

2021

Ilagiilluta

PROGRAM OVERVIEW
PUBLIC HEALTH DEPARTMENT

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES |

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Why read this program overview?

This document's main purpose is to introduce the Ilagiilluta program. It should be helpful for anyone involved with the program, including frontline workers, managers, and community partners who provide services to young families, so that everyone can have a common understanding of what Ilagiilluta is about.

As such, this overview will describe the program's main components, focusing primarily on the following questions:

- **Where does Ilagiilluta come from?** Why does it seem to be helpful to families?
- **What is Ilagiilluta trying to achieve?** What are the program's main goals and objectives?
- **How does Ilagiilluta hope to achieve this?** What is the program's approach? What are the knowledge, values, and practices driving its interventions?
- **What does it look like concretely?** How can we make sure services truly help families? What can be done to reach families who need them?

The information contained in this booklet combines a variety of knowledge sources, including science, regional history, and local experience. In fact, these program guidelines are inspired from:

- The **science** of early childhood experience and its influence on children's brain development and the evidence supporting early childhood intervention;
- The understanding of how Nuanvik **history** has shaped families' wellbeing and the urgent need for family support which is anchored in traditional knowledge and practices;
- The lessons learned from the **experience** of the Ilagiilluta pilot projects conducted in the region.

This manual is meant as a **general guide**, which ensures that each community can offer the support of Ilagiilluta program in ways which have been shown to work best. Yet, it is understood that each community will need to adjust some of the program's services and resources to its context, size, location, etc. We believe that these guidelines can help all teams in their implementation efforts.

Strong children need strong family connections

Family members are children’s first teachers, and the strength of the children’s relationship to their caregivers will allow them to become strong, healthy adults which can contribute the wellbeing of their community (ITK, 2014). Elders also tell us that children need to be cared for by a network of close connections; their main role is to nurture and protect children on their path to developing the talents and skills they will bring to the collective core. The strong sense of identity, value and belonging resulting from these loving relationships is fundamental to *Inunnguiniq*, translated as “the making of a healthy self-reliant human being” (NCCIH, 2012).

Inuit believe that mental wellbeing and a healthy (...) sense of belonging reside in an environment of love (...) grounded in meaningful relationships (NCCIH, 2012)

Early years shape the baby’s brain for ever

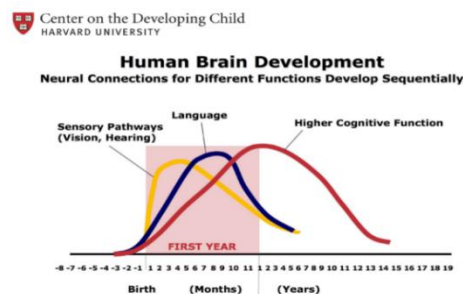
Science has since confirmed this ancestral knowledge by showing that the human brain, which begins developing in early pregnancy, continues to grow well into adulthood. In fact, the pregnancy and the first year of a baby’s life is when the brain grows the most. This is why the way we care for children during their early years has so much influence on their mental and physical health for the rest of their life (see Box 1).

Early experiences shape brain development and provide the foundation upon which future learning, health, and behaviour all depend (NSPCC, 2021)

In other words, just like the strength of a building depends on the quality of its foundations, loving and secure interactions with caregivers are the “materials” that build children’s strong brains, and the foundation they need to learn, cope, and become healthy self-reliant adults (see box 1).

Box 1 What Happens in early childhood shapes the brain... for life

Studies have shown that that the human brain is not fully developed at birth. A child’s brain undergoes a very rapid growth during the first years of life (see graph below). This is why the human brain is particularly sensitive to stress during this critical period (CDC, 2007). Recent research on the biology of stress have also confirmed that major adverse events, such as extreme poverty, abuse or neglect early in life, causes levels of “toxic stress”, which can affect the baby’s brain architecture for ever (Nelson et al, 2020).



For example, toddlers who have secure, trusting relationships with their caregivers tend to experience minimal stress hormone activation. Naturally, this natural ability to cope with stress increases children’s ability to learn, control their emotions and behaviour and build healthy relationships for the rest of their lives.

