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# "Working Together for Children, Youth and Families":

## Report of the Cree Regional Workshop on Integrating Services

Chisasibi, Quebec, June 2000

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# "Working Together for Children, Youth and Families":

**Report of the Cree Regional Workshop on Integrating Services**
Chisasibi, Quebec, June 2000

Edited by
**Bella Moses Petawabano** and **Jill Torrie**
Eeyou Awash Kaye Uuschiniichuu Apatisiiwin (EAKUA)

January 2001 (reissued January 2014)

*"The significance of the logo is the following: holistically, the entire design represents the Cree family. The teepee in the background represents the Cree home. In the forefront, the man, woman and child signify the family which represents tolerance, unity, love and togetherness. The inner circle signifies the community. Without a family there is no community. The outer circle signifies the Cree Nation as a whole. Without a community there is no nation. The four, coloured, small circles represent the four directions and the peoples of the world from which flows balance to the family, community and nation. The area shaded with rainbow colours represents the sun, the giver of life."*

– Design and explanation of the logo by Earl Danyluk, Jr.

# Executive Summary

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This report, from the Regional Workshop on Integrating Services for children, youth and families that was held at the end of June 2000 in Chisasibi, describes the proceedings of the event, presents various documents developed to explain integrated services or to describe services in Eeyou Istchee, and brings together the materials developed during the workshop, including recommendations, suggestions and ideas for improving services.

Each entity will want to consider the recommendations specific to it when reviewing and developing services and programs. Examples of where these may be pertinent are:

- the integration of Childcare Centres, Head Start Programs and Cree Health Board clinic programs
- local governments' planning processes for setting program priorities for Brighter Futures, recreation, Youth Centres, childcare centres and Head Start Programs
- the Foster Home Program of the Cree Health Board and the Boarding Home Program of the Cree Scool Board
- the Cree School Board's "Special Education Plan" and also the implementation of the "Cree Education Plan"
- the five working committees implementing the protocol between the Cree Health Board and Cree School Board
- the Cree Health Board and local government planning concerning people with loss of autonomy

The Workshop came about because Eeyou Awash Kaye Uuschiniichuu Apatisiiwin (EAKUA), the Cree Child and Youth (Research) Project, was organising a regional planning meeting of people working in child and family services at the same time that the Quebec Ministry of Health and Social Services allocated money to the Cree Health Board to plan integration of youth services. This one-time funding from Quebec allowed the EAKUA planning meeting to become a workshop involving people working in all sectors in all communities.

EAKUA is a self-assessment and research project studying the local organisation of services for children. EAKUA is developing and testing self-assessment tools that will help communities to understand and plan how services are organised at the local level. The project is describing how this process works in Eeyou Istchee so it can be shared with similar communities across Canada.

The Workshop brought together delegates from each of the entities and local governments who work in the area of services for children and youth with the objectives:

- to inform participants about the issues in integrating services
- to generate an atmosphere to promote interest in working towards integrated approaches
- within each organisation and between different organisations, to stimulate informed discussions about how services work and communicate together
- to develop a conference document to communicate the results.

Integrating how services work inside of and between entities is of interest to many groups in Eeyou Istchee. For example, local governments who have been managing the Brighter Futures Program for a number of years, are now also overseeing quickly evolving childcare centres and Head Start Programs. How these programs work together within the local community, let alone how

their services fit with those of the Health and School Boards, is a current issue in all nine communities. Also, the Health and School Boards have been active in working towards implementing the protocol that describes how the two entities should be collaborating together for children and youth.

This interest also exists outside of Eeyou Istchee. Within the broad mandate of constant improvement in the efficiency and effectiveness of services, the Ministry of Health and Social Services of Quebec has been supporting initiatives in the past few years that give attention to making the clients of children and youth services the focus of interventions. At the federal level, for a number of years, there has been significant attention to this issue within all departments that provide direct services to the public.

The Workshop produced many different kinds of materials found in the different chapters of the report. Chapter 3 includes the proceedings from the sessions in the auditorium, more or less as they took place. The presentations were transcribed from tape and some were translated from Cree to English.

Chapter 4 is the presentations of the guest speakers, entities and four communities. Guest speakers were Bill Mussell who spoke on "Integrating Services in First Nations", Lorraine Leduc who presented "Integrating Services for Children and Youth with Special Needs" and Elder Robbie Matthew who responded to these two speakers. Brenda Simpson spoke on "Integrating Services in Schools" while Guy Poudrier and Jean-Claude Dargis presented "The experience of integrating services in a CLSC". The presentations by the entities happened on Tuesday and Thursday afternoons and are presented here along with copies of documents they prepared for the Workshop. Community delegates had been invited to make presentations and prepare display booths in the auditorium. Waswanipi, Nemaska, Chisasibi and Whapmagoostui made presentations.

Chapter 5 includes the reports from the topical workshops on:

- children aged 0 to 12 and their families
- youth aged 13 to 18 and their families
- children under youth protection services and their families
- children living in boarding and foster homes and their families
- children with special needs and their families, and
- management issues in integrated services.

In order to focus the discussions, delegates were asked to prepare pre-Workshop homework on these topics. The notes from these workshops include important information for anyone interested in these issues and concerns.

Chapter 6 presents the community action plans developed in the pre-workshop community planning and finalised in the Tuesday evening meetings. It is important to remember delegates working for separate entities but coming together as community planning groups developed these action plans. The action plans provide pertinent examples of what needs to be done at the community level.

Chapter 7 brings together the meetings of the delegates according to the type of service or sector they are involved with. The reports from these meetings make specific recommendations and suggestions for improving services.

Finally, Chapter 8 brings together the various recommendations, suggestions and good ideas from Chapters 5, 6 and 7 and organises them by jurisdiction or mandate.

# Message from the Workshop Co-ordinator

The first Cree Regional Workshop on Integrating Services "Working together for children, youth and families" was an event that brought together approximately 120 delegates, facilitators and guests from all the nine Cree communities and other parts of the country who work for children youth and families.

The three-day workshop was the first of its kind in the history of the Cree Nation. It will be a springboard for all entities involved with services for children, youth and families to work towards a more integrated approach for the betterment of the entire Cree Nation.

The mandate of the Cree Regional Child and Family Services Committee is to promote and enhance local and regional initiatives for child and family programs by focusing on education, health promotion, nutrition, social support, parent involvement, culture and language, in order to increase our understanding of the importance of quality services to children and families.

The Workshop had a profound effect on all who attended. On behalf of the organising committee, I would like to thank all those who took time out of their busy schedules to attend this three-day meeting. We hope all delegates returned to their communities with ideas for improving services.

Meegwetch!

Holly Danyluk
Co-ordinator

## Planning committee members for CRWIS:

**Rodney Mark**, who is the Chair of the Cree Regional Child and Family Services Committee and Deputy-Chief of Wemindji Band;

**Caroline Jimiken**, who is the Vice-Chair of the Regional Committee and the Director of the Awash Child Care Centre in Mistissini;

**Lucie Bergeron**, who is the consultant who co-ordinates Child and Family Services for the Cree Regional Authority;

**Bella Moses Petawabano**, who is with the EAKUA Research Project of the Cree Regional Authority and is the Cree Nation of Mistissini representative to the Cree Board of Health;

**Jill Torrie**, who is also with the EAKUA Research Project of the Cree Regional Authority and who is a researcher with the Public Health Module Cree Region;

**Lorraine Beaton**, who is the Guidance Counsellor for Inland Student Services of the Cree School Board.

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''The significance of the logo is the following: holistically, the entire design represents the Cree family. The teepee as the Cree home shelters the family, which represents tolerance, unity, love and togetherness. It is held within the circle of the community, for without the family there is no community. The outer circle stands for the entire Cree Nation, for without a community there is no nation. The four, coloured, small circles, representing the four directions and the peoples of the world, emphasize the concept of balance. The area shaded with rainbow colours suggests the sun, the giver of life.'' Design and explanation of the logo by Earl Danyluk, Jr.

# ◆1 Introduction

## 1.1 Introduction

Around 150 people with an interest in services for children, youth and families met from June 27th to 29th 2000 in Chisasibi, the largest community in Eeyou Istchee. All shared a common commitment to exploring how to work in more collaborative ways. The event was called the Workshop on Integrating Services and everyone did work – day and night!

The Workshop came about because Eeyou Awash Kaye Uuschiniichuu Apatisiiwin (EAKUA), the Cree Child and Youth (Research) Project, was organising a regional planning meeting of people working in child and family services at the same time that the Cree Health Board was sent money for planning the integration of youth services. This one-time funding from the Quebec Ministry of Health and Social Services permitted the EAKUA planning meeting to become a workshop involving people working in all sectors in all communities.

The Workshop was planned with a focus on how services and entities communicate, co-operate and collaborate together to meet the needs of children and youth and their families. The focus was on children and youth because the financing for the Workshop came from money assigned for "integrated services for youth" and money from the area of children's services.

## 1.2 Purpose and objectives

With the goal of putting children, youth and families at the centre of our services, the Workshop asked delegates to consider the following:

- Are we communicating and collaborating together?
- Why do we need to work together?
- How can we work together?
- When should we be working together?
- Who holds us accountable?
- Are all human resources and funding programs used to best effect to meet the needs of children, youth and families?
- How do we assess the quality of our services?

For the Workshop, these were condensed into four objectives:

- inform participants about the issues in integrating services
- generate an atmosphere that will promote interest in working towards an integrated approach
- stimulate informed discussions about how services work and communicate together, within each organisation and between different organisations
- develop a conference document that will communicate the results.

## 1.3 Sponsors

Sponsored by the Cree Board of Health and Social Services of James Bay (Health Board) and the Community Services Department of the Cree Regional Authority, the event was planned and organised by the Cree Regional Child and Family Services Committee (Regional Committee) and Eeyou Awash Kaye Uuschiniichuu Apatisiiwin (EAKUA).

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1. The Cree Regional Authority received a grant from Child Care Visions Program of Human Resources Development Department, Canada to finance EAKUA.

Local governments of the Cree First Nations of Waswanipi, Chisasibi and Ouje-Bougoumou also sponsored the Workshop through their generous provision of equipment, facilities, staff time, lunches and very good will.

## 1.4 Funding and planning

Most of the funding came from a special allocation of $75,000 to the Health Board from the Quebec Ministry of Health and Social Services for "integrated services for youth". In the fall of 1999, the Ministry gave money to each of the health and social service regions in Quebec. In sixteen regions, but not in the Cree and Inuit regions, there had been prior activities concerning integrating Youth Protection and Social Services for youth within the new "Centres de jeunesse". Because these activities had not taken place in Eeyou Istchee, the money allocated to the Health Board for integrated services for youth in 1999-2000 appeared out of its context. It seemed to arrive without definition of the term, introduction of the intent nor plan for how it was to be used except that it had to be spent by March 31, 2000.

At this time late in 1999, the EAKUA was setting plans to organize a regional meeting of people working in child and family services in order to further develop the content for self-assessment tools. In early 2000, EAKUA asked the Regional Committee if they would be interested in sponsoring a proposal to the Health Board that would set out a plan to use the money from Quebec to hold a regional workshop in March. The Health Board accepted the proposal, which had suggested Chisasibi as the venue in order to allow the resident managers from the Health Board and Cree School Board (School Board) to participate.

At the beginning of February, the Regional Committee hired a workshop coordinator, decided the event would take place in the small community of Ouje-Bougoumou in the last week of March and named a workshop planning committee with representatives from the Regional Committee and EAKUA. A budget was developed with $75,000 from the Health Board and the $15,000 in the EAKUA budget for the regional meeting.

At the first meeting of the workshop planning committee in Ouje-Bougoumou, the committee learned that it would not be possible for that community to host the event in late March. At that time of year, many families would have already moved to their bush camps and the community would not be able to guarantee sufficient numbers of boarding houses for delegates.

Once again the coordinator turned to Chisasibi only to find that facilities were already booked for the last Wednesday in March. This presented a true dilemma to the organising committee: the two budgets had to be used by the end of March and the Regional Committee had stipulated the workshop had to be held in Eeyou Istchee. To add further complications, some key people in the region were not available in early April and, from mid April for four to five weeks, regional events are not possible as many Cree go on the land for the annual goose break.

In the end, the Ministry gave permission to use the Quebec budget by the end of June. Around $5,000 of the EAKUA budget was used in planning the workshop prior to the end of March. And the Cree Regional Authority added a potential budget of $20,000 from the First Nations Childcare Initiative to replace the portion of the budget from EAKUA that was not available in 2000-2001.

This budget did not reflect the total costs of the meeting. The entities each paid the travel costs for all of their managers, and, in the case of the Board of Health, for many of their other employees as well. Several Cree Nation communities also paid the travel costs for staff beyond the six paid for by the Workshop.

## 1.5 What do we mean by integrating services?

In terms of services, Guy Poudrier and Jean-Claude Dargis define integrated services as a : partnership of several organisations working together in a complementary fashion to achieve common objectives. This entails complimentary practices and co-ordination of services within a global, as opposed to a fragmented, approach.

Integrated services are required when issues are complex. Such an approach increases the client's chances of improving his/her health and well being by avoiding "client fragmentation" among various services and service providers, and ensuring both continuity between services and a better overall understanding of the boundaries and levels of preventive and curative services. Co-operation between practitioners helps overcome limitations that hamper the individual abilities of both clients and service providers. Such co-operation arises when organisations and practitioners are able to adopt and work towards a common vision, common goals, and agreed-upon practices. (See Chapter 4.2.6)

In his talk, Bill Mussell explained that:

Integration of services comes about through relationships shared by persons who recognise that more can be accomplished by programs and services if they were brought together and managed by a team of managers/leaders/creative people who care about quality services. In our communities, all programs and services are available to the same families being served by each program area. When these program people come together as a team, they pool their knowledge, skills, and abilities—they promote learning among themselves – and the greater the differences in life experiences, the richer the learning can be. (See Chapter 4.2.1)

These approaches were visually summed up during the Workshop by Elder Robbie Mathew:

Today we want to go our way and integrate. For me, I like that word where you put things together. I like bannock and on top of that I like the Whiteman's jam. That is what it means to me. You put things together. Jam on top of bannock is very delicious to me. (Translated from the Cree, see Chapter 4.2.2)

## 1.6 Who was involved in the event?

The delegates came from each of the nine communities in Eeyou Istchee: Chisasibi, Eastmain, Mistissini, Nemaska, Ouje-Bougoumou, Waskaganish, Waswanipi, Wemindji, Whapmagoostui; from each of the principal entities: the Health Board, the School Board and the Cree Regional Authority; and from all the major services working for children, youth and families, such as the childcare centres, Head Start Programs, Youth Protection Services, Social Services, Recreation Programs to name only a few (see Appendix A).

Each of the entities and local governments were responsible for naming their delegates and most were employees who were attending as part of their work. One result of this was the obvious scarcity of elders and youth among delegates.

The naming of the delegates by the entities and local governments turned out to be the greatest stumbling block for organising the Workshop. The planning committee could not complete the budget for community travel until the entities had named their delegates. However, during the goose break season it was difficult to finalise the lists.

Elder Robbie Mathew from Chisasibi, a well-known Cree traditional teacher, opened and closed the sessions and responded to two of the guest speakers. The guest speakers were Lorraine Leduc, from Quebec City, a specialist in developing programs for children with special needs;

Bill Mussell, an educator from the Shal'l'shan Institute and a member of the Skwah Band in Chilliwack Landing, British Columbia, who in recent years has focussed attention on the needs to heal our organisations for the health of our communities; Guy Poudrier and Jean-Claude Dargis, social workers by profession from Shawinigan, who have been at the forefront of Quebec initiatives in integrating services for youth; and Brenda Simpson, a Montreal-based educational consultant with First Nations who teaches teachers how to develop integrated approaches (see Appendix B).

The planning committee was composed of four members of the Regional Committee, a representative of the School Board and the two consultants on the EAKUA, one of whom also sits on the Regional Committee (see Appendix C).

## 1.7 Integrating the Workshop into EAKUA

EAKUA is a self-assessment and research project of the Cree Regional Authority that is studying the local organisation of services for children. Its official project title is "Using a self-assessment process to understand effective models for organising quality childcare services in the rural and aboriginal north". Human Resources Development Canada has financed the project through a special research and development competition on childcare.

