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## Colonization and Aboriginal Culture, Language, and Health

Aboriginal people in Canada have experienced various forms of colonization, including the enactment of policies governing their lands and rights within Canadian society, the imposition of colonial educational and social institutions, and ongoing racism and discrimination. Collectively, these have contributed to disruption in the social fabric of Aboriginal communities, and a perpetuation of socio-economic inequities and poorer health outcomes among many Aboriginal peoples. While there are cultural and linguistic differences among Aboriginal peoples, as well as differences in their experiences with colonization, their socio-economic status, and their general health, one of the experiences shared by all Aboriginal peoples as a result of colonization is an erosion of culture and languages.

The Canadian government enacted a range of colonial policies designed

to assimilate Aboriginal peoples which involved cultural and linguistic suppression, forced relocations of communities, alienation from traditional territories and ways of life, and perhaps most devastatingly, the residential school system (Allen & Smylie, 2015). The goal of the residential school system was to assimilate First Nations, Inuit and Métis peoples into European society through the separation of children from the cultural influences of families and communities (Ibid.). The first of these schools was established as part of early missionary activities, but they proliferated after the endorsement of the 1879 Davin Report, peaking in 1931 with over 80 schools across Canada (Truth and Reconciliation Commission of Canada, 2012). The schools alienated children from their culture by forbidding them to speak their traditional languages or learn the skills they needed to thrive in their communities (Ibid.). The last residential school closed in 1996; however, the legacy of intergenerational health impacts is ongoing (Bombay, Matheson, & Anisman, 2014; Loppie Reading & Wien, 2009). For example,

the schools can be linked to risk factors for poorer overall health, including lower levels of education; chronic poverty; substance abuse; child and adult physical, emotional and sexual abuse; mental health problems; and family dysfunction (Allen & Smylie, 2015).

Aboriginal people continued to experience trauma, loss and grief as a result of the rapid expansion of the child welfare system in the 1960s. During this period, commonly known as the 'Sixties Scoop,' (Sinclair, 2007), disproportionate numbers of Aboriginal children were placed in foster care. By the end of the 1960s, "30% to 40% of the children who were legal wards of the state were Aboriginal children – in stark contrast to the rate of 1% in 1959" (Fournier & Crey, 1997, as cited in Kirmayer et al., 2000, p. 609). Children continue to be apprehended at alarming rates under circumstances deemed to be 'child neglect' that are instead related to issues of poverty (Tait, Henry, & Loewen Walker, 2013; Blackstock, 2011). Today, many children are placed in foster homes and adoptive care with non-Aboriginal



families, severing ties to their families, cultures and communities (Tait et al., 2013).

This long history of separating children from their families and communities has undermined all aspects of well-being for Aboriginal peoples, including the structure, cohesion and quality of family life; cultural identity; and self-esteem and sense of self-worth (LaFrance & Collins, 2003; Rice & Synder, 2008; Gone, 2013). This has contributed to elevated rates of suicide, alcoholism, violence and pervasive demoralization in some Aboriginal communities (Kirmayer et al., 2000).

## Culture and language maintenance within Aboriginal communities

Culture and language revitalization are sources for healing and resilience within individuals, families, communities and nations (Chandler, 2014; Hallett, Chandler, & Lalonde, 2007; Kirmayer, Dandeneau, Marshall, Kahentonni Phillips, & Jessen Williamson, 2011). This section will draw on a limited number of indicators derived primarily from national survey data to enhance our understanding about the extent to which First Nations, Inuit and Métis peoples continue to participate in cultural activities and maintain their languages.

### Cultural activities

Despite colonial policies aimed at assimilating Aboriginal peoples, an interest in participating in cultural activities continues to remain fairly high among First Nations, Inuit and Métis peoples. For example, amongst boys and girls 6-14 years old, 56% of Inuit, 43% of First Nations off-reserve, and 33% of Métis, took part in cultural activities in 2006 (Smith, Findlay, & Crompton, 2010). Amongst First Nation youth aged 12-17, 74.2% participated in traditional cultural activities 'always/ almost always' or 'sometimes' (First

Nations Information Governance Centre [FNIGC], 2012). The number of First Nations youth who view these activities to be important to them increased from 54.8% in 2002/03 to 85.7% in 2008/10 (Ibid.). Just over two-thirds of First Nation adults on-reserve and in northern communities (67.1%) reported participating in cultural activities 'sometimes' (FNIGC, 2012). Different activities were reported by men and women (18-29 years old). Amongst this age cohort, First Nations men had higher participation rates in "fishing, hiking, canoeing or kayaking, and hunting or trapping", while First Nations women engaged in higher rates of dancing (Ibid., p. 216).