For more information, please see

- [https://www.jaacap.org/article/S0890-8567\(09\)66631-4/fulltext](https://www.jaacap.org/article/S0890-8567(09)66631-4/fulltext)
- <https://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/>
- <https://pmnch.who.int/resources/publications/i/item/early-child-development-a-powerful-equalizer-final-report-for-the-world-health-organization-s-commission-on-the-social-determinants-of-health>

<https://learning.nspcc.org.uk/child-health-development/childhood-trauma-brain-development>

Supporting families in their parental journeys

Yet, caring for young children can be challenging at times, even in the best of conditions. It is now well known how the stress of parenting can affect a child’s life.

Box 2: Social disadvantage and its impact on Family lifestyle

Smoking prevalence is often higher among women living in disadvantaged circumstances. In fact, many studies from around the world now demonstrate that behaviours such as smoking and excessive drinking have little to do with genetics or culture, but rather are often a cluster of behavioural coping mechanisms in people facing high psychosocial distress.

This is why interventions aimed at improving parental behaviours in social disadvantaged populations need to go beyond the behaviours themselves to address the sources of family psychosocial distress. Many experts recommend that, given the intergenerational impact of colonisation on the access to basic living conditions of Indigenous populations around the world, this approach would improve the efficiency of health behaviour change interventions in Indigenous settings.

For more information:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5896479/>
- https://www.itk.ca/wp-content/uploads/2016/07/ITK_Social_Determinants_Report.pdf
- <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-0981-7>
- <https://www.mja.com.au/journal/2009/190/10/knowledge-and-attitudes-regarding-smoking-during-pregnancy-among-aboriginal-and?inline=true>

As explained in the box above, **improving the quality of early childhood development for Inuit children means addressing many of the social disadvantage families face**, particularly access to safe housing, fair employment and income, and high-quality health and social services (figure 1 and box 2).

When families are given the conditions and resources to offer their children the responsive and caring presence they need to develop well, they are the best foundation from which children can be prepared for success for the rest of their life: in school, and later on, in the workplace and community.

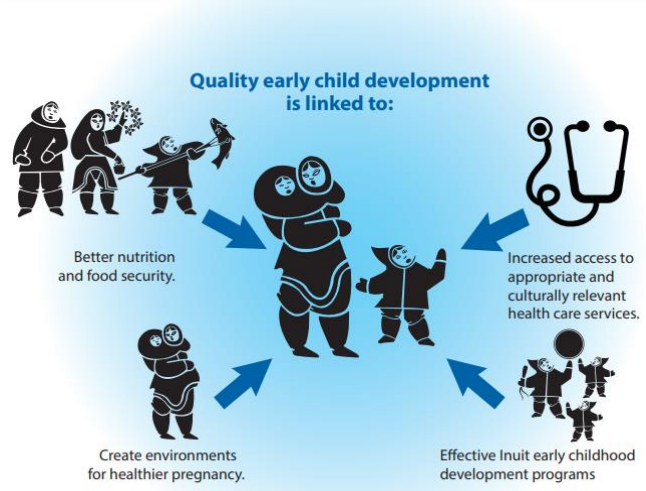


Figure 1: Determinants of early children development in Nunavik (ITK, 2014)

Ilagiilluta: “Let’s be a family”

The Ilagiilluta program’s main mandate is to support families in Nunavik in providing the care their children need to grow strong and healthy. As such, Ilagiilluta is part of the prevention and health promotion portion of the continuum of health and social services, just like other public health programs such as FASD prevention or breastfeeding promotion initiatives¹.

A program for all families

Ilagiilluta is inspired from early childhood programs which have shown to improve the health and development of children around the world (see box 3). Yet, unlike the “selective” approaches used in most other programs, it was recommended that the services would be offered to all families in Nunavik, in order to limit the risk of stigma associated with program participation (box 4)

Box 3: Early Childhood Program Effectiveness

Babies’ brains require stable responsive relationships with their caregivers to grow strong and healthy. Naturally, these nurturing relationships begin at home; yet, decades of evaluation research have also shown that some programs can also help.

Indeed, services which support caregivers can increase their parenting knowledge, as well as reduce their risk of depression and substance use. This in turn contributes to reducing children risk of maltreatment, such as abuse or neglect. Direct interventions with children can also improve their cognitive, social and emotional development, hence reducing their risk of school difficulties and behavioural problems in adolescence.

Economists estimate that such programs produce a much higher return on investment to communities than intervening later in childhood or adolescence by their impact on reduced need for educational remediation, reduced crime, and increased income for participants when they reach adulthood.