EAKUA is developing and testing self-assessment tools that will help communities to understand and plan how services are organised at the local level. If communities in Eeyou Istchee find the self-assessment tools useful to help them to understand, plan and co-ordinate their local services, the tools will be made available through a website to other communities across Canada.

The project will develop case studies of participating communities in order to document how this process worked in Eeyou Istchee. The case studies are the research reports from the project. They will describe how children's services are organised in some communities in Eeyou Istchee and what we can learn from this that may apply to other northern, rural and aboriginal communities.

If we simplify how research studies are planned, most will fall into one of two approaches. In the first, the entire plan, design and tools for the research are developed at the beginning of the project. Then the project carries out the plan to gather, analyse and interpret the data and, finally, the report is written. The entire process is thought of as a linear progression from point A to point B to point C, D and finally ending with E.

In the second approach, the research is planned as a repeating, circular process, like a travelling loop. Each circle involves a process of planning, design, development, and analysis, that then starts a new process that builds on the first one. EAKUA was planned in this way. Although the overall design of the project was planned at the beginning, the actual content of the tools and the dynamic process in generating that content evolves as part of the project.

The challenge for EAKUA is to design tools that will give small northern communities a structured way to sit down and discuss what is happening with children's services to help them identify concrete steps they might take to improve the situation. To develop these tools, EAKUA uses information that has been written by other people concerned about the organisation, efficiency and effectiveness of services and merges this with information gathered from local people who are planning, running, using and supervising services in their own communities.

The first meeting was held with the members of the Cree Regional Child and Family Services Committee for one day in December 1999. Unfortunately, a second day had to be cancelled. As an alternative, the project substituted a 'fast fax survey'.

The second planning meeting for EAKUA was set for early March 2000. With extra money, it became transformed into a regional Workshop that was planned for late March but only held in late June. This report from that Workshop is the final planning document for EAKUA.

# 2 Preparing the Report

## 2.1 Organisation of the report

The report is both an account of the proceedings of the Workshop in June 2000 and a presentation of two kinds of documents: material on integrating services and descriptions of some of the services for children and youth provided by the entities. This chapter describes the organisation of this report, the kinds of materials that were available to the editors, and the extent to which different materials were edited.

The chapters in the report follow the topics of the Workshop agenda, but not necessarily the sequence in which they happened. For example, the entities gave their presentations on Tuesday afternoon along with more discussion on Thursday afternoon. These are presented together in Chapter 4.3.

Chapter 3 sets out the proceedings of the three-day event that took place in the auditorium, more or less in the order in which people spoke. The proceedings were all transcribed from tape and, where necessary, translated from Cree to English.

This chapter includes materials that are not found in later chapters. For example, the reports from the entities are found in Chapter 4.3. but not here, even though they were delivered as presentations in the auditorium. Similarly, when someone gave a verbal presentation of a written report – for example, a report on a workshop – it was not transcribed because the report is included in another chapter.

Chapter 4 contains the accounts of the formal presentations to the delegates that were made in the auditorium by invited guest speakers, officials from the entities and spokespersons for four communities.

Chapter 5, 6 and 7 contain the notes from three sections of the Workshop: the small workshops (Chapter 5), the evening meetings by community (Chapter 6) and the evening meetings by service area or sector (Chapter 7).

Chapter 8 pulls together in one place the recommendations, suggestions and ideas that were made in earlier chapters. These are organised according by the entity to which they are directed.

Appendices A, B, C and D are the lists of delegates, biographies of the invited guest speakers, members of the planning committee and description of the Cree Regional Child and Family Services Committee.

Appendix E contain documents produced by the Cree School Board describing the general objectives of Educational Services, the projects of Student Services for 2000-2001 and the Special Education Plan of the Cree School Board.

Appendix F describes the permanent working committees that are implementing the joint Protocol between the Cree School Board and the Cree Health Board. This document was referred to in the proceedings reported in Chapter 3 and in the presentations by the Cree School Board and Cree Health Board in Chapter 4.3.

Appendix G and H are materials from the Workshop. G is the evaluation report that was developed from the sheets completed by the delegates; and H contains the summaries of the pre-Workshop homework that were used as working documents at the Workshop.

Appendix I reproduces a document entitled Interagency collaboration guidelines for schools handed out at the Workshop and used in the presentation by Brenda Simpson in Chapter 4.5 and in the workshop session on children aged 0 to 12 (see Chapter 5.2). It was made part of the Workshop kit and is reproduced here with the permission of the Sparrow Lake Alliance.

## 2.2 The materials from the Workshop

At the end of the Workshop, a substantial body of materials existed in various forms from written English texts to taped talks in Cree.

| Type of material | What it consists of | Where it appears |
|---|---|---|
| Summaries of the pre-workshop homework | This was a mini-assessment of what was being done in certain areas related to the workshop topics. It had two purposes: to prepare some background material to aid the workshop discussions; and to help people prepare for participating at the Workshop. | Appendix H |
| Tapes of all the plenary sessions | The transcribed materials consist of: the opening prayers and remarks; the presentations by the entities; the "verbal" reports by the communities (but not the presentations from the evening meetings by community); the panel discussion; and questions and comments. Bill Mussell's talk was transcribed and then reedited by him. When someone verbally summarised a written report, their presentation was not transcribed. | Chapters 3 and 4 |
| Documents of the presenters | Two of the documents are the presentations given by Lorraine Leduc and Brenda Simpson. Guy Poudrier and Jean-Claude Dargis supplied a body of materials that are working documents used in developing integrated services in Shawinigan. They were translated from the French and synthesised into one document. | Chapter 4 and a separate report |
| Notes from each workshop | The discussions focused on issues and areas of concern. Two kinds of solutions are brought out: what communities and groups have done; and recommendations for how things should happen. | Chapters 5 and 8 |
| Notes from each evening community meeting and community descriptions | These are mainly recommendations and suggestions for improvements. To these were added descriptions of the communities from the 1999-2000 GCCEI and CRA Annual Report. | Chapters 6 and 8 |
| Notes from meetings by service area | These are mainly recommendations and suggestions for improvements. | Chapters 7 and 8 |
| Documents prepared by entities | These are useful descriptions of programs and services. | Chapter 4.3. and Appendices E & F |
| Homework | The list of questions and the results sent in. | Appendix H |
| Evaluation sheets handed in by delegates | The sheet asked delegates to rate the logistics, guest speakers and workshops; give comments on these; describe what they liked, would change, and found useful. | Appendix G |

## **2.3** How the materials were changed

| Type of material | Extent of change | Extent of editing |
|---|---|---|
| Summaries of the pre-workshop homework | Materials were re-ordered | Re-ordering and reformatting |
| Tapes of all the plenary sessions | Presentations that were read were not transcribed. All materials that did not exist in another form were transcribed. As many discussions were in Cree, these required translation into English. Bill Mussell's talk was transcribed. | Extensive editing with translation; Bill edited his transcribed talk. |
| Documents of the presenters | Lorraine Leduc and Brenda Simpson's documents were copy edited. Guy Poudrier and Jean-Claude Dargis's presentation has been translated and merged into one synthesis document with Chapter 1 presented here. | Extensive editing with translation |
| Notes from each workshop | The notes were edited, some very extensively. Brenda edited the notes on children aged 0 to 12. | Medium to extensive |
| Notes from each evening community meeting and community descriptions | The notes were made during the meetings and most were in point format. Some were extensively edited to make them more readable. Some of the community descriptions were obtained in electronic form from the CRA office in Montreal; the rest were typed. | Varied from minimal to extensive |
| Notes from each meeting by service area or sector | The notes made during the meetings were edited to clarify categories and make them readable. | Medium |
| Documents presented by entities at the workshop | The Health Board document in 4.3.1. was obtained in electronic format and is unchanged. The Cree Education Plan, Education Management (App. E) was obtained electronically and is unchanged. The Special Education Plan and the Student Services Programs (App. E), and the Alternative Education Program (4.2.2.) had to be retyped. | No editing on those obtained electronically; others had to be reformatted and copy edited after typing. |
| Evaluation sheets prepared by delegates | Analysed by count, category and comment. | Analysis and synthesis |

# 3 Proceedings of the Workshop

## 3.1. Introduction

This chapter contains the overview of the proceedings of the plenary sessions held in the auditorium. These were transcribed and in some cases translated. The material is presented chronologically from Tuesday morning to Thursday afternoon following the order of the agenda.

Prior to the Workshop, delegates were asked to complete 'homework' (see Appendix H) and to meet together within their community to plan community presentations. The purpose was to have the delegates from each community arrive in Chisasibi with a clear idea of how services were operating in their community. The delegates from each community and entity were invited to set up booths, posters and presentations around the auditorium to show others the kinds of services, materials, events, projects and programs operating in their community.

Elder Robbie Mathew from the Cree Nation of Chisasibi offered the opening and closing prayers and also responded to the talks of two of the guest speakers.

## 3.2 Tuesday morning prayer and welcome

Elder Robbie Mathew offered the opening prayer and the delegates were welcomed by four officials: Holly Danyluk, the Workshop co-ordinator, Rodney Mark, the chair of the Regional Committee and Workshop; Abraham Rupert, the Deputy-Chief of Chisasibi; and Mathew Mukash, the Deputy Grand of Chief Eeyou Istchee.

Elder **Robbie Mathew** from Chisasibi (see Appendix B) offered the opening prayer (translated from the Cree).



First I want to say wachiya to all of you. Let us all remember that we are all related and that we have one creator and to respect one another. We are all equal. Thank you, O Chishemantuu, for giving us this new day and we thank you for giving us life and for the Great Spirit to help us to understand the meaning of love. We ask that you help those who are here in their discussions give them the understanding they need to accomplish what they had set themselves to do. Bless this workshop and the issues that will be discussed. Show us your love so that we may love one another. We ask you to provide us with the knowledge, the wisdom that will enable us to carry out our work together. Help us to understand why we are here now so that we will show respect to each other in all we do and return home with the love we will have had here and without having spoken a word of disrespect to all our relations. Hear all our prayers!

The Workshop co-ordinator, Holly Danyluk welcomed everyone to the first gathering on integrating services sponsored by the Cree Board of Health and Social Services of James Bay and the Cree Regional Authority and organised by the Cree Regional Child and Family Services Committee.

**Rodney Mark**, Chair of the Cree Regional Child and Family Services Committee, and Chair of the Workshop, welcomed everyone.
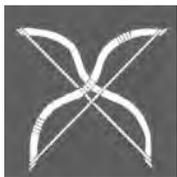
The theme is "integrating services". The challenge in our communities is working together; working together to integrate services to benefit the community. The question before we start planning integrating services is: what are we integrating and how do we go about doing that?

I will give you an example of a training we did in Wemindji. The trainer gave an example of a child from out west. The child went to a nursery program, Pre-K, elementary and high school and eventually ended up in correctional facilities. Basically everyone saw him as a problem. He committed suicide at the age of 19. When they reviewed his case they discovered that each entity in the community had the opportunity to do something about that child, each entity had the profile of that child and yet no one had done something for that child. . For that community, this was a beginning. For that community, their mission became one of saving lives.

For us here, this is the beginning for us to start working together. The first step is to earn the respect of the people we serve. We need to respect each other. Everyone has a job but the question is why we do what we do?  What is the meaning of our jobs, what is the purpose? What do we want to accomplish by what we do; what is our mission; what is the philosophy? What is it that gets us going?

The foundation of a healthy community is having healthy families and healthy strong children. And most important, a healthy relationship with each other. I came across this passage that I want to share with you:  "As we gaze in the child's eyes we see the soul wrapped in dreams and mystery. Our children give us hope: our children give us the world, their innocence, their wonder, their laughter. It is a pleasure to be in the presence of one. The beauty of life is our child."

I hope you have fun and let us work together.


Welcoming comments from the Deputy Chief of Chisasibi **Abraham Rupert** (translated from the Cree)

I am not going to say too much. I am not in a position to tell people what they already know. But sometimes it does help to be reminded of what we know. I want to thank all the people who organised this workshop and for having it take place in Chisasibi. I hope all will go well.

Integrating services for children is why we are here for the next three days. We are here to discuss how we can improve services for children. An Elder said once: when looking into the future, who will know what will happen? If you look at the future, the future is today. This is the future. If you look to the past, you will see your children and you are the leader. And if you look again, you will see your great grandchildren, and you will see again your great, great grandchildren. You are the leader. You are the parent. You will set the example. You are the one who is providing the teaching. What you will teach is based on how you live your life. This is how you are teaching those who will follow you. I did not understand this right away. Now I do.

I also want to share something else with you that I know most of you have seen and experienced. We often hear and see how elders respond when they hear a child in distress. They always ask if the child is all right. Who is responsible for that child? I, myself, often hear that from the elders. We need to understand why they are like that. Why they are so sensitive to children's needs. This is something we lack to day: the sensitivity to the child's needs. We need to understand what it is that we have lost today. Why do we not share that same value?

It is for that reason that we are here today. We know we have challenges. And we know that it is not possible for one person to be able to take all the responsibility to make changes. Neither is it possible for one entity or organisation to make the change. We all need to come together and help each other. We need to start sharing how we see things and with that sharing together we can began to teach each other and with what we learn from one another we will find our solutions. People discussing and sharing experiences is how we will begin to acquire understanding. How one understands and values life will determine the kind of life they live and their understanding of life. When we share, when we come together, we pass on and share what is good. This is all I want to say and like I said before, there is nothing I can say that you people do not know already. Once again, I want to thank you for choosing Chisasibi for this gathering.

Next to speak was Deputy Chief **Mathew Mukush** of the Grand Council of Eeyou Istchee (parts of the speech were translated from Cree to English).

First I want to say hello. Thank you to all the people for all their efforts to put this workshop together and to all the sponsors. As everyone knows, the work of finding ways to best serve our people has been an ongoing process. We know that our entities that were put in place to serve the people are separate entities like the Cree Health Board, Cree School Board. Even the office of Eeyou Istchee[1] is far away. The picture we have is that we are challenged in working together.

The reason we are here is to find ways to work together. This gathering is about how we can begin to work together starting with our children. The need has been there for a long time. We have undergone many experiences and challenges but we have not sat down to look at how this has affected us; and especially the impact it has had on our children and families.

Our experiences from the past and what we do today will help us. It will give us the confidence, the strengths and the understanding. What we are doing today will support Eeyou governance. Nation building is about working together and it is an ongoing process. What we will do for the next three days is a part of nation building. We need to concentrate on the youth because they are the future leaders and their health is important to the Cree Nation. It is good to bring every body together to share experiences and expertise and I am glad to see that the children are the targets to get services integrated.

It is encouraging and uplifting to see that there is an on-going process to better ourselves as a people. I want to extend gratitude to the non-Cree people who have dedicated their lives in serving our people. Our Elders say to look to the past: how

life was and what has happened to us. The Elders tell us that this is a part of the learning that we need when we look at ways to deal with the problems today.

I want to briefly introduce the restructuring of the Grand Council of Eeyou Istchee. In 1995 in this conference room, the process started to find ways to govern ourselves based on the philosophy of the Crees. At this point, we need to come to the communities to consult. The elders are telling us to gear ourselves to the point where we will be able to contribute to the wellbeing of mankind and to the rest of the world. We have to prepare ourselves for the future. Again when we do this we always have to have the big picture. Are we ready to do this? Thank you to all of you who are here and to the organisers.

## 3.3 Tuesday morning guest speakers

These welcoming addresses were followed by three of the guest speakers: Bill Mussell spoke first, and Guy Poudrier and Jean-Claude Dargis followed him.

William (Bill) Mussell, from the Sal'i'shan Institute, Chilliwack, British Columbia spoke on "Integrating Services in First Nations" (see Chapter 4.2 and Appendix B). He began by saying he wanted to set his talk in his own experiences as a child growing up on a reserve, as a student, as a member of a political organisation, and as a professional educator and social developer who believes in First Nation self-management and self-government.

Bill then described the changes that have happened to aboriginal peoples beginning with the changes to the Indian Act in the 1950s and leading up to the final report of the Commission on Aboriginal Peoples. He then looked at the 'big picture' in a number of ways. As relationships are the basis of working together 'integrating services', it is vital to know how to recognise healthy relationships. Bill ended by discussing factors that contribute to effective community and quality learning.