Participation in cultural activities is especially high among Inuit. The 2012 Aboriginal Peoples Survey (APS) indicated that "74% of Inuit (81% of men and 68% of women) had hunted, fished, trapped or gathered wild plants" in the previous year, and that they did so for "personal or family use (95%), for pleasure (82%), and to share with others in the community (64%)" (Wallace, 2014, p.20). The 2012 APS found that

350,000 (51%) of all Aboriginal adults had indicated an interest in doing the following activities: making clothing or footwear; making arts or crafts; hunting, fishing or trapping; and gathering wild plants. While more Aboriginal women (57.9%) than Aboriginal men (42.8%) expressed interest in participating in these traditional activities, more men (65.6%) than women (60.0%) had done so in the previous year (Statistics Canada, 2015). Furthermore, 215,960 (61.3%) of First Nations, 193,330 (62.4%) of Métis and 28,970 (84.3%) of Inuit had engaged in some of these activities within the previous year (Statistics Canada, 2015).

### Language use

According to the 2011 Census of Population, there are over 60 Aboriginal languages in use across Canada (Langlois & Turner, 2014) which can be grouped into the following linguistic families: Algonquian, Inuit, Athapaskan, Haida, Iroquoian, Kutenai, Salish, Siouan, Tlingit, Tsimshian, Wakashan, and Michif (Statistics Canada, 2011). Despite the linguistic diversity in Canada, most



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Aboriginal languages are in decline, and some are even in danger of extinction (Frideres, 2014; FNIGC, 2012; McIvor, Napoleon, & Dickie, 2009; Norris, 2009).

As of 2006, Inuit children under the age of six had high fluency of their mother language in some regions: 97% in Nunavik and 76% in Nunavut (Bougie, Tait & Coutier, 2010). In other regions, the rates are much lower: 12% outside of Inuit Nunangat and less than 5% in Nunatsiavut and the Inuvialuit region (Ibid.). Amongst First Nations children on reserve or living in northern communities, 49.7% are able to speak or understand an Aboriginal language. Of those, 11.6% could do so at an intermediate or fluent level while 88.4% were at a basic level (FNIGC, 2012). The First Nations Regional Health Survey (RHS) also found that more First Nations children spoke or understood an Aboriginal language if they lived in urban or larger communities (Ibid.). For Métis aged 15-19 years of age who reported the ability to use an Aboriginal language, less than one fifth (18%) indicated they spoke 'very well' or 'relatively well' (Kumar & Janz, 2010).

Overall, the 2011 National Household Survey reports that approximately one in six Aboriginal people are able to use an Aboriginal language in conversation. This translates to 240,815 Aboriginal people, or 17.2%, of the population, a decline of 2% since 2006 (Statistics Canada, 2011). While 63.7% of Inuit, 22.4% of First Nations and 2.5% of Métis are able to converse in an Aboriginal language, these percentages have all decreased since the 2006 Census of Population (Ibid.). Examination of the 2006 Census data shows little variation between genders in the numbers of First Nations, Inuit and Métis who spoke an Aboriginal language at home (Statistics Canada, 2006).<sup>2</sup> Amongst First Nations,

a higher percentage (44.7%) of those living on reserve had a stronger ability to converse in an Aboriginal language than those residing off reserve (14.1%) (Langlois & Turner, 2014). Similarly, there are sharp regional differences in the ability of Inuit to speak their native language: Nunavik (99.1%); Nunavut (90%); Nunatsiavut (24.9%); Inuvialuit region (20.1%); and outside Inuit Nunangat (10%) (Ibid.).

Currently Cree, Inuktitut, and Ojibway have the greatest number of speakers (83,000, 34,110, and 19,275 respectively) and are considered the three most viable Aboriginal languages to survive in Canada (Langlois & Turner, 2014; Task Force on Aboriginal Languages and Cultures, 2005). As well, despite the dire state of many Aboriginal languages in Canada, there is a notable trend in Aboriginal people who have taken up learning an Aboriginal language. It is estimated that 23% of First Nations, 35% of Métis, and 10% of Inuit are currently learning an Aboriginal language as a second language (Frideres, 2014; Statistics Canada, 2011). This uptake is one positive step towards language preservation and revitalization.

## Improving Outcomes

Researchers, linguists, and Aboriginal communities, educators, leaders and agencies alike urge immediate action as a means of cultural survival, arguing that “[w]hen our languages are threatened the health and well-being of our peoples, a maintained connection to the land, and an ability to pass on and carry out traditional ways of life and maintain a worldview unlike any other is at stake” (McIvor, 2006, p. 25). The Truth and Reconciliation Commission of Canada (2015) has also recently released ninety-four calls to action to “redress the legacy of residential schools and advance the process of Canadian reconciliation”

(p. 5). Of those, five spoke directly to culture and language including governmental recognition of Aboriginal language rights; the enactment of an Aboriginal Languages Act; the appointment of an Aboriginal Languages Commissioner; the development of post-secondary degree and diploma programs in Aboriginal languages; and the reclamation of Indigenous family names.

