engagement.

The OFIFC and Akwe:go workers are fully familiar with the socio-cultural context, in which the program is being delivered; by the nature of their work and cultural affiliation, they have established relationships and rapport with community members; are able to understand and co-construct of meaning behind this study.

Transferability: showing that the findings have applicability in other contexts, achieved by Thick Description.

Following Lincoln and Guba (1985), we chose to describe sufficiently and thoroughly the influence of protective factors on four areas of impact to test our hypothesis of benevolent influences passed inter-generationally. In this way, we created an opportune context to evaluate the extent to which the conclusions drawn are transferable to other programs and services designed for Aboriginal children and youth, so that our research is practical, relevant and directly benefiting communities.

2.6 QUANTITATIVE DATA

TYPES AND METHOD OF DATA COLLECTION

Quantitative data for the Akwe:go Wholistic Longitudinal Study was collected from a variety of sources. This will not only allow for triangulation of client and Akwe:go site data but also for larger breadth of knowledge available for analysis on each client and Akwe:go site as the study proceeds. These data sources include:

- Akwe:go records (at sites and OFIFC);
- Community Profile reports; and
- Survey questionnaires.

Records: Pre-existing data were also utilized for the AWLS study. This includes Akwe:go Records such as client data stored on OFIFC databases and at Friendship Centre sites. Additionally, **Community Profiles** were conducted at each three (3) year study interval in order to collect and track data on the community in which each of the five (5) AWLS sites are located.

Surveys: Survey questionnaires were used to collect quantitative data. Separate surveys will be developed for three (3) separate data pools: children participating in the study, caregivers of the children involved in the study, and Akwe:go site workers from the five (5) sites. Surveys will be collected from each data pool every three (3) years. Surveys will be self-administered online by Akwe:go workers. Surveys will be administered by AWLS consultant/worker: child and caregiver(s).

DATA	LOCATION	NOTES	
SURVEYS	Child, parent, Akwe:go Worker, teacher	See section 'Data Collection Tools' for more detailed information	
AKWE:GO RECORDS	Akwe:go program- and site-wide tombstone data	OFIFC	
	Akwe:go case files	Akwe:go sites	Also include other institutional interventions that have been recorded on file
	Akwe:go Support staff site-visit records	OFIFC	
OTHER RECORDS	TBD		

2.6.1 QUANTITATIVE DATA COLLECTION TOOLS

Records: Will be collected from pre-existing databases.

Surveys: The surveys were designed by the quantitative research consultant and then reviewed by the AWLS Committee. Recommended changes were implemented and surveys were pilot tested. Focus/pilot testing took place in Hamilton, with the Hamilton Friendship Centre.

In collecting survey data, the team anticipated a huge difference between what parent and Akwe:go worker report. Therefore, data involved TRIANGULATION. This involves drawing from multiple sources, including child, caregiver(s), and Akwe:go Program site worker. The following quantitative tools include:

TOOL	FOCUS OF TOOL
Child Survey Tool	<ul style="list-style-type: none"> ▪ Spiritual ▪ Mental ▪ Emotional ▪ Physical: illness, food/nutrition (# times/week skip breakfast/lunch/supper), level of activity, sports involvement (# times gym class each week and school sports) ▪ participants’ eventual parenting behaviours
Parent/Caregiver Survey Tool	<ul style="list-style-type: none"> ▪ financial situation ▪ food security in the home ▪ social situation (single, married, divorced, common-law, current partner) ▪ family structure ▪ family functioning ▪ substance abuse issues ▪ friends social environment ▪ participants’ eventual parenting behaviours
Akwe:go Site Worker Survey Tool	<ul style="list-style-type: none"> ▪ program information ▪ child information ▪ friends social environment

Quantitative data collection took place during a 20-25 min visit with the child, 40-60 min for the caregiver(s), and 15 min for the Akwe:go worker.

2.7 DATA STORAGE

All study subjects have been assigned a unique identifier number so that anonymity can be upheld as best as possible. Subject names and their identifier number were listed in a separate sheet/document from the study database.

Data collected from previous records as well as from the Community Profile Reports and surveys were entered into databases specifically designed for AWLS. The computers used to store these databases are password protected.

Hard-copy information including surveys, Community Profile Reports is stored at the main OFIFC Office at 219 Front Street, Toronto ON.

3. DISCUSSION OF FINDINGS: BASELINE STUDY YEAR

This section is based on themes that emerged from qualitative data (interviews) when it was coded using grounded theory in NVivo qualitative research software. This is in keeping with one of the study intentions: to create longitudinal narrative about the lives of participant children, and in particular, examine the impact of the Akwe:go program on their lives. Quantitative information, gathered from AWLS questionnaires has been used throughout to further expand on themes arising from the qualitative data analysis.

We will be administering the same questionnaires and interviews throughout the 20-year cohort study to understand interests, dreams, aspirations and challenges, and in later years will provide analysis on trends and possible program impact. This first round of data provides only a baseline measure and description of the children, as we do not yet have any comparative data collected over multiple time periods.

Overall, our interviews included lots of casual conversation that provides a rich look into the narratives of the children. In order to get a sense of who these individuals are, we asked all the participants about the child's favourite activities, skills and gifts, and found what might be expected: that children in the Akwe:go program have a variety of interests, abilities, and dreams. While we did not ask direct questions about challenges, the children, their caregivers and workers talked about some of the difficult situations faced by these children. One long-term area of interest for the study is the role that a benevolent adult might play in the lives of the children. Direct questions about role models showed us that while many children in the Akwe:go Program have challenges, many are also supported by strong role models. The strength of the Aboriginal family came through in response to questions about role models as well as in several other areas of discussion.

For the purpose of this report, the themes that emerged were organized according to the areas of impact. It is worth noting that it was challenging to decide where to place the themes; there are many instances where a theme could be appropriately placed in more than one area of impact that follow the Indigenous Identity Medicine Wheel. Indigenous teachings tell us that the wheel is constantly in motion and that each section of the wheel informs the other. With respect to these teachings, the themes have been placed in the area the AWLS research team felt most appropriate, with the understanding that there is overlap and blending between the areas.

3.1 WHOLISTIC PLAN OF CARE

3.1.1 INTRODUCTION: WHOLISTIC PLAN OF CARE

This area of impact emphasizes a healthy state of body, mind, emotions, and spirit as well as a sense of life balance, presence of dreams/aspirations and recognizing one's strengths and areas for growth. We report here on what study participants said about their entry into and engagement with the program, and share their general impressions of Akwe:go. Themes that arose out of baseline questions about dreams and strengths are also covered.

3.1.2 ENTRY INTO THE PROGRAM

Caregivers gave **multiple reasons** as to why they enrolled their children in the Akwe:go program, including looking for increased activity and community engagement, seeking support in their parenting, looking to improve their child's self-esteem, and addressing risk behaviours and needs. What was

common in many of these remarks is that caregivers were looking for these supports in an Indigenous culture based environment that would offer these supports alongside cultural activities. One mother talked about how it was important to have supervised visits with her children in an Indigenous environment:

I came here, got in touch with Akwe:go and said, look I need to see my kids. But I need to see them in a place where... And this is perfect – it's the Friendship Centre. There's smudging. There's all kinds of stuff going on. So we got into the program that way.

Another caregiver talked about how she had sought out Akwe:go after worrying that her son was “stuck in his room, stuck in the house.” She noted that she wanted something that would get him out while **connecting with community and culture**. Similarly, a number of the caregivers talked about wanting their children to “meet other kids.” As all of the children were attending school and surrounded by other children all day, these comments presumably had more to do with seeking safe social environments where they might spend time with other Indigenous children and in a culture-based environment.

3.1.3 GENERAL IMPRESSIONS OF AKWE:GO

General feedback about the Akwe:go program was very **positive**. When caregivers were asked “How well is Akwe:go meeting the needs of your child?” 45% responded “7-8, meeting most of the needs” and 27% responded “9-10, exactly meeting the needs,” equalling 72% of all respondents. When asked “How happy is your child with the Akwe:go Program?” 44% responded “9-10, extremely happy with the program and 39% responded “7-8, mostly happy with the program,” equalling 83% of all respondents. Caregivers shared comments that attested to their children’s appreciation of the program with comments like “He loves the program. As soon as he knows he’s going out – he’s excited. He comes home excited. He’s excited about telling me what happened and what he did. He just loves it,” and “[child] can’t wait for the van. When he knows it’s program day he’s right there with his nose up out the window, waiting.”

Children clearly **enjoy the activities in Akwe:go**, with many reporting that their favourite activities were arts and crafts, while other said it was the sports. As seen in Figure 3-1 ¹, social opportunities and cultural activities were also ranked as the children’s favourite components of the Akwe:go program.