Following the coffee break, Guy Poudrier and Jean-Claude Dargis gave a presentation entitled "Introduction to Integrating services: the experience of a CLSC" (see Chapter 4.2. and Appendix B).

Guy and Jean-Claude have been at the forefront of the practice of integrating services for youth in the Shawinigan area and now in other regions in Quebec. In their talk they explained what is involved with developing integrated services, the different kinds of integration that can happen within a CLSC and between a CLSC and other organisations, and practical aspects from their experiences in the Shawinigan area.

On Tuesday afternoon the session opened with presentations from the Health Board and the School Board (see Chapter 4.3.) and from four of the communities: Waswanipi, Nemaska, Chisasibi and Whapmagoostui (see Chapter 4.4.). The delegates then moved to the small workshops (see Chapter 5). In the evening, delegates met in groups by service area or sector (see Chapter 7).

## 3.4 Wednesday morning Elder Robbie Mathew offered the prayer

We come to ask for guidance and for wisdom. We come to day for the help that we need in sharing and caring for our children and for each other and for the children that are to come. You created us in your image so that we might enjoy life. In your wisdom you created all the four directions. You created everything for us so that we might show respect to your creation. O Great Spirit, help us to understand who we are and teach us and show us the way. And lead us in wisdom, O Great Spirit, we ask in your name.

Elder Robbie Mathew opened the discussions by responding to Bill Mussell's talk from the previous morning. He then went on to discuss using wisdom as guidance for improving our practice (see Chapter 4.2).

The first guest presenter was Brenda Simpson, an Ojibwa educator from Montreal, who spoke on "Integrating health promotion and preventive programs in First Nations schools, youth centres, childcare centres and Head Start Programs". Using the examples of integrating services in schools, Brenda discussed a model for integrating services. She focused on the attitudes and approaches that underlie successful integrated approaches (see Chapter 4.2 and Appendix B).

The second guest presenter was Lorraine Leduc from Quebec City. As a specialist in the area of children with special needs, Lorraine is no stranger to the region as she has worked with groups in Chisasibi and Mistissini in the past. She explained what is involved delivering services for children with special needs and their families and the kind of integrated approach that is required (see Chapter 4.2 and Appendix B).

On Wednesday afternoon delegates attended several small workshops (see Chapter 5) and in the evening met as community delegations (see Chapter 7).

## 3.5 Thursday morning Elder Robbie Mathew of Chisasibi offered the prayer

We will give thanks today for what we have accomplished yesterday and for being given another day and to ask for guidance in what we have set out to do today. Let us pray. O Chishemantuu, we thank you for giving us this new day and for giving us this day to come together again as brothers and sisters. Give us guidance in what we are seeking. Give us wisdom so that we will understand how we can best help each other and not reject what others have to share with us without first trying to help one another. O Chishemantuu, we give you thanks for giving us life and for the Great Spirit who provides guidance and understanding in the way we lead our lives each day and to know to thank you for each day that you have given us. Chishemantuu, we give you thanks and ask that you take our relations safely home. We thank you for everything you have created for us for our health and wellbeing. May we grow to understand your love. Amen!

Elder Robbie Mathew opened the discussions by responding to Lorraine Leduc's presentation from the previous morning through an explanation of the Eeyou teachings about children with special needs (see Chapter 4.2).

This was followed by the reports from the workshops (see Chapter 5) and evening sessions (see Chapter 6).

## 3.6 Thursday afternoon's panel discussion was chaired by Bill Mussell.

The panel discussion and question period was held with officials from the School Board, Health Board and local governments on the topic of "Issues in integrating services from local governments and regional organisations".

**Bill Mussell** who chaired the panel opened the discussions.
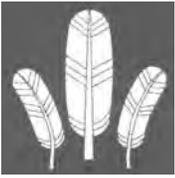
> To bring closure to the two and a half days of discussions, I would like to introduce the panel. We have members of the Cree Health Board, Cree School Board, Youth Council and Local Government. I believe we have them here because they have a particular responsibility to provide leadership within the Cree Nation, regionally and certainly locally.

I want to quickly review some of the main functions and responsibility of such leaders. One of course, as many have mentioned, is the importance of good planning. Planning guided by a vision of the future. There has been a lot of talk about goals and objectives. The best goals and objectives you can write are very much based upon a very solid picture of life as we want to make it in the future and as well as a clear understanding of the reality today which is dependent on our knowledge of our history.

They also have responsibility to develop policy, which are guidelines to help them to accomplish those goals and objectives.

Financial matters are a very important responsibility and the management of those dollars and being able to get the best output or product from the management of those dollars is necessary and essential.

The starting of new programs and changing existing programs and services is within their power. It is really important that they receive any suggestions or any concerns about the quality of the services based upon the nature of the programs. It is important that, as leaders, they hear of the concerns and that they understand what needs to be done to encourage people to make their own history and to help them to begin to recognise the importance of self-care, self-management and self-sufficiency. And I think that this is an on-going challenge for all First Nation peoples of this country because of the history of institutionalisation we have experienced.

I gather from listening to some of the leaders, that the people we have on this panel represent the people who are concerned about helping and people from the communities do more to improve the quality of their lives and the lives of their families.

Strategic networking is an important responsibility of people like these we have on this panel. Networking is important because it is necessary, when we make decisions, that we have the best information possible to make those decisions.

The final item is the significance of whether we are able to assess and evaluate if what we are doing is really working. Are we accomplishing what it is we set out to do? There has been a lot of discussion about that from the workshops. What I would like to do is called upon the representatives of the Cree School Board and after they have made comments, I would like to invite a few comments or questions from the audience.

Mabel Herodier, Chairperson of the Cree School Board presented an overview of the present reform of the education system which includes community consultations on the vision of education in Eeyou Istchee and the implementation of the protocol between the School and Health Boards (see Chapter 4.3.2 for her talk).

Clarence Tomatuk, Director of Education of the Cree School Board, followed her and began by mentioning that integrating services is basic because "we are focusing on the life of a child until he becomes as an adult". He then discussed the large mandates and limitations of the School Board and ended by saying that in implementing the Protocol with the Health Board it is very important to define everyone's respective roles, especially the grey areas (see Chapter 4.3.2).

Bill Mussell then invited questions or comments from the delegates.

Comment from one of the participants.
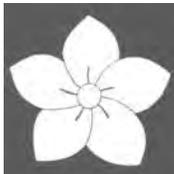
I listened very carefully to what was being said. I think we are finally very well oriented in the School Board and proud to be part of it. Knowing that this orientation is heading to integration not only in services but integration of people working within the school board. One of the obstacles to integration is really the lack of communication and lack of interconnectedness. My question is one of my teachers and other teachers from other communities have constantly asked me to be connected with other teachers in other communities. We know we have the technology to do it but when will we do it? When will we help our teachers to be connected with other teachers?

**Clarence Tomatuk**, Director of Education, Cree School Board.

It is a very important question. There has not been that much opportunity or contact or linkage between teachers although working together is an important aspect of their work. What we have to do is shift resources together and give it a priority within the internal planning. I think it is necessary. We have seen that the teachers need to be connected and be linked to the education system so that they don't feel that they are alone and by themselves and that they are part of the school board and that they have an important role and their views are there and important in the planning of the children's education. We will work on that. In the long run, we will be working on standardising the school calendars and pedagogical days where we are going to allocate for professional time for the teachers and within that that will require more resources so we are going to be including that in the professional days where teachers can come together by groups or by communities. There will be something in place for that.

**Bill Mussell** comments.
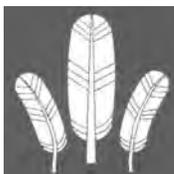
In relation to that question of teachers and opportunities to be better connected with the inner Cree world. There was a question that came up in the workshop I facilitated and it has to do with an inventory that can be published and be available for everyone when they need someone with a particular kind of skill or knowledge or ability described in that inventory. Some communities have developed that and found that to be very useful. In that regard, a couple of teachers posed a question of their usefulness as a resource person. Sometimes they have lots of other kinds of knowledge and abilities that they are not using in the classroom but that they would be happy to share within the Cree Nation. These are the kinds of roles and responsibilities they could fulfil and happily do that.

The question was; how can this be done?  What needs to be done for them to have a chance to be able to contribute to other challenges facing people in the Cree Nation? Could we have comments on that? How can teachers have a chance to participate and be meaningfully involved in other things other than the educational challenges? How might they be able to do that?

Mabel Herodier, Chairperson, of the Cree School Board responded by talking about special needs and Cree language of instruction and the great importance of Cree language instruction for children with special needs (see Chapter 4.3.2).

Mabel was followed by Bertie Wapachee, Chair of the Cree Health Board who began by mentioning that he had spoken on Tuesday and would not repeat what he had said (see Chapter 4.3.1 for his comments on Tuesday and on this panel)   "I guess we all can say that this workshop is something that should have happened a long time ago. But for all of us it takes time to wake ourselves up to what we should be doing."

James Bobbish, Executive Director of the Cree Health Board, followed with a discussion of the role of the Health Board in the Cree Nation, the nature of the mandate of the organisation and the specific conflicts, contradictions and difficulties in implementing this mandate in Eeyou Istchee. He then outlined the major areas of concern of management at the present time and initiatives within the organisation to address these. Finally he mentioned the present negotiations with Quebec for health services (see Chapter 4.3.1).

James was followed by comments from the delegates.

**Abraham Bearskin** of Chisasibi.

I want to make comments on what Bertie and James shared. For me one of the aspects of nation building is having full control of your own destiny. There is a time when you start looking at alternative ways of administrating the health and social services and I think that the time has arrived. Change has to happen. As you have pinpointed, within the organisation and within the structure itself, it is not healthy, and it is so visible. So if we are going to be talking about being healthy or talk about youth and human services or the basic needs of a human and then we really have to understand and know our services/programs. That means that those services or programs are for the communities and for the people and not for the organisations. We need to involve people from the community level not people from the administration level. I think within our organisation, there are people who are working on their own, we need to start connecting and making links. Just last week we came together and we realised that we were doing similar services to people and these are our own employees. This person sitting next to me is actually doing part of the same service but the service is not well known. Communication is something that needs to be address. Good fair mandates and objectives and there was also a discussion on bringing managers to the frontline workers, so that they work as a team.

One other aspect is the medical in terms of traditional means of delivering health and social services. We all know that there are people out there who can cure cancer. To do that we have to look at those services and that is important. We are calling for change and at the same time we need to educate ourselves, we need to be aware of our own limits. These are my comments. Thank you.

Brenda Simpson.
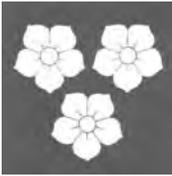
It came out on the panel and I have heard it during this week as well the comment that the people who work in the agencies are worked to the limit as it is and making the connection to integration sometimes seems like an another job or another burden to what we already do. I want to say that if you see integration as a part of promotion and prevention and if we see promotion and prevention as a means of eventually reducing the crisis that take our whole time now, then maybe there will come a day when promotion and prevention is a main part of the job and the crisis are far in between. In the end it may seem like more work now, but the effort will hopefully lead to a time when crisis don't lead our lives.

Isaac Masty from Whapmagoostui (translated from the Cree).

I am glad to see the two major organisations sitting together in the front since we are discussing education and health. However, I am concerned that this will end there. I mentioned this when the consultation took place for the Mianscum report, as well. There were a lot of issues discussed that required a lot of attention.

Also, my comment relates to one other issue that is obvious. All our organisations start with the word Cree and yet we all have a tendency to speak English. Our youth mentioned that at our session last night: why is it that we do not use the Cree language at this workshop especially if we claim that Cree language as our first language.

When the Mianscum report was finalised, I was not comfortable that most of the work was carried out in Montreal. I was involved in that report.

We are all given gifts to share and to contribute. It is often our fault why things do not succeed because we do not fully participate. When elders teach, they teach that life is like a circle. There is no beginning and there is no end. I wish our lifestyle were like that and that we all help each other unconditionally and treat each other equally. We need to acknowledge even those who contribute in a small way because they have contributed. I wish these teachings could be used. That is what I wanted to say.

I am also shocked to see what happens and this is true in our community that when we tried to start something we are told that the Cree Health Board does not have the financial resources to help us. It would be helpful to know the roles and responsibilities of the Cree Health Board.

Another thing I wanted to mention has to do with the protocol between the Health Board and School Board. Years ago, when the agreement was signed our community waited to hear on what we could do in applying it. We wondered what happened to the agreement. What we understood was that the people responsible for the delivery of the programs did not agree to it because they were not consulted as to what this protocol would involve. I mention this just as a reminder for all of us and for those who will continue to work on this. Thank you!

**Bertie Wapachee**, Chairman of the Cree Health Board.

Someone mentioned that the biggest obstacle that we have is communication in all the organisations internally or with the population. It is unfortunate for things like that to happen. We are not all informed the same way. It is one of the things I can be sad about or I can choose to do something about.

There are a lot of issues in our organisation that have been there and a lot of them are being worked on. With the Managers we have today, we are seeing a lot of teamwork. I cannot be negative about what we are doing or not doing. As Chairman of the Cree Health Board, I cannot sit back and let things not to happen. We are serving the same people as I mentioned before. We have issues within our organisation and any issue you can come up with I can tell you that we are working on it. There is a process that has begun. That is the best thing that I can say now is that we have a good process that has begun. We have a very good team right now and I truly believe that we will achieve many things the way we are working now - as a team. We are not going to stop until we have achieved every thing that we need to have as an organisation. This is not for us but for the people. Someday when the time comes we can say, "hey, we achieved that" then we can pat ourselves on the back but not right now. We have joined hands and forces and we are going to work together. This is what is happening.

**James Bobbish**, Executive Director, Cree Health Board.

I just want to say that I fully acknowledge what has been said about the use of the Cree language. I think that if we had said that when this workshop was being organised that everything is going to be in Cree, I think we would have organised ourselves to that effect (see Appendix G, Language issues).

When I talk about vision, the most important thing is that the vision belongs to the people because it is those people that we are serving. Those people that we hire from time to time that are non-native and who are non-Cree, we see them as our partners at the time we engage them. It may not be their vision but they have to share our vision during the time that they are with us. In the same way I would if I had to work in Montreal for a hospital. In order to be consistent with their program, I would have to conduct myself accordingly. In all respects, English is the middle language.

We need to have full control of our destiny. I also agree that change has to happen. It also relates to personal changes as we see our organisations develop and evolve and the changes we want to make. There had been a lot of staff meetings and many staff have expressed their frustrations and the problems with the working situations they are in. I want to say that these expressions are not lost.

As mentioned before, the Chairman has his own functions and I have the function as manager of the organisation and my actions are based on the decisions of the Cree Health Board, the Board of Directors itself. They can judge whether I am carrying out my mandates or not. That is my function within the organisation. The Board itself is a complex organisation.

**Mabel Herodier**, Chairperson, Cree School Board.
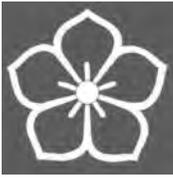
I like to speak Cree and sometimes I like to speak English thinking that I can express myself better and be better understood by all. I agree that we should have our workshops and conferences in Cree.

To respond to the comments made by Isaac Masty. Yes, we need to maximise the resources we have in terms of financial resources. Not all improvements to be made have to cost money. There is the voluntary will to make that improvement.

Also when we talk about improvements sometimes we don't fully think them through. Each community needs to think through where the changes need to happen and what is going to change. If we want to meet the needs of our schools and our communities, some of those jobs will not be necessary. We are going to be replaced or we will need to retrain our people to meet the immediate needs of our schools and communities. That is what it is going to take. It takes people to make it work. It won't work on paper or if we continue to have discussions on it. It will take people and the willingness. The change will bring new things and this is where there is so much opportunity for our youth.

**Dennis Georgekish**, Wemindji (translated from the Cree).

I want to ask the question on Cree as a language of instruction. At what grade level will Cree as a language of instruction go? I am asking this because my children are learning English, French and Cree.

**Clarence Tomatuk**, Director of Education, Cree School Board (translated from the Cree).

There is a policy on Cree as a language of instruction. The policy states that Cree, as a language of instruction will be taught from Pre-K to Grade 3. The communities are at different levels on that such as having the resources needed - teachers and the material resources. Almost all Cree communities have in their schools Cree as a language of instruction.