For more information see
<https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/inbrief-programs-update-1.pdf>

Box 4: Making Ilagiilluta a universal program

Programs which target only “high risk” families can hinder the participation of families who fear being labelled as “problematic”. On the other hand, offering the services to all families, irrespective of income, ethnic background, or other “vulnerability” factor, sends a clear message that “it is perfectly normal for all families to need a little extra help at times”, making it more welcoming and less stigmatising.

In addition, improving Inuit children and family wellbeing requires that we recognize the impacts of historical trauma on generations of families. We should also consider the impact of decades of systemic discrimination on community’s economic development, poor access to services and lack of basic infrastructure, such as water and housing.

This explains why experts in Indigenous children health urge that we move away from clinical interventions based on individual families’ “deficits”, but rather adopt a systemic approach to family living conditions and promote collective wellness for all community members.

For more information see :
<https://irpp.org/research-studies/promoting-equity-and-dignity-for-aboriginal-children-in-canada/>

¹ For more information on the full continuum of care please see Annexe A

Ilagiilluta program goals and objectives

In summary, the Ilagiilluta program has two main **goals**:

- (1) To support global health and development of all children in Nunavik; and
- (2) To improve the global wellbeing of pregnant women and families with young children.

To reach these goals, Ilagiilluta offers families a range of services which:

- (1) Promote **Inuit best practices**, including traditional knowledge, Inuit childrearing and parental skills supporting the development of strong and caring family – children connections;
- (2) Support pregnant women and families in **adopting health and safety behaviours**, particularly around breastfeeding, nutrition and substance use in pregnancy;
- (3) Help families **navigate the continuum of health and social services** offered in Nunavik for pregnant women, mothers and children;
- (4) Improve family **living conditions**, including access to social support networks, food security, as well safe home environments.

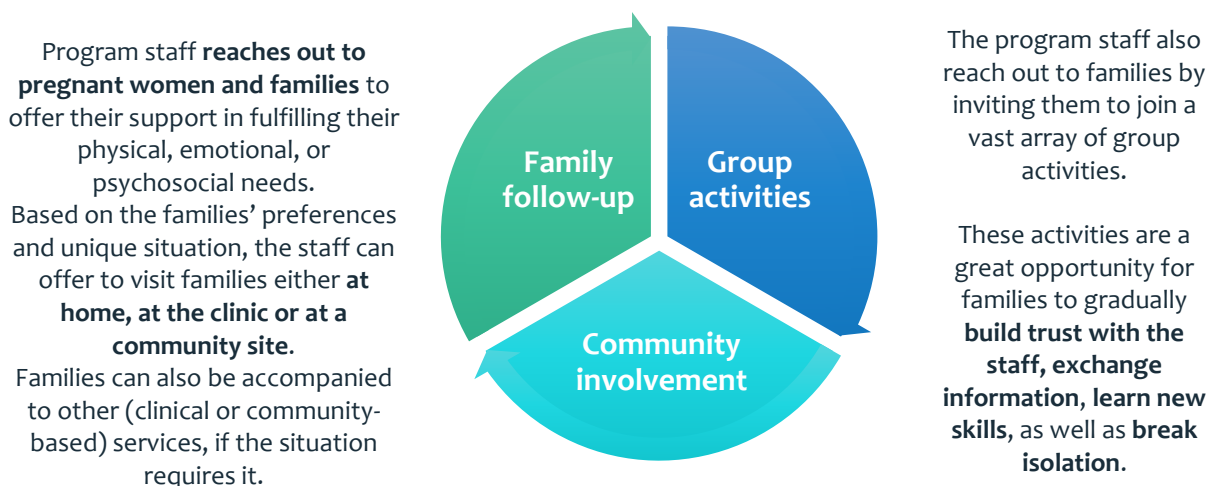
Main program components

What does this look like in the field? Well as we said, to promote family well being, we need to:

- (1) address family challenges in a holistic way; and
- (2) support communities’ self-determination.

In order to do this, Ilagiilluta teams in each community can develop a set of services adapted to the local families’ needs and context. The program staff then delivers these services to families in three different ways, as illustrated below.

Figure 2: Ilagiilluta intervention components



The program staff supports **community-driven initiatives promoting community and family well-being**. This component is central to program success, since it contributes to improving family living conditions, helps developing community ownership of the program, and supports community self-determination; all essential elements for program sustainability in the long term (see box 5 below).