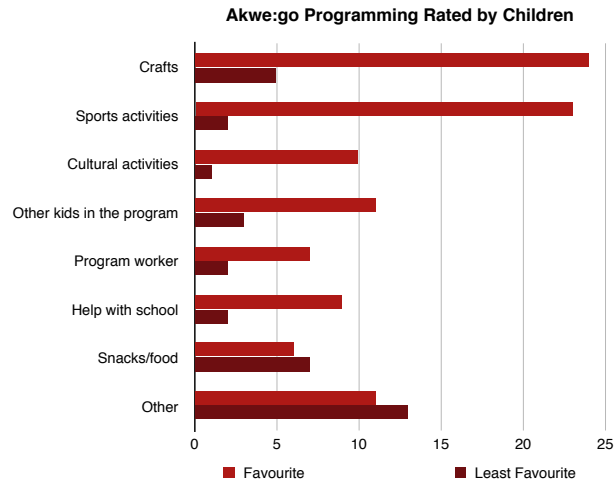


Figure 3-1 - Akwe:go programming rated by children (self-reported).

3.1.4 DREAMS, ASPIRATIONS AND STRENGTHS

This Akwe:go Wholistic Longitudinal Study is, in part, a practice in dreaming about the future of the participant children. For this reason, we asked caregivers, workers and the children what the children most wanted to be or do in the future. We encouraged them to be imaginative, not to see this as an exercise of “What do you want to be when you grow up?” – but rather, a free expression of dreams.

The largest category of response from caregivers and children to the question of what the child would want to “be” was “don’t know,” followed by some kind of movie or music star or athlete. Working in the performing arts, and in particular as a singer also ranked high. A number of children talked about service professions, including being a teacher, police officer, or social worker, or working in health care as a doctor or nurse. Working with animals was popular, with several children talking about how they wanted to be a vet. Some children picked up on our invitation for a more imaginative approach, with a number talking about how they would like to be an animal:

¹ Children were able to choose more than one “favourite” or “least favourite” activity

I'd be a bluebird... 'Cause I like the colour and I wish I could fly. .. In my dreams I used to pretend that I just run and with my arms jump, and pretend I'm flapping and flying in the air. (child)

In terms of what children would want to “do,” the most prominent category of answers the children gave had to do with “don’t know” or to do with material things and wealth. Children gave responses such as “I would wish for all the candy in the world.” Much of the responses to do with material wealth had to do with housing, such as “[I’d] live in a bigger house.. it would look when you walk in, it would have a swirly stair... and then when you got to my room, it has my own washroom, a whole bunch of clothes, a walk-in closet and a lot of shoes.” In response to the question of what they would “do,” children also talked extensively about doing sports and working with animals.

Children were asked what they were “good at” – and the answers we received were diverse but generally in keeping with the range of activities that one might expect of children in the 7-12 age group. Answers in this area corresponded with the main interests in the Akwe:go program and beyond: with “arts and crafts” and “sports” being the primary categories noted as their strengths. A number of children responded to this question with academic capacity in mind, and so told us they were either good at math/numeracy or reading/literacy.

3.1.5 CONCLUSION: WHOLISTIC PLAN OF CARE

The information we collected indicates that having access to culture-based programming is important for participant children and their caregivers. Overall, Akwe:go is greatly appreciated by the families it serves. While the data does not speak directly to the success of individual plans of care, it does indicate that participants feel their range of needs are being met.

In terms of having the ability to dream and see their strengths, it is too early to determine whether the children have the ability to dream large about their future. The dreams and aspirations that the children identified were fairly limited, beginning with “rich and famous” fantasy type dreams, and then representing service professions or other types

of adult work roles they witness within their circles. This is likely not atypical for their age. Given their age and the nature of their dreams and aspirations it is also too early to determine any widespread influence that Akwe:go workers may have had. Some workers did talk about encouraging children to dream about their potential, but this did not come up frequently. As the children grow older, it will be interesting to track the range of options they envision for their future. What is positive is that most children were able to identify their personal areas of strength.

KEY FINDINGS

- AWLS children and their caregivers are generally very satisfied with Akwe:go
- Participants in Akwe:go appreciate having access to culture-based programming and environments
- Children have a range of dreams and aspirations typical of their age range, and there were some imaginative responses!

“I'd be a bluebird... 'Cause I like the colour and I wish I could fly. .. In my dreams I used to pretend that I just run and with my arms jump, and pretend I'm flapping and flying in the air.” [child]

3.2 LEARNING

3.2.1 INTRODUCTION: LEARNING

In this area of impact, learning is broadly understood as the acquisition of the skills and knowledge an individual needs to take on the challenges of the future in differing and various cultural contexts. Indigenous knowledge is central to this definition of learning. We were interested in the extent and nature of the children’s access to and acquisition of Indigenous knowledge as it is related to the formation of individual and communal cultural identity. School experiences, including social and academic challenges and achievement also fit within this definition of learning. In this section we share what children and caregivers said about learning in both school based and “traditional” or culture-based learning.

3.2.2 SHARING AND PRACTICING INDIGENOUS KNOWLEDGE

Indicators of Indigenous knowledge in the AWLS research framework included knowledge of Indigenous languages, songs, dances, stories and foods as well as active participation in community activities. We found that children had access to such knowledge primarily through their families but also significantly through the Awke:go program.

3.2.2.1 ROLE OF FAMILY IN SHARING AND PRACTICING INDIGENOUS KNOWLEDGE

Our surveys indicated that **grandparents** were the primary source of **Indigenous language** teaching for children, at 74%. When asked, "Does [child] understand an Aboriginal language, 78% responded "yes," with Ojibway as the most common language, at 47%. When asked "Does child speak an Aboriginal language," 56% responded "yes." In the caregivers' reports on their child's ability to speak Aboriginal language on scale of 1-10, the majority at 56% choose "poor: 2-3."

Some children talked about doing **land-based activities** with their families, which they greatly valued. As one child stated, "I like hanging out with my friends and going out in the bush with them, and hunting with my mom and grandpa." A number of families are active in **Pow Wow culture**, which includes making regalia, drumming and dancing. Some talked about engagement in **spiritual practices**: smudging, using medicines, gaining spirit names and attending ceremonies such as sweats or longhouse. The influence of family was key to many of these activities. As one parent stated, "[We try] to give him a good healthy life... - encouraging him to pick up the big drum teachings. So we've had his uncle and some other family members be supportive with that learning with the big drum and learning the songs." Another parent gave the example of her child gaining his spirit name and beginning to dance because of the influence of his stepfather. Foster parents also played a role in Indigenous knowledge transfer by taking their children out to cultural events. They made reference to pow wows, and said that cultural involvement was a reason they had enrolled the children in the Akwe:go program.

One of the cultural practices that we asked about in the surveys was **traditional food** consumption. The results for which foods were consumed "often" included land-based animals = 13%; freshwater fish = 13%; saltwater fish = 5%; game birds = 0%; small game = 0%; berries and other vegetation = 27%. Children are presumably consuming these foods within their families, and or engaging in land based activities for some of the harvesting to acquire these foods.

3.2.2.2 ROLE OF AKWE:GO IN SHARING AND PRACTICING INDIGENOUS KNOWLEDGE

Answers to our surveys indicated that the Akwe:go program also plays a significant role in providing participant children access to cultural knowledge and teachings. Akwe:go workers were asked "does the child ask to learn about traditional stories, crafts or activities," and of those who answered the majority answered "yes" at 91% with only 5% reporting "no."

As seen *Figure 3-2* below, many of the children noted that **Akwe:go** was where they had learned **most of their cultural knowledge and teachings**.

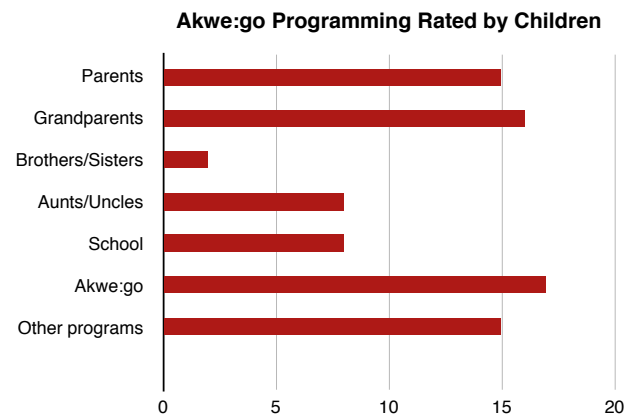


Figure 3-2: Sources of cultural knowledge and teachings for children (self-reported).

Akwe:go was also referenced as a source of **language acquisition**, with caregivers reporting that for 20% of the children Aboriginal language exposure took place in the program. For a number of children, Akwe:go was the first and only exposure to their culture. Some of the caregivers and workers talked about how Akwe:go provided access in the absence of family and community connections, as demonstrated in the comment from this worker:

[Akwe:go] has helped [Sarah] in terms of getting in touch with her Aboriginal culture. Her mother was born in [community] but they have lived here. So she has never lived on reserve, whereas lots of the kids that are in the program have. She's taken quite an interest in making regalia. She's made a jingle dress here. [And] we go to pow wows...

The children expressed gratitude for cultural engagement opportunities, and talked about gaining further **appreciation for their cultures through Akwe:go**. As one child stated, "I didn't really care about the whole culture thing. When I came here, I learned how it was, what we did, and then I realized that like it's a good thing to be a part of my culture."

