

Indigenous Health Outcomes Grant

In recognition of the distinct health needs of the Métis, Inuit, and off-Reserve Aboriginal peoples, Niagara Region Public Health and Emergency Services (NRPH&ES) provided your organization with **one time funding for up to \$9,999.00**. The funding was available for one or more program or service that contributed towards improving the health outcomes of the local Indigenous population. For our records, we would like to find out how the funds were used and if there were any short-term outcomes as a result of the program, service, or training that you provided.

Please complete the following report when you have used the funding and return to Cassandra.Ogunniyi@niagararegion.ca.

Organization: Niagara Chapter Native Women Inc	Date: April 9, 2019
Name & Title: Wendy Sturgeon, Executive Director	
Contact telephone & email: 905-871-8770 edncnw@gmail.com	

*Report by Bev Hill, Infant Family Support NCNW, Wendy Sturgeon, Executive Director NCNW. April 2019 Duration of project: Dec. 2018 – March 2019 at 14 hours per week!
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I. Program/service name: Indigenous Infant/Family Support – 27 family members were supported, 52 professionals were contacted, educated.



Description of program or service:

Indigenous infant/family support project was an introductory stage in networking with a variety of indigenous and non-indigenous agencies. The NCNW is responding to the noticeable health inequities experienced by its growing population of Indigenous infants and children. Through this project we were able to listen to our maternal mother's and families their voices and translate their experiences of live birth through **one on one Home Visits**. The voices have identified that very early on in their pregnancy stages, first trimester; there is a huge need for "Indigenous Infant Family Support" workers. These workers should stay with them through their journey of birthing and post birth. The voices stated that they are needed to



advocate on behalf of families because of barriers they have encountered to the health care system; barriers such as lack of transportation, lack of child care, fear of being judged for lifestyle and fear of the health care system due to negative experiences in the mainstream health care system that they or family members have had and knowing the health care system has been involved in historical trauma to Indigenous people. However, the biggest and heaviest emotionally charged identified issue was any current or past involvement with the Family and Children Services or a Children's Aid Society. The historical trauma that was and still is in effect for Indigenous families especially upon being a pregnant family creates the fear of a lost baby, mental trauma, ensuing depression, unrequited grief and loss of hope! High anxiety pre-birth gives way to heightened fear at birth. The stress levels are compounded due to the history of child welfare in many lives of the Indigenous population and their immediate family members. Being served papers while practically in labor in the hospital that you're "about to be birthed" infant who should be welcomed joyfully into this world, will be apprehended is the highest ranking of cruelty, victimization and "violence against women" sanctioned by any state government on the planet and as such needs to be severely addressed at all state levels (which we are pursuing btw).

When meeting with service providers it became clear that some such as Public Health, had taken the Indigenous Cultural Safety training offered by the LHIN 4 however, some within the health care system with departments of over 100 people, many of whom are front line workers with infants, mothers, families and children could not attest that any workers at all had taken the training. The training has been offered for over three years throughout the LHIN 4 region so this was shocking news. As part of our project, we connected these individuals to the appropriate LHIN 4 educators and trust there will be significant uptake asap. This was also reported to the Indigenous Health Network of the LHIN 4 as one of our findings. Further, through this project we were able to ascertain, that most if not all health service providers throughout the region, do not feel comfortable and absolutely do not want to be involved with child protection. Health Care Providers stated that if we could get FACS to the table they were open to helping in any way possible. As we have a longstanding relationship with FACS we were therefore able to broker a high level meeting with leaders to discuss and open the door for the Health Care Providers to express this directly to FACS leadership. Subsequently, FACS workers are no longer requesting Health Care Staff supervise a parent for instance after the birthing process. Outcomes from this meeting are that the Indigenous community, specifically NCNW for now, is to be involved in FACS / CAS related birth plans and the template for such plan is attached to the medical chart for the birthing family and health care provider to know there is Indigenous support and they ought to be the ones first called with no

need to call default to FACS / CAS automatically as has been done in the past. Additionally, one outcome from a meeting with Public Health, Family Unit informed us that they would much prefer to have the ability to work very early on with pregnant families and to be there jointly with the Indigenous community as needed throughout the process.

a. Describe any short-term outcomes (changes, benefits) related to the program/service/training you provided. Provide quotes or comments from the participants or staff members if relevant.