While the following section is not a comprehensive listing, it provides some First Nations, Inuit and Métis specific examples of initiatives to foster culture and language revitalization. It will also touch upon how the integration of language and culture within clinical settings can lead to improved health outcomes for Aboriginal peoples.

### Fostering culture and language revitalization

The early years are a special time for learning and absorbing language and culture from parents, families and communities. Investment in early childhood development programs that incorporate culture and language is key to improving health outcomes. If Aboriginal children are to “become well and healthy adults who meaningfully contribute to their communities and broader society (in other words, if Aboriginal children are to become healthy citizens of their Nations and the world), it is imperative they are well versed in the fundamental values of their histories and cultures” (Greenwood, 2005, p. 553). Hornberger (2006) notes that children ‘found their voice’ and performed much better academically when indigenous languages were employed as a medium of instruction in schools. Improved academic performance empowers Aboriginal children, provides them with more life choices, and benefits their social

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<sup>2</sup> 2006 Census numbers were used here since the 2011 Census are not currently available.

development (UNESCO Ad Hoc Expert Group on Endangered Languages, 2003).

Two examples which offer both culture and language programming include Aboriginal Head Start and language nests. Initiated in 2005, the Aboriginal Head Start<sup>3</sup> programs currently run on-reserve, in northern communities and urban centres. The pre-school program incorporates language and culture, health promotion, nutrition, social support, and parental involvement for First Nations, Inuit and Métis children. These are key elements supporting education and school readiness for Aboriginal children. According to the 2008-2010 First Nations Regional Health Survey, children who had attended an Aboriginal Head Start program were “more likely to speak or understand a First Nations language” (FNIGC, 2012, p. 249).

Language nests began in New Zealand as a means of immersing young children in their Maori language. A successful aspect of language nests is how they bridge generations. Language nest learning involves preschool children learning from first language speakers in an environment where no English is spoken. Modelled after the success of New Zealand, language nests have been developed in several First Nations communities in British Columbia, including the “Cseyseten” (language nest) at Adam’s Lake, conducted entirely in the Secwepemc language, and the “Clao7alcw” (Raven’s Nest) program at Lil’wat Nation, conducted in the Lil’wat language.<sup>4</sup>

Culture and language programming is also vital for youth. Having a strong

sense of identity, including cultural and linguistic pride, has been shown to positively influence mental health outcomes for Aboriginal youth (Chandler, 2014). Opportunities to be exposed to traditional teachings through elders, learning cultural traditions, and language learning can restore resiliency amongst Aboriginal youth. The three-week Kangidluasuk Student Program<sup>5</sup> is one model that exemplifies the potential of experiential learning, combined with culture and language development. Taking place in the Torngat Mountain National Park (Nunatsiavut, Labrador), the Kangidluasuk Student Program incorporates elements of leadership and experiential learning for youth, including outdoor learning, Inuit culture, and

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Arctic science. It is a transformative opportunity for Nunatsiavut and Nunavik youth to explore and connect with their Inuit homeland, to hear oral traditions and the experiences of their leaders and elders, and to build capacity building and leadership.

Aboriginal cultures and languages are intimately connected to traditional lands and environments. Research indicates that the health of the land and the health of the community are synonymous and that relationships to the physical environment nurture the spiritual, economic, political and social roots of culture (Brighton, 1993 & Royal Commission on Aboriginal Peoples, as cited in Richmond & Ross, 2009, p. 404).



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<sup>3</sup> For more information on Aboriginal Head Start programming on reserve, see [http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa\\_intro-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php) and for urban and northern communities <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php>

<sup>4</sup> For more information on Language Nest Programs and manuals for setting up a language nest, visit the First Peoples’ Cultural Council’s webpage on language programming: <http://www.fpcc.ca/language>

<sup>5</sup> For more information, see <http://www.torngatyouthcamp.com/>



Participating in land-based activities “can be a powerful facilitator for developing wellness,” (Health Canada, 2015, pp. 5-6) and for increasing a “sense of self-reliance and enhanced overall health” (Loppie Reading & Wien, 2009, p. 210).

According to the 2008-2010 First Nations RHS, adults who took part in traditional land-based activities reported greater “physical or spiritual balance” compared to those who did not (FNIGC, 2012, p. 213). The RHS went on to note that First Nations adults who use their language daily report greater “spiritual balance” than those who do not (FNIGC, 2012, pp. 217-9). As well, those involved in cultural activities said they experience “more control over their lives; more spiritual, mental, emotional, and physical balance; less substance use; and less depression” (FNIGC, 2012, p. 212). Given this, culture and land-based language immersion camps, such as the Nehiyawak Land and Language Camp and Ilisaqsivik land-based programs can be looked to as successful examples happening within communities.