3.2.3 SCHOOL BASED LEARNING AND CHALLENGES

Challenges related to school were brought up repeatedly by caregivers, with "problems at school" identified by 27% of caregivers as a "source of significant stress." They shared concerns about self-esteem related to academic and social performance, as seen in the comment from one caregiver:

She has a really hard time in school and doesn't give herself enough credit for what she knows how to do. She's always putting herself down and she'll come home from school crying because they don't give her that much help.

As seen in Figure 3-3, the children's surveys further indicated that the school environment has an impact on self-esteem for many of them. When asked "How do you feel about yourself: at school; among friends; and at home," the children reported they were less likely to feel "very good" about themselves at school than in the other environments. Several of the caregivers and children told stories of bullying at school, which included put downs related to academic abilities as well as social integration. The way in which Akwe:go helps to mitigate these stresses will be addressed under the "Sense of Belonging" quadrant.

Children's Self-reflection in Various Settings

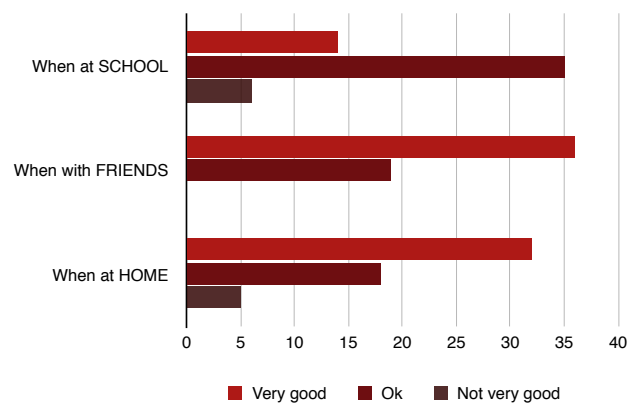


Figure 3-3: Children's self-reflection (self-reported).

3.2.3.1 AKWE:GO WORKER ASSISTANCE WITH SCHOOL BASED CHALLENGES

Study participants spoke about how many of the children are receiving "school supports" from their Akwe:go workers. Some of this work involves advocacy for the children's needs, as noted by this worker:

A lot of the times what the impacts are is - we advocate for these children. So just me saying, "this is distracting. This is not only distracting to her; this is distracting to five other students. You need to change something up." And because we're in the classroom, we build that relationship with the teacher, but not only the students to say this isn't working for them.

As this comment demonstrates, **Akwe:go workers had a notable presence in the schools**, and this was often the result of relationships they had built up over time with school personnel.

Many of the participants talked about how Akwe:go workers spent one-on-one time with participant children in the schools. It was interesting to note how positive the children were about these interactions; rather than feeling singled out, they expressed appreciation for the attention. There were even comments about classmates being envious about the one-on-one time that Akwe:go participant children had with their workers during school hours.

Some of the caregivers and children talked about how Akwe:go **homework clubs** had increased the children's sense of commitment to their learning:

I was really bad in grade five and then I started going in grade six and I got really good because I would sometimes bring my work there [Akwe:go] and a lot of my friends would help me. (child)

He wasn't really into doing his homework ... After he got into the Akwe:go program, that's when he starts doing his homework and stuff like that, because they go to the school and do homework club and stuff like that. I guess he likes it when all of them get together and just do their homework together. (caregiver)

With advocacy, one-on-one support in the schools, and group activity involving the peer influence of homework clubs, Akwe:go's influence on academic challenges was a prominent theme.

3.2.4 CONCLUSION: LEARNING

Culture-based learning is important to many of the children and families enrolled in Akwe:go; it is a vital part of family and community life for the urban Indigenous people we talked to. As identified in the "entry into the program" section, many families choose the program because it offers supports in an environment where the children can also learn about their own cultural practices, including Indigenous languages, songs, stories, crafts, pow wow activity, harvesting, smudging and the use of plant medicines. Although many children have access to culture-based learning in their families, the Akwe:go program plays a key role in offering culture-based learning to children in urban settings.

Dialogue around school-based learning was less positive, with indications that school is stressful for many of the children in Akwe:go for academic as well as social reasons. It is noteworthy that the Akwe:go program is currently supporting school based learning for urban Indigenous children through the one-on-one attention as well as group programming. This support is happening at a time when private tutoring companies as well as school based individual learning supports are increasingly in demand, but are often inaccessible.

KEY FINDINGS

- Grandparents and families play a key role in sharing Indigenous knowledge
- Akwe:go is the main source of cultural learning for many participant children
- Academic and school-based supports are in demand and are addressed through one-on-one as well as group based Akwe:go activities.

"I didn't really care about the whole culture thing. When I came here, I learned how it was, what we did, and then I realized that like it's a good thing to be a part of my culture. (child)

3.3 SENSE OF BELONGING

3.3.1 INTRODUCTION: SENSE OF BELONGING

According to the Indigenous identity medicine wheel, having a sense of belonging is critical to a child's well-being. This sense of belonging is defined by integration and engagement in community, and may involve geographic/urban communities, communities of interest, peer based communities, and Friendship Centre communities. From an Indigenous perspective, having a sense of belonging involves not only what one gets from community, but also what one is giving.

When we asked children directly about having a sense of community and belonging, we found that many were still too young to reflect on this concept. In order to assess this area of impact, we focused on the AWLS indicators that related to a child's subjective feelings of being safe and happy, the nature of their relationships, and engagement in activities. The following themes came through: the role of family in the children's lives; relationships within their Akwe:go and Friendship Centre communities; interests and engagement in activities; and the importance of culture, which feeds into a sense of identity and belonging, building a connection to the land.

3.3.2 ROLE OF FAMILY IN CHILDREN’S LIVES

Extended families play a considerable role in the upbringing of many of the participant children. Survey information about living arrangements indicated that many had grandparents who were involved in “raising the child, as demonstrated in Figure 3-4. This finding offers evidence of distinct Indigenous cultural childrearing customs, in which **grandparents** are actively engaged in raising children.

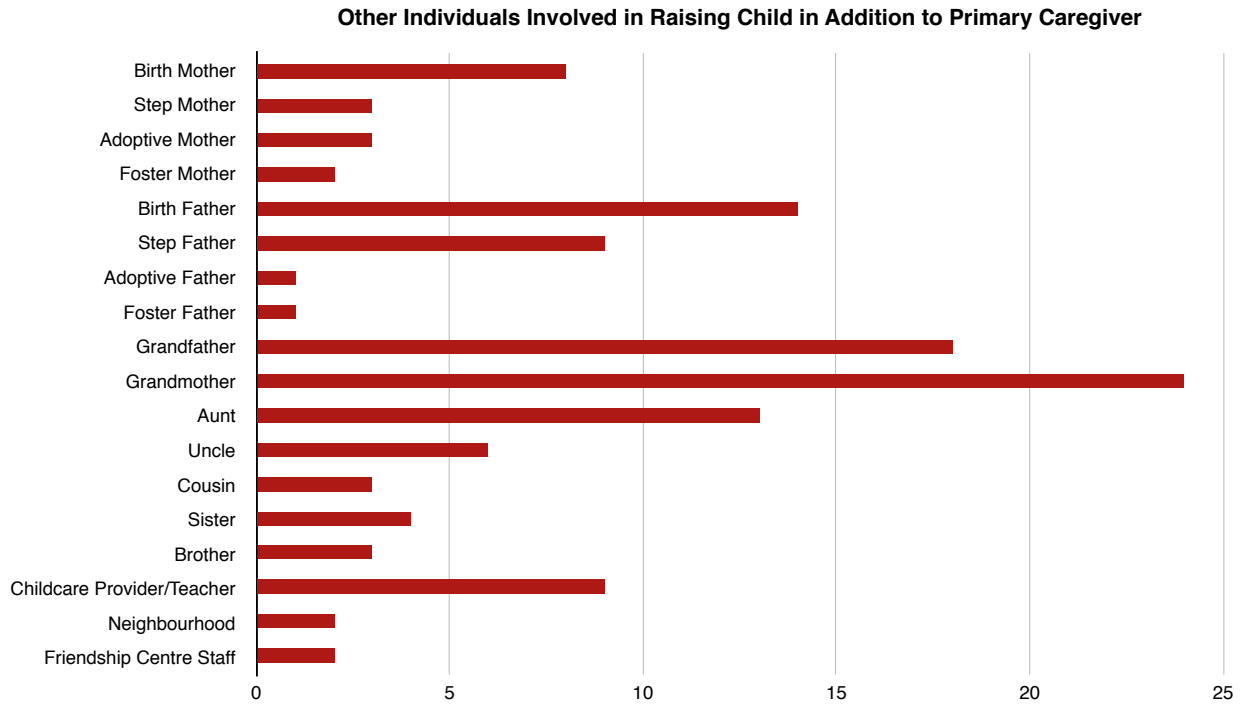


Figure 3-4: Other individuals involved in raising child in addition to primary caregiver (parent-reported).