In Ouje-Bougamou, Cree will be taught up to Grade 2. The other communities have Cree taught in the schools up to Grade 3. The reason why we go up to Grade 3 is to allow the development of the resource materials needed. When the students reach Grade 4, they have a choice to learn French or English along with Cree as a subject.

The School Commissioners want to see Cree as a language of instruction to be taught up to grade 6 but we need to do more consultations in the communities and also we need to evaluate what we have already done before making a final decision on this. In the past, Waskaganish and other communities who have taught Cree as a language of instruction have found positive results. Now we are doing an evaluation for Grade 3. When all of this is done, then we can start planning to implement Cree as a language of instruction up to Grade 6 in all the schools. The introduction of this will depend on each community, based on the evaluation or study or feedback from the parents.

**Christopher Napash**, Chisasibi, Local Government Presentation.

Thank you again. First of all before I begin, I would like to make a recommendation since we are talking about doing this again at the local level and maybe another workshop at the regional level. My recommendation is that we should provide simultaneous translation.

Lets talk about local government. I just wanted to summarise what we talked about. I'm not a politician. I only work at the administration level. The first thing that I want to say is that the band office is not just a building. It is the mind of the people that it serves. They should try to be more effective for the community if they are to provide the services for the people as equals. Our responsibility includes providing more services and working in collaboration with the other organisations within the communities. There has to be a common understanding among the communities, organisations and the people within the structure of the local government. We are here to serve the people. Also our job is creating opportunities for the people in employment, social economic needs, cultural needs and political needs. And then we have to provide leadership. We have to be role models. The priority should be consulting with these people so that they give us directions. We also need to work with other Cree entities in order to come up with the services they need. Not everyone is aware that the Cree nation's population is on the increase.

Just to give you an idea when we relocated to this present community, I think our population was just over 2000. Now twenty years later, our population is about 3000 plus. We were told that within 20 years our population could almost double. So that's the dilemma. In order for us to achieve a balance it is almost impossible. One of the dilemmas that we feel is that there is a lack of funding. More and more of our resources are starting to be depleted. How do we deal with this? Those are the kind of questions we have to answer. And we won't be able to answer them ourselves. We have to go to the people and tell us the direction we have to go. We are in the year 2000, the second millennium is here to stay but according to our local community channels we were set back to the 1900s. The last time I checked we were up to 1985. Time is starting to catch up again. A lot of the people have heard in the media that they were predicting the end of the world. But here we passed December 25, 1999 and we sure passed that. But my point was with the new millennium. We have high hopes for the Cree Nation.

The Deputy Chief Mathew Mukash talked about the Cree nation planning to set up its own government structure. I think if we collaborate, work together, integrate or what ever term you want to use, I think if we did it together and I emphasise together that we can achieve the objectives that we set for ourselves. And then, as James said, we are in full control of our destiny. These are the basic ideas I wanted to get across to you. We should be working together and working towards the same goal. That is all I'm going to say. Thank you.

**Olivia Couches**, Youth Chief, Ouje-Bougoumou

This is the first time I am going to talk in front of other people other than from my own community. If I make mistakes, excuse me. I am very happy to be here for the youth and it has not been a long time since the youth have been recognised as youth.

In the past, we have always been put aside as youth. I know how it was not to be noticed as a young person. It is hard because of how they are and the way they act and sometimes how they express themselves. They express themselves the wrong way when it is supposed to be the other way. And in my community the youth are not very active. It is hard to get them involved in activities and in sports. It is hard to get them motivated. I am sure this is like that in all the communities. The youth write graffiti on the walls and that's how they express themselves. In my community it is like that. There is one building in our community that is full of graffiti. I think that is how they express themselves. I have pictures of this. We want to try to help these kids. We try to have programs for the youth as much as we can. Whatever comes our way we try to grab it. We try to put it down on paper but we try to talk with the youth face to face. We find that with youth just doing paper work is wasting time. That's how I feel. We should just do it and not say it. We need more doers and fewer sayers. There are a lot of those in our community. I guess that is why I got elected because I am a doer. I do things right away when people ask me to. I don't waste time and I don't let people waste my time. Thank you!

## 3.7 Elder Robbie Mathew offered the closing prayer.

O Great Spirit, we thank thee for this gathering that we have had and that we have just finished. We ask thee, in your Name that you will take these people back where they came from - back to their communities and to their families. We ask this in your name that you will lead us where we want to go and that our children will always walk beside us hand in hand. Never let us forget our children wherever we go, because they are a special gift to us. O Lord, we thank thee for the gift of life and the gift of thy nature in which we survive. We thank thee in thy Name. Amen.

# **4** ◆ **Plenary Speakers**

## **4.1** Introduction

Chapter 4 presents the talks by the guest speakers, entities and four communities. Bill Mussell, Guy Poudrier and Jean-Claude Dargis spoke on Tuesday. Lorraine Leduc and Brenda Simpson presented on Wednesday. Elder Robbie Mathew responded to Bill's presentation on Wednesday and to Lorraine's presentation on Thursday.

The presentations by the entities, in section 4.3, happened on Tuesday and Thursday afternoons and are presented here along with copies of documents they prepared for the Workshop. Some of the Cree School Board documents are also found in Appendix E while a copy of the plan for the School and Health Board joint protocol committees is in Appendix F.

Community delegates had been invited to make presentations and prepare display booths in the auditorium. Waswanipi, Nemaska, Chisasibi and Whapmagoostui made presentations and these are found in the section 4.4.

## **4.2** Guest Speakers

The presentations by the guest speakers are like the three points of a triangle. One focuses on the individual within the system (Bill Mussell and Lorraine Leduc), a second interprets this within the Cree world view (Elder Robbie Mathew), and a third looks at the organisation of the system itself (Guy Poudrier, Jean-Claude Dargis and Brenda Simpson). Bill Mussell talked about the personal and political challenges facing First Nations individuals who are responsible for developing and delivering effective services to the people. By contrast Lorraine Leduc asked the delegates to consider the one group that is in greatest need of effective services: children with special needs and their families. In Cree, Elder Robbie Mathew responded to Bill and to Lorraine using the topic of each presentation to expand on the Cree approach to learning and Cree thinking about special needs. Looking at the services themselves, Guy Poudrier and Jean-Claude Dargis asked delegates to consider the organisational challenges and possibilities for improving the quality of services, while Brenda Simpson focussed on schools as a key sector where an integrated approach will improve the quality of education.

### **4.2.1** PRESENTATION BY **WILLIAM (BILL) MUSSELL**, SAL'Í'SHAN INSTITUTE, CHILLIWACK, B.C.: **INTEGRATING SERVICES IN FIRST NATIONS**
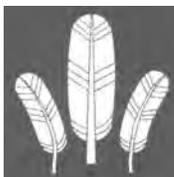
A. Introduction
B. Changes to the Indian Act
C. Four Choices Facing Aboriginal Peoples
D. The Big Picture

E. Teaching/Learning Model
F. Factors Contributing To Effective Communication and Quality Learning
G. The Principles for Renewal
H. Conclusion

### A. Introduction

I want to thank Deputy Grand Chief Matthew Mukash for what he shared. He provided a space for me to begin. Elders' visions are pictures of what we want to create.

Rodney Mark, Chairman of this session, was also asking about how to begin integrating services. There are five questions that we need to ask ourselves when we talk about integration of services:

What to know about integration of services?

How to know what we need to know about integrated services?

Why to know what we need to know?

In whose interest will integration work? and

Against whose interests do we do this?

As I make my presentation, you will be thinking and figuring out why these questions are so important.

In this presentation, I want to describe, briefly, my life as a student, as a member of a political organisation, and as a professional educator and social developer who believes in First Nation self-management and self-government.

I will talk about how I spent my childhood in the 1940's. I grew up on a reserve beside the Fraser River and am the oldest of 6 children. My family was relatively small compared with other families. Our lifestyle required the help of many people. Our families survived by working together. There was no welfare and hardly any health services. Being co-reliant was very important for our survival. In those years, I had the opportunity to learn who I am. My parents refused to send me to residential school. I had the benefit of being home with all family members whereas most other children of our village were taken away.

Members of my family are different from others because we experienced safety, security, and encouragement. In the 1950's, while going to school, I began to work and make some money. During the 1950's, people in each home were busy making a living. They left home each day to go fishing, logging, wood cutting, ...to do something necessary to put food on the table, and to make sure family members were clothed. It seemed most people liked to work. That was the last decade for such industry and productivity.

## B. Changes to the Indian Act

While at university, I became involved with the North American Indian Brotherhood, a provincial organisation, thanks to the encouragement of my mother who was a newly elected chief in early 1959. Some of our leaders were concerned about the Indian Act and the effects it had on our lives. The federal government had announced that it was planning to make changes to the Indian Act. This news inspired some of our leaders of the interior of B.C. to organise politically. The response from the communities was highly supportive.

For many years it was illegal for us to organise politically. The Indian Affairs Department, through its agents, dominated decision-making in most the communities. Elected Band Councils were provided for in the Indian Act in 1951. By 1959, three generations of our families had been trained in residential schools, and life on reserves was well established after 70 or 80 years. We lived mostly as dependent people. We were not well educated or trained. We were not well informed. If something had to be done, we tended to expect someone else to do it for us. Most of us had not learned how to learn, or to make decisions and discover the pay-off from being intelligent and responsible.

Through involvement with the North American Indian Brotherhood, I met some men and women who, like my parents, valued family, self-sufficiency, education, quality training, and who believed in justice and fairness, and Aboriginal title. I learned a great deal working with this organisation, mostly as an executive member because I could write, type, speak publicly, and was committed to the organisation's purpose.

After I graduated from university with a bachelor of arts degree, I became a probation officer, following intensive studies to learn the ways of the court, and the skills required to write reports, do counselling and so on. Two years later I returned to university and obtained professional credentials in social work and high school teaching. Work as a parole officer and as an educator followed before taking an Ottawa-based job.

In 1969, the federal government released the "white paper" describing proposed new directions for Indian Affairs. Our leaders knew enough about the ways government to reject outright the proposals in that paper. The release of this paper, and unacceptability of many of its proposals, inspired First Nation and other Aboriginal leaders in all regions of Canada to organise, or become better organised, to protect their interests. The National Indian Brotherhood became much stronger as well. The Union of B.C. Indian Chiefs was founded in late 1969. In 1971 I became its executive director. Its purpose was to create programs and services designed to empower members of families constituting close to 200 Bands. Challenges to make change became an every-day agenda item.

In the early 1970's, Indian Affairs began to provide some funds to Bands in B.C. so that they could hire someone to do 'on site' administrative work. This experience led to requests for more financial support to assume more 'community-based' responsibility for programs and services, and the work of the Standing Committee on Indian Affairs that resulted in recommendations for self-government. In the 1980's this movement toward 'local control' led to health transfer plans and formal agreements to establish 'local administrations' responsible for programs and services. Our ability as community leaders, managers, administrators, and workers is being tested. And a large part of our successes will depend upon our ability to successfully integrate services and thereby produce the best results or outcomes.

## C. Four Choices Facing Aboriginal Peoples

According to the Royal Commission on Aboriginal Peoples Report, Volume 3, we have four choices facing us today:

- to forfeit our traditional cultures and assimilate into Euro-Western culture; to allow other people to decide how we will live our lives and for us to follow, conform and assimilate; and there are people of our heritage who have made that choice;

- to resign ourselves to living in a culture of dependence; to continue to live in a dependent way. That is not to change how we live, and to make do with what the government is providing to us, and, we continue to live as a dependent people. It appears that some people sharing our heritage have accepted this lifestyle without consciously thinking about its effects;

- to aim to construct our lives within the limits of the 'faded fragments' that remain of our traditional cultures; to continue to practice a few things that help us to be seen as aboriginal, and that we belong to the First Peoples of the land, without practising anything that makes our identity unique—truly Ojibway, truly James Bay Cree, and so on.

- to revitalise our traditional cultures by adaptation and development so they will serve as effective designs for surviving and living in the 21st century; to know the traditions, the values, and the rules of our forefathers that continue to help us to survive and to take the best of what other nations have to offer.

It is the fourth choice that our leaders have made for us, and I think that is the right choice. It is the choice that will take the greatest amount of work in order for us to succeed. Self-government, therefore, becomes an important concept. To have self-government we need to know how to manage our lives, as individual members, as families, as communities of families, and as regions consisting of many communities (cultural nations) with the will and ability to help each other. We need to learn how to integrate what we have—share our resources and apply them in the most effective ways (to get the best outcomes or results).

## D.  The Big Picture

Let's consider the relationship between our past, our present, and our future. We will do this by considering a "big picture" I have sketched to guide discussion.
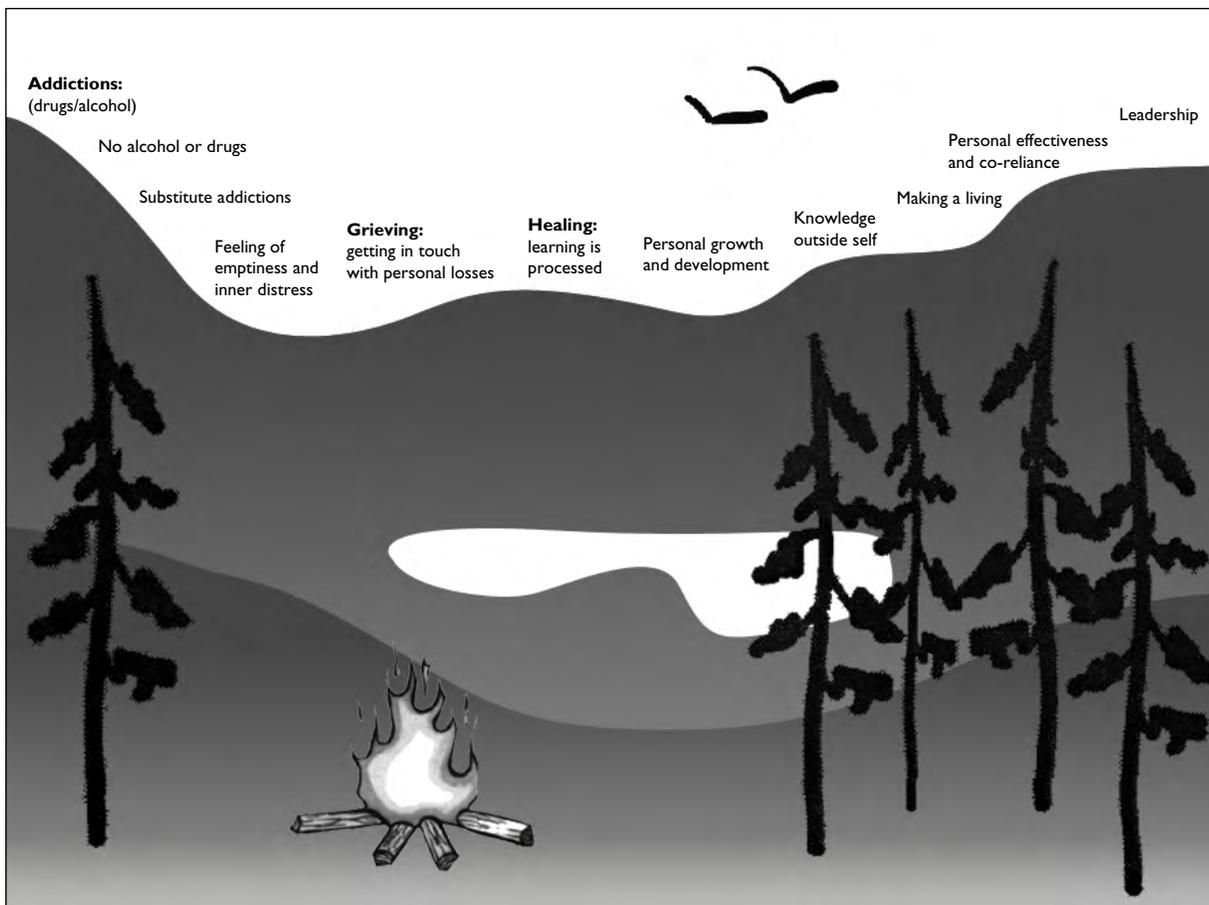
I learned from my elders in the 1950's that if we don't know where we have been, we can not possibly know where we are. In other words, if we don't understand our family and community history, it is very difficult to begin to understand why we live as we live today.