The Nehiyawak Land and Language Camp<sup>6</sup> was spearheaded by Belinda Daniels, a second-language learner of Cree. This week-long camp has taken place over the past ten years along the wooded shores of Sturgeon Lake, Saskatchewan. It includes 15 adult participants (and their families) who camp, eat and participate in activities as a collective group. The camp is run fully in the Cree language and is combined with teachings, learning about plants and medicines, physical activity, and oral and artistic traditions. Cree elders, teachers, and community members are brought in to provide specific knowledge and expertise in Cree traditions.

Ilisaqsivik is a non-profit community initiated and community-based Inuit organization located in Clyde River, Nunavut.<sup>7</sup> Ilisaqsivik offers multi-day, land-based programming year round to community members of all ages. The Summer Healing and Cultural Retreat promotes intergenerational healing; the Qimmivut (Our Dogs) workshop introduces youth and young adults to land-based hunting and camping; the Men’s Group and Father/Son Program empowers and supports meaningful relationships among male youth, adults and elders through organized hunting and fishing trips; and the Arnait (Women’s) Retreat provides an opportunity for women to reflect upon and support one another in their ever-changing social and environmental milieus.

Though land-based learning is critical for well-being, the environment in which culture and language is shared and learned is ever-evolving. The digital landscape, for instance, cannot be underestimated as the emerging space and place for culture and language development for all ages and learning levels. Virtual learning and language preservation and promotion are found more and more through digital and social media, including DVDs, Facebook, YouTube and mobile Apps. The Louis Riel Institute has developed a DVD, manual and on-line learning of Michif for all ages.<sup>8</sup> FirstVoices is another example of a website providing a “suite of web-based tools and services designed to support Aboriginal people engaged in language archiving, language teaching and culture revitalization.”<sup>9</sup> The Aboriginal run Ogoki Learning System Inc. has created Apps for languages including Saulteaux, Cree,

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Yurok, L’nu’sti, Ojibwe, Potawatomi, and Arikara.<sup>10</sup> On-line games, writing systems, videos, audio, and a number of free apps for iPod, iPad and iPhones developed for children and adults are all available on this site.

*Integrating language and culture within clinical settings to improve health outcomes for Aboriginal peoples*

Culture affects perceptions about illness, including how patients “express and manifest their symptoms, their style of coping, their family and community supports, and their willingness to seek treatment” (Office of the Surgeon General, 2001, p. 42). Inuit perceptions of mental health, for example, focus on an individual’s ‘state’ at any particular time. A person may exhibit unusual behaviour one day and be perfectly normal the next. Consequently, that individual may not be identified as mentally ill and in need of treatment (Kirmayer et al., 2000, p. 611). Likewise,

<sup>6</sup> For more information about the camp, see: <http://www.northernspiritflutes.net/creelanguagecamp/>

<sup>7</sup> For more information see: <http://ilisaqsivik.ca/programs-and-services>

<sup>8</sup> For more information, see: <http://louisrielinstitute.com/speaking-michif-language-lessons.php>

<sup>9</sup> For more information, see <http://www.firstvoices.com/en/home>

<sup>10</sup> For more information, see <http://indiancountrytodaymedianetwork.com/2015/01/08/how-technology-helping-modern-language-revitalization-efforts-158604>

the cultures of health practitioners and health service providers influence diagnosis, treatment, and service delivery (Office of the Surgeon General, 2001). Cultural differences between patients and health service providers may lead to providers ignoring symptoms that are important to patients, and patients not following through with prescribed treatments (Ibid.). As a result, patients may be at risk of not having their health care needs recognized and met.

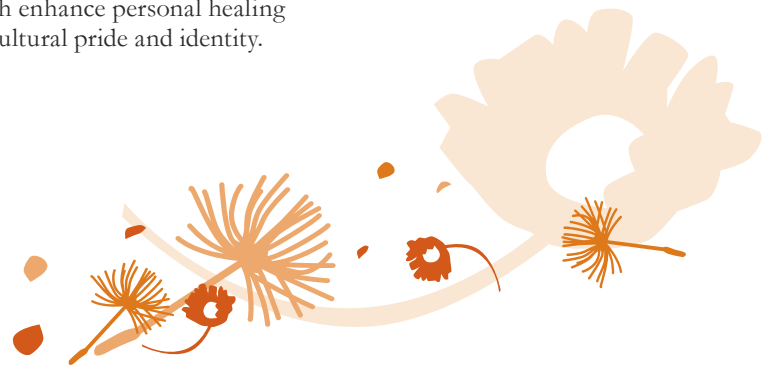
Strategies to improve health outcomes need to take place in clinical settings where a focus on reducing the cultural and language differences between non-Aboriginal practitioners and Aboriginal clients is essential. Culturally appropriate health care can improve utilization of health services and ensure better treatment outcomes (Kreuter et al. 2003). Elements of culturally appropriate health care include health professionals learning to communicate in the local language; practitioners combining local knowledge on health and healing with western medicine; community development and control of health care systems to make services responsive to local needs; applying Aboriginal concepts of health and wellness in health care policy and practice; and utilizing traditional healing practices (Archibald, 2012; Kirmayer et al., 2000). The Wabano Centre for Aboriginal Health,<sup>11</sup> located in Ottawa, is but one of many examples of a wholistic healthcare provider offering a diversity of programs and services to meet the health and social needs of First Nations, Inuit and Métis peoples across the lifespan. In addition to clinical healthcare provision, Wabano also offers specialized programs including housing, mental health, counselling, fitness, diabetes, and maternal and infant health programming, to name a few. A weekly

cultural program incorporates traditional teachings from Elders, drumming, singing, culture, art, ceremonies, celebrations and language.