Although there is some positive networking between agencies, the dismal dysfunctional history of Canadians with Indigenous people is reflected in the lack of participation of the population in any institutional environment, including health care. It's imperative that any health care provider working with the Indigenous population understands the inter-generational cycle of oppression and abuse experienced by Indigenous families over 500 years. It's imperative that these services educate **the health care providers working for them** about the health disparities of the Indigenous community, are educated about the embedded racism and prejudice that exists within systems, within thinking and realize that these play key roles as to why Indigenous families require "enriched services", a type of health care service



that compensates for earlier wrongs which have resulted in these health disparities over time. Since some mainstream agencies were unaware of the Indigenous Cultural Safety (ICS) training that is available to health professionals we shared the contacts with them. In addition the Truth and Reconciliation Calls to Action 2015 report Health Care 7 Actions for mainstream agencies were also shared.

We hope that
Indigenous

Infant /Family

Support Workers will become permanent positions attached to the Public Health services throughout Canada. We feel through these positive networking meetings that we created positive dialogue opportunities leading to the acceptance and ongoing use of Indigenous practices and traditions within the Local Health Network in Niagara (hospitals, public health clinics &



physicians).

The result will be holistic and positive change for Indigenous Infants, new parents, and families encompassing all elements of our Cultural Beliefs. This in turn will help provide the best “traditional” start to their life by supporting their Cultural identity as part of the family, community and keeping parental/family attachment strong. This we know is well documented as the basis for wellbeing and improved health outcomes in later life. We need to give our families the “enriched services” required to reclaim the parenting teachings and love that was stripped away through ongoing illegal, oppressive practices, through legislation (such as the Indian Act) and the Residential School Era.

We seek to improve Long Term Health Outcomes by ensuring the best start for Indigenous Infants and their families.

II. Targeted population(s) and reach:

a. In the table below, list all specific population groups that attended your program/service/training/etc. and the frequency of the activity

Participant	Number in attendance	Relationship	Frequency
KB	(4) mom, baby, son & midwife	Home Visit	Monthly
JW	(2) mom & baby	Home Visit	Monthly
HD	(2) Mom & baby	Home Visit	Monthly
BC	(6) mom, dad, son, baby FACS workers	Home Visit	Monthly
CC	(2) Mom & dad	Home Visit	Bi-weekly
CW	(5) Mom, dad, baby ,grandparents	Home visit	Bi-weekly
AP	(4) mom, baby, grandmother, FACS	Home visit	Bi-weekly
VS	(3) mom, 2 sisters	Home visit	Bi-weekly

Professional contact	Number in attendance	Relationship	Frequency
1-Infant Mental Health Promotion (IMHP)/ Hospital for Sick Children	Adeena Persaud, MSW,RSW project coordinator IMHP	Attended IMHP meeting re: infant mental health for newborns, and how we can support better care for Indigenous Infants at all levels of health	A couple of meeting will be on-going relationship
1-Infant Mental Health Promotion (IMHP)/ Hospital for Sick	Chaya Kulkami IMHP	Attended IMHP meeting re: infant mental health for	A couple of meeting will be on-going relationship