In the 'big picture' you will see that the richness of our lifestyle declined over time because of disease, other causes of death, forced changes in lifestyle, and removal of children from families for four generations. Today we are concerned about diabetes, heart trouble, suicides, violence and abuse, and FAE/FAS, to name a few issues that consume a lot of our energy and talents. We are trying to figure out how to heal ourselves, grow, and become efficient and effective citizens, parents, workers, and leaders. We are doing this because we want to improve the quality of our lives, to enrich our cultural foundation.

Knowledge is very important, so quality education and training are essential for us to move forward.

In the 'big picture' you will note that changes (restructuring process) are guided by a vision – the picture of life, as we want to know it in 20 or 30 years, for example. How do we want to be living in the year 2020?

If we do not know what we aspire to or what we want to create in the future, then much of what we are doing is moving us in circles. Job descriptions written without a clear vision shared by the community members being served may result in 'lack of movement forward'. Think about this possibility, and why that could well result.

Vision is very important. In this picture it is designed for First Nation peoples of Western Canada.

I want to describe key concepts identified in the 'big picture'.

### Transmission of Culture

What happened to us in the past 100+ years has disabled or crippled most of us. Many of us were not able to teach our children to be proud, skilful, and holistically healthy, productive citizens with abilities to communicate well in their traditional languages. Our collective abilities to transmit our cultures declined, generation to generation from about 1850. We are now beginning to recognise the need to teach our children their family and community history, and abilities to use their families' first language. It is important for our children to know both positive and negative forces in our lives, generation to generation. Such understanding will aid them as they assume leadership roles in our communities. They will become tomorrow's agents of change, and hopefully, be successful in increasing the transmission of culture.

It is important for us to look towards the future. It is important for us to understand why we live as we live now. This understanding comes with knowing our history.

To figure out what we want to change in our lives, it is important that we have a vision or a picture of how we will be living in the future. When we have that vision, we can work together integrating all of our energies, our talents and experiences; we will be able to strengthen our cultural foundation as a community of families. What is done to make changes may be seen as a restructuring process.

To understand how we live as we live, it is important to study a bureaucratic model because other people have decided how we live our lives, for example, by setting up reserves, and creating a bureaucracy to look after us. The second order of government (provincial level) has moved into our lives and followed the example of the first order of government. We have been trained to be followers and because of this, many off us have not learned to think for ourselves. We have not had a chance to discover why we think as we think, feel like we feel, behave as we behave, or see things as we claim to see them. We have not learned and are not learning much about our inner world – the power of our perception, our feelings, our thoughts, and our actions.

Let's take a look at a picture of the inner world.

INFORMATION WHEEL

As an educator today, and working in our communities, I have learned that the biggest challenge facing many of us is to help people to learn how to get in touch with their inner world, to be able to understand the power of the gifts that are within our inner world, gifts granted to us by our Creator. Another major challenge is to learn how to learn, to create or recreate knowledge for ourselves. How do we do this with others?
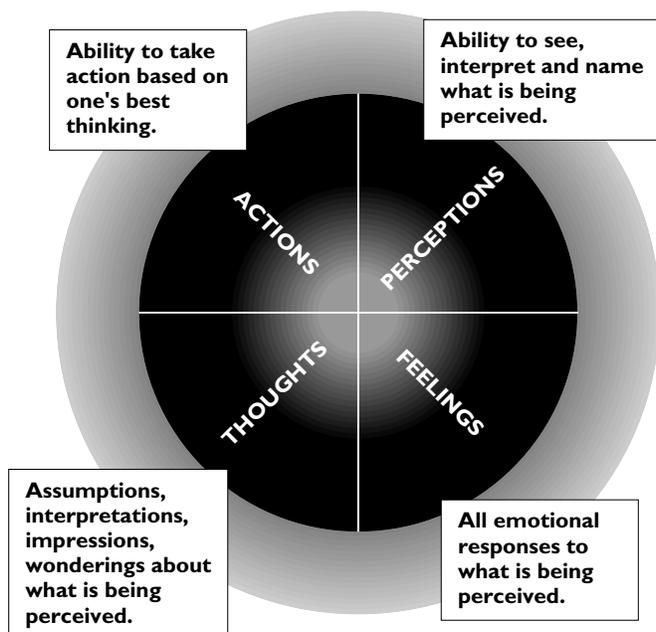


Ability to take action based on one's best thinking.

Ability to see, interpret and name what is being perceived.

ACTIONS

PERCEPTIONS

THOUGHTS

FEELINGS

Assumptions, interpretations, impressions, wonderings about what is being perceived.

All emotional responses to what is being perceived.

Information Wheel

Think of how most parents parent; how most teachers teach; how most social worker work; how most doctors function in their profession. Most of them do not promote active learning. They tell you what to do. I am concerned that most people who perform, as experts do not make time to help us to understand what it is they know that will help us. Only by understanding what they know about our state or condition, can we begin to take better care of ourselves, right?

Let's take a look at the parts making up the Information Wheel. It consists of four parts – seeing, feeling, thinking, and acting – presented as static in the picture when, in real life, in fact, it is in constant motion.

The power of perception – to see, to understand, and to name what is seen – is very, very important. As humans, we have the power to see what we want to see, so it is important to check with other persons to check our perceptions. Used in 'good ways' this gift is very powerful; used in 'bad ways' it can do a great deal of damage. This power plays a strong role in the creation of knowledge. To be able to name what we experience (see) is necessary for effective sharing of information (meaningful communication).

The power to feel (to be in touch with, and use emotions), and to understand why we feel as we feel contributes greatly to 'knowing self'. Children raised in families that accept and promote expression of feelings raise adults who are real, whole, and valued. They do not usually have issues with need for power and control or difficult interpersonal relationships, and anger. Children not raised in such families are known to have serious issues that contribute to social and other difficulties.

The power to think, and to be in touch with life experiences that influence perceptions and feelings and actions, is as important as the power to feel and to see. Ability to use what we have learned strongly influences the richness of our lives. To know why each of us think like we think is a power that contributes to self-knowledge, increasing appreciation of self, and ability to learn, and thereby help others to learn how to learn. Effective professionals build on this power. By doing so, they promote 'empowerment'.

As a community leader, worker, parent and educator, I am concerned that no significant attention is given to study of the inner world in the curricula of schools, colleges, and universities. Much more attention is given to the study of our external world – study of people, animals, institutions, and so on. Traditional teachings, as I have been exposed to them, by contrast, focus on the inner world, and can be related to spiritual dimensions of life, and well being.

The action quadrant (part) in the above wheel is emphasised here because it can be useful as we seek to understand more about why we live as we live today. This quarter of the wheel is divided into 3 parts – actions taken that are future oriented; actions taken that are linked strongly to living in the past; actions taken that are 'stuck in the present'. Let's look more closely at each of these time-oriented parts.

### ACTIONS THAT ARE STUCK IN THE PRESENT

Some of us choose not to do something we would like to do because we are afraid of what others will say or do if we did it. We therefore, end up letting others decide what we do. As such a person, we are not in charge of our own lives. We are stuck living in the present. Most of my students believe that from 6/10 up to 8/10 people in our communities live in this way. What do you think?

### ACTIONS STRONGLY CONNECTED WITH THE PAST

Some of us choose to live in the past. Those of us who do this, see life today (present perceptions of reality) as too unpleasant, ugly, shameful, threatening, etc. and therefore take flight (run away in our minds or in reality). Instead, some of us are inclined to choose to remember something about the 'good old days'. Using ways to deny reality are also employed – such as becoming intoxicated and/or getting high on other drugs are examples. Persons, who live in the past, often deny present realities, and are not usually interested in doing serious work connected with the future. Many of my students think that about 5/10 people in our communities live in this way. Now, let's talk a little about people who are future-oriented.

### BEING FUTURE-ORIENTED

People who are comfortable thinking and talking about the future are people who have no serious issues with today's realities. They seem to know how to manage their lives. They have energy and will to commit to planning for a brighter future. Many of them have some understanding of why people live their lives as they do and

frequently appreciate the positives and negatives of life, and believe in an optimistic future.

They make time to participate in discussions leading to plans today for tomorrow. Most of my students believe that in most of our communities 2 or 3/10 people live with this orientation.

People who are future oriented are often most available and accessible in our communities. It is important to remember that they are a minority, and that others in the community should not be left behind. People who are 'stuck living in the present' may be interested in becoming involved and be hesitant because of fearfulness related to unresolved issues or similar historical experiences. To open doors for this segment of the community, opportunities to 'tell stories' of their past are important. Grieving and healing may be essential steps to take before being able to focus energies on external challenges such as discussions connected with self-care, self-management, self-sufficiency and so on. Personal safety and security are necessary for people 'to open up' in ways that can be therapeutic or healing. The estimated numbers of people falling into this category indicates the need to address personal losses connected with unresolved personal issues that hold so many people back.

E.    Teaching/Learning Model

As a graduate student, I learned more about my realities by studying in Brazil with Dr. Paulo Freire and in Israel with Dr. Reuven Feuerstein who created instrumental enrichment, a teaching/learning/teaching approach to promoting learning how to learn.

In the picture below, note the place of the mediator. The educator/mediator comes between the learner's life experience and what he or she is to learn. The mediator does not give the learner the answer. He/she creates conditions or situations that assist the learner to find something he/she already knows that can be used to find his/her own answer.

In this model, the learner's life experience is valued. In that experience the learner finds knowledge s/he can use to create/recreate his/her own answers. Teaching/learning in this way is a process that can be very effective. Ideally, it can be started with the youngster. The instrumental enrichment program, taught to

**INTEGRATION**
Connecting NEW INFORMATION with LIFE EXPERIENCE (something already known) so it becomes personal knowledge.
The MEDIATOR creates conditions and situations that promote integration.

NEW INFORMATION

MEDIATOR
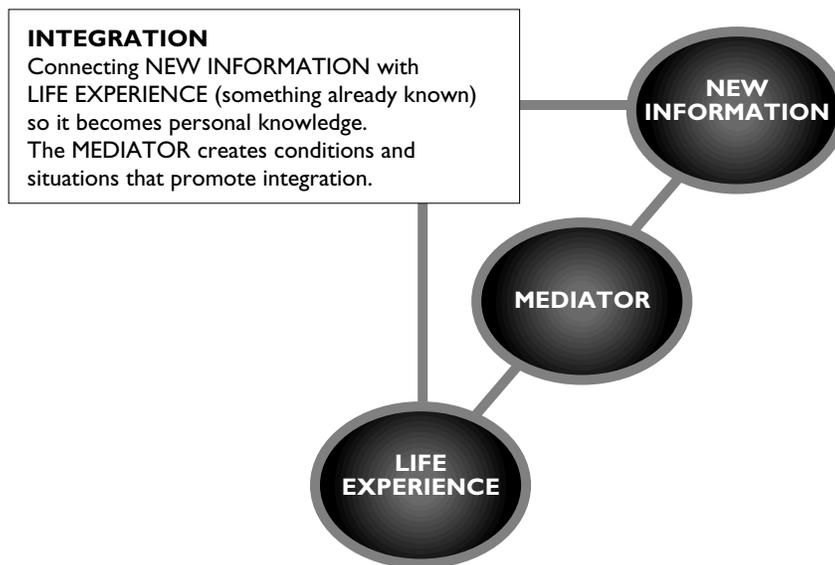
LIFE EXPERIENCE

Teaching/Learning Model

teachers and other professionals applies to persons as young as 5 years and as old as people grow.

This model prepares the learner to 'learn how to learn' and through this experience, to empower self. Each of us who work in the human services fields (education, social welfare, health, family and child services, for example) can learn how to use this approach and method. It is timely to know how to do this work as we strive to become increasingly self-managing and self-governing.

When I first studied this model, I could see my grandmother interacting with my brother. She interacted with him, face to face, so he could see her, just as she could see him. They were communicating. Moms and dads who help their children to communicate effectively relate with them in this way. Children want to see the expression in your eyes and face.

How many adults do you know who are comfortable interacting at the same level, and face to face? Many people in our communities do not enjoy interacting in this way, for a variety of reasons. Some people like to 'look down' upon some others; they seem to feel safer relating in this way. Others prefer to have distance from others. Being too close is too uncomfortable for them. Still others are more comfortable being 'looked down upon' – being seen as less important, perhaps, than the person with whom s/he is interacting.

Think about relations between some parents and their children; between some teachers and the students; between the boss and some workers. How often are these relations 'face to face' or 'between people who are comfortable interacting as equals'?



*Rona and Cal are mutually responsible individuals who live in a co-reliant way*

Model of a healthy relationship

Over the years I have lived and worked, I have noticed that government personnel often choose to relate to us 'from above'; that is, they seem to prefer to look down upon us. Sometimes, I have noticed that we choose to interact this way with them. This way of interacting seems to be changing slowly. Some of the change is connected with our feelings about ourselves and the risks we need to take to interact or relate in a more equal manner.

In our communities relationships are based on distrust, not unconditional acceptance, desire to share, and ability to care. When two people learn to accept each other, each can become more understanding; in fact, they could become close friends. As friends, they give each other permission to influence one another. For

some people this process is difficult because as two people get to know one another, they are taking risks that may be new, and therefore very difficult to follow through on.

As we share stories about our life experiences we begin to discover who we are, and what we are. Many of us discover that we know more than we ever thought. We make other kinds of discoveries as well.

For integration to take place we need to build relationships with people that are mutually respectful, and interactive at the same level. They learn from each other; they help each other. At the manager and worker level, such working relationships make it possible to deliver integrated services to the community.

## F. Factors Contributing To Effective Communication and Quality Learning

Let's consider some factors that make a difference in the work we do as leaders, workers, volunteers, and parents. I will talk about the need to be intentional in our actions, to do things in exciting ways, how to expand upon what is being shared, ways to encourage communication, and the need to plan and to be organised in what we share.

### FOCUSING

When we say what we truly want to say, we are being intentional. When we ask exactly what we need to know, we are being intentional. To be intentional in our action is to be focused. When we are focused, the listener or person with whom we interact has a high chance to know how to respond. His or her ability to communicate right off has improved a great deal. Sharing is facilitated.

You see one another, you share. You ask a question, you receive a reply. The more you share, the more meaning you are able to make of the information being shared. Being focused in these ways contributes to quality sharing.

### EXCITEMENT

When our communication is focused, meaning making is facilitated. With facilitation, the need to know can easily be increased. It can become an exciting process. Your need to know increases and is being satisfied. A worker who has abilities to inspire others can get people excited; they know how to create a 'need to know' on the part of the client, colleague, employer, or whomever.

### EXPANDING

When you explain something that may be new or difficult to understand, you are expanding the information you have shared. When you elaborate on something in order to show how something connects with something else, for example, you are expanding the information in order to satisfy someone's need to know. When you ask questions, you know that you want to communicate. When you reply to the question, you are adding something to that person's life experiences. You are expanding his or her experiences too. Story telling is wonderful because it provides a person with the opportunity to share his or her life experiences.

ENCOURAGING

To encourage people to tell their stories is to assist them to discover what they know because they have life experience they may not be aware of. We have heard that some Elders suffer from loneliness. They do not have people with whom to interact, to share experiences – to share stories. Persons who listen attentively encourage others to share their experiences. Relationships like this make integration possible. As you learn from different people, you integrate the best that they have learned (lessons taught/learned). You therefore enrich your life, while those you interact with are doing similarly.

ORGANISING AND PLANNING

To be most effective in our efforts to assist others, we need to do things in ways that are planned and organised. Timing of our actions is very important as well. To know when to listen, to add information, to ask a pertinent question, reveals to the other person how interested we are in the interaction, and how well we do understand. We need to be consciously aware of the orientation we share, the space we employ, and the sequencing of steps needed in order to facilitate understanding. From time to time, we need to retrace our steps, especially when mutual understanding is not resulting from efforts being made.

There are different versions of the Medicine Wheel. This version highlights the importance of human needs for survival and personal growth and development. In this model, needs are defined as essentials for survival. They are not wants or the extras in life that make life more comfortable.



SPIRITUAL — A sense of connectedness with other creations of the Great Spirit

PHYSICAL — air, water food, clothing shelter exercise sex

INTELLECTUAL — concepts ideas thoughts habits discipline

EMOTIONAL — recognition acceptance understanding love, privacy discipline, limits

WILL

The Medecine Wheel

The model is also holistic because it encompasses the physical, emotional, intellectual, and spiritual dimensions of life. Take a close look at each of the items listed in each of the four categories.