Integrating Aboriginal culture and language into mental health interventions has been shown to be especially beneficial for First Nations, Inuit and Métis who are healing from the historic trauma associated with the residential schools and other colonial policies (Archibald, 2006). Some examples of such mental health interventions which have worked well in Aboriginal communities and for distinct populations are provided by Archibald (2006). These interventions are based on the “grassroots wisdom of community healing teams” and incorporate the cultures and traditions of the community and special needs of particular target groups (p. 121). They embody principles of holistic health and are framed around the ‘three pillars of healing’: reclaiming history, cultural interventions, and therapeutic healing. Through providing education on the history and impacts of residential schools and Aboriginal peoples and communities, individuals are provided with a historical context for understanding personal issues; and through immersion in cultural activities and language, they are provided with positive, empowering experiences that work to both enhance personal healing and foster cultural pride and identity.

## Summary

Culture and language have been, and continue to be, profoundly disrupted by colonial systems and structures. Many words, songs, practices, knowledge, and traditions have been lost or silenced along the way. This has burdened present generations of Aboriginal people with cultural confusion, shame in not being able to voice one’s mother language, and poorer health outcomes. Because we know that cultural identity and practice are both protective and remedial, the urgency to revitalize and restore the well-being of culture and languages is now more than ever a critical endeavor. This task will enlist the expertise and collaboration of many, including elders, speakers, knowledge keepers, leaders, linguists, teachers, educational institutes, non-profits, health care providers, and government. It will take place in language nests, in classrooms, around the kitchen table, and in environmental and digital landscapes. Ultimately, this concerted vision can ease intergenerational traumas, promote wholistic healing, rebuild self-esteem and restore cultural and linguistic pride.



