



Alberta Home Visitation
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Message from the Provincial Director

Culture and Diversity

By Lavonne Roloff

This issue of Connections demonstrates a variety of situations related to diversity and culture. While we may use the word “culture” as an umbrella for specific areas, it is important to keep in mind that every family has their own culture regardless of their country of origin. This includes gender orientation, age, physical size and socioeconomic and educational backgrounds to name a few. Each of us develops a culture within our families. It is always interesting for a child when they go off to kindergarten to discover that other children have different rules and experiences in their families.

When working with families, it is important to keep in mind that each family we visit has their own culture. It is our job to explore that with them so that we can better serve them. Recently, I heard the term “cultural humility” rather than cultural competency. *Cultural humility is a lifelong process as opposed to cultural competency that suggests you reach a goal of competency. We can never know everything about culture, and there is always something else for us to learn about other cultures and be sensitive to cultural differences. This involves having a humble and respectful attitude toward individual cultures.

It encourages us to actively participate in learning about a family’s culture experience. This means that we must continue to self-reflect, self-critique, be aware of our own deficient knowledge of other cultures, self-evaluate and learn about others, recognizing that everyone is multi-dimensional with a complex cultural identity.

For more information on cultural humility, check out www.culturallyconnected.ca and www.fnha.ca/wellness/culturalhumility . ■

Lavonne Roloff is the provincial director of the Alberta Home Visitation Network Association (AHVNA).

*Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.

Retrieved from <http://www.fnha.ca/wellness/cultural-humility>.



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Working With Newcomer Families

By Shannon Mitchell

Newcomers to Canada are an extremely diverse group. They arrive in Canada with myriad experiences, languages, religions and migration stories. Like Canadian families, they are unique in the way their family functions and how they relate to the world. Over my years in home visitation working with families who have arrived in Canada from five different continents, I have noted patterns in the information and support many families need to participate in Canadian life and society.

New Canadian families often need to understand the medical system, especially with a new baby and the role of the different professionals. When asked about baby's first immunization, many parents would reference knowing about baby's six-week doctor appointment, which would include immunizations in many parts of the world. Explaining what to expect at the first immunization appointment is helpful for any new parent, but for those not born in Canada, it can also be disorienting. Home visitors can focus on explaining what happens at this appointment: undressing baby to be weighed, screening for depression and talking about baby's eating, sleeping and elimination habits.

I found newcomers to have dozens of common questions: How cold is too cold to safely take baby outside? What are the laws around leaving children alone and discipline? What would cause Children's Services to become involved? When do you start feeding solid food to a baby? How does one identify fake phone calls from collection agents or people who will fix your computer?

They also want to understand more about Canadian culture: the rights of women; types of relationships; a brief history of our Indigenous people.

Many come from countries where home visitation and other services are unheard of, so clarifying my home visitor role was very important. Some didn't understand I would be paid. Many thought my job was just to get things for them. Some families who were okay financially often told me they didn't need home visitation.

The strengths that families bring to the table are varied and numerous. They are curious about Canada and Canadians, and I was frequently asked about my own marriage. I found that newcomers



often have a strong sense of community that I find sadly lacking in much of my city. They bring food and gifts for a new baby. Or, when baby comes home, community members might move into a common dwelling for a few weeks to support the new parents. Some families keep children close and, much to my surprise, have never heard the misconception that picking up an infant will spoil them. Others explore with their children, seeing the wonder in the world and allowing for unique play opportunities.

The array of parenting practices is as diverse as the families that make up any community. Many want to be "Canadian parents." We can focus on the cultural aspects of parenting they want to maintain, and assist them in learning new "Canadian" parenting skills.

I have always been careful to highlight the positives of diverse parenting practices and the unique opportunity to apply those that best support their child. This process of exploring family culture and values around parenting is an integral part of the work we do as home visitors with any family who has invited us to support them on their parenting journey.