This model is useful. It can be used to assist the worker to figure out what needs in a person's life are being satisfied and which are not being satisfied. Remember that a person who enjoys balance is his/her life, has satisfied needs. He or she is able to share or give to others and at the same time to receive what others have to share. A need for food, for example, sets a person on a journey to find something to eat. A need for positive recognition, for example, can inspire a person to look for company – a place where people are. Unmet needs over time may result in unacceptable behaviour. The human need for ideas or thoughts may drive someone to read, to listen to the radio, watch a TV program, or to the phone to talk with a good friend who loves ideas. Consider how people meet the other needs listed in the Medicine Wheel above.

The Medicine Wheel provides a worker with a place to begin the process of figuring out how to assist someone. It can be used by a team of workers to promote mutual understanding, appreciation, and improved ability to be mutually supportive, and more effective as workers or team players.

How does this relate to the need for integrated services?

As leaders or workers responsible for community programs and services, we can be most effective in working together when we "know" one another well enough to identify and appreciate one another's strengths or gifts as colleagues and as team players. It takes some time to create this level of mutual acceptance, understanding, and responsibility. We also need to "know" the nature of our material resources, the resources we can share to make a difference in the outcomes we can create or produce by integration of services. Such results become the product of the team's best thinking.

## G. The Principles for Renewal

The report of the Royal Commission on Aboriginal Peoples contains the description of four principles necessary for building our future, and sustaining it: mutual recognition, mutual respect, sharing, and mutual responsibility. These principles apply to our daily lives in our families and in our communities as we live and work each day to make a difference in our shared lives.

### MUTUAL RECOGNITION

Positive recognition is a powerful emotional need as we saw in the Medicine Wheel. To meet each day's challenges in our lives, we do need recognition. When we can satisfy one another's needs in this way, we have greater ability to continue to make efforts to get ahead. We communicate. We can build partnerships. We can pool our best resources and work together to create a brighter future.

### MUTUAL RESPECT

When two or more people make space and time to teach each other whatever must be seen, appreciated, understood and/or learned because purposes are shared, for example, they enjoy mutual respect. Mutual respect helps to bring people together, and togetherness generates building of relationships and friendships that are necessary to move into the future with relative safety, security, and confidence.

Sharing is self-explanatory. It is a giving and taking process, a two-way process that is appreciated. It contributes to quality communication, learning, decision-making, and partnerships.

MUTUAL RESPONSIBILITY

A person with a need to know, a need for assistance, or whatever, who acknowledges the need by asking for help, for example, most often receives assistance. Such a person is being responsible – taking ownership of personal needs, and by so doing serves as a good model for others to do similarly.

## H. Conclusion

Integration of services comes about through relationships shared by persons who recognise that more can be accomplished by programs and services if they were brought together and managed by a team of managers/ leaders/creative people who care about quality services. In our communities, all programs and services are available to the same families being served by each program area. When these program people come together as a team, they pool their knowledge, skills, and abilities – they promote learning among themselves – and the greater the differences in life experiences, the richer the learning can be.

Imagine people knowledgeable in health, family and child services, social development, and so on coming together to figure out how best to integrate services. Imagine the potential quality of the teaching and learning that could take place provided the people involved are committed to delivering quality services and getting the best results or outcomes from the investments made. Plans and implementation of plans to achieve integration of services, in the hands of personnel committed to delivery of quality programs and services, will be successful in time.

Consider seriously the desirability of not requiring social workers, family support workers, nurses, doctors and other professionals other than to manage more normal life stage needs. Shouldn't we all work our hardest to live our lives in this way?

### 4.2.2 RESPONSE BY ELDER **ROBBIE MATTHEW** FROM CHISASIBI

I want to say good morning. I was listening to Bill and I remembered some things I had seen when I was growing up. Now I see Aboriginal people working for Aboriginal people. When I was growing up, I attended two residential schools. One was destroyed by fire in the 1940s; I don't know how far I went with formal education. I don't even know what grade I was in. I didn't understand.

The western education - we all need that in order to survive. Listening to Bill, that is what I saw when I was growing up. Indian agents, ministers, doctors. We Aboriginal people thought these people knew more than we did. We trusted them so much and they were well respected. They thought that these people were giving us the right instructions, that they would turn our lives around to become different persons but that was not to be. As I listen to Bill, he is one of those people who want to help other people by sharing his knowledge. What I heard yesterday brought me back as a child.

These people were supposed to instruct us but they couldn't do it because we were already instructed to live everyday what we were as aboriginal people. It reminds us of the many promises that were made to us. I understood in English what the Indian agent was supposed to do for the people; but many promises were broken.

Today we want to go our way and integrate. For me I like that word where you put things together. I like bannock and on top of that I like the Whiteman's jam. That is what it means to me. You put these things together. Jam on top of bannock is very delicious to me.

So Bill I do not have anything against what you are telling us. I know what aboriginal people have on their minds. I used to travel a lot to our brothers around the world. What are we looking for here? Bill gave his instructions from his own understanding. Yet we see a lot of people working. They work in different fields helping us native people in each community. It surprises me that I don't know much.

There is one thing we all have to understand. One word is called wisdom. I don't know how I can express this, It was wisdom that God made and made us in his image and that is one thing we are not able to find within ourselves. When I am on the land, this is where I got this the message of wisdom. Our ancestors knew long before it was written in a book what wisdom would do for our lives and to understand ourselves. This was the first thing the creator used. Wisdom. Wisdom was used to create all the universe, all the four directions. To me as I understand what wisdom will do for me - it keeps me safe, gives me inheritance and it gives security like money. It gives me to understand the power of love. It makes me understand to respect others and myself. Wisdom also helps me to find peace within myself. That is one thing we overlook. All the literature that is written, they don't say that because they do not understand who we are.

Look around this room. I have many instructions from the elders. Do you see any women here? All I see are men and all dressed the same way. How come we don't respect ourselves anymore. I was taught at an early age by my Mom that when I would be married I should always use wisdom in trying to teach my children.

They said our ancestors do not know anything. When a hunter leaves the tepee to hunt, wisdom called him. It is wisdom that instructed that hunter to look out for himself and it is wisdom that brought the hunter back. How come we don't understand that anymore. Why? Technology. Wisdom was here before technology was here. We trust technology today because we do not understand wisdom. If we had wisdom, we wouldn't be sitting here. We wouldn't see all those things written on the wall. If we understand what wisdom will do for you, you have enough. When I am out on the land everything is free. It is wisdom that tells me that. Wisdom educates you; wisdom was shared before modern technology. By looking at the stars in the universe you will find wisdom, you will understand and predict the weather. To day we use instruments and sometimes they are not accurate.

The wisdom that comes from above is the perfect wisdom and it will guide you where you want to go. It will tell you where you are wrong. I am not a person who is educated. I am a person who has been brought up and wants to understand everything that the Creator made. I do not go to the store for what I need when I am on the land. But I have to work for it. It does not come to me. In everything we do, let us not forget why we are here today because we don't understand wisdom. We

understand a lot of modern technology today and we forget wisdom. That is why we have a hard time to understand life and we do not even know who we are. We do not understand what wisdom will do for me and what it will give me. Many of us, we don't understand about ourselves.

I wanted to understand more about life. I will read this verse from the Bible. "A woman in me, my body is a part of woman. When I hurt a woman I love I also hurt my self; when we get married we are one, one body, one mind one life. Do you remember the Bible? Adam was created from the rib of a woman. Until I find myself, who I am and where I got this teaching. I got this from Wisdom. You are part of a woman and woman is part of a man also. Thank you.

**4.2.3**  Presentation by **Lorraine Leduc** on "Integrating services for children and youth with special needs and their families"

"It takes a whole village to raise a child."  African proverb
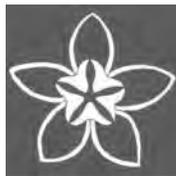
**A.** Introduction  Bibliography
**B.** Early childhood  Annex I:  Classification of disabilities
**C.** Children and youth  Annex II:  Categories of impairment
**D.** Families the caregivers  Annex III:  Service plans
**F.** Conclusion  Annex IV: Preconditions for integrating services for youth with special needs

Annex V:  Pathways to solutions in the special needs area

## A. Introduction

In the past eleven years I have been involved with some First Nations of Quebec who wish to adapt and provide services to handicapped persons and their families. I have witnessed tremendous progress in their communities. Yet I firmly believe a lot still needs to be done to reach full social integration of persons with disabilities and full response to the needs of their families.

Fully subscribing to the goal of this workshop which aims at putting children, youth and families of Eeyou Istchee at the centre, I choose to use the African proverb: "It takes a whole village to raise a child". It symbolises clearly the holistic approach that is essential in a community when it comes to caring for the young and vulnerable. I also understand that the average Cree family has many children and that consequently your population growth is highly influenced by the health and social well-being of the young who are growing and your capacity to keep the youth, once they have become adults, within your culture and communities.

Thus for the benefit of this conference I will speak on behalf of children and youth with special needs and their families with the best of my knowledge because they need people willing to advocate in their interest and also because we need to become aware of what many studies and reports demonstrate: these families go through a great deal of stress and sometimes even distress, in the process of supporting their members who have special needs.

The Cree School Board special education plan identifies two categories of students:

• "handicapped children who require long term special education " (p. 1) and

• "students who are unsuccessful academically, these may have a sensory handicap, severe behaviour problems and/or an academic delay of at least two years to peers of the same age…"

The Head Start program speaks of "children with special needs and who are at risk". The program also emphasises that it "will act upon the early detection of developmental difficulties in keeping with professional plans" (p. 24).

On the other hand the OPHQ (Office des Personnes Handicapées du Québec) defines a handicapped person as "any person limited in the performance of normal activities and who is affected, significantly and persistently, from a physical or mental deficiency, or who regularly uses a prosthesis or an orthopaedic device or any other means of palliating his handicap".

Thus for example: a little girl living in your community and having been assessed for severe language problems through Head Start home-visit program needs to receive professional services to get proper diagnosis, treatment and adaptation services and a service plan to help her and the family adapt to the hearing and/or speech impairment and to cope with her communication disability at the earliest time possible.

To continue with this example, only thorough assessment made as soon as possible by medical and specialised professionals, will we know if it is a speech or hearing impairment and which actions we should emphasise first. Regular follow-up and findings should continue in the months and years to come to review the intervention plan and include all types of necessary treatments and services. In this case treatments such as the use of a hearing aid, speech therapy and sign language learning could be appropriate.

Parents, brothers and sisters will also need family support and tutoring and so will educators and medical staff. And needless to say that a service plan to co-ordinate all services she and her family require will become an essential tool to ensure her full social integration and proper communication, be it at home or in the outer world.

Therefore medical and specialised assessments can contribute to identify the causes related to this child's problem and which lead to the impairment. The impairment can be defined and assessed with objectivity. The disability can be observed as a partial or total reduction of capacity to accomplish a normal activity and the handicap is a social disadvantage or barrier the individual faces in his social, school, work, recreational or other form of integration. A handicap results from conditions present in the environment, not in the person.

## A FEW STATISTICS

People with disabilities are everywhere in Quebec society. OPHQ figures estimated in 1997 that persons with disabilities aged over 15 count for 12.7%. These statistics also demonstrate, that within the same age group, 7.2% of Cree persons interviewed self-declare that they have disabilities.

According to Statistics Canada, there are 4.5 million Canadians who have a physical or mental disability. This represents more than 15% of the population. The same data demonstrates that about 7% of children under the age of 15 experience some level of disability. (See annexes I and II.)

However the booklet called "Aboriginal people with disabilities..." reminds us that "the rate and scope of disability in aboriginal communities is more than double that of other Canadian communities." Fact sheets from the National Aboriginal Network on Disability outlined in 1990 that "poor health and poverty among aboriginal people causes higher rates of disability and exacerbates existing disabilities." Through documentary research, I have found that 12% to 30% of aboriginal people have disabilities.

Further more "in tests carried out in reserve communities in northern and southern Ontario, B-C and northern Alberta, 30 to 40 percent of school-age children had hearing impairment resulting from ear disease". The early onset of this middle ear disease is not only a major threat to normal speech and language development, but also to the global development and academic learning process of these children.

And finally according to OPHQ estimations, approximately 8% of youngsters aged from 0 to 14 years old experience disabilities that lead to handicaps. Within the "Regional Head Start Project Proposal" of 1999, 8% of children were identified as handicapped or with special needs. I was also informed that this assessment was done during the 'goose break', which leads me to suspect that these figures could be increased if a greater number of children eventually went through an evaluation process done within a different time frame.

In short, having a global and precise family and individual picture of special needs will help the whole village focus on their specific needs and rights. Integrated services in the Cree communities require the intervention of regional and local authorities in order to control the causes of impairments, minimise their social consequences and encourage full social integration and participation of youth and children with special needs and also support to the families. This can only come through clearly defined management of resources and services.

## B. Early childhood

An area in which I see a lot of progress in your communities is that of meeting the needs of young children and their families. Childcare centres have been set up in the nine communities, and now the Cree Aboriginal Head Start On Reserve Program is well on its way.

But still, are we sure each child with special needs gets the full answer to all his needs or that of his family?

### EARLY INTERVENTION

Through my experience, I have become aware of the difficulties experienced by young children with impairments and their families. They are of various types:

- lack of services;
- lack of service co-ordination;

- problems in service organisation;

- and unfortunately misunderstanding, fear and often prejudice towards the youngster with a difference.

So to meet the needs of these most needy and vulnerable, I strongly believe that an 'early intervention' approach is necessary. This concept includes two broad approaches:

- an educational approach;

- a therapeutic approach.

'Early intervention' is a global term compared to 'early stimulation', 'pre-school education' and other terms like them which describe ways to do 'early intervention'.

The OPHQ suggests that 'early intervention' refers directly to the treatment of all components of the child's life as a whole, including his or her family and environment.

Early intervention begins as soon as a diagnosis or identification of a risk of impairment occurs. It begins from the earliest moment possible after birth and ends when the child begins elementary school.

Early intervention includes:

- screening;

- diagnosis;

- treatment;

- adaptation-rehabilitation;

- family support;

- day care integration;

- and pre-school integration.

Early intervention in an essential tool so that all community resources can play a decisive role in the child's actual and future development and in supporting the family who is coping to adapt to the child's impairment.

Various studies have also proven the importance of the first years of life in the construction of an individual's abilities and personality. If an impairment appears at this stage, families have to adapt and make numerous attempts to obtain services and support.

So again the whole village is convened to raise the impaired and vulnerable child within the most natural and loving environment.

### TYPES OF EARLY INTERVENTION

Needless to say that early intervention is at the crossroads of four main service networks:

- medical and community health;

- adaptation-rehabilitation services;

- day-care (or childcare) services;

- pre-school services.

In some communities, associations of parents of children with disabilities sometimes get involved in the organisation of certain early intervention services.

### SCREENING FOR IMPAIRMENTS AND DEVELOPMENTAL DELAY

Many efforts have been made to screen for visual and hearing impairments in young children when they receive their vaccination in CLSC clinics before entering kindergarten. However screening of impairments and developmental delay amongst the 0 to 4 year old children is not always done systematically and to often there are no formal referral mechanisms to ensure follow-up.

Also early screening is often ineffective because of insufficient:

• time allowed to staff who screen ;

• knowledge of the symptoms of certain impairments;

• adapted tools (for cultural or specific needs) to make the diagnosis.

A big problem concerns the lack of specialised information and awareness on the part of medical and paramedical staff, as well as the general public, concerning the importance of early screening, for this is a key to services that can address the child's and family's needs.

### DIAGNOSIS

It is unfortunate to say, but countless numbers of parents have told me what a traumatic experience it was for them when doctors and/or medical staff announced the diagnosis. In some cases, practitioners need to change their attitude towards disability. And both parents need to be positively informed, reinforced and offered immediate psychosocial support if needed.

We should keep in mind how the bonding with the impaired child and other members of the family is of utmost importance.

### ADAPTATION-REHABILITATION SERVICES

In Quebec, once the impairment or an important developmental delay is detected and the diagnosis announced the child and parents are generally referred to, and then receive, adaptation-rehabilitation services. These are provided by specialised centres based on the impairment of the handicapped child or adult: psychological (mental health problem), intellectual, motor, hearing or visual. In the case of multiple impairment, there is normally one adaptation-rehabilitation service that has the regional mandate to meet the needs of persons with multiple impairments.