<sup>11</sup> For more information, see <http://www.wabano.com/>

## References

- Allen, B., & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON: Wellesley Institute.
- Archibald, L. (2006). *Promising healing practices in Aboriginal communities – Final report of the Aboriginal Healing Foundation Volume III*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved July 7, 2015 from <http://www.ahf.ca/downloads/final-report-vol-3.pdf>
- Archibald, L. (2012). *Dancing, singing, painting, and speaking the healing story: Healing through creative arts*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved July 7, 2015 from <http://www.ahf.ca/downloads/healing-through-creative-arts.pdf>
- Battiste, M., & Henderson, J. (2000). *Protecting Indigenous knowledge and heritage: A global challenge*. Saskatoon, SK: Purich Publishing.
- Blackstock, C. (2011). The Canadian Human Rights Tribunal on First Nations Child Welfare: Why if Canada wins, equality and justice lose. *Children and Youth Services Review*, 33(1): 187-94.
- Bombay, A., Matheson, K., & Anisman, H. (2014). *Origins of lateral violence in Aboriginal communities: A preliminary study of student-to-student abuse in Residential Schools*. Ottawa, ON: Aboriginal Healing Foundation.
- Bougie, E., Tait, H., & Cloutier, E. (2010). *Aboriginal language indicators for off-reserve First Nations children under the age of six in Canada*. Ottawa, ON: Statistics Canada, Catalogue #r 89-643-X. Retrieved April 29, 2015 from <http://www.statcan.gc.ca/pub/89-643-x/2010001/article/11276-eng.pdf>
- Brightman, R. (1993). *Grateful prey: Rock Cree human-animal relationships*. Berkeley, CA: University of California Press.
- Chandler, M.J. (2014). Cultural continuity and the social-emotional well-being of First Nations youth. In F. Trovato & A. Romaniuk (eds.), *Aboriginal populations: Social, demographic, and epidemiological perspectives* (pp. 187-96). Edmonton, AB: University of Alberta Press.
- Cohen, B. (2001). The spider's web: Creativity and survival in dynamic balance. *Canadian Journal of Native Education*, 25(2): 140-8.
- First Nations Information Governance Centre [FNIGC]. (2012). First Nations Regional Health Survey (RHS) 2008/10: *National report on adults and children living in First Nations communities*. Ottawa, ON: Author. Retrieved April 13, 2015 from <http://fnigc.ca/sites/default/files/First%20Nations%20Regional%20Health%20Survey%20%28RHS%29%202008-10%20-%20National%20Report.pdf>
- Fournier, S. & Crey, E. (1997). *Stolen from our embrace*. Vancouver, BC: Douglas & McIntyre.
- Frideres, J. (2014). Continuity or disappearance: Aboriginal languages in Canada. In F. Trovato & A. Romaniuk (eds.), *Aboriginal populations: Social, demographic and epidemiological perspectives* (pp. 303-24). Edmonton, AB: University of Alberta Press.
- Gone, J.P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for indigenous culture as mental health treatment. *Transcultural Psychiatry*, 0(0): 1-24. DOI: 10.1177/1363461513487669
- Greenwood, M. (2005). Children as citizens of First Nations: Linking Indigenous health to early childhood development. *Paediatrics and Child Health*, 10(9): 553-5.
- Hallett, D., Chandler, M.J., & Lalonde, C. (2007). Short report: Aboriginal language knowledge and youth suicide. *Cognitive Development*, 22: 392-9.
- Health Canada. (2015). *First Nations mental wellness continuum framework*. Ottawa, ON: Author.
- Hornberger, N.H. (2006). Voice and biliteracy in Indigenous language revitalization: Contentious educational practices in Quechua, Guarani, and Maori contexts. *Journal of Language, Identity, and Education*, 5(4): 277-92.
- Kirmayer, L.J., Brass, G.M., & Tait, C.L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry*, 45(7): 607-16.
- Kirmayer, L.J., Dandeneau, S., Marshall, E., Kahentonni Phillips, M., & Jessen Williamson, K. (2011). Rethinking resilience from Indigenous perspectives. *Canadian Journal of Psychiatry*, 56(2): 84-91.
- Kreuter, M.W., Lukwago, S.N., Bucholtz, D.C., Clark, E.M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education & Behaviour*, 30(2): 133-46.
- Kreuter, M.W., & McClure, S. (2004). The role of culture in health communication. *Annual Review of Public Health*, 25: 439-55.
- Kumar, M.B. & Janz, T. (2010). An exploration of cultural activities of Métis in Canada. *Canadian Social Trends*, 89:63-69.
- LaFrance, J., & Collins, D. (2003). Residential schools and Aboriginal parenting: Voices of parents. *Native Social Work Journal*, 4(1): 104-125.
- Langlois, S., & Turner, A. (2014). *Aboriginal languages and selected vitality indicators in 2011*. Ottawa, ON: Statistics Canada, Catalogue # 89-655-X-No. 001. Retrieved April 13, 2015 from <http://www.statcan.gc.ca/pub/89-655-x/89-655-x2014001-eng.pdf>





