



**Collectively Caring for Indigenous
Children and Youth:**
An Ottawa Aboriginal Coalition Initiative



Kids Come First Annual General Meeting Monday, June 8, 2026 CCICY: World Café Group Discussion Summaries

Introduction

Collectively Caring for Indigenous Children and Youth (CCICY) is a quality assurance project conducted by the Ottawa Aboriginal Coalition (OAC) in partnership with the Kids Comes First Network. The project exists to identify challenges that Indigenous children, youth and their families have faced while trying to access healthcare and to address and reduce future barriers for Indigenous families within the healthcare system. A total of 15 interviews with Indigenous families have been completed at this stage of the project.

Kids Come First partners participated in World Café group discussions focused on five recurrent themes that have been identified across CCICY interviews. These group discussions were facilitated by members of the OAC Research Team and CCICY Advisory Committee and summarized to capture the insights from Kids Come First partners.

Group 1: Distrust Between Indigenous Families and Institutions

Indigenous community members often describe hesitancy with “checking the box” for Indigenous identity at healthcare facilities due to distrust of the quality of healthcare once you are labelled “Indigenous”. With Indigenous identity being increasingly politicized, some community members also face barriers with proving identity and fear they are “not enough” to access supports. There is a lack of transparency with “checking the box”, as Indigenous children and their families are rarely provided an explanation, verbal or written, about the purpose and impact of Indigenous identification.

Ideally, Indigenous identification should be used to elevate care and celebrate culture. The purpose is beyond just accommodation, but supportive of the right to culture as treatment. Demographic data should work for the families and not for the system. However, distrust and poor relationships between Indigenous community members and healthcare providers prevents this from happening.

Currently, there are systemic knowledge gaps for healthcare providers as many are unaware of the colonial histories and trauma that Indigenous people carry and the reasons why Indigenous people are distrustful of the healthcare system. Teams need better training, not only about historic colonial impacts, but the ways colonialism continues to exist within healthcare and what can change. The goal is systemic awareness.



Institutional change cannot occur without support from leadership and governance. This includes supporting the capacity, time and effort across teams to implement systems change. While Indigenous patient navigators are important, they are a temporary solution without long-term systemic change. All healthcare providers should be knowledgeable of the resources available to support Indigenous families.

Group 2: Children's Schooling and Healthcare are Interconnected

The network between healthcare, schools, and Indigenous organizations needs to be strengthened to better support Indigenous families seeking care. Families face persistent barriers due to silos when navigating between schools and healthcare systems. These systems can build a shared ownership and vision for care to support families, as well as improve information sharing to prevent such silos. Ontario ministries such as the Ministry of Children, Community and Social Services and Ministry of Health lack strategies that address these gaps.

Creative ways of bridging gaps between Indigenous families and mainstream institutions should be pursued. These can address the ways in which Indigenous people are often not connected to mainstream institutions and supports, such as Indigenous families that are not connected to a Primary Care Provider. Indigenous organizations frequently fill in these gaps and should be better connected to the mainstream system, such as having two-way referrals to and from Indigenous partners/organizations. Early identification of children also requires collaboration across healthcare, schools, and Indigenous organizations. Schools can partner with Indigenous organizations to support early identification, especially by implementing onsite assessments for children presenting needs.

Diagnoses present consistent barriers for Indigenous families and prevent access to services. We should question whether families should need a diagnosis to get services, especially as a label is not the most important aspect of care. In particular, families are unable to pursue an IEP for their child(ren) without a diagnosis. How can we revisit this dilemma and envision new ways to support families with consistent barriers to getting a diagnosis? These systems should also acknowledge Indigenous views on neurodiversity, as many Indigenous people see neurodiverse children as a gift and not just a diagnosis.

Group 3: Communication Failures

Communication failures are prevalent during transfers and transitions within a child's healthcare journey. Transition pathways should be developed early (14+) to prevent children from aging out of care and having abrupt cuts to services. When children are at a transition point, their circle of care should have a comprehensive assessment of what to do and where to go. This includes assessing capacity and support for caregivers.



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The types and delivery of resources should be relevant to the families needing support. Families should be provided practical supports, not just information. These supports should consider potential barriers such as access to and confidence with technology: not everyone is tech savvy. This also involves connecting families with community partners and Indigenous organizations that can help families navigate the system, facilitate communication, and provide access to more supports.

Improving communication requires the implementation of training and capacity building for healthcare teams. This includes reviewing the process for identifying Indigenous families. As a starting point, these changes should focus on streamlining communication, creating a systems-wide approach, and becoming more integrated across a child's circle of care. Monitoring and evaluating changes will ensure continual improvements are being made.

Group 4: Parents are Resourceful and are Finding Multiple Avenues for Support

The relationship between parent and child needs to be supported, especially as parents are the experts of their child's care. This also includes supporting parents to maintain the trust of their child.

Parents are connecting to a network of care that extends beyond the mainstream system. Families look outside the mainstream system because silos are causing barriers to accessing care and supports. Navigation between the mainstream system and community-based supports needs to be improved alongside knowledge of what resources are available.

Relationship building and partnerships are key to creating a holistic support network for Indigenous families. Partnership with Indigenous organizations is critical for providing culturally responsive care. Relationships can be also used as a tool for healthcare providers to reach parents in need through other channels, such as through Elders. These networks need a constant renewal to keep up to date knowledge of what is available and where there are gaps.

Group 5: Culture is Safety & Holistic

Understanding cultural medicine requires a paradigm shift with how the traditional healthcare system conceptualizes care. Creating this shift and providing cultural healing requires strong Indigenous partnerships. These partnerships can help educate healthcare providers and identify where change needs to happen. This includes implementing a social justice and equity framework.

The healthcare system needs to reduce barriers to cultural medicine, especially by facilitating access to ceremony and land-based healing. Currently, many families are not



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aware of the polices and what supports are available. There are additional barriers as it can be challenging to provide cultural care in the home or schools. Support for families involves building relationships through conversations, understanding needs, and helping navigate available supports.