Many of the newcomer families I worked with came from cultures that are significantly more collectivist than mainstream Canada. Children might be expected to be obedient to parents and other adults. They might live with parents until they get married, and decisions might be made by parents well into what is considered adulthood in Canada. Families may find themselves, for the first time, in a community where their religious and cultural practices are not the majority. I am aware of some of the challenges this second generation, the first born in Canada, can encounter growing up in two

cultures. So I recommend starting conversations earlier and more deliberately about how the family values may translate here.

If one wants a child to follow the family religion, it is important to practise it, to celebrate and to discuss the beliefs with the child from a very young age, because they won't be exposed to it everywhere they go. Canadian youth will probably be making many life decisions earlier than is typical of youth where the family is from. So how do we support the child in making good decisions? We can encourage families to have conversations around expecting strict obedience versus supporting children's decision-making skills.

I would also bring up the topic of sexual health. Having open conversations about what the family believes, and why, will best support children to make choices that they would prefer. It would also allow them to come to their parents if they need help with making choices about sexual health. I would also discuss the temptation to simply forbid premarital sex and the awkwardness of having an open dialogue with children and youth about sexual matters.

Ongoing conversations should include instilling family beliefs and values while supporting the children to grow up in Canadian society. This can be reinforced by including as many family members as possible in these conversations, pointing out that their beliefs and values are important and discussing how to make them important to their children too. This way of approaching the conversations seem to engage the family, support their culture and prepare their children for a childhood in Canada. ■

Shannon Mitchell is the AHVNA training coordinator. She has worked in home visitation for the past fifteen years. For more information, contact her at training@ahvna.org.



Working With Muslim Families

By Ubah Mohamoud

Home visitation services are of immense benefit to individuals and families who might otherwise lack access to a number of key resources about healthy parenting, raising children and child growth and development. They fill a gap in professional care services where barriers caused by location, socio-economic income and lack of adequate transportation might exclude families.

For Muslim families that use home visitation services, one particular barrier that emerges (for both care giver and receiver) is that of culture. *Culture* encompasses the traditions, languages, norms and values of a particular group based on their shared identity markers (e.g. ethnicity, geographical location). For practising Muslim individuals or families, the religion of Islam both mediates, and is mediated by, cultural understandings and expressions. Care providers, therefore, need to acknowledge and honour the role of Islam in the families they serve.

Having a preliminary understanding of both Islam and the particular cultural traditions and expressions of the families they work with is helpful. A significant number of Muslim families accessing home visitation are newcomers to Canada (immigrants and refugees), perhaps having experienced trauma (e.g. loss of family/property, war, displacement). They may also have low-level English language skills. Care providers are called

to be particularly mindful of this population by becoming culturally aware.

However, *Muslims are not a monolith*. The cultural norms, practices, values and beliefs held by one Muslim may not hold true for another – even for those within the same family! Furthermore, aspects of identity, such as family, race, upbringing, gender and ethnicity, will intersect with the Muslim person's practice, understanding and expression of Islam. Service providers should be mindful of these nuances and refrain from assuming a one-size-fits-all approach to working with Muslim populations. Consider these recommendations when providing home visitation services to Muslim families:

Practise cultural humility

Of course, service providers are not expected to become experts of Islam and Muslims – nor can they ever be. The idea behind *cultural humility* when working within diverse populations is that the care provider assume the role of *learner* rather than expert or teacher. Care providers must be willing to acknowledge the gaps in their knowledge pertaining to the demographic they are serving. The humility kicks in when the care giver is corrected and/or reprimanded, or services are refused for any cultural transgressions (perceived or not) that the care receivers may notice. Being a culturally humble practitioner means recognizing that your services and approaches may not be a right fit for a particular family – *and that's okay*.

Respect etiquette within the home

In most Muslim households, shoes are removed at the door. It is likely that home visitors will be offered refreshments of some sort, and depending on their professional ethics, may/may not be able to accept. If the latter is the case, politely

decline the offering with verbal cues that suggest gratitude (e.g. eye contact, smiling, a hand over the chest). Some individuals may find offense with this refusal. However, this gives the service provider an opportunity to make their professional and personal boundaries clear. A simple acknowledgement and explanation of why they cannot accept food and other forms of gifts usually does the trick!