There is a lack of specialised staff and services in areas outside urban centres and I understand that this lack of resources also limits access to these services in your own territory. To me, this is a major problem, particularly when it results in families sending their young ones out of home and out of community placements at such an early age.

The types of services generally provided through the adaptation-rehabilitation network are: special education, occupational therapy, speech and physiotherapy, child psychology and child psychiatry, group homes, day care centres and support to socio-professionnal integration. The services for children and youth are now generally provided within the most familiar and community environment such as: at home

intervention, in the childcare centre and also within the school when the local and regional educational authorities agree. As well, parents are often part of the team implementing the intervention plan with the support of specialised educators.

My understanding of your situation is that childcare centres and Head Start program staff now work together to better meet the special needs of children with disabilities and their families. This co-operation is necessary for all these children in the community. It is essential for those children with special needs where the involvement of the parent-educator is vital for implementing the intervention plan.

## C. Children and youth

Although I have emphasised 'early intervention' to pre-school children, I would also like to address certain issues concerning children and adolescents with special needs.

### PRIMARY EDUCATION

Now let's get back to the example of this young girl presenting a hearing impairment. Can you imagine what would happen to her if, during her early childhood, no one had screen-tested and evaluated her, started a medical diagnosis and treatment process, assessed her needs for adaptation-rehabilitation or childcare services and put forward actions to support her family and sibling?

I suspect this child would enter school, at kindergarten or primary level, without having an educational intervention plan and a service plan to co-ordinate the whole services her special needs require. These plans have a direct influence on her placement within the school.

So, too many children who have experienced a development delay or physical/intellectual disability in early childhood are identified only once they have begun school? Does this not add to their potential handicaps?

Another important issue concerns the mechanisms that should be put in place to grant a greater voice to parents in the planning and delivery of services for their child. The Quebec Education Act requires that parents of students with special needs participate in a school board consultation committee on special needs policy and issues. It also requests that an intervention plan for the student with special needs be set up, under the responsibility of the school director and collaboration of concerned staff, to better meet the educational and social needs of the handicapped student within the school. Parents are not always aware of their necessary participation in this process that should be ongoing during all the school years.

In past years, I have often encountered parents who have talked about feeling disempowered when facing school authorities and staff while trying to advocate for their youth's special needs. For example even when not consulted, these parents voice their opinion concerning their severely handicapped child's placement out of the community or when they request that their child receive the necessary support to help with the learning of his school subjects.

It is appropriate that the School Board has determined specific mechanisms for individual service plans when a multidisciplinary evaluation and planning of services is necessary. But, what about the participation of parents of youth with

special needs when it is time to discuss (at least once a year) the intervention plan and placement of the student with special needs?

Past experiences have shown me that a lot needs to be done to encourage teamwork within the school between educational and other professional staff, but also with health, social services and rehabilitation staff. Policy makers should try very hard to build bridges between their own services and also efficient links with other organisations.

Finally, because the school is the place where all children learn and socialise, education of students with special needs must respect the following three fundamental conditions:

- that the student's needs be met

- that priority be given to regular classroom placement;

- and that parent participation be encouraged.

Concerning the priority of placement given to the regular classroom, MÉQ statistics show that, in the Quebec primary schools, this type of placement has considerably grown. In fact the proportion of handicapped students has gone up between 1987 and 1997 from 29% to 42%. This tendency to give priority to regular classroom placement goes across all impairment categories. As of 1997, Quebec primary schools integrate 80% of students with physical disabilities and 30% of those with intellectual disabilities.

### SECONDARY AND POST-SECONDARY EDUCATION

Referring to OPHQ, data we can observe that the higher the grade level of education and the academic curricula, the lower is the rate of integration of students with special needs. Post-secondary education is the fate of only a small minority of students with special needs.

We must also keep in mind that school boards have legal obligation to provide educational services to handicapped students until they are 21 years old. My observation and conclusion concerning that obligation is that not all parents are informed of this possibility. The more severely handicapped students are the ones usually requesting provision of educational services until the age of 21within the high school closest to their home.

To come back to all the different categories of students requiring special educational support at the CSB, it would be interesting to know what efforts are made to assess and re-evaluate each student annually. The purpose of this is to get the appropriate funding from MEQ and to review the intervention plan each year in order to ensure the best placement for the following school year. For example, if, at the secondary level, many students with special needs are channelled to "individual pathways" (cheminement particulier), are there formal follow-up mechanisms to re-evaluate their situation and try to include these students in the mainstream or with the best services to meet their individual needs.

Recent studies demonstrate that trainee apprenticeship in the work place while still at high school is an excellent way to prepare youth with special needs to integrate into jobs later on. In 1997, MÉQ data confirms that at least 57% of students have taken advantage of these possibilities. Unfortunately these youth have only found jobs at the rate of 27.7% after quitting high school.

Vocational training is part of educational services that students aged 16 to 18 (21 if handicapped) should be able to access. Needless to say, very few students actually access this type of training thus seriously impairing their chances of finding a job. There again the MEQ study of 1997 demonstrates that more than 50% of youth with special needs who have found jobs are employed in the industrial sector in non-specialised jobs.

Those who go back to school through adult education want to get their high school diploma or wish to add literacy skills to their background. Unfortunately the survey also demonstrates that a third of special needs students who have dropped out of high school are totally inactive mainly because of more severe disabilities. Such isolation at an early age can be very detrimental to the social contacts, integration and further adult life of these youth.

This information shows the importance of adapting high school curriculum to the needs of these students and to support, through vocational training and in-work apprenticeship, their integration into the local job market. Better access to adult education is still a goal to attain in many communities.

### OTHER AREAS OF INTERVENTION FOR YOUTH WITH SPECIAL NEEDS

While these youth are under educational services, from the time they enter primary school until they reach 16 and 21 years of age, other areas of intervention within your communities need to play a dynamic role to ensure the global health and well being of youngsters with special needs.

I particularly think of youth with special needs who are severely neglected, those who suffer physical or sexual abuse and family violence, those with behavioural problems, developmental delays and those with physical or intellectual disabilities. But I also think of adolescent mothers in Cree communities for whom much more support is needed after birth so as to prevent lack of stimulation and promote such things as promote good nutrition and care of babies. According to the MSSS document,Pour une stratégie de soutien du développement des enfants et des jeunes, 101 of 1000 girls in the 14 to 17 year age group become adolescent mothers.

One area local and regional authorities may want to look into is that of adapted job creation for youth with special needs. Work is clearly a highly valued activity and youth with disabilities can be quite limited in this regard. As a group these persons are still outnumbered two to one in the workplace and, if employed, they often experience job insecurity and are paid on the whole low salaries. Some means to adapt the workplaces have been developed by government programs and could be explored by your leaders. I strongly believe that youth with special needs could be of service in your communities and would develop great self-esteem if employed.

But I also wish to outline the important role other, already existing resources in the local or regional communities can play in the daily lives of these youth.

Beyond health and social services, educational services and childcare services, local governments can contribute a great deal for children with special needs. They can make efforts to design and adapt housing and facilities while building homes with sufficiently large bathrooms and from designs that will permit easy construction of an access ramp or other adaptations. As well, by paving the main access roads to community resources such as the school, church, bank, clinic, recreational

centre and so forth, local governments can benefit all their community members with motor impairments.

Local governments have to get involved in providing adapted transportation to youth and the accompanying family member. They can also help youth with special needs access recreational facilities and activities such as a summer day camp, public library or indoor skating rink. They can elaborate an overall policy to ensure that in all future development, the special needs of youth and their families will be taken into account.

Local governments should take the opportunity to support parent's groups or other community based organisations that are promoting the rights, interests and well-being of children and youth with special needs. Local governments can promote joint initiatives to provide these associations with free access to their facilities and services and to focus public attention on the needs of children and persons with disabilities.

Co-operation between local governments, institutions, services and parents' groups can improve the local integration of services.

## D. Families the caregivers
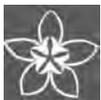
Some of your community services, such as the childcare centres and Head Start Programs, are clearly oriented not only towards youth with special needs but also towards their parents. Let me outline the major issues concerning the need of families who are the caregivers to be supported.

In an ideal world, families should be able to provide their children with special needs all the opportunities to grow in a safe and nurturing environment. But most parents claim they are isolated and have to assume greater responsibility than others. They need to invest more time energy, and sometimes money, in order to offer equal chances to their youth with special needs to integrate socially and fully develop their potential.

### THEIR SITUATIONS AND NEEDS

Most families undergo a state of shock and a great deal of stress when, finally, a diagnosis or evaluation of their child's problem has been made. A that very moment, the couple or single parent may, for the first time, sense that they will have to face isolation and dependence towards other family members and the community.

Later on they easily become exhausted, and lose a sense of empowerment because of the long term care they have to provide to their child, especially when this child is severely disabled. Will we care for her/him until death? Who will care for our child once we have passed away? These are the questions they often ask. Family mental and physical health can be seriously impaired if they are not supported.

So the main needs of families identified in different documents refer to a need to have:
- the proper announcement of the diagnosis;
- relevant information concerning the child's impairment and the consequences this will have on his or her development;

- fast and efficient referrals to professional and community based resources;

- recognition of their competency;

- psychosocial support available to parents, siblings and families at each life crisis situation, beginning immediately after the announcement of the diagnosis;

- information on programs, services and measures that provide financial or technical support to families with handicapped children;

- assistance in parental roles, such as housekeeping to compensate for time spent responding to the needs of the child;

- good quality respite resources;

- emergency resources to respond to crisis situations;

- support to get organised with peers, such as in parent's groups;

- services delivered by people of the community particularly at the direct level;

- and finally, participation in planning and developing the intervention plans for their child /youth for each service. (see annex III)

Parents often say that it is a constant battle to get a fast response to their desperate cries for help and good quality public services. Bureaucracy and 'ping-pong' responses from service providers often discourage them. And yet families want to be involved.

CONSIDERING THE FAMILY IN SPECIAL NEEDS ORIENTED POLICIES

When making policies in this specific field, one should always aim to help families take their particular responsibilities while continuing their normal social and economic life. Thus policy makers have to compensate for the supplementary costs, social or financial, regarding the special needs of the child and family.

On a universal basis, all families, should be able to access means to:

1. Adjust to their new reality and adapt to the needs of the impaired child through:

   - comprehensive and positive information;

   - appropriate referrals to resources that provide services and support;

   - assistance and accompaniment in supporting the youth with special needs.

2. Live their normal every-day life and other socio-economic roles with the provision of:
   - community childcare services;

   - home-care services;

   - babysitter or youth sitter services;

   - respite services within the community ;

   - the necessary equipment, supplies and home adaptations;

   - financial support to access these services.

**3.** Benefit respite and emergency drop-in services such as:

- sitters for their child;

- respite homes in the community;

- foster families in the community;

- etc.

**4.** Receive parental assistance.

As an Australian article on "Aboriginal people with disabilities" pointed out that what is important is the connection people feel for each other and that can only occur "when there is an element of equality between people and the possibility of reciprocity… those who are connected will be treated with consideration and empathy".

## E. Pathways to solutions

Many areas concerning children and youth with special needs and their families have been previously described. And so in order to integrate services in the best interest of the particular needs of this group, many pathways to solutions can be explored by whomever is concerned in the decision and policy making process in the Cree first nations.

Previous to exploring these pathways I suggest to look at some preliminary conditions summarised here and suggested in different documents reviewed. (Annex IV)

### 1) List of suggestions

Here are a few suggestions to complement Annex V.

**1.** Concerning young children

- Develop programs that will promote all dimensions of early intervention.

- Support systematic screening of children at risk or coping with developmental delay or impairments.

- Develop efficient mechanisms of referral between services because of the importance of responding rapidly to the needs of the youngest

- Support at home services such as Head Start and ensure its perpetuity.

**2.** Concerning youth with special needs (see annex V)

**3.** Concerning families (see annex V)

**4.** General to all

- Provision of specialised professionals in the medical, adaptation-rehabilitation and specialised education fields.

- Use of the individual service plan as a major tool to co-ordinate service provision and collaboration between service providers and as an essential link between all the intervention plans developed by service providers in different areas.

- Elaboration and implementation of a regional plan concerning 'adaptation-rehabilitation services' addressing the needs of persons with different types of disabilities and their families in order to ensure that necessary government funding is allocated.

- Ensure more accessible roads and public buildings for the physically handicapped.

- Make recreational and transportation services available.

- Organise joint committees between CSB and CBHSSJB to implement better services regionally and locally to meet special needs.

- Develop respite resources of different types in all communities.

- Make available home care services to support families.

## F. Conclusion

A word on vital and ethical issues such as: empowerment, poverty, violence and confidentiality.

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**CLASSIFICATION OF DISABILITIES**
(A summary of different classification systems)

**Physical:** includes

• motor disabilities

• visual impairments

• hearing impairments

• speech and language impairments

• organic impairments, if the pathology causes disabilities, ex. : kidney failure which requires hemodialysis

• disfiguring impairments

**Multiple:**

• two or more impairments associated, ex. : physical and intellectual impairments

• combined

**Intellectual :**

• impairment of the intelligence, memory and conceptualisation of ideas

**Mental health problems:**

• disability of the psyche including functions such as consciousness, perception, attention, emotional, will and behaviour

**Developmental:**

• such as developmental delay

**Learning:**

• frequent and persistent difficulties with such areas as attention, reasoning, listening, academic, organising or social skills

**Note 1:** The two last categories are outlined in "Aboriginal people with disabilities..." Other categories refer to World Health Organisation and OPHQ compilations.

**Note 2:** Such a classification system may be very useful to social and personal well being for these persons with disabilities, and can also prevent discriminatory treatment but they must be applied with great precaution, so as to safeguard the rights and well being of those being classified.

We must be careful that the children or youth concerned do not experience effects of stigma associated with these disabilities.

**CATEGORIES OF IMPAIRMENTS**

Source: World Health Organisation (compiled by the OPGQ)

| Categories | Subcategories |
|---|---|
| 1. **Intellectual** | • Impairment of intelligence<br>• Impairment of memory<br>• Impairment of thinking |
| 2. **Other psychological** | • Impairment of consciousness and wakefulness<br>• Impairment of perception and attention<br>• Impairment of emotive and volitional<br>• Functions behaviour pattern impairments |
| 3. **Language and speech** | |
| 4. **Aural** (hearing) | • Impairment of auditory sensitivity<br>• Other auditory or aural impairments |
| 5. **Ocular** | • Impairment of visual acuity<br>• Other visual and ocular impairments |
| 6. **Visceral** | |
| 7. **Skeletal** | • Impairment of head region<br>• Mechanical and motor impairments of limbs<br>• Deficiencies of limbs (amputations) |
| 8. **Disfiguring** | |
| 9. **General functional, sensory and multiple** | |

ANNEX III:    SERVICE PLANS

When more than one type of intervention is needed, intervention plans are designed and their implementation is co-ordinated through the service plan.

### • Diagnosis and treatment

To obtain a diagnosis and undergo treatment aimed at eliminating disabilities or alleviating them if possible.

### • Adaptation and rehabilitation

To develop the physical or intellectual abilities or autonomy of persons with disabilities.

### • Residential resources

To make the appropriate resources available to persons with disabilities and enable them to live in a daily environment specifically adapted to their needs.

### • Home maintenance

To enable persons with disabilities to continue to live in a regular home setting.

### • Transportation

To enable persons with disabilities to travel from place to place as autonomously as possible.

### • Communications

To enable persons with disabilities to have access to the same means of communication as the general population and communicate with the persons with whom they come in contact.

### • Day-care (or childcare) services

To enable children with disabilities to develop within and to be part of a day-care setting that meets their needs.

### • Educational services

To enable persons with disabilities to fully develop their potential, be integrated in the school environment, and acquire adequate vocational training.

### • Jobs

To enable persons with disabilities to acquire, assume and maintain vocational responsibilities and be integrated into a work environment.

### • Leisure and culture

To enable persons with disabilities to take advantage of the leisure activities of their choice and to participate in the cultural life of their environment.

### • Personal assistance

To enable persons with disabilities to fully experience and enjoy all of life's phases, have the required support in the defence of their rights, and, where applicable, have their interests protected.