Box 5: Community ownership and program sustainability

A recent review of the literature has shown that community ownership is particularly central to the success of health promotion and early childhood development programs in Indigenous settings. Programs' sustainability rests on their capacity to build genuine partnerships with the local community based on a shared understanding of their needs and priorities. This ensures that programs serve the dual purpose of improving children and families' wellbeing, while also contributing to the community capacity for self-determination.

For more information, please see:

<https://pubmed.ncbi.nlm.nih.gov/26745867/>

Ilagiilluta, a community space for family-centered services

The integration of different types of services and interventions is what makes Ilagiilluta so unique. This network of community-based family-centered services ensures the program staff have all the resources necessary to accompany all families, through good times, as well as through the most complex challenges.

Each family being unique, program staff will naturally invest more time and resources in supporting families with the greatest needs. While there will be times when families need the support of intensive individual follow-ups, there will also be periods where they only join the programs group activities. And this is perfectly fine. As will be seen in the next section, this flexibility is what makes Ilagiilluta efficient on the long run.



Voice from the field

When I got pregnant with my third child, a new program arrived in town. I already had two children and I was used to getting support from family and close relatives only. With the program, I discovered a much stronger support; a community level support where people were making sure I had a safety net.

During my first two pregnancies, I used to read books to get information. With Ilagiilluta, I discovered a safe place to go to relax, learn new things and talk with workers and other parents. Even when we were talking about things I already knew, it was very different to exchange with people instead of only reading things in books. It was my time!

Sarah, program participant



Adapting Ilagiilluta to your community

Even though Ilagiilluta's main approach was inspired from similar programs which worked well elsewhere, we still need to make sure it is ways which suit the contexts of families in the region. Unique world views, values and traditional practices have allowed families to survive in the Arctic for thousands of years.

Yet, more recently, decades of governmental rules and policies have had devastating impacts on Inuit culture and practices. If Ilagiilluta is to help rebuild family health and well-being, it needs to break away from these practices and anchor itself in Inuit history, knowledge, and practices (see Box 6).

“Issues of early childhood health, education and parenting cannot be separated from the history of disempowerment, dislocation from the land, and the breakdown of families, which have been imposed on Indigenous families” (Ball, 2012)

Box 6: The importance of culture

Programs which use Western norms for parenting and child development are not helpful in Indigenous contexts. Not only do they contribute to breaking the transmission of Indigenous knowledge and practices, they also weaken the local capacity to support children rearing. For these reasons, International experts remind us that early childhood interventions and programs aimed at Indigenous populations need to emphasize the important role of the local culture in rebuilding family pride and strength (Ball, 2008).

An important review focusing on what makes early childhood interventions work for Indigenous people in Australia even affirms that ‘If programs appear to suggest that ‘non-Indigenous health care professionals know what is best for Indigenous people’ or worse, that ‘Indigenous child rearing teachings are not good enough’, they will only produce mistrust and antagonism in the population (Bowes & Grace, 2014).

This is consistent with previous research stating that culture, language, and traditional activities on the land can help repair the ruptures of colonialism and oppression, as well as foster Indigenous resilience (Kirmayer, & al., 2011, Barblett, & al., 2020). Clearly, this seems also to be true in the Nunavik context, as we have seen earlier that a strong sense of cultural belonging is the foundation of Inuit mental well being (see first section above).

For more information, please see:

<https://irpp.org/research-studies/promoting-equity-and-dignity-for-aboriginal-children-in-canada/>
<https://www.aihw.gov.au/reports/indigenous-australians/review-of-early-childhood-parenting-education-and/contents/table-of-contents>

<https://journals.sagepub.com/doi/10.1177/070674371105600203>

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Maintaining Ilagiilluta's 'active ingredients'

Each community can create their own version of Ilagiilluta which best fits their local context. Naturally, not all communities' Ilagiilluta program will be exactly the same, considering their distinct history, geography, size & population, services already in place, etc.

Yet, adjusting to our community context should not be done at the cost of getting rid of the program's essential components. This means that in addition to **remaining true to the above-described program goals, objectives, and intervention components, all communities' Ilagiilluta programs should display the following "active ingredients"**:

1. **The more the better**: programs should begin early, favor frequent contacts with families and ideally extend beyond the child's 5th birthday;
2. **Respect for families' autonomy**: Families can access, interrupt and cease their involvement with the program, as they wish; and
3. **Strong relationships of trust with families**, resting on principles of cultural safety.

The following section will describe in more details why these program characteristics are considered essential for the success of the program implementation.