Understand family dynamics

It is not uncommon to find traditional gender norms and expectations being practised between spouses in Muslim households. It is not uncommon for a clear hierarchy to exist between parents and children. Although this may go against your own values and beliefs surrounding family dynamics, remember: it's not that these practices are necessarily *bad*, but just *different* from your own. It is very possible for families with more traditional values and practices around marriage, raising children and how to run a household, to be healthy, well-functioning and happy. But, this may also not be the case. If you find the latter is not true, refrain from blaming the cultural norms and values of your clients as being the main source of the problem. Such assertions oversimplify the nuanced nature of family systems. In extreme forms, these may cross professional ethical boundaries, particularly those pertaining to the anti-discriminatory treatment of clients.

Schedule visits around religious events and practices

Be mindful of the times during which you visit. Practising Muslims pray five times a day at varying times throughout the morning, afternoon, evening and night. As well, most Muslims fast during the month of Ramadan, abstaining from food and drink during daylight. As such, consider how receptive a person might be to new information, having not eaten all day, or having rushed from prayer.

While there are other considerations, these are important first steps at navigating unknown terrain, for both providers and receivers. Keep an open mind, ask appropriate questions for clarification, be transparent and view service recipients as active participants in their care plan. This will help build strong and healthy connections with Muslim individuals and families. ■

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Working With Indigenous Families

By Kim Chung

The Centre for Family Literacy offers programs for families in Edmonton, as well as training for organizations and communities around the province. We are fortunate to have wonderful connections and relationships with many different Indigenous communities and families. Through these relationships, we have learned how to engage the community and offer relevant programming.

These are some of our learnings and experiences in successfully working with urban Indigenous families.

1. **Relationships** - This is probably the most important part of our work with Indigenous families and something we have heard repeatedly from our colleagues and families. Taking the time to develop relationships with Indigenous peoples is key to building trust and understanding. It is something that can't be rushed and must be allowed to happen at its own pace and in its own way.

2. **Being genuine** – Our own organizational philosophy is to work from the strengths of the people we serve and their goals. We can't go into a community and tell them what we think they need. We listen, ask genuine questions and adapt based on what we learn of their interests and goals.

3. **Partnerships** – By developing strong partnerships with organizations that are serving families in our target communities, we get referrals of those families to our programs.

4. **Cultural resources** – After meeting with partners and families, we have an idea of what kinds of resources and materials to use in a program. A suggested list of books and resources can be found at:

- www.familit.ca/resources/Tipsheets/Books-Multicult+INDIG2014-3.pdf (books related to diverse cultures)

- www.Oyate.org (resources related to Native peoples)

5. **Location** – All of our programs are run in the communities we want to engage. By going to them, we are reducing potential barriers, like transportation, and setting up in a place they are comfortable with.

Literacy Links, is our newest approach to delivering Family Literacy.

Our partners advise us on the best approach to offering workshops in their community based on conversations with the families they work with. Sometimes families are comfortable with us coming into a program they already attend, and we do a workshop within that program. Other times, we set up drop-by workshop tasters in a community building where families try things out without having to commit to anything. This works for those who either don't have the time or comfort level to commit to long programs.

Families can meet and talk with our staff, enabling us to connect directly and build relationships and an understanding of the community's interest. The feedback (including activities enjoyed and their goals) allows us to set up targeted programs (i.e taster, drop-in workshop or series of workshops). We take our direction from the community, which leads to better outcomes and success. ■

Kim Chung is the director of programming and training with the Centre for Family Literacy. For more information: www.familit.ca.

Working With Sexual and Gender Diverse Families

By Dori Palmiere

Like their straight and cisgender counterparts, sexual and gender diverse parents also seek supports through parenting services (Bennett, Berry, Emeto, Burmeister, Young, & Shields, 2016). However, sexual and gender diverse families encounter unique challenges, including experiences of stigma when accessing parenting services (Bennett et al., 2016). Perceived or enacted stigma has a significant impact on sexual and gender diverse clients. When parents feel excluded or as though their identities are invisible, they do not access services they need to support their children (Burt, Gelnaw, & Lesser, 2010; Bennet et al., 2016; Shields, Zappia, Blackwood, Watkins, Wardrop, & Chapman, 2012). The following tips are to assist practitioners in reducing that stigma and work towards providing inclusive services within home visitation programs.