While it is difficult to know the nature of these relationships, we can make connections to findings in the previous section about the role of extended family in culture-based learning. As noted, grandparents in particular are engaged in culture-based learning, and having a sense of belonging is enhanced by access to cultural knowledge. The connection between cultural knowledge and a sense of belonging is further explored in the final theme of this quadrant.

The significance of extended family can also be seen in the predominance of comments and survey responses about stressors related to family. Family trauma and loss have a profound impact on a child's sense of safety and happiness. Because of this, we have created a subsection to address this recurring theme.

3.3.2.1 STRESSORS RELATED TO FAMILY

Figure 3-5 depicts what was reported in the surveys when we asked caregivers about “events or situations that may have caused a great amount of worry or unhappiness in the child’s life.” “**Stress related to moving**” indicates that housing is a major issue for many of the participant families, and “*problems at school*” confirms the earlier reported findings about school-based learning being stressful for many of the children. Most of the other factors have to do with family-related stressors, including “*conflict between parents,*” “*divorce or separation of parents,*” “*alcoholism or mental health disorder in family,*” “*stay in foster home,*” “*other separation from parents,*” and “*change in household members.*”

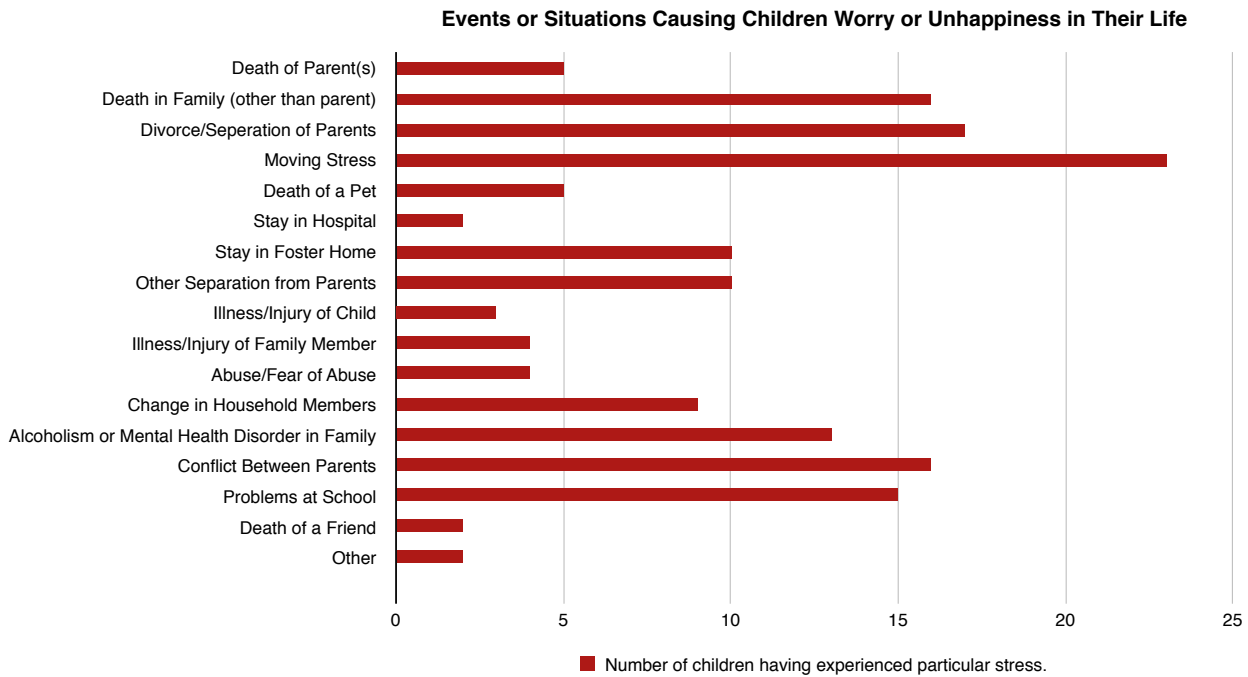


Figure 3-5: Children asked about events or situations that may have caused a great amount of worry or unhappiness in their life (parent-reported).

What came up most frequently in terms of “**challenges**” during the interviews was family breakdown, death in the family, addictions, busy parents, challenges related to single parenting, and poor health among the caregivers. We could see a connection between the survey findings about “moving stress” and what participants told us about the stress of parents splitting up, which included the splitting of extended family because of the need to move. Some participants emphasized needing to involve fathers after a family breakup; workers and caregivers talked about the impact of losing fathers with relation to a child’s self esteem, with comments such as “The separation from her dad, our marriage breakup was very hard on her and she feels that now there’s something wrong with her, because her dad doesn’t want her. So that plays a big role in who she defines who she is.”

There were some comments about the challenges of single parenting. The support provided by Akwe:go workers and interaction with peers in the program was valued because it alleviated some of the stresses related to single parenting. As one mother said:

I think it's very difficult for [my kids] because it's just me. They don't have anyone else to feed off, my personal opinion. So you know when I am saying "this is how it is," they're going, "that's not fair; nobody else has to do that" - I don't have backup. So when they start seeing it out in the community [Akwe:go], it's helping at home.

A number of participants talked about the challenge of caregivers having many demands, and being overly busy as a result. Caregivers talked about demands of having to work and/or going to school: “Work work work.. Then the kids too [say] You’re always working Mom,’ or ‘You never have time.’.. You know what I mean? I feel bad.” A few parents who had several children talked about how they appreciated Akwe:go workers giving one-on-one attention to their children, as one-on one time with each of their children was not possible.

Some of the children had experienced significant loss with the death of grandparents who were a big part of their lives, and in some cases, the loss of parents. Some of the parental deaths involved the trauma of violence, suicide and addictions. A number of the children had experienced multiple

deaths, including those involving children in their families. As an example of the extent of trauma among the children in her program, one worker referred to a talking circle in which the kids turned the subject to grief. She noted *“Almost all the kids have lost someone or have experienced grief.”* Further concerns were expressed about health of some of the ageing parents and grandparents who were caregivers.

Several caregivers and workers talked about addictions, and one worker pointed out that many children had grown up in communities grappling with trauma, stating *“Abuse, mood altering substances is another one that causes of death that our kids are very well aware of. If there’s constant people and communities that are o-d’ing... you know...”* Recovery from addiction was framed as a strength, as expressed by this caregiver:

I’ve been through addictions, been through foster care, and I fought to get her back. I’ve cleaned up my life. You know, as much as things can go wrong, you can always change and start a new path. [Child] knows very much about my addiction. As much as I tried to hide it from her, kids are not... they know. That there is something up and maybe she might not have known exactly what it was, but she knew it wasn’t good. So I just really tried to incorporate my recovery with her.

This comment underpins the importance of an ongoing role of family in the midst of many challenges, and despite the fact that the stressors are often related to family. Broader peer and community engagement is also important, as identified in the next section.

3.3.3 RELATIONSHIPS WITHIN AKWE:GO AND FRIENDSHIP CENTRE COMMUNITIES

Upon reviewing the interview material, we noticed that relationships within the Akwe:go *“community”* were very important in providing a sense of belonging. Children, caregivers and workers alike mentioned the benefits of Akwe:go as a safe environment for social interaction, noting the changes this had effected among the children. Supports to social interaction including using talking circles and talking with children one-on-one about

how to navigate difficult social situations. Caregivers made comments such as *“Now she’s like, opened her wings. She’s more open to people.”* One worker pointed to evidence of the improvements she had seen regarding a child’s abilities to interact with peers:

You saw her last night – she didn’t necessarily know two or three children, and she was playing with them and interacting. She’s actually quite shy. So for her to go and approach them and say do you want to play a game – that’s kind of a big deal, especially since she doesn’t necessarily know them or hang around with them. It shows how comfortable she is with the others in the program as well.

Safety involved being part of the Akwe:go community where, in the words of one worker *“nobody’s going to put you down.”* For some children, a sense of inclusion meant freedom from judgement as well as **connecting with children who had similar experiences**. As one parent commented *“He’s made friends with a couple of the girls who have similar diagnoses as him, like the ADD... so he knows he’s not the only one that struggles with being smart in school and stuff like that.”*

Some of the parents and children talked about how involvement with Akwe:go had been helpful to broaden their community, interests and activities, or even just get them out of the house. One child reflected *“I didn’t do much. I was always at home. And after I came here, I was always doing something.”* The parent of another child spoke of how Akwe:go had **connected them to the local Indigenous community**:

Being part of this program definitely created friendships outside of the home. Community, you know, she’s a member of the Aboriginal community and she’s fully aware of that. When she goes to pow wows she can say hello to everybody. She knows the gentleness of being with an Elder.