1. The more the better

The more the parents and children use the program, the more they will benefit from it. This entails the program should:

(1) Start in pregnancy

Starting early in the prenatal period allows the program staff to support pregnant women in adopting healthy behaviours. It also gives families time to gradually build trust with the staff, so that they feel comfortable reaching out if they need any kind of support, even in the first few days after birth (see box 7).

(2) Facilitate frequent contacts

To encourage family participation, the staff should **offer** a variety of flexible activities, which can meet the diverse needs of all families in the community, including home-visits, clinical follow-ups, group activities, phone calls, etc.). Planning occasional evening or weekend activities, as well as providing food and babysitting, can also be a good way of encouraging the participation of caregivers who may be busy with work and/or older siblings.

Box 7: Initiating Ilagiilluta early - What does the evidence say?

Women are often highly motivated to adopt healthy behaviours when they are pregnant. By reaching out to women at that time, the Ilagiilluta program staff can seize this unique opportunity to help women with their smoking, substance use, or stress levels for example. These changes will benefit their health and that of their baby's.

We also know that the immediate post partum period can be challenging for young families, as mothers and babies try to establish breastfeeding and sleeping routines. If families already know (and trust) the program staff, it will be easier for them to ask for support during this key period.

For more information
<https://www.inspq.qc.ca/publication/1141>

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(3) Support transition to school

Children’s transition to the school system can be a challenging period for families. That’s why programs which extend their support to families until children have navigated their transition to school with success appear to have better results than those that don’t. During this period, program staff can accompany parents through the school system, as well as help them find adequate resources and services, if and when they need them.

2. Respect for families’ autonomy

Although the benefits of the program tend to increase with the frequency of families’ participation, this does not mean that we should impose activities on families. As for any other type of health service, the choice of families to engage in the program must always be respected.

Some women prefer not “getting too ready” for the baby’s arrival during pregnancy. They may refuse getting any baby item (such as a crib, clothing, diapers, etc.) before the baby is born, for example. This should not be misinterpreted as a lack of motivation towards the pregnancy as it can be a reflection of an important Inuit traditional practice.

This implies that families should feel they **can start (or cease) coming to activities whenever they wish**, with no consequence whatsoever on the quality of the care they receive in this or other programs. In addition, nonparticipating families (who have either never participated or simply interrupted their follow-ups) should still be invited to group activities, to remind them that they are always welcome into the program, whenever they feel like it.

Respect for families’ autonomy also implies being extremely **flexible with regards to scheduling activities**. Some families are not always able to make set appointments, for instance, due to lack of transportation, weather conditions, or unexpected family responsibility. Families may also decide to prioritize an opportunity to go on the land for seasonal harvesting activities, which in the end, is also good for their wellbeing. For all these reasons, rigid scheduling and strict discharge policies (suggesting for example that a certain number of missed appointments will lead to being excluded from the program) are strongly discouraged in the context of the Ilagiilluta program.

And finally, respecting families’ autonomy also means being **flexible regarding where services are provided**. Indeed, family engagement will be strengthened if staff agree to see them where they feel most comfortable. Home-visiting is one of many outreaching approaches which can be useful for families, by reducing the need for transportation and baby sitting, for example. Yet, sometimes, home-visits can be difficult or uncomfortable for some families. Common useful alternatives include



Voice from the field

My grandmother would tell me not to buy things before the baby was born because you never knew if the baby was going to be OK. You don’t know your future and don’t want to feel too sad or disappointed if something happens, she used to say.

Also, there were no gender reveal ultrasound before. “When the baby comes, you’ll see and you’ll know what to get”, my grandmother said.

One of my babies was born at night and I did not even have a diaper at home! I wrapped the baby in a blanket for the night and ran to the store the next morning. I was a funny shopping spree!

Phoebe, program participant



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meeting families at a community “hub” (such as Ilagiilluta House, a daycare center, or family house, for example) or inviting families to join group activities.