- Honour the unique experiences of sexual and gender diverse families.** All families are unique! The journey to begin a family for sexual and gender diverse parents can take many different paths. Family planning for sexual and gender diverse parents may have involved adoption, fostering, surrogacy, fertility treatments and sperm donation.
- Clarify your values and beliefs.** We all have different values and beliefs, and working within social services contexts does not mean you have to change yours. However, when working from a client-centred lens, the values, beliefs and needs that matter are those of the clients and families and must be inclusive.
- Don't make assumptions.** It is important that we don't make assumptions about those with whom we are working. This includes the parent's and children's chosen names and pronouns, as well as the language people use to describe their families. Lead with gender neutral language, such as parent, caregiver, child, children, partner, etc. It is appropriate to ask clarifying questions that are relevant to your services. For example:
 "Hi my name is Sue. I use she and her pronouns. What pronouns and name do you go by?"
 "How do your children refer to you (i.e. mom, dad, etc.)?"
 By not making assumptions, service providers build trust and rapport with clients and ensure that identities are not rendered invisible.
- Educate yourself.** Often the burden of education on sexual orientation, gender identity and expression is placed on sexual and gender diverse communities. It is important that we do our own research and attend workshops to gather knowledge to effectively work with diverse populations.
- Use a trauma- and violence-informed framework.** Trauma- and violence-informed care (TVIC) is a universal approach, where awareness of trauma is integrated into organizational policies and procedures and service provider level practices to make services safer for those who may have experienced trauma. The goal of TVIC is not to obtain a disclosure, but rather to provide services that acknowledge most people have experienced a form of trauma. An example of a TVIC practice within home visitation programs could include sending a letter to families to let them know what they can expect in order to reduce anxiety.

These tips are not comprehensive, and inclusive practices take time and effort to incorporate into action. Social service providers are uniquely positioned to advocate for change. The Centre for Sexuality provides workshops related to sexual and gender diversity, trauma- and violence-informed care, and organizational inclusion audits to assist in the implementation of these efforts. For more information, visit www.centreforsexuality.ca. ■

Dori Palmiere, MSW, RSW (Pronouns: she/her/hers) is the training centre coordinator with the Centre for Sexuality in Calgary. She can be reached at dpalmiere@centreforsexuality.ca.

GLOSSARY

- CISGENDER:** A person whose gender identity is the same as the sex they were assigned at birth.
- ENACTED STIGMA:** Encompasses overt acts of discrimination, such as exclusion or acts of physical or emotional abuse (acts may be within or beyond the purview of the law and may be attributable to an individual's real or perceived identity or membership to a stigmatized group).
- GENDER EXPRESSION:** The way people communicate their gender identity to others by how they dress, act and/or refer to themselves.
- GENDER IDENTITY:** A person's internal sense of being a woman or man, or a combination of both, or neither.
- ORIENTATION:** A person's identity in relation to the gender they are attracted to.
- PERCEIVED STIGMA:** Awareness of negative societal attitudes, fear of discrimination and feelings of shame.
- SEXUAL AND GENDER DIVERSITY:** A term to refer to individuals that are not straight or cisgender, (i.e. lesbian, gay, bisexual and transgender individuals).
- STIGMA:** The Joint United Nations Programme on HIV/AIDS (UNAIDS) defines stigma as "a dynamic process of devaluation that significantly discredits an individual in the eyes of others, such as when certain attributes are seized upon within particular cultures or settings and defined as discreditable or unworthy. When stigma is acted upon, the result is discrimination. Discrimination refers to any form of arbitrary distinction, exclusion or restriction affecting a person, usually (but not only) because of an inherent personal characteristic or perceived membership of a particular group."
- STRAIGHT:** A person who is attracted to people of the opposite sex or gender to their own.