### • Family assistance (or support)

To enable families to live as normally as possible and assume the additional responsibilities and tasks resulting from the impairments and disabilities of the people concerned.

Source: OPHQ

ANNEX IV: **PRECONDITIONS NECESSARY FOR INTEGRATING SERVICES FOR YOUTH WITH SPECIAL NEEDS**

1.  Firm belief in the youth as a whole and equal person.

2.  Respect, recognition and support relating to the family and it's choices concerning this youth (so long as the family network achieves health security and integrity).

3.  Treating families as equal partners.

4.  Full assessment of the needs of the youth and families.

5.  Person and family oriented intervention plans in each area necessary to ensure full development of the individual's potential and systematically designed and implemented.

6.  Service plans always done in collaboration with the parents or closest family members.

7.  Multidisciplinary and multi-network approach to avoid working in an isolated way.

8.  Services offered in and for members of local communities. Closest to the natural living environment.

9.  Taking into account the Cree culture.

10. Channelling of all parents and families who are in need to one resource (ex. CLSC).

11. Wanting to learn more about special needs and special education issues to better secure the local and regional provision of services.

1. **The child or youth**
   - Systematic screening at different moments of early childhood (more intensive), childhood and adolescence.
   - Childcare, educational (until 16 to 21), vocational and adult education services working in close connection to meet the needs.
   - Intervention plans in each area of need.
   - Service plan in collaboration with other service providers in areas where needs have been assessed in the presence of youth/parents; written agreement; way to pinpoint gaps.

2. **The parents and family**
   - Variety of respite, foster families, in home child sitter resources for planned and emergency needs.
   - Home care services to compensate added time and energy spent to meet the needs of their child.
   - Parent's group which ensure that 'crucial connection' and diminish isolation.
   - Involvement in decision and policy making.

**The resource persons**
   - Will and skills to team work in the organisation and with other services.
   - Support network between resource persons (in and out of org.).
   - Approach that empowers the youth and families with special needs.
   - Special needs/education training.

**The local organisations**
   - Collaboration committees with the resources in the community.
   - Revaluation and creation of programs to ensure better and larger scale of activities in communities.
   - Public, technical and financial support to local parents group.
   - Building team projects with other community services.
   - Support to their service providers who carry out team work.

**The regional organisations**
   - Support to parent groups regionally.
   - Protocol and policy making with other regional or external agents.
   - Joint support supervision and training of staff.
   - Common knowledge and tools to screen problems and assess the needs.
   - Ethical concern, an ethical approach and an ethnically-aware team for developing common ground values, goals and ideals and to address delicate issues such as confidentiality.

**In general and long term**
   - Elaboration and implementation of a regional plan for adaptation-rehabilitation services addressing needs of population with impairments and disabilities.

**4.2.4** Response to Lorraine Leduc by Elder **Robbie Matthew** from Chisasibi

What I have to say, I will say in Cree. I was impressed and moved by yesterday's presentation given on children with special needs by one of our special guests. What I have to say relates to her presentation on the challenges facing children with special needs. In her presentation she touched an area where Eeyou had this knowledge and teachings long before health and social services were available. I am saying this in Cree because it is a Cree teaching.

There are four teachings. Before health and social services were available, all this was already there to help the Eeyou to survive and all the Eeyou needed came from the land and water. If you still have grandparents, I advise you to find out more from them.

The first teaching is this. You are all aware of what happens when couples who are closely related marry and have children. This is the first teaching. A man was discouraged from marrying a woman from the same family as his mother and father. Down south, I believe that is called the clan system. Eeyou knew a long time ago what happens when a related couple marries. This is the first teaching. You won't believe me especially if you have not heard this teaching before and besides there is probably no research done on this. If there is no research to back me up, then no one will believe me.

The second teaching is a person stayed well and healthy when they assumed full responsibility of themselves to stay well. There was no disease then. Everything the person needed to care for his/her health was available from the land. We had everything that we needed as Eeyou. All those things that are pure were created for us and this we do not understand anymore. If we are not well, it is our fault. I know that there will be someone here who won't believe what I have to say. It was also said that in marital conflicts, it is the children who will feel the traumas first. It is not the couple. The children will suffer and this is true for I have seen this with my own eyes and this teaching was there for generations but we disregard it.

The other teaching came from my mother. I was the youngest in the family. When she knew she was carrying a new life, she never used medications during pregnancy and this goes back for generations as well. This is something I want people to really think about especially those who are still of child bearing age. Women were healthy in those days. Why? They followed advice from Eeyou teachings. Today, as soon as a young woman knows that she is bearing life, she uses medications right away.

My mother's teachings were based on her experience of delivering many children in her time and I used to go with her whenever she was called. Because I was the youngest, she never left me behind. This is where I learned all this. To day, some of the children she delivered are still alive. I cannot help but feel sentimental when I see those who have been delivered by my mother. There was no doctor then.

Think about this, all of you who are still of child bearing age. The unborn child takes in the same food and medicine that the mother consumes during her pregnancy. This is my mother's teaching. Of course, she did not mention medicines. I have a lot of my mother's teachings. Sometimes, in the teaching I have acquired, I sound like a woman talking because it was my mother who taught me what I know.

Think seriously about all of this. As I said before, what the mother consumes is what the unborn child takes in. Early use of medication makes the child's body want that (dependence). The child's body will only respond to that medication and Eeyou medicine will no longer work. This is what I wanted to remind you. I know that you know. Most of us do not want to follow the traditional teachings.

When I hear that a child has been born out of wedlock, I feel saddened. This goes against one of the other traditional teachings. Before even a child was born, an elder could predict the sex of a child long before the baby is born. No ultra sound was required. Sometimes, they could tell by the kind of work that the mother enjoyed doing during her pregnancy. These teachings are not being used to day and it makes me sad when I see these teachings disappear. Chishemantuu gave us these teachings so that we would understand life and have what it takes to maintain our well being. It is our children who will suffer the loss of these teachings. But why is that we let these teachings go?

I will give you an example of how we have a preference to use of what does not come from the land even if it cost us a lot of money. You all use pampers. Last spring, my twin grandchildren ran out of these pampers while we were out at our spring camp. We were not concerned; I just went and got some moss.

But that is different for a lot of you. You won't use this. This is free and pure. Who created this? What you are using is made in a factory. You see how this is. We prefer to let others do things for us rather than work for what we have. To day, the woman does not even want to consider the use of moss. And yet this is pure and natural and there is plenty of this and it is free. Instead you go to the store to buy pampers.

The elders know about this. Chishemantuu created us as pure human beings and all that he gave us for our use is also pure. It is our responsibility to maintain our well being and to use what has been given to us. Each time I prepare to leave my camp, I burn all the garbage around. I don't know how many of you know this. When you burn pampers, the smoke that comes from burning them is pitch black. Now doesn't this make you wonder what those pampers are made of? And this is what you prefer.

We prefer and believe in material things as opposed to what is pure and natural. How can we then say that we want to know about our past in order to understand ourselves better when we cast aside all these teachings. I tell you that it is with a lot of regret that I suspect that there is not one single Eeyou woman who lives and practices these teachings. We have lost a lot already.

Again, I want to emphasise this to you. Whatever the woman consumes today, whether it may be alcohol or drugs, that is exactly what the unborn child consumes. How can she then expect to have a healthy child when she is already doing the damage? Think about this especially you women who still have the gift to have children. All life comes from the Creator. We honour women because they bring life.

The last thing I want to say is this. This comes from the Bible. There are ten teachings. One of these was not given to us or was given to us in a different way. This teaching says: thou shall not covet thy brother's oxen. When you think of this teaching, it was given to a different race of people. The Creator gave them animals they can herd and this is how they acquired riches.

For us the Creator granted what we needed to survive differently. We were not meant to grow what we needed. We were meant to wander on the land to survive. How can we then deny that we are different for this is what was granted to us? The Creator did not give us wine to drink. He gave us water. Our lives are different and we have different ways of understanding life. When you speak for your people to those in authority, you should not use the non-native way of thinking. Use the Eeyou way of thinking. This way you will be better understood.

I advise all the young women sitting here to go home and find out more of these teachings because you won't find this in research. Go home and find out from there. These are good teachings and I believe in them.

In closing, I have one more example I want to share with you. It is about the medication you get from the store or drug store. You will see the warning written on all medication: it says, "keep out of reach of children. It can seriously harm a child". That is what it says. Traditional medicine is not like that. I have never heard this kind of medicine posing harm to a child. It is medicine for all. Traditional medicine does not expire either. It never expires. That is how pure it is and yet we reject it. Traditional medicine gets renewed annually. This is all I wanted to say. Thank you.

**4.2.5** PRESENTATION BY **BRENDA SIMPSON**: **INTEGRATING SERVICES IN SCHOOLS**
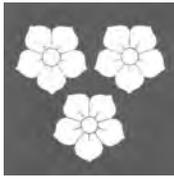
Wachiya!

I found this note of welcome on the Internet and it reflects the atmosphere of welcome I have experienced since my arrival.

INTRODUCTION

I was born in North Bay, Ontario and am an Ojibwa of Nipissing First Nation. I attended Sheridan College in Oakville for an Early Childhood Education Certificate, moved to White River, the "Coldest Spot in Canada", and then came to Montreal where I completed my Bachelor's and Master's Degrees in Education at McGill University.

Basically, I come to you as an educator, a teacher and an advocate of integrating services for the benefit of children, youth and families. I have no special expertise in collaborative activities other than that which I have gained through my experience.

Seen through the lens of the individual, every event is integrative and collaborative. In education I am always conscious of the need to integrate the various aspects of our lives into the classroom. And to integrate the community into the classroom and vice versa. Our first collaborative experiences may be in early childhood education, where as parents we maintain our role, interacting with the school system.

This is integration of services in its most basic form. At the level we are here to discuss this week, integration of services may focus on the organisations we create at the systemic level: the health services, education services, social services, youth sector services and so on. I invite you to keep in mind the children, the youth and the family. We sometimes refer to them as clients or cases, but they are we.

This becomes much clearer in a small community. I will read you a story, one that you have probably heard before in another form. It is called *It Takes a Village* by Jane Cowen-Fletcher.

> "One often hears the African proverb that it takes a whole village to raise a child. On a PBS television special on youth violence, host Bill Moyers suggested that the proverb really means that by involving as many caring adults as possible in the lives of children, we can better ensure that their needs will be met." (Caledon Institute of Social Policy, Steinhauer, 1996)

When I looked up the word "integrate" in the dictionary I found these words: integrate, accommodate, assimilate, blend, coalesce, combine, fuse, harmonise, join, knit, merge, mesh, unite. These are words that can inspire us in our efforts to integrate the variety of services in our communities.

I would like to share with you some experiences that were helpful to me in forming my view of the collaborative process. Currently, I am participating in the *Special Education Pilot Project of the First Nation Education Council*. One of the observations I have made in my visits to the communities, is how the needs of a child in difficulty are best met through the interaction of various agencies or services.

The school cannot fulfil those needs alone. Parental involvement is necessary and health services are often required. We need the co-operation of teachers, psychologists, speech therapists and those who can assist children who are physically challenged. The expertise of other agencies can also provide curriculum resources and classroom support. For example in the area of cultural renewal, elders and community environmental services can assist schools.

This form of collaboration is seen as so vital that the *FNEC Special Education Policy Manual* in draft form has as *Policy Statement 9*:

> The community will develop guidelines and procedures to insure interagency co-operation.

In one summer of intern research with the Native Mental Health Research Team, I was introduced to the idea of prevention and promotion in health issues. In looking again at suicide prevention, in *Suicide Prevention and Mental Health Promotion in First Nation and Inuit Communities* (1999), we come to the conclusion that prevention is best served through the promotion of good health. It becomes everyone's concern because it belongs to not one domain or system but to many. The steps for setting up a successful school-based awareness program include: "develop and maintain linkages with the community mental health system."

Guidelines for effective suicide prevention first suggested that, "Suicide prevention should be the responsibility of the entire community, requiring community support and solidarity among family, religious, political or other groups. Given the importance of community, there is a need for close collaboration between health and education services. The bureaucratic structures that have evolved in government and urban services are fragmented and sometimes competitive. This can have disastrous effects in Native communities." (p. 21)

The fourth guideline stated that, "Programs that are long-term in focus should be developed along with "crisis" responses. A comprehensive approach to the problem of suicide should be integrated within larger programs of health promotion, family life education, community and cultural development, and political empowerment." (p. 21)

This is something I understood in curriculum studies - that the artificial boundaries of the subject matter might help us to understand that subject but the boundaries may also cloud our view of the whole picture.

One particular area of interest that summer was *Miyupimaatisiiuwin*, the *Wellness Curriculum*, which Dr Robinson, of the Public Health Module Cree Region, can tell you about in more detail. My purpose in bringing it up is to illustrate the integration of services required to produce the curriculum, but also to test it and try it out. You may have an opportunity to look at it during one of our workshops and decide for yourself if the kind of integration of services we are discussing here will make it possible to put the curriculum to use.

Sparrow Lake Alliance, which was founded by Dr Paul Steinhauer, of the Hospital for Sick Children, Toronto, formed an Education Task Force that produced *Interagency Collaboration, Guidelines for Schools*. You will find this handbook in your welcome package (see Appendix I).

> *"The purpose of this handbook is to enable school personnel to initiate and assist in the process of interagency collaboration. The various agencies, along with the school and community, would provide services in a responsive, preventative and personal manner for the benefit of all children. "*
> (Sparrow Lake Alliance, Purpose, 1994)

It is divided into two parts, Part A describes *Interagency Collaboration*, giving us some background information, including Children at Risk, a rationale for interagency collaboration, issues of concern with the process, how the process benefits students, some definitions for psychological supports and the advantages of using such an approach.

Part B describes a *School Action Plan* and includes how to develop the plan, getting started, and some final considerations for interagency collaboration and the school plan.

In the section titled, *Getting Started*, the final recommendation remains:

> *Above all, GET STARTED. All too often projects flounder from too much discussion and not enough action. Once your most important planning, time lines, and role responsibilities have been delineated, then begin...one small step at a time.*
> (Sparrow Lake Alliance, Interagency Collaboration, 1994)

Let us then begin one small step at a time.

**4.2.6** Integrating Youth Services in Quebec: The Leadership of CLSC Centre-de-la-Mauricie: Synthesis document: presentation of **Guy Poudrier** and **Jean-Claude Dargis**

Editors' Forward:

This chapter is the introduction to a longer document that compiles and synthesises a group of French language working documents developed by teams working in youth services in the Shawinigan area of Quebec. The documents were developed for various purposes – presentations to groups, guidelines for committees working in an integrated manner, working texts within service areas – and appeared in different styles: acetates for overhead projection, tables that present complex information in comparative outline, notes used for presentations and as handouts, and so forth. They had been developed chronologically with the first document generating the second, the second generating the third and so forth. For the report of which this is the introduction, these documents have been translated and synthesized into one text.

## A.  Introduction

### Focus and definition

Integrated services are defined by a partnership of several organisations working together in a complementary fashion to achieve common objectives. This entails complimentary practices and co-ordination of services within a global, as opposed to a fragmented, approach.

Integrated services are required when issues are complex. Such an approach increases the client's chances of improving his/her health and well-being by avoiding "client fragmentation" among various services and service providers, and ensuring both continuity between services and a better overall understanding of the boundaries and levels of preventive and curative services. Co-operation between practitioners helps overcome limitations that hamper the individual abilities of both clients and service providers. Such co-operation arises when organisations and practitioners are able to adopt and work towards a common vision, common goals, and agreed-upon practices.

Not all youth services need to be addressed in an integrated manner. The experience in Shawinigan shows that 20% of curative cases require an integrated approach, while the remaining 80% can continue to be dealt with by a single service. In preventive services, the exact break-down between cases that need an integrated approach as opposed to a single service intervention is not so clearly defined.

### Thinking about 'integrated services'

Saying that services need to become 'integrated' is a popular solution bandied about in discussions of problems with services or the need to improve them. Mention of the need or usefulness of integration can be found in most public policy documents on services at all levels of government from UNESCO to the local level. What is not so obvious are guidelines and working instructions describing the actual stages, steps and essential criteria for turning single-service agencies into one's that also are able to work collaboratively between departments (