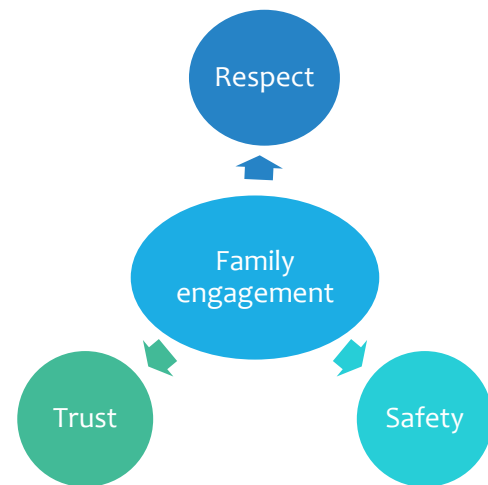
3. Building a strong relationship with families

The strength of the relationship of trust is essential for maintaining families’ engagement. This trust is also what makes them feel comfortable calling on for support, when they need it. In other words, doing everything we can to build and maintain a relationship of trust with families is one of the essential keys to program success.

(1) Families’ engagement building blocks

For families to trust the program, they need to feel:

- **Respected:** Respecting families’ autonomy is the very first foundation of this trust relationship (see 2 above).
- **Trusted:** Families also need to feel we trust them in return. This means recognizing that they are the experts of their own realities, acknowledging their resilience in facing daily challenges and helping them build on their strengths.
- **Safe:** Families’ bond with the program can only be built if they feel safe, i.e. in a setting where there is no judgement, discrimination, nor any form of violence. This will be expanded on in the following section.



(2) Making families feel safe

As mentioned, for families to want to engage with the Ilagiilluta program, they need to feel safe when interacting with the staff. In other words, they need to know we can help protect them from hurt. This certainly involves protecting them for any type of violence, whether physical, sexual, or emotional in nature; but this also refers to making sure we do not pose any sort of threat to their social or cultural identity.

The term “cultural safety” is increasingly used to describe this way of delivering care to Indigenous populations. As explained in more details below, culturally safe care means not only addressing Indigenous clients’ cultural needs, but also removing all other systemic barriers they might face when trying to access the health care system in general (see Box 8 below).

For Ilagiilluta to be culturally safe, it needs to provide, in Inuktitut, interventions that are coherent with the values and practices of the population. One of the most powerful way to achieve this is certainly to have local staff deliver most of the services. **Local community workers are essential to Ilagiilluta.**

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More specifically, local community workers bring the following strengths to the program:

- **Stability and continuity:** As community members themselves, local workers will ensure stability of the relationship with families and children.
- **Communication and Understanding:** The fact that they can interact directly with families in Inuktitut is key in the relationship building process.
- **Knowledge of local traditions and practices:** Their should guide all service delivery decisions, such as how to recruit families, how to reach out to them, what activities should be planned, etc., as well as how to integrate cultural knowledge into program interventions, particularly when dealing with sensitive topics (such as healthy sexuality, substance use in pregnancy, family violence, etc.).
- **Knowledge of local community networks:** As respected community members, they can facilitate the involvement and support of the community, as well as foster communities' trust into the program. They will also help in understanding and accessing local (official and nonofficial) safety nets.

Box 8: Why cultural safety matters

For many years now, experts in Indigenous health have recommended that health care organisations move away from a narrow understanding of “cultural competency”, to adopt the more powerful principles of “cultural safety”. This is because cultural competency only relies on health care professionals’ knowledge about other cultures; cultural safety, on the other hand, requires that healthcare professionals recognize the limits of their own cultural lens and how it affects the care they provide to clients from other cultural groups.

*Cultural safety is much more than applying a list of “do’s and dont’s” when interacting with clients; it takes into consideration the impacts of historical trauma and discrimination people face when trying to navigate health care system. In other words, cultural safety goes beyond the provider-patient relationship and addresses all other systemic barriers which they come across when trying to access services. The focus is no longer on making patients’ able to ‘comply with” the system, but rather on the **HC organisations’ responsibility to provide services which people find meaningful and helpful.***

Cultural safety training aimed at non-Indigenous HC professionals are certainly helpful in achieving this goal, but they are largely insufficient. In order to achieve true cultural safety, HC organisations also need to align their governance and management structures, rules and policies in building culturally safe workforce, work environments, and service delivery settings.

For more information please see:

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3#Sec6>

Needless to say, local workers need to be recognized and valued as an essential component of the program; one which simply cannot be fulfilled by hiring non-Inuit health care professionals. Local workers may also face unique challenges in fulfilling their role as natural helpers in their own community, as many will have a family connexion with program participants. These situations make local workers very vulnerable to secondary trauma or compassion fatigue. That is why the Ilagiilluta program team and management need to pay particular attention to theses workers’ needs for support and flexible working conditions (see Box 9 below).