Participants remarked on how the **Friendship Centre communities** hosting Akwe:go contributed to the children’s sense of belonging. Some talked about how they had come into Akwe:go because they were already involved in Friendship Centre activities; some noted that their children had essentially *“grown up”* in their Friendship Centre,

starting with pre-natal programming. Many spoke about the familiarity and comfort provided by the Centres, as demonstrated by this comment: *"My kids think this is like a home.... They know where everything is – all the rooms are.. they love coming here."*

Families spoke further about engagement with other Friendship Centre programs and traditions, including annual events like the back to school BBQ or the Christmas party. One caregiver stated that such events are critical as her child does not have other community or work-based Christmas parties to attend. Caregivers also commented on the importance of the ongoing culture-based programming provided by the Friendship Centres. One caregiver told a story about her son's experience with the big drum at the Friendship Centre:

He comes out almost every Thursday night. He drums with the big guys. It's funny how he'll even change his voice to sound deeper like the big guys... But then they're giving him leads. They're [giving] him the teachings around the big drum: "It's okay to kind of joke around, but this is the Grandfather. You take care of it. You're not – you don't act silly. Don't be disrespectful." So there's a big component too around teaching him respect around things, especially the culture and traditions.

As the above quote demonstrates, Friendship Centre communities offer spaces for role modeling, culture-based teaching, creating "families of the heart," and community building, all of which contribute to Akwe:go children's sense of belonging. This is an urban expression of the traditional kin-based societies that was historically common to land-based Indigenous peoples.

3.3.3.1 SUPPORTIVE ADULTS WITHIN AKWE:GO

The establishment of relationships with supportive adults through the Akwe:go program is an important component in fostering a sense of belonging and community for participant children. The children and their caregivers spent a lot of time talking about their **Akwe:go workers**, offering general praise and discussing attachment and trust. Several caregivers mentioned that their children were due to graduate out of the program but did not want to move on

because of the **bonding** they had done with their Akwe:go worker.

Both caregivers and children talked about the benefits of having **one-on-one time** with the worker, as it gave them another adult in their lives that they could trust and talk to about whatever was on their minds. One caregiver commented *"When there's an emergency – when [child's] mood is very low and I get worried, and she's not coming to me to talk, then she has an outlet. [Worker] is a wonderful outlet for her. [Worker] will fix her schedule around seeing her."*

Increased trust and communication skills were identified as notable impacts of the Akwe:go program. Workers talked about children gradually opening up as they spent time with them. One worker remarked, *"He has mom to talk to, but he would open more with me when it came to talking about his family situation and how he was feeling."* As indicated earlier, a few caregivers expressed appreciation for their children having an adult to spend one-on-one time with, as they had multiple children and were not able to pay this kind of individual attention to each child. Time with the Akwe:go worker was, for some children, the only one-on-one time they had with an adult in their lives.

3.3.4 INTERESTS AND ENGAGEMENT IN ACTIVITIES

The children were involved in an array of activities within the community. These activities were offered through the schools, local organizations/clubs, churches and Friendship Centres. Opportunities at schools were discussed; with 39% of caregivers indicating that their children played on a school sports team in the previous year. Related to this, workers were asked "how well the child seems to fit into group situations with other students in his/her class?" and indicated a general bell curve shape: 12% "don't fit in well," 31% "fit in with the group," 43% "fit in well," and 14% "fit in very well." We are unsure about how this affects their participation at school, but it is something to consider in future years. When caregivers were asked what kinds of non-sport extracurricular activities their child participated in during the previous year, bible club, music lessons, dance, singing/drumming, crafting and homework club were most mentioned.

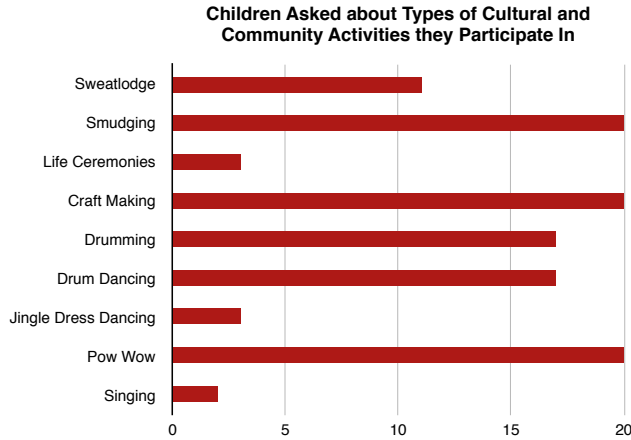


Figure 3-6: Cultural and community activities children participate in (self-reported).

In terms of the extent of their involvement in cultural activities, workers were asked, "does this child seem to have strong ties to his/her cultural background?" and they provided the following answers: 20% "very strong," 53% "moderately strong," and 27% "poor or non-existent." The importance of culture in these children's lives is discussed further in the following section.

3.3.5 IMPORTANCE OF CULTURE

Our findings indicated that **Indigenous culture is valued** by AWLS children. Figure 3-7 shows that the majority of children reported "cultural knowledge and teachings are important to [me]." This knowledge is at the core of **Indigenous identity** and is vital to providing a sense of belonging to urban Indigenous children.

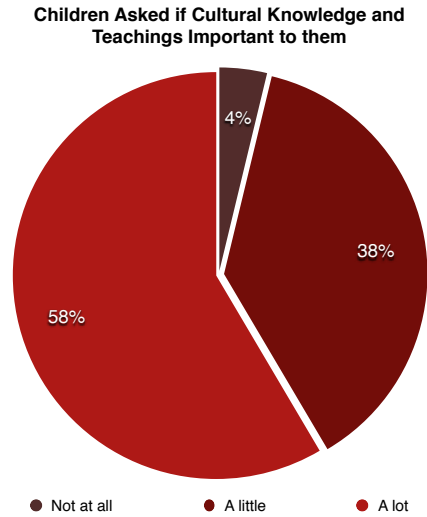


Figure 3-7: Importance of cultural knowledge and teachings for children (self-reported).

Figure 3-8 indicates that approximately half of the participant children indicated a "strong connection" to their Indigenous culture, and wish to learn more about it. This connection speaks further to a sense of belonging and yearning for even greater connections.

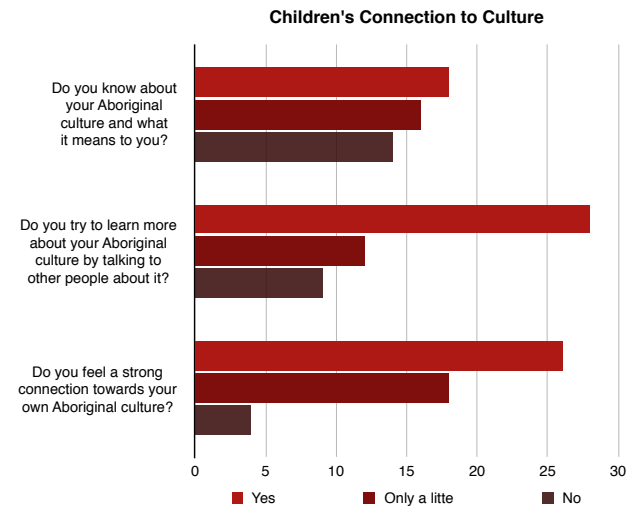


Figure 3-8: Children's connection to culture (self-reported)

When interviewed about their favourite things to do, 13% of the children indicated one of them was cultural activities with a particular emphasis on drumming, dancing and pow wow culture. One child emphasized her enthusiasm for the local summer pow wow, by telling us "All I ever do is talk about it. When is it coming? When is it

coming? Is it coming now? What about now?" A number of the children mentioned their love of land-based activities, including hunting, snaring, trapping and fishing in the northern communities, and gardening and camping more generally. As referenced previously, Akwe:go is an important venue for access to cultural activities, including all of the above. In the words of one caregiver: "He likes to get involved in traditional practices. He's asking more about it and that's why I brought him into the Akwe:go program."

3.3.6 CONCLUSION: SENSE OF BELONGING

In spite of the stressors related to family breakdown and trauma within the family, extended family members and particularly grandparents continue to play a significant role in raising children within many of the families who participated in the study.

One of the most prominent findings from the interviews was that the Akwe:go program, as led by Akwe:go workers, provides a safe environment for children to engage with their peers. Activities and interactions are set up and monitored by professional children's workers. This has led to enhanced social interaction and increased confidence in social situations and in interaction with other children and adults.

One-on-one time with the Akwe:go workers is also highly valued. This supports a premise that underpins the Akwe:go program – that children benefit from having a "benevolent adult" in their lives. Akwe:go workers are addressing this need through one on one time spent with the children, as participants spoke overwhelmingly about the benefits of this interaction.

AWLS children and their families identified a range of interests, including sports, arts and culture and cultural activities. Access to activity was varied. Finally, the children's interests in cultural knowledge and activities demonstrates a need for Indigenous specific programming. Having access to cultural knowledge and activities is key to developing Indigenous identity and a sense of belonging to distinct Indigenous communities.

In analyzing data regarding factors that indicate a sense of belonging, limited information was captured that indicated participants' connection to the land as strongly related to their sense of belonging. It is anticipated that the next phase of this study will consider indicators related to participants' connection to the land as well their involvement in land-based activities, as we expect youth will have increasing experiences to contribute as they become older.