REFERENCES

- Bennett, E., Berry, K., Emeto, T. I., Burmeister, O. K., Young, J., & Shields, L. (2016). Attitudes to lesbian, gay, bisexual and transgender parents seeking health care for their children in two early parenting services in Australia. *Journal of Clinical Nursing*, 26, 1021-1030.
- Burt, Tracy, Gelnaw, Aimee, & Lesser, Lee Klinger. (2010). Creating Welcoming and Inclusive Environments for Lesbian, Gay, Bisexual, and Transgender (LGBT) Families in Early Childhood Settings. *Young Children*, 65(1), 97-102.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2015). *UNAIDS terminology guidelines*. Geneva, Switzerland: Joint United Nations Program on HIV/AIDS. Retrieved from http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf.
- Shields, L., Zappia, T., Blackwood, D., Watkins, R., Wardrop, J., & Chapman, R. (2012). Lesbian, Gay, Bisexual, and Transgender Parents Seeking Health Care for Their Children: A Systematic Review of the Literature. *Worldviews on Evidence-Based Nursing*, 9(4), 200-209.



What can a home visitor do?

First, do what all home visitors do with all families: be a supportive and educational presence in the home. These guidelines are especially helpful when working with refugee families:

- Have some understanding of the culture and the experiences of families before their arrival in Canada.
- Build trust.
- Understand that skills and strengths were developed in a completely different context and might not be so visible in a new environment; help families to find and highlight them.
- Recognize common procedures and structures that might be completely new, unknown and confusing for newcomers.
- Support reorientation in parenting without judgment, realizing that parents might have had no opportunity to use methods such as consequence and reward, explanations, etc.
- Explain the home visitor's role and function, in detail, and if needed, with an interpreter.
- Slow your interactions to make sure everything is understood; it's important to not use children as interpreters, as this tips the power balance between parents and children.
- Provide clear structures and prepare families for what happens next.
- Be aware of pre-immigration experiences that might have an influence on behaviours, and of trauma and PTSD that can make it difficult for clients to take in and retain new information.

Home visitors play such a wonderful and vital role in providing extra support in parenting their children. They are essential in building bridges for newcomer families to not only survive, but also succeed in their new life in Canada. ■

ONLINE RESOURCES

<https://work.alberta.ca/Immigration/settlement-services.html>

<http://refugeealberta.ca/>

<http://www.kidsnewtocanada.ca/beyond/resources>

<https://www.alberta.ca/syrian-refugees-supports-for-refugees.aspx>

<http://teachingrefugees.com>

www.aaisa.ca (Immigrant Serving Agencies Alberta)

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Working With Refugee Families

By Karin Linschoten

With the arrival of Syrian families in Alberta over the last three years, there has been growing awareness about the unique issues refugee families face when relocating to Canada.

Sometimes we forget why we are inviting newcomers into Canada. While there is a wonderful humanitarian aspect to it, the reality is, that without a sustained level of immigration or a substantial increase in fertility, Canada's population growth could, within 20 years, be close to zero. This would not sustain our economy. By 2030, it is expected that 25%-30% of the population will be foreign born.

Each year, Canada receives between 10,000 and 14,000 refugees. Many of these families are served by home visitation programs. At times, the cultural differences and difficulties in understanding family dynamics make it challenging for home visitors.

Life before arrival in Canada

Understanding some of the experiences refugee families had before arriving here might make it easier for home visitors to interpret what they perceive.

Most refugees invited by the Canadian government have been in refugee camps for many years: from five years up to their whole life; some have spent years in their own war-torn countries; some were in other countries, where they had no rights and no future.

What all these situations have in common is a continuous struggle to survive: surviving the violence (physical and sexual) which is often part of camp life, getting enough food and clean water and having no or little access to health care.

Children and adults often have had no opportunity for education and schooling, or to learn how to function in structures and routines, which comprise so much of our daily life. And families might be separated for many years, uniting only in the safety of Canada.

Barriers in Canada

This all causes issues including trusting people, dealing with complications of PTSD and trauma responses and difficulties in adjusting to routines.

In daily life here, other issues surface: the couple relationship is challenged through a power shift or adapting to each other after long separation, and the loss of extended family who used to help solve conflicts and play a vital part in child rearing.