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Different health care professionals may still need to be hired as part of the Ilagiilluta team, to provide specific skills or expertise, for example. Considering the particular nature of the program, however, the selection of these professionals should not be based on technical knowledge and skills alone, but also on their attitude and understanding of history and cultural safety principles (see Box 10 below).

Box 9: Supporting the active involvement of local staff

Research from around the world indicates that **the best way to deliver culturally safe services is to have local staff deliver them**. For this to work, however, paraprofessionals need to be supported adequately (WHO, 2018):

- **Their role should be recognized as unique, and valuable.**
 - Other team members should always include them in multidisciplinary clinical decisions and meetings, like any other health care professional.
 - Workers should be compensated fairly (salary and work benefits equitable with other team members) and work requirements should be realistic (allowing flexibility for time off for family reasons, for example).
 - Their work responsibilities should not bring them into conflict with their community (**making their role easily distinguishable from that of child protection services staff**, for example).
- **They should get all the support they need.**
 - Other team members should make themselves available to answer questions, bring advice, and accompaniment if workers request it.
 - There should be on-the-job coaching and training and frequent debriefing and emotional support to prevent compassion fatigue that comes from the responsibility of working as natural helpers in their own community.

For more information

<http://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-eng.pdf?ua=1>

Box 10: Hiring non-Indigenous staff

The research literature recommends that professionals working in Indigenous settings demonstrate respect, reciprocity, and flexibility towards the needs of the clientele. Cultural safety training can provide information on culture and history, but the **following attitudes need to be looked for at the time hiring**:

- Recognizing the limits of their knowledge of cultural norms and expectations, as well as openness to observe, receive feedback and learn more from clients and colleagues
- Wishing to connect and spend time in the communities, as well as share part of themselves with community members
- Valuing the trust that clients place in them, as well as being transparent about what they do and why are they are doing it
- Being willing to let go of rigid western notions (such as what constitutes a “normal” work day, or expectations for clients to comply with set appointments, for example)

For more information

<https://researchers.mq.edu.au/en/publications/review-of-early-childhood-parenting-education-and-health-interven>

Conclusion

The first few years of children's life is key to their brain development. The **quality of children's experiences in these early years is critical for their ability to grow strong and healthy for life.** Families and other caregivers are the primary source of experiences for children. They provide the nurturing connections children need to build a strong sense of who they are, and what they can contribute to their community.

Families want to provide opportunities for their children to grow and become strong self-reliant community members. Life circumstances, however, may at times bring challenges for which they need a little extra support from their loved ones and community. It is then essential that **all Inuit families have access to effective supporting programs and services such as Ilagiilluta, when they need and request it.**

Ilagiilluta's approach is built on the principle that trusting relationships are central to well being. This is true for children, who need loving and responsive relationships with their caregivers to grow strong and healthy. It is also true for families who need to be able to trust that the people supporting them truly respect them in their journey through parenthood. And finally, this is also true for the program staff, who need to be offered a culturally safe work environment so that they can bring all their knowledge, experience, and wisdom to the services they provide to the communities.

Enabling all children to achieve their full potential is a basic human right and a critical component for Nunavik's future. Let's take care of children together.