- Loppie Reading, C., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal peoples' health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- McIvor, O. (2006). *Language nest programs in BC: Early childhood immersion programs in two First Nations communities*. Brentwood Bay, BC: First Peoples' Heritage, Language and Culture Council. Retrieved April 13, 2015 from [http://www.fpcc.ca/files/PDF/language-nest-programs\\_in\\_BC.pdf](http://www.fpcc.ca/files/PDF/language-nest-programs_in_BC.pdf)
- McIvor, O., Napoleon, A., & Dickie, K.M. (2009). Language and culture as protective factors for at-risk communities. *Journal of Aboriginal Health*, 5(1): 1-25.
- Norris, M.J. (2009). The role of First Nations women in language continuity and transition. In G.G. Valiskakis, M. Dion Stout, & E. Guimond (eds.), *Restoring the balance: First Nations women, community and culture* (pp. 313-54). Winnipeg, MB: University of Manitoba Press.
- Office of the Surgeon General. (2001). Chapter 2 – Culture counts: The influence of culture and society on mental health, mental illness. In Office of the Surgeon General, *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services. Retrieved April 29, 2015 from <http://www.ncbi.nlm.nih.gov/books/NBK44249/>
- Rice, B., & Snyder, A. (2008). Reconciliation in the context of a settler society: Healing the legacy of colonialism in Canada. In M.B. Castellano, L. Archibald, & M. DeGagné (Eds.), *From truth to reconciliation: Transforming the legacy of residential schools* (pp. 43-63). Ottawa, ON: Aboriginal Healing Foundation.
- Richmond, C.A.M., & Ross, N.A. (2009). The determinants of First Nation and Inuit health: A critical population health approach. *Health & Place*, 15(2): 403-11.
- Royal Commission on Aboriginal Peoples. (1996). *Royal Commission on Aboriginal Peoples, 1996. Volume 1, Part Two: False assumptions and a failed relationship (Relocation of Aboriginal Peoples)*. Ottawa, ON: The Commission. Retrieved April 13, 2015 from [http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637?utm\\_source=sgmm\\_e.html&utm\\_medium=url](http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637?utm_source=sgmm_e.html&utm_medium=url)
- Sinclair, R. (2007). Identity lost and found: Lessons from the Sixties Scoop. *First Peoples Child & Family Review*, 3(1): 65-82.
- Smith, K., Findlay, L., Crompton, S. (2010). *Participation in sports and cultural activities among Aboriginal children and youth*. Ottawa, ON: Minister of Industry.
- Statistics Canada. (2006). *Census, Topic-based calculations, Selected language characteristics, Aboriginal ancestry, age groups, sex, and area of residence for the population*. Ottawa, ON: Statistics Canada, Catalogue 97-558-XCB2006020.
- Statistics Canada. (2011). *Census in brief: Aboriginal languages in Canada*. Ottawa, ON: Minister of Industry. Retrieved March 30, 2015 from [http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2011003\\_3-eng.pdf](http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2011003_3-eng.pdf)
- Statistics Canada. (2015). *Aboriginal Peoples Survey, 2012 – Custom tabulation*. Ottawa, ON: Statistics Canada.
- Tait, C.L., Henry, R., & Loewen Walker, R. (2013). Child welfare: A social determinants of health for Canadian First Nations and Métis children. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 11(1): 39-53.
- Task Force on Aboriginal Languages and Cultures. (2005). *Towards a new beginning: A foundational report for a strategy to revitalize First Nation, Inuit and Métis languages and cultures*. Ottawa, ON: Department of Canadian Heritage. Retrieved April 12, 2015 from <http://www.afn.ca/uploads/files/education2/towardanewbeginning.pdf>
- Truth and Reconciliation Commission of Canada. (2012). *They came for the children: Canada, Aboriginal peoples, and residential schools*. Winnipeg, MB: Author. Retrieved April 13, 2015 from [http://www.myrobust.com/websites/trcinstitution/File/2039\\_T&R\\_eng\\_web%5B1%5D.pdf](http://www.myrobust.com/websites/trcinstitution/File/2039_T&R_eng_web%5B1%5D.pdf)
- Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg, MB: Author. Retrieved July 7, 2015 from [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls\\_to\\_Action\\_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)
- UNESCO Ad Hoc Expert Group on Endangered Languages. (2003). *Language vitality and endangerment*. Paris: International Expert Meeting on UNESCO Programme Safeguarding of Endangered Languages. Retrieved April 13, 2015 from [http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/CLT/pdf/Language\\_vitality\\_and\\_endangerment\\_EN.pdf](http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/CLT/pdf/Language_vitality_and_endangerment_EN.pdf)
- Wallace, S. (2014). *Inuit health: Selected findings from the 2012 Aboriginal Peoples Survey*. Ottawa, ON: Minister of Industry. Retrieved April 20, 2015 from <http://www.statcan.gc.ca/pub/89-653-x/89-653-x2014003-eng.pdf>



# INFOGRAPHIC OVERVIEW

## COLONIZATION

The goal of the residential school system was to assimilate First Nations, Inuit and Métis peoples into European society through the separation of children from the cultural influences of families and communities (Allen & Smylie, 2015).



1620

The first of these schools was established as part of early missionary activities,

1879

but they proliferated after the endorsement of the 1879 Davin Report,

1931

peaking in 1931 with over 80 schools across Canada (Truth and Reconciliation Commission of Canada, 2012).

1996

The last residential school closed in 1996; however, *the legacy of intergenerational health impacts is ongoing* (Bombay, Matheson, & Anisman, 2014; Loppie Reading & Wien, 2009).

## OVER 375 YEARS OF THE RESIDENTIAL SCHOOL SYSTEM

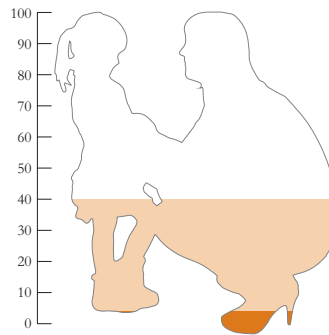
*While there are cultural and linguistic differences among Aboriginal peoples, as well as differences in their experiences with colonization, their socio-economic status, and their general health, one of the experiences shared by all Aboriginal peoples as a result of colonization is an erosion of culture and languages.*

The early years are a special time for learning and absorbing language and culture from parents, families and communities. Investment in early childhood development programs that incorporate culture and language is key to improving health outcomes.



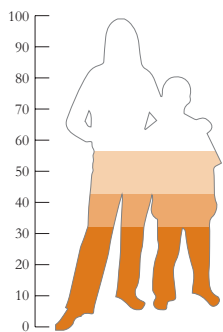
## CHILD APPREHENSION

Aboriginal people continued to experience trauma, loss and grief as a result of the rapid expansion of the child welfare system in the 1960s. During this period, commonly known as the 'Sixties Scoop,' (Sinclair, 2007), disproportionate numbers of Aboriginal children were placed in foster care.