Parents, who often are slower to learn a new language and lifestyle, may lose authority with their children. They have to transition to different methods of discipline without the knowledge of how to do that. Depression, anxiety and PTSD symptoms surface. Many parents struggle to understand the education system and the difficulties their children encounter in daycare and school.

Working With Parents Who Have Intellectual Disability

By Laura Pacheco and Marjorie Aunos

Introduction

Parents with intellectual disability usually have a number of workers from different organizations involved in their lives. Research has shown that when these parents receive supports that correlate with their learning and communication style they can improve their parenting skills and many can be good parents (Andron & Tymchuk, 1987; Budd & Greenspan, 1984; Dowdney & Skuse, 1993; Feldman, 1986; Tymchuk, 1990).

Who are parents with intellectual disability?

Parents with intellectual disability are a diverse group, with different backgrounds, strengths, needs and family situations. The International Association for the Scientific Study of Intellectual Disability (IASSID) Special Interest Research Group on Parents and Parenting with intellectual disabilities (2008) identifies these parents as belonging to three groups:

- The first group of parents includes those who may have grown up in institutions, and after de-institutionalization, integrated within the community. They then formed relationships and had children. This represents a small number of parents with intellectual disability.
- The second group of parents are those who received specialized services for persons with intellectual disabilities throughout their lifespan and continue to receive specialized supports as adults.
- The third group of parents are regarded as the 'hidden majority' that might have been labeled as being 'slow learners' or as having a 'learning disability.' Their intellectual ability may only have been called into question once they came into contact with the service system. These parents seem to be well integrated within the community and receive little or no support from the informal service network.

What we can take away from the literature?

IQ is a poor predictor of parenting capacity (when IQ is above 60). Research has shown that factors related to poverty, mental health and other systemic variables (such as discrimination and lack of resources) have a far-reaching effect on parenting ability and family life (Andron & Tymchuk, 1987; Budd & Greenspan, 1984; Dowdney & Skuse, 1993; Feldman, 1986; Tymchuk, 1990).

Many children of parents with intellectual disability fare well. However, they are at risk for some developmental and emotional issues. For a synthesis of the literature on child outcomes, see Collings and Llewellyn (2012).

Parents with intellectual disability can learn and maintain parenting skills when services are adapted to their learning style and individual family needs (Feldman, 1994, 2010; Llewellyn, 1990; Llewellyn et al., 2010; Tymchuk, 1992).

General guidelines in adapting services to parents with intellectual disability

1. **Individualize interventions.** Interventions should be individualized and underpinned by evidence-based competency evaluations. For an excellent guide on how to conduct evidence-based assessments in the field of parents and parenting with an intellectual disability, see (Feldman & Aunos, 2010). Once evaluations are completed with these families, needs and objectives that are meaningful and measurable can be built. This is important especially when child welfare is involved as it allows expectations to be clear and achievable.
2. **Build a trusting relationship.** This is at the heart of most our work with families; however, it is especially vital for these families given their often-previous negative experiences with the system and service providers (Aunos & Pacheco, 2013).
3. **Build on abilities and areas of need.** Interventions that build on abilities

(Feldman 1994, 2010) or areas that the parent has identified as needing support is the best way to start providing support, whenever possible. This further engages these families as they are at the centre of the interventions.

4. **Adapt appropriate teaching methods.** Teaching methods (i.e. step-by-step checklists, modeling, visual prompts, coaching) need to be adapted to the parents' learning styles (Feldman 1994, 2010) and should be provided in situ (usually in the parental home) and be behaviour based. Good psychological reports will also help identify how a parent learns best and can help guide support given to these families.
5. **Consider contextual factors.** Interventions need to consider contextual factors (Booth et Booth, 1998). Many parents with intellectual disability have experienced unresolved grief and loss and experience higher levels of stress. It is, therefore, important that these parents receive appropriate multidisciplinary supports (including psychosocial interventions) to set up a fair intervention plan that increases successful outcomes for children and families.

