Dr Janet Smylie's Recommendations

Note – As a preface, Dr. Smylie would like to state that these recommendations are based on her experiences and perspectives as a Cree-Métis woman. In making these recommendations Dr. Smylie draws on shared knowledge and experiences from her 25 year career working as a family doctor and researcher with diverse First Nations, Inuit and Métis communities. Her baseline assumption is that First Nations, Inuit, and Métis individuals and communities already have all the answers they need in their local homes and communities. Her hope and intention in sharing these recommendations is that they will be taken up by Indigenous individuals and communities as they see fit given this assumption.

1. Acknowledgement and recognition of the fundamental importance of a positive home environment and strong early family relationships as key elements in the optimization of individual, family and community wellbeing.

2. Acknowledgement and recognition that most Indigenous societies have strong and built in protocols and processes to ensure that each family and community member experiences love, security and a sense of belonging across the life cycle.

3. Acknowledgement and recognition that these Indigenous social protocols and processes actively discourage and address violent behaviours within the home and community as such behaviours distract from family and community harmony and wellbeing.

4. Acknowledgement and recognition that historic and ongoing colonial processes including but not limited to family disruption, dislocation from homelands, suppression of cultural and language; disparities in the social determinants of health; attitudinal and systemic racism; environmental degradation; deficit based perspectives and media representations; and contemporary technologies and lifestyles have undermined and continue to undermine these home and family based systems to optimize individual, family and community wellbeing.

5. Acknowledgement and recognition that local family and community designed and directed support for and revitalization of these protocols and processes is key to addressing violence against Indigenous women, girls and two-spirit and gender diverse peoples.

6. For First Nations, Inuit, Métis, federal, provincial/territorial, and municipal governments and leaders to consider formally recognizing or further recognizing the importance of local family and community designed and directed home and family based protocols and processes and ensure that support for their revitalization is included across all policies.

7. For Indigenous educators and scholars to work with local First Nations, Inuit and Métis parents, children, knowledge keepers, elders and community health and social service practitioners to document and share wise practices in local homes and family
based protocols and processes to optimize family and community wellbeing.

8. For First Nations, Inuit, Métis, federal, provincial/territorial, and municipal governments and leaders to consider working together to identify and fund a major national strategy that would build on lessons learned from the Aboriginal Healing Foundation and be focused on supporting the identification, revitalization, and adoption of contemporary contexts of local First Nations, Inuit and Metis home and family based protocols and processes to optimize family and community wellbeing.

9. For First Nations, Inuit, Métis, federal, provincial/territorial, and municipal governments and leaders to consider working together to support and implement a series of regional and nation specific gatherings that include parents, children, extended family, elder, knowledge keeper and local health and social service practitioner representatives to develop a plan for regional and nation specific implementation of this national strategy.

10. Ongoing and scaled up support for Indigenous infant and child development programming

11. Ongoing and scaled up Indigenous midwifery

12. The support, development and implementation of Indigenous fathering programs

13. Ongoing policy, program, and research funding support for community-partnered research that works to identify and implement a rich menu of cultural safety training and education programming that effectively ensures that health and social service provides have the knowledge and skills to provide services in a respectful, non-discriminatory manner that optimizes the engagement and participation of First Nations, Inuit, and Métis individuals and communities in their care and equitably adheres to clinical treatment standards.

14. The development and uptake of Indigenous cultural safety organizational assessment tools and processes across organizations, including but not limited to health and social service providers, providing care to First Nations, Inuit, and Métis peoples.