Children		newborns, and how we can support better care for Indigenous Infants at all levels of health	
1-Infant Mental Health Promotion (IMHP)/ Hospital for Sick Children	Donna Hill/IMHP Admin	Attended IMHP meeting re: infant mental health for newborns, and how we can support better care for Indigenous Infants at all levels of health	A couple of meetings will be on-going relationship
1-Indigenous Diabetes Health Circle	Kathleen LaForme	Information sharing of the Indigenous infant family support worker and role in supporting Long Term Health Outcome for Infants and families	Info sharing will be on-going networking
1-Niagara Health System St Kitts hospital Labour and Delivery Dept.	Natalie Doucet Clinical Manager	Information sharing of the NCNW org and the Infant Family Support Worker role supporting Long Term Health Outcome for Infants and families	Info sharing will be on-going networking
1-Niagara Health System st Kitts hospital Labour and Delivery Dept (Education)	Nikole Edwards	Information sharing of the NCNW org and the Infant Family Support Worker role supporting Long Term Health Outcome for Infants and families	Info sharing will be on-going networking
2-Family and Children Services	Anna Bozza FACS Executive Director+ Kathy Stead, Supervisor of Family and Children Services		Info sharing will be on-going networking
1-Niagara Region Health Department	Anne Biscaro Director of Family Health	Attended information sharing session of the NCNW inc and the role of Infant Family Support Project/Long Term Health Outcome for Infants and families	Info sharing will be on-going networking
1-Niagara Region Health Department	Amanda Hicks, manager of Healthy Babies Healthy Children	On -going services	Info sharing will be on-going networking

1-Seventh Generation Midwives Toronto/ Baby Bundle Project	Cathy Punnett/project manager for the Baby Bundle Project	3-year project for Indigenous families during and after pregnancy and birth. What Barriers and challenges pregnant Indigenous people face?	Info sharing will be on-going networking
12-Indigenous Health Network Committee LHIN 4 COMMITTEE	12 members present		Info sharing will be on-going networking
14 -Life Nest	Julie Lafontaine, members: Julie Buckshot, Jackie Labonte, Lenora Gilbert, Charlene Lovegrove, Bobbi Jones, Oliver Labonte, (14)	Holistic healing center to host: doulas, midwives, birthing center, Elder support, Indigenous education support	Info sharing will be on-going Networking
2-Public Health/Niagara Region	(1) Sandy Richardson, manager of Healthy Babies Healthy Children Family Health (1) Amanda Hicks	Information sharing of the NCNW org and the Infant Family Support Worker role supporting Long Term Health Outcome for Infants and families	Info-sharing will be on-going networking
12 -Niagara Chapter of Native Women	7 employees , 2 students 3 board members		Info sharing ongoing

b. Please include any other comments about who benefited from this program/service, including potential future reach.

Recommendation 1: Public Health needs to support Indigenous Infant Family Support worker / Coordinator to navigate with Indigenous mothers and families, throughout the maternal birthing journey in a healthy culturally relevant manner. This short term project has made a significant difference in the lives of 27 Indigenous family members and connected with a further 51 professional individuals for a total connect of 79 people.

Niagara Chapter-Native Women Inc. is strongly recommending the establishment of this position under our control and direction, as a permanent full-time position. There is a great need to continue with the work already started.

By doing so, Indigenous community families will benefit in the area of prenatal and infant toddler health outcomes leading to long term improved health outcomes, along with bridging the gap between Indigenous and non-

Indigenous agencies promoting ever improved working relationships. Indigenous health disparities through culturally safe approaches with the vision of a centralized Indigenous Infant Family Support “Enriched Services” approach, could lead to an “Indigenous Maternal Infant & Children Health Service”. The Infant Family Support Coordinator could be the catalyst to evolve a joint Indigenous agency approach by bridging the divide between Indigenous agencies with pre-natal services not yet evolved to the stage of interacting with difficult scenarios such as may arise and do arise at the Hospitals. In addition, the Indigenous Infant Family Support Coordinator could deliver historical, cultural teachings, lunch and learns (which we had requests for) and other information to health care providers, other mainstream agencies, and be a resource to them for working with Indigenous families in the birthing stages.

Recommendation 2 Understand why this is needed:

Parental / familial attachments were stripped away. You can help with this targeted “**Enriched Service**” approach while addressing the long term health outcomes for the future. In addition, you would be a **Leader in**

Reconciliation: Canada, Provinces, Municipal, City Governments can work to Reconcile locally with Indigenous families communities sharing life in their jurisdictions.

Non-indigenous peoples are encouraged to read and gain knowledge through the 94 Truth and Reconciliation Calls to Action 2015 and the entire report.

The ultimate GOAL: IMPROVE ‘LONG TERM HEALTH OUTCOMES” in all areas and social determinants of health through Culturally Relevant and “**Enriched Services**” support, education for parents, family, and extended family.

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