A Family Story: The power of support

Martha* and Jacques* were referred to a specialized parenting service when their oldest child was 13 months old. Their child was close to being adopted by a foster family. The agencies involved did not believe the couple had the capacity to parent their child due to their cognitive limitations stating, "the mom's ability to learn parenting skills was as possible as a paraplegic's ability to walk." After building a rapport with the family, and completing a competency and evidence-based assessment, advocacy from a respected family member (around the parents' rights) and hard work from the couple with multi-disciplinary support (tailored to their needs) from the service team, the couple welcomed their daughter back into their home. As the couple left the courtroom that day with their daughter, the mother could be overheard saying 'You are finally coming back home. You are finally coming home to stay with us. This time for good.' ■

*the names have been changed for privacy

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connections

Coming up

The next issue of Connections will focus on fathers. If you would like to submit an article or resource for this topic, please contact the AHVNA office by January 10, 2019.

Hearing from you

Connections is published two times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA provincial director, by phone at 780.429.4784 or by email to info@ahvna.org.

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Orange Shirt Day

By Maureen Callihoo Ligtvoet

Tansi, my name is Maureen Callihoo Ligtvoet. Some of you know me as the family support program manager at St. Albert Family Resource Centre, some know me as a Council member of the Michel First Nation. What some of you may not know about me is that I am an intergenerational survivor. My dad (Ernie Callihoo) along with his siblings and many of his cousins attended the Youville convent – also called the Youville residential school.

The term intergenerational survivor may not be familiar. It's a relatively new way to describe the effects of a dark chapter of Canadian history, one we thankfully are learning more about today.

This year, the St. Albert Family Resource Centre (SAFRC) in partnership with St. Albert Community Social Development organized an event to help understand how residential schools affect the families we support today. It was an opportunity to visit and share resources specific to the Indigenous community.

Orange Shirt Day (Sept. 30) is a national day of recognition and reconciliation for Canada's residential schools. Orange Shirt Day originated with B.C.'s Phyllis Webstad, who, on her first day at a residential school, was stripped of her new orange shirt, family and cultural identity. The shirt has come to symbolize a childhood lost and the experience some 150,000 Indigenous Canadians endured in residential schools.

Even if you're not a survivor, as a community member, you will feel the ripple effect of residential schools. Those intergenerational effects include high rates of addiction, abuse, violence, illness, depression, isolation, loss of identity and death. The children and grandchildren of residential school survivors often bear the brunt of what previous generations suffered. Many of the young Indigenous parents I work with today say they lack a sense of identity and belonging. They feel lost, and they want to change that for their children.

Without positive parental role models, my dad didn't know to hug his kids or say "I love you" to them. He fell into alcoholism and eventually divorced. I myself struggled in school because of the dysfunction in the

home and the breakdown of our family unit. I grew up thinking that my Indigenous roots were a source of shame. I didn't really celebrate my identity as a First Nations woman until I was well into adulthood. My story is not uncommon; many of the Indigenous families we work with share this very same experience today.

Residential school experience also leaves many survivors with a deep distrust of government and community helping agencies. It's the responsibility of every Canadian to learn about residential schools and how they affect people today. As community members and helpers, we can learn by reading books and visiting local museums and Indigenous agencies. SAFRC runs an Indigenous group called the Magpie Nest. This provides a friendly environment for Indigenous parents and caregivers where they can discuss the successes and challenges of raising a family unique to their culture. We as Canadians can no longer say we didn't know. Education is a powerful tool. Elder Napoleon Callihoo from the Michel First Nation, who is turning 102 this year, often says, "An education is easy to pack, and you can take it anywhere you go."

Our Orange Shirt Day event included a visit from a local grade one class from Muriel Martin School. Their teacher, Mrs. Bautista, read the beautiful book "When We Were Alone" by David A. Robertson. The children then shared their thoughts and understanding of residential school. The children's perspectives of residential school were so pure and honest. I think we learned the most from these little people on this day. My dad said he was happy to see the many kids in either orange shirts or in their own favourite shirt at the event. They gave him the courage to speak about his experience.

Lastly, we shared, laughed and enjoyed some yummy traditional bannock and tea. The day was enjoyed and embraced by all who attended. Next year I encourage you to honour this special day by planning your own event. I look forward to hearing about your own special Orange Shirt Day event. Hiy, hiy. ■

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