By the end of the 1960s, "30% to 40% of the children who were legal wards of the state were Aboriginal children – in stark contrast to the rate of 1% in 1959" (Fournier & Crey, 1997, as cited in Kirmayer et al., 2000, p. 609).

## LANGUAGE & CULTURE REVITALIZATION



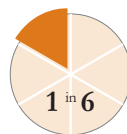
### Cultural Activities

Boys and girls 6 - 14 years old taking part in cultural activities in 2006 (Smith, Findlay, & Crompton, 2010).

Furthermore, 215,960 (61.3%) of First Nations, 193,330 (62.4%) of Métis and 28,970 (84.3%) of Inuit had engaged in some of these activities (making clothing or footwear; making arts or crafts; hunting, fishing or trapping; and gathering wild plants) within the previous year (Statistics Canada, 2015).

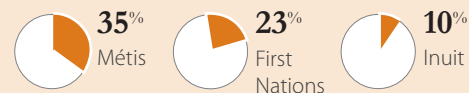


Those involved in cultural activities said they experience *"more control over their lives; more spiritual, mental, emotional, and physical balance; less substance use; and less depression"* (FNIGC, 2012, p. 212).



Overall, the 2011 National Household Survey reports that approximately one in six Aboriginal people are able to use an Aboriginal language in conversation. This translates to 240,815 Aboriginal people, or 17.2% of the population, a decline of 2% since 2006 (Statistics Canada, 2011).

### Learning Language



It is estimated that 23% of First Nations, 35% of Métis, and 10% of Inuit are currently learning an Aboriginal language as a second language (Frideres, 2014; Statistics Canada, 2011). According to the 2011 Census of Population, there are over 60 Aboriginal languages in use across Canada (Langlois & Turner, 2014) which can be grouped into the following linguistic families: Algonquian, Inuit, Athapaskan, Haida, Iroquoian, Kutenai, Salish, Siouan, Tlingit, Tsimshian, Wakashan, and Michif (Statistics Canada, 2011).

## TRANSFORMATIVE



SOCIAL DETERMINANTS OF HEALTH



## Understanding Racism

Since the time of first contact with Europeans, Aboriginal peoples in Canada have experienced several forms of racism, which have negatively affected all aspects of their lives and well-being. This paper begins with an exploration of the concept of race, its history and contexts, and continues with a discussion of the various forms of racism within societies.



## Aboriginal Experiences with Racism and its Impacts

This paper is the second in a series of papers focused on anti-Aboriginal racism in Canada. It focuses on the lived and structural forms of racism and provides a brief overview of what racism is, how it intersects with other forms of discrimination, and how it is manifested.



## Policies, Programs and Strategies to Address Aboriginal Racism: A Canadian Perspective

This paper is the third in a series focused on anti-Aboriginal racism in Canada. It critically explores how policies, programs and strategies attempt to address racism at interpersonal and institutional levels. The topics of anti-racist media, anti-oppressive education, cultural safety within health care, and systemic policies are examined.



## Aboriginal Peoples and Historic Trauma: The process of intergenerational transmission

The first report in this two-part series recognizes that Aboriginal peoples' experiences are rooted in multigenerational, cumulative, and chronic trauma, injustices, and oppression. The effects of trauma can reverberate through individuals, families, communities and entire populations.



## Addressing the Healing of Aboriginal Adults and Families within a Community-owned College Model

Using Blue Quills First Nations College (BQFNC) as a case study, the second report in this series explores the potential for healing strategies within the education domain. It specifically examines how programs and curriculum have the potential to disrupt the intergenerational transmission of trauma.



SETTING THE CONTEXT



CHILD, YOUTH, AND FAMILY HEALTH



## Understanding neglect in First Nations families

The over-representation of First Nations children in substantiated child investigations and referrals to child welfare placement is clearly related to the level of caregiver, household, and community risk factors. This fact sheet is an update from the original 2009 version.



## Reconciliation in Aboriginal child welfare and child health

This fact sheet explores movements led by partnerships among First Nations, Inuit, Métis and mainstream non Aboriginal organizations, including professionals, political leaders, and community groups, that are using the process and principles of reconciliation to improve outcomes for Aboriginal youth.



## Child welfare services in Canada: Aboriginal and mainstream

Aboriginal peoples began forming their own child welfare agencies in the 1970s, and the movement towards self-government continues. However numerous challenges remain. This fact sheet explores these themes.



EMERGING PRIORITIES



## Art and wellness: The importance of art for Aboriginal Peoples' health and healing

This fact sheet details the ways in which art, and more broadly, creative processes, can be, and are being, used to address the root causes of ill-health, the experience of disease, clinical symptoms, and the ways and means through which Aboriginal peoples interact with health care systems.



## Strengthening Urban Aboriginal Families: Exploring promising practices

This report identifies promising practices that agencies, practitioners, and policy makers can use to strengthen urban Aboriginal families. It includes six detailed case studies of service agencies that have all been successful in building service and matching community needs.