KEY FINDINGS

- Extended families, including grandparents, are active in raising Akwe:go children
- Stressors related to family and moving are significant in Akwe:go children's lives
- Akwe:go/Friendship Centres offer safe spaces for social integration and belonging
- Akwe:go workers are trusted and valued as supportive adults
- Culture is important to the children's sense of identity and belonging

"Being part of this program definitely created friendships outside of the home. Community, you know, she's a member of the Aboriginal community and she's fully aware of that. When she goes to pow wows she can say hello to everybody. She knows the gentleness of being with an Elder." (caregiver)

3.4 HEALTHY CHOICES

3.4.1 INTRODUCTION: HEALTHY CHOICES

The healthy choices area of impact is characterized by a sense of confidence, a **strong** sense of right and wrong, being adaptable and resilient, being discerning in judgement, and knowing oneself. The way in which Akwe:go has an impact on healthy choices will be assessed further in the future as we gather longitudinal data.

Two of the indicators (lack of involvement with the law and lack of addictions) identified in the AWLS research framework do not apply at this stage of the study, largely because of the age of the children. We can offer information at this point about self-reported health status, including mental health, self-awareness and judgement; role models; and choices around healthy activity, including engaging in age-appropriate, safe hobbies, choices around media and the children's estimation of what constitutes fun.

3.4.2 SELF-REPORTED HEALTH STATUS

Social, behavioural and mental health challenges were mentioned by a number of the study participants, with 20% of caregivers stating that they had engaged with an Indigenous health practitioner to assist with their child's mental, emotional or physical health. In the surveys, 16% of the children were identified by their caregivers as suffering from depression, anxiety or severely low self-esteem (either in isolation or in combination). According to caregiver reports, most of the children had experienced "great amounts of worry or unhappiness."

3.4.2.1 MENTAL HEALTH, CONFIDENCE, SELF-ESTEEM, SELF-AWARENESS AND JUDGEMENT

Some caregivers commented on the **impact of Akwe:go on a child's self-esteem**. Social integration, as identified in the "Sense of Belonging" area of impact was connected to increased self-esteem, with caregivers using the term about a child "coming out of his/her shell" repeatedly as a result of Akwe:go. **Acceptance and belonging** were thus related to **social interaction** through Akwe:go and were intertwined with self-esteem. As one caregiver commented, "I think the program has definitely helped bring him more out of his shell, like made him, like gave him more confidence. "It's okay – you're accepted here...So this is like a family."

There were a number of comments about behavioural challenges, with particular mention of struggles with anger. Workers talked about using a range of social/behavioural programming (i.e.

anger management and suicide prevention) as well as providing referrals for appropriate culture based wellness programs, counseling and other support services. The children's responses to this support and training demonstrates the **beginnings of self-awareness and judgement**, as some were able to articulate what they had learned about working through emotional and behavioural needs. This following child's story is a good demonstration of evolving self-awareness and judgement as a result of learning through Akwe:go:

There is another program that I went through which really helped me. There's like a suicidal thing, and like anger management thing. I went through that, because I had problems with my anger issues. Because people were ticking me off and I got in lots of fights when I was in grade two.... I got nosebleeds, I got a broken nose; things like that. (Interviewer asks "So you would say you learned to deal with anger?") ...Yeah. And then the last thing was suicidal. Why would you go suicidal? And I said, because all this stress that I went through of kids making fun of me... So that helped me lots... after I took the anger management thing – like now I don't really get in much fights.

Caregivers also talked about the anger management skills that their children had learned through Akwe:go, with comments such as "I've seen a difference in him. He'll get mad and kind of raise his voice. Then he goes "aww..." He kind of puts himself on a time out and goes and chills out and comes back. And he will. He will go for a walk. He will even say "I'm mad; I'm going for a walk." You know, so that's something this program gave to him..."

3.4.3 ROLE MODELS

As the Akwe:go Program is based in part on the premise that children benefit from multiple caregivers and positive role models, we wanted to explore the presence of role models in the participant children's lives. Many of the children expressed, first, that they **have people in the Aboriginal community that they "look up to,"** as demonstrated in *Figure 3-9*.

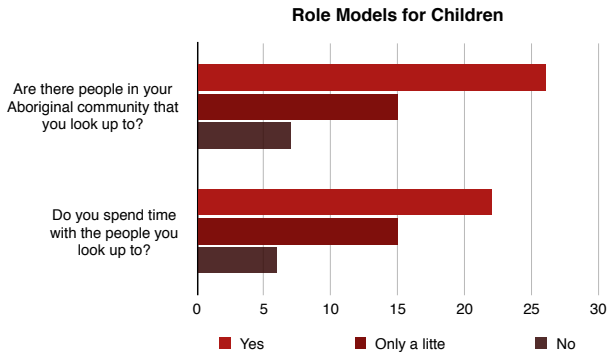


Figure 3-9: Children asked about their roles models (self-reported)

In terms of building broader communities, it was heartening to learn that many of the children have **opportunities to spend time with Elders** or cultural teachers, as is indicated in Figure 3-10. This not only strengthens cultural knowledge, but assists in developing a sense of belonging.

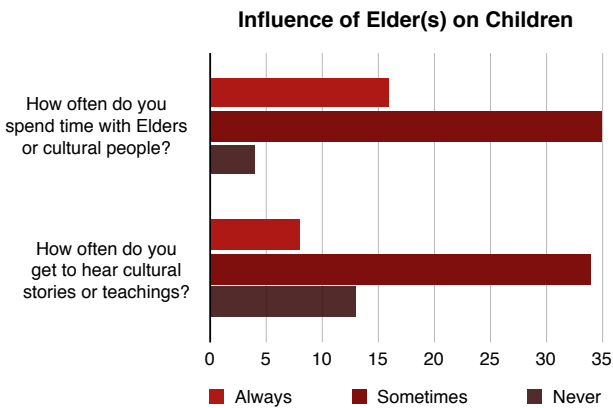


Figure 3-10: Children asked about the influence of Elders in their lives (self-reported).

3.4.3.1 AKWE:GO AND FRIENDSHIP CENTRE WORKERS

Akwe:go workers figured significantly in the mention of role models as they were brought up by eighteen of the interviewees. One caregiver commented *"Her Akwe:go worker is a huge mentor to her, like a big sister. She will go to her for whatever is going on in her life."* Other Friendship Centre workers were mentioned as well. One

caregiver talked about the Friendship Centre in general being a place to find role models, stating *"The only place is here, the people. She comes here and that's where she talks and gets ideas, and asks questions that are different than me."* These findings connect to indicators in the "Sense of Belonging" quadrant, which documented how Akwe:go workers act as supportive adults, and Friendship Centre communities in general act as **family and community** to children in Akwe:go.

Although the conventional definition of family refers to individuals who are related to each other by blood, participants in this baseline report phase have not explicitly stated whether specific individuals they referenced were genetically related. This can be attributed to participants feeling a close bond to particular individuals in their lives, with whom they have no genetic relation and whom they consider members of an extended family. Findings in this report reflect this assumption, as researchers did not ask participants to decipher whether a genetic relation existed among all individuals the participant referenced. These matters will be considered in the data collection methodology for the next active research phase.

3.4.3.2 FAMILY ROLE MODELS

We noted a predominance of family members who came up as role models; this validates the significance of family that has come up elsewhere in the interviews and survey responses. Mothers and siblings were most often noted as role models, followed by fathers, grandmothers, aunts, grandfathers, uncles and cousins.

Women in the family were reported to be **highly influential** as role models to the children. As one child mentioned *"The only person that I really have right now as a role model is my mom."* A number of children are being raised by grandmothers and/or have grandmothers who play a significant role in childrearing and their daily lives. This was supported by the survey responses, for when caregivers were asked via questionnaire, "In the early years (0-6 yrs), who did [child] spend time with?" 63% of the children were with their "mother," 32% with their "grandmother," and 22% with "both parents."³

Fathers were mentioned as role models for children of both sexes. As one girl said:

³ Survey respondents were able to choose more than one answer.

I look up to my dad just because he's like so cool and he's a really good parent. Sometimes when I watch shows, I see all these other parents that may not be as good as him. So I look up to him because he's just like, he's my dad and stuff... So when I'm older I want to be kind of like him.

The role of **aunts and uncles** were noted by some participants. One child stated **"My great aunt teaches me a lot of stuff. Sometimes she'll take me on a walk in the woods and she'll teach me the medicines and we'll look for the maple syrup. She'll tell me stories and stuff. It's really fun."** With references to the importance of uncles, a caregiver commented *"My brothers are avid hunters, go out moose hunting. They took [boy] and he absolutely loved it."*

Although there were a number of comments that might be categorized as sibling rivalry, (including wanting to turn one's sibling into a frog and so on), there were also many comments from the participants that showed the appreciation children had for their **siblings**, and especially as role models. One child commented:

"My older sister [is my role model], because she's really good at stuff... she's really good at school and education.... I don't know – she's been my role model for a long time, since we were like kids... She's like, she's really funny."

Another child mentioned that a five year-old younger sister was her role model.