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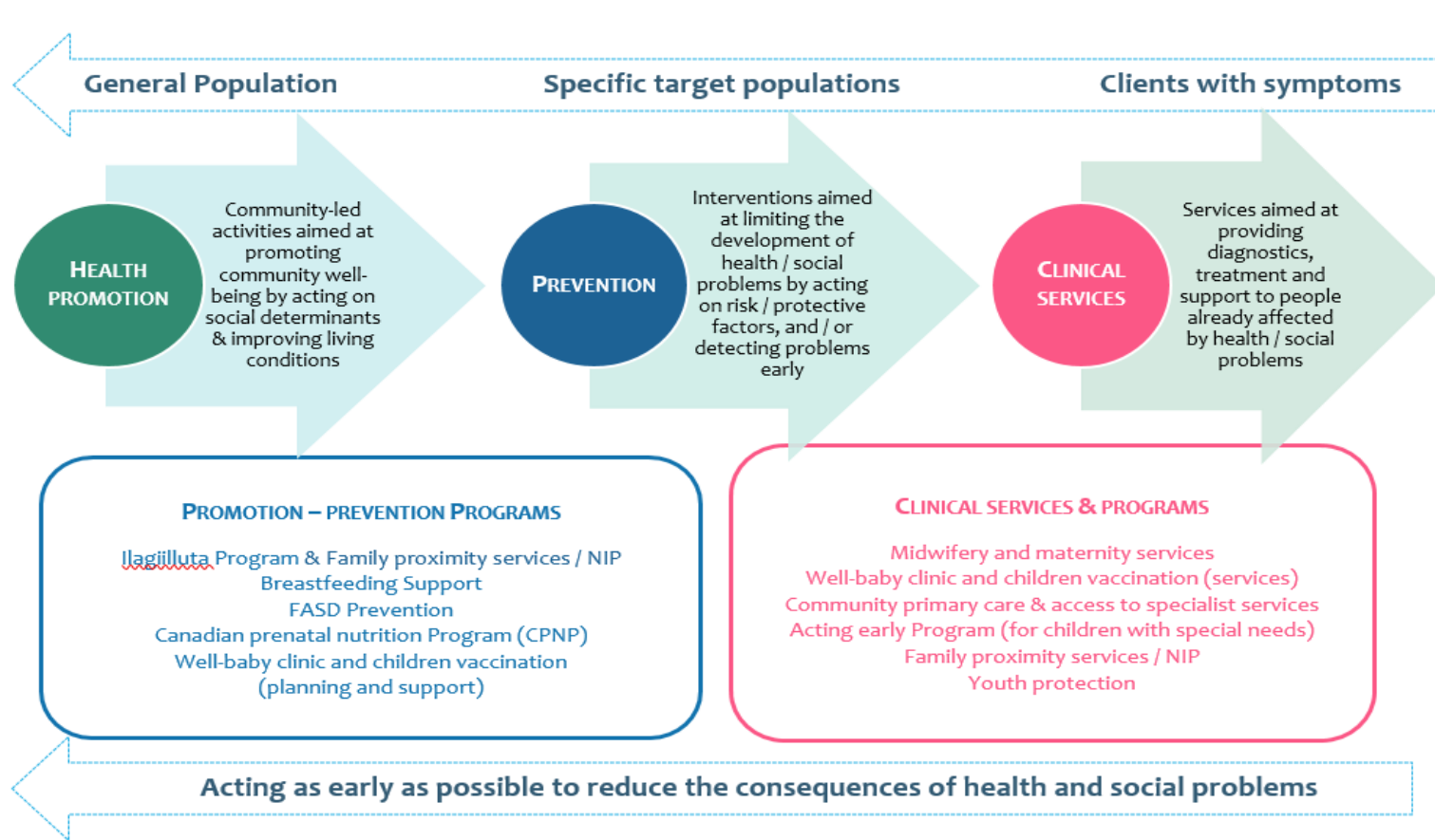
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Appendix A: Ilagiilluta - part of the prevention / health promotion portion of the continuum of care

The figure below illustrates programs and services in the continuum of health and social services offered to families and young children in Nunavik. We can see that although most programs in the health promotion-prevention portion of the continuum are under the responsibility of the public health department, many clinical programs under the responsibility of the Planning Programming Department of the NRBHSS also offer preventive services (prenatal care and well-baby check ups, for example)



Appendix B: Definition of key terms

Cultural safety places an emphasis on the health workers' awareness of their own cultural and professional identity and its potential bias on the care they provide to people from other cultural groups than their own. It aims to directly address the effects of colonialism within the dominant health system and ensure that the responsibility to protect a person's cultural identity (and hence maintain their cultural safety) lies with the health service (Curtis et al., 2019).

Early Childhood Care and Development includes a broad range of programs and services available to children and families to promote their health and well-being. This may include child development stimulation activities, head start groups, educative childcare & pre-school, outreach services, family resources centres, and other types of programs to promote development from 0 to 8 years (WHO, 2007).

Early intervention typically refers to strategies to improve child development in all domains (motor, social, language, etc.). These interventions are usually delivered in collaboration with caregivers, by speech-language pathologists, occupational therapists, physiotherapists, and other 'expert' service providers (WHO 2007).

Primary caregivers used more often than 'parents' to expand the scope of biological or adoptive 'parents.' They may refer to parents, but also include grand-parents, aunts, uncles, older siblings, and others (WHO, 2007).

Responsive caregiving means the establishment of a caring relationship with one's child. It refers to the capacity of the caregiver to respond rapidly and appropriately to the infant's basic needs signals for food & hygiene, warmth and comfort, love and reassurance, etc. (WHO, 2020).