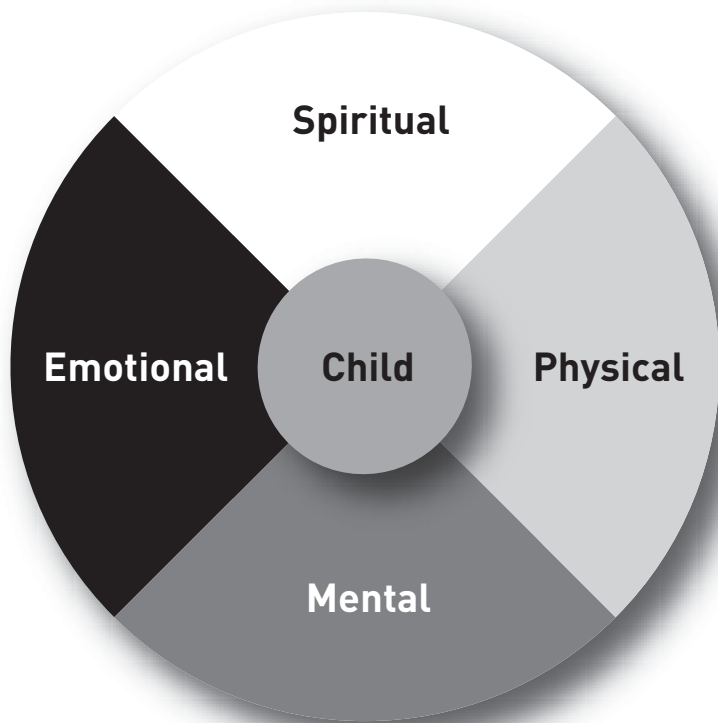


Holistic Support Wheel



Holistic health incorporates the physical, mental, emotional and spiritual needs of the individual, family and community. Things become holistic when all of the dimensions of the whole being are considered. We may address each dimension individually but must realize they are all connected. Each part enhances, supports and affects the others. Individual wellness is reflective of how each of these factors is addressed.

The Holistic Support Wheel Tool will guide you in supporting each dimension of the child. The child is at the centre of the wheel with each dimension creating their whole being. To support the child you must consider how each dimension can be supported. You can use this format to assist you in creating a care plan. Use a strength-based approach and consider underlying and historical factors.

A caregiver plan is also important. For Aboriginal children to thrive, we have to support their caregivers in a holistic way as well.



Dimensions of Holistic Support

The **Physical** dimension of child wellness deals with the functional operation of the body. In general, wellness factors related to the physical dimension can be grouped within the following categories:

- *Physical Activity* including motor development, adequate amounts of sleep, body weight
- *Nutrition* including a balanced diet and access to healthy food
- *Medical Care* including updated immunizations and pre/post natal check ups, and access to medical system when needed
- *Physical Environment* including safety in the home, preventing common injury and avoiding pollution (e.g. environmental tobacco smoke, bacteria or contaminated water)

The **Mental** dimension deals with cognitive development and use of language. Wellness factors related to the mental dimension include the child's ability to pay attention, problem solve and understanding concepts. Communication and use of expressive language including gestures, sounds and words also contribute to mental wellness. The use of observation as a learning process is key for developing the mental aspects of Aboriginal children. Children learn through observation.

The **Emotional** dimension deals with secure attachment, healthy self-confidence and emotional stability. Encouraging emotional development in Aboriginal children helps them define their sense of purpose and the feeling of being grounded in their culture. They develop a sense of who they are and they understand that they matter. Children should feel supported and encouraged to feel their emotions and should be involved in traditional ceremonies, teachings, and use of traditional medicines. Children also need to develop a strong sense of belonging and must have opportunities to feel their connections to family, clan, nation and creation.

The **Spiritual** dimension deals with the child's connection to their inner self and all that is. When children are born, their spirits are pure, clean and complete; it is at this time they are most connected to the spirit world. Wellness factors include praying, learning or hearing traditional songs, the sound of the drum, participating in cultural ceremonies, knowing their language and understanding their connection and relationship to self, family, nation, land, animals and the spirit world.

Support Plan:

Date:

Notes:

CHILD'S PLAN

Physical:

Mental:

Emotional:

Spiritual:

CAREGIVER PLAN

Physical:

Mental:

Emotional:

Spiritual:



Ontario's maternal, newborn and early
child development resource centre
Centre de ressources sur la maternité,
les nouveau-nés et le développement
des jeunes enfants de l'Ontario



Ontario
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Funded by the Government of Ontario

Support Plan: Mary (mother) and Melissa (infant)

Date: October 5, 2006

Example

Notes: Mary, a young Mohawk mother, recently gave birth to a baby girl (Melissa). This is Mary's first baby. Mary took good care of herself during her pregnancy and is excited about bringing home her new daughter. During her pregnancy Mary managed to reduce her smoking from 2 packs a day to 10 cigarettes a day. She plans to smoke outside now that the baby is coming home. Mary did not drink or use drugs during her pregnancy, and she regularly attended prenatal appointments starting in the 5th month of her pregnancy. She attended teen prenatal classes with her sister. Mary plans to give breastfeeding a try, and breastfeeding was successfully initiated in the

hospital. The baby, Melissa, appears healthy in all respects. Mary has a supportive extended family, including 3 aunts, a grandmother, parents and 2 sisters who plan to assist her in her new role as a mother.

Mary is considered a high-risk mother because of her age (17). As a result, Children's Aid became involved while Mary was in the hospital. Her physician referred her to a mainstream Healthy Babies Healthy Children program and her discharge plan included home visits and the expectation she would attend a Nobody's Perfect parenting course once a week.

CHILD'S PLAN – MELISSA

Physical:	<ul style="list-style-type: none">• Ask Mary when the baby has to see the doctor for check-ups and immunizations and ensure that she has transportation.• Ask Mary if she has a safe infant car seat and crib.• Make sure that Mary knows where to get information, support and help for breastfeeding.• If Mary stops breastfeeding, provide information about safe preparation of infant formula.
Mental:	<ul style="list-style-type: none">• Provide Mary with information about drop in programs for parents.• Ask Mary about her beliefs about how infants learn, and how the family will interact with the baby.• Provide Mary with information about infant activities and the importance of the early years.
Emotional:	<ul style="list-style-type: none">• Talk with Mary about how she, and her family, can interact with the baby to help foster a secure attachment.
Spiritual:	<ul style="list-style-type: none">• Ask Mary if she has traditional beliefs about parenting, or would like to learn about traditional parenting practices.• Provide Mary with information about cultural programs and services.

CAREGIVER PLAN – MARY

Physical:	<ul style="list-style-type: none">• Find out if Mary needs any medical care, medications or support at this time.
Mental:	<ul style="list-style-type: none">• Provide Mary with options of parenting programs.• Describe the discharge plan expectations and the programs (Healthy Babies Healthy Children, Nobody's Perfect, home visitors) and ask if she has any questions.• Make sure that Mary knows how to register for the Nobody's Perfect program and has transportation.
Emotional:	<ul style="list-style-type: none">• Ask Mary if someone can help her with the baby if she is tired or not sure what to do.• Include extended family, not just Mary and her baby.
Spiritual:	<ul style="list-style-type: none">• Ask Mary if she would feel more comfortable with an Aboriginal support person such as an Aboriginal Healthy Babies Healthy Children program.

The people in this Support Plan are not real. This case is an example of how this chart can be used to plan holistic support for children and their caregivers.