A number of participants talked about the role modeling inherent in **witnessing strength** among their family members who were struggling with issues such as going back to school, dealing with addictions or facing trauma. One mother commented:

She sees me, single mom. I do everything. I work. I got to school at night too.... So she sees that I work all day and then I go home and I get to be the student. And I still have to do homework and I have to do my reading. ... [My child] says 'When I grow up I'm going to be like you mommy.' (caregiver)

A worker talked about the **positive impact of recovery** among one of the families she worked with, stating *"[The] mom was an alcoholic, an addict. [Child] saw and lived that kind of life... She lived in foster care.*

Now going back home and living that good life.... That's what she and her sister see; they're so proud of their mom."

3.4.3.3 GENDER AND ROLE MODELING

In some cases, role modeling was gendered. There were only a few **male Akwe:go workers**, but it was noted that boys and girls alike benefitted from having these men who they could look to as role models. One worker commented that the Friendship Centre in general provided "male support" for boys. With reference to one of the boys in the group, this worker talked about the significance of *"anything to do with men's teachings, and men's groups and boy's groups... Like the boy's club that we have – [child] loves to do stuff like that."* Regarding the need for male role models for one of her sons, one caregiver commented *"I know deep down he wants so much to have a male role model. And it'd be nice to maybe have that in Akwe:go, like have some men, because I'm kind of worried what's going to happen when if that's all has to lean on is women – you know he needs that male figure. He doesn't have that anywhere."* Whereas girls and boys had more access to female role models in their mothers, aunts and grandmothers, some remarked that the female workers also provided **valuable female role models**. As one caregiver commented: *"[Female Akwe:go worker] is a big role model for her, because she sees that girls can do a lot."*

3.4.4 CHOICES AROUND ACTIVITY

The notion of "what constitutes fun" in the children's lives can be seen in their responses to questions around their favourite things to do. Safe, age appropriate hobbies were well represented, with the largest categories of response to favourite things being **"arts and crafts" and "sports."** Caregivers commented on the **use of imagination** among their children, with comments like *"give her a piece of paper and she can draw for hours."* Caregivers also talked about imaginative play with toys such as Lego or Little Pet Shop animals, offering stories of children making their own videos with these toys. Other creative activity, including doing performing arts and particularly singing ranked highly among favourite activities. As one caregiver commented *"She's pretty well singing all the time!"*

One way of looking at the nature and extent of activity related to healthy choices is by reviewing the findings about **physical activity** among the children.

Generally, the children’s engagement in active play was positive: fifty-two out of the fifty-five children indicated that they “liked playing sports.” When asked if their child “played on sports team during the last school year,” 49% indicated “yes,” 47% indicated “no,” with one caregiver indicating “no, there were no sports teams offered through the school.” This comment raises issues of access; eleven participants noted that children are sometimes limited in their choices because of socio-economic factors, or the availability of programs in their area.

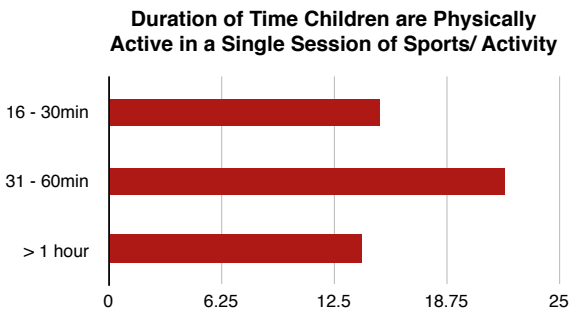


Figure 3-11: Children asked how long does a child spend being physically active in a single session of their most played sport or activity, organized or unorganized (parent-reported)

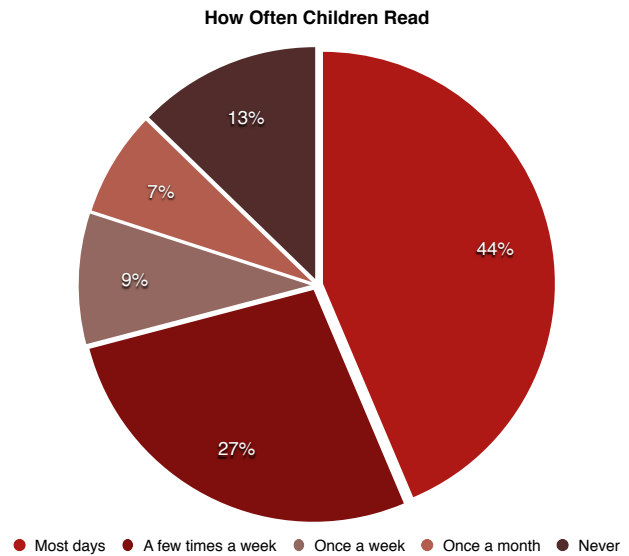
When asked, “how many days last week did you **play outside?**” the average answer was 4.2 days out of the last 7 days. Eight parents, five children and three workers mentioned outdoor play as a favourite activity. As the interviews were conducted in the winter, tobogganing was on the minds of a number of the children and gained favourable mention!

Playing games on or generally using **computers** was less prominent, but still significant in their lives. Caregivers indicated that 96% of the children had a computer in their primary home and 100% of the caregivers who responded (6 individuals chose not to respond) indicated that the children use a computer “at school/childcare.” When asked “outside of school hours, on average, how many hours a day does [child] spend watching **TV**, playing video games or on a computer,” it was indicated that 25% of children watched between 30 min - 1 hour, 49% watched between 1 hour – 3 hours, and 15% had on average 3 hours or more of television, video game or computer time each day.

We collected information about **literacy activities** and found that reading with their caregivers was

not a common activity among AWLS children – in the caregiver questionnaire, only 9% of caregivers indicated that they read to their children “a few times a week” and 22% indicated that their children read to them “a few times a week.” However, when the children were asked “how often do you read for fun,” 44% of the children responded “most days” (see Figure 3-12).

Figure 3-12: Children asked how often they read (self-



reported).

These results may very well be indicative of the age of the children, as independence in reading and activities becomes more significant around this age. The data collected on independent reading is promising and will be an interesting factor to review in later AWLS years when identifying outlets and activities these children begin to rely on as they grow.

3.4.5 CONCLUSION: HEALTHY CHOICES

Mental health is a concern for children involved in the Akwe:go program. Modules within the program seek to address this need through various activities and caregivers indicate that this has been valuable for some of the children. Activities through the Akwe:go program have taught children how to make healthy choices around anger and sadness and this has been noted to make substantial impact in the lives of the children.

Children who participated in the AWLS are influenced by a range of role models within their extended families, although there is a need for more male role models. As role models, Akwe:go workers are also having a positive impact on children, with some children benefitting from gendered role models they might not otherwise have.

The healthy and safe activities, such as sports, arts and literacy activities that children are currently participating in may prove to be a protective factor as they move forward. At this point, it is relatively easy for children to be involved in sport and physical activity as it is part of school curriculum and Akwe:go programming. However as the children age, these opportunities will no longer be mandatory and will require individuals to make a concerted choice and effort to be involved. If these activities really are protective factors, they will have most likely arisen from early influences.

Identifying these protective factors (role models, sport, arts, literacy) and understanding the early influences leading to their acquisition and role in later life are important elements to be examined in future AWLS study years.

KEY FINDINGS

- Akwe:go workers provide effective tools for improving self-esteem, awareness and good judgement.
- Extended family and especially women in the family provide strong role models.
- There is a need for more male role models in the family and among workers.
- The children are engaged in a range of healthy activities, including arts and crafts, creative activity, sports and outdoor play.

"My great aunt teaches me a lot of stuff. Sometimes she'll take me on a walk in the woods and she'll teach me the medicines and we'll look for the maple syrup. She'll tell me stories and stuff. It's really fun." (child)

4. CONCLUSIONS AND MOVING FORWARD

This report documents the primary baseline findings of the Akwe:go Wholistic Longitudinal Study, which was structured around a two-fold hypothesis as follows:

Firstly, we believe that Akwe:go, being an individualized, culturally-appropriate support program, anchored in meaningful and positive relationships, has positive impacts on the child's sense of security. This is because the protective influences that are transmitted from everybody involved in the Akwe:go circle of security to the child in a way that is akin to the benevolent adult-child relationship.

Secondly, we hypothesize that the increased sense of security, manifested in the four areas of impact that correspond to Akwe:go goals and domains of the Indigenous Identity Medicine Wheel, remains a protective factor over the child's development years. This results in a healthy state of body, mind, emotions, and spirit, as well as confident and affirmative attitudes rooted in Indigenous ways of knowing, increased emotional and community integration, and the perceived and documented sense of life balance.

As the AWLS is a longitudinal study, analysis at this stage is limited. We were unable to examine the impact on participant children over time, and in particular questions relating to the second part of the hypothesis, which speaks to how any increased sense of security "remains a protective factor over the child's development years." This will be the focus of subsequent study years.

We have offered some observations pertaining to the first part of the hypothesis; on whether the Akwe:go program has made "positive impacts on the child's sense of security," corresponding to the four domains of the medicine wheel. However, any observations have come from self-

reporting and reflections of study participants as to what the Akwe:go program has meant in the lives of the children. In future years, we will be able to speak to these impacts according to the data we have collected following the AWLS research methodologies.

Analysis at this point has been further complicated by the study sample, as it included children who had been in the program for a range of timeframes; some had just started when we collected data while others had been in for several years. The sample size is too small to further divide the participants into groups according to exposure to the program, by age, and by those who have special needs, which limits the analysis in terms of impact resulting from the program.

With these limitations, we organized and reported on baseline findings according to the domains of the areas of impact, with a focus on how the circle of care around Akwe:go children influences them. Key findings are summarized in the following sections.

WHOLISTIC PLAN OF CARE

- AWLS children and their caregivers are generally very satisfied with Akwe:go.
- Participants in Akwe:go appreciate having access to culture based programming and environments.
- Children have a range of dreams and aspirations typical of their age range.

LEARNING

- Grandparents and families play a key role in sharing Indigenous knowledge.
- Akwe:go is the main source of cultural learning for many participant children.
- Academic and school based supports are in demand and are addressed through one-on-one as well as group based Akwe:go activities.

SENSE OF BELONGING

- Extended families, including grandparents, are active in raising Akwe:go children.
- Stressors related to family and moving are significant in Akwe:go children's lives.
- Akwe:go/Friendship Centres offer safe spaces for social integration and belonging.
- Akwe:go workers are trusted and valued as supportive adults.
- Culture is important to the children's sense of identity and belonging.

HEALTHY CHOICES

- Akwe:go workers provide effective tools for improving self-esteem, awareness and good judgement.
- Extended family and especially women in the family provide strong role models.
- There is a need for more male role models in the family and among workers.
- The children are engaged in a range of healthy activities, including arts and crafts, creative activity, sports and outdoor play.

The AWLS research team has some concluding reflections that cut across the domains of the medicine wheel which are shared in the following sections.

4.1 SIGNIFICANCE OF THE COLLECTIVE

It takes individuals like Akwe:go workers to build, guide, and support our communities. The Akwe:go program also supports children by building the strength of the collective and making it accessible.

It has been noted that the Akwe:go program is based on the premise that a benevolent adult can make a positive impact on a child's life. Our study documented the positive influence of the Akwe:go workers in their relationships with individual children, with reports of increased self-esteem, confidence and coping skills as a result of one-on-one time with Akwe:go workers. What also became evident was that the Akwe:go program supports children by **building the strength of the collective and making it accessible**. This came across in the extensive data related to the benefits of social interaction within and because of Akwe:go. Children talked about how much they enjoyed the safe, culture-based social environment provided by Akwe:go. Caregivers and workers talked about increased confidence, self-esteem and coping skills among children because of their participation in these social environments. It appears, then, that many of the children benefited not only from the one-on-one relationship that they developed with their Akwe:go worker, but also and perhaps especially because of the social environments and community that these workers were able to facilitate and support around the child. The old adage of "It takes a community to raise a child" is applicable here, but the salient point is that **it takes individuals like Akwe:go workers to build, guide and support such communities**. References to Friendship Centre communities on the part of caregivers and children demonstrated that they offer another layer to this circle; a space where children find themselves beginning to thrive.

As we move forward to the next round of data collection and begin analysis, we will thus need to be aware of how these communities and the adults that support them have changed. Most of the children will have graduated out of the Akwe:go program, and may or may not be involved in further Friendship Centre programming. These environmental factors can be examined and compared to the strong sense of collective and community contributions to children's sense of security that came up in the baseline findings.

4.2 SIGNIFICANCE OF THE EXTENDED FAMILY

It is evident that children's well-being is dependent and connected to a range of caregivers, role models, and helpers.

Themes related to the extended family cut across all four domains of the areas of impact. We observed that family was important in terms of child rearing, passing on culture and role modeling, and that at the same time much of the stress that children endure is related to trauma or breakdown within their families. As with the findings about the collective, **it is evident that children's well-being is dependent and connected to a range of caregivers, role models and helpers.** The presence of extended family in the children's lives is consistent with traditional/historical Indigenous child rearing models, in which grandparents in particular played an active role in raising children. It is interesting to see that in spite of the centuries of attack on Indigenous family systems, threads of the extended family model still exist, and are operational in urban settings.

Moving forward, we wish to track the significance of family, and especially as the children enter their teen and young adult years – stages at which, in mainstream culture, youth typically pull away from the influence and engagement with family.

4.3 SIGNIFICANCE OF CULTURE AND IDENTITY

Akwe:go program provides an important venue for children to access culture and build an Indigenous identity out of it.

Learning about and practicing their **Indigenous cultures** came out as **highly and broadly valued** by the children and families that participated in the AWLS. Many of the children's "favourite" activities at Akwe:go had a cultural component. Through interviews, parents often spoke about the life lessons that their children were learning while daily activities with cultural teachings from the Akwe:go and Friendship Centre staff. Although they are able to access some of this learning and practice in their families, the **Akwe:go program provides an important venue for children to access culture and build an Indigenous identity** out of it. The children we spoke to were generally enthusiastic, positive, and confident about Indigenous culture – all had at least some sense of what that meant to them.

As the children graduate from the program and move forward into teen years, it will be interesting to track whether learning about and practicing "culture" continues to be an important element in their lives. Will their culture and its teachings influence the way the children will choose their learning paths, career paths, hobbies and activities and their outlook on family life? More specifically, we will look to understand if culture and a strong tie to one's culture is a protective factor to these children who have been identified early on as at-risk.

4.4 STRESSORS RELATED TO SCHOOL-BASED LEARNING

The AWLS children reportedly find their school-based learning and related experiences a "source of significant stress."

It is unsettling that almost a third of the AWLS children reportedly find their **school-based learning and related experiences a "source of significant stress."** While Akwe:go workers are doing their best to provide supports and are achieving some results, the needs of these children may be greater than the capacity.

As the children move into middle school and then high school years, they may find themselves in environments with low Indigenous student success rates. The AWLS research team desires to examine their changing needs and the types of supports that are available to them. Understanding which supports are successful and which are not is paramount to appropriately addressing needs and setting the children up for long-term success.

4.5 MOVING FORWARD WITH A POSITIVE OUTLOOK

The Akwe:go workers have been identified by both the children and their caregivers as this vital sources of support.

We conclude the baseline phase by noting that while the AWLS children all have encountered struggles (the very reason for their placement in the program) there is positive outlook for each one. For those that do not have the support at home and would not otherwise seem to have support, the **Akwe:go workers have been identified by both the children and their caregivers as this vital support.** These workers are providing not only a safe place for play, learning and social interaction, but are an emotional support for the children and caregivers helping to make provisions for basic needs and referrals when required. These workers have a realm of influence and reach into a child's life and emphasizes the the need for well trained and well-screened Akwe:go workers.

While we will continue to document all the life events surrounding the children participating in AWLS, we will remain focused on the **positive accomplishments and stories** surrounding the children as they become pre-teens, teens and adults. We look forward to gaining insight on the factors involved in these positive and healthy stories and then ensuring these factors, if related to the program, are included in subsequent children's programming.

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APPENDIX

APPENDIX 1 – QUALITATIVE INTERVIEW QUESTIONS

QUESTIONS FOR CHILDREN

Preliminary

- Can you draw a picture that shows what Akwe:go is like for you?

Interview

- Tell me a bit about yourself.
- What kind of things do you like to do?
- What are you good at?
- Who are your role models? Who are the adults that you look up to?

Let's take a look at your picture:

- Tell me, what was it like for you before you started coming to the Akwe:go program?
- What was it like when you first started Akwe:go?
- What kinds of things do you do in Akwe:go? Tell me about your favourite part.
- What have you learned in Akwe:go? What has changed for you?
- If you had a magic wand, what would you change about Akwe:go? What would you change about your life right now?
- Is there anything else you want to tell me about Akwe:go or how you feel about it?
- Overall, if you could do or be anything you could imagine what would that be?

QUESTIONS FOR FRONT-LINE WORKERS

- Tell me a bit about [Sally]:
 - What does she like to do?
 - What is she good at?
 - Who are her mentors and role models?
 - What are her dreams and aspirations?
- How did [Sally] first become involved with Akwe:go?
- What have [Sally] been most enthusiastic about? Least? Please share your observations of her participation in the program.
- Can you talk about what [Sally] has learned in Akwe:go?
- What changes have you noticed in [Sally] since starting the Akwe:go program?
- Is there anything else you want to tell me about [Sally] or her participation in Akwe:go?

FRAMEWORK QUESTIONS FOR CAREGIVERS

- Tell me a bit about [Sally]:
 - What does she like to do?
 - What is she good at?
 - Who are her mentors and role models?
 - What are her dreams and aspirations?
- What was it like for [Sally] before she started in Akwe:go?
- How did [Sally] first become involved with Akwe:go?
- What has been [Sally's] favourite part? Can you share any stories about this?
- Can you talk about what [Sally] has learned in Akwe:go?
- Have you noticed any changes in [Sally] since starting the Akwe:go program?
- What has changed for you since [Sally] started Akwe:go?
- Is there anything else you want to tell me about [Sally] or her participation in the Akwe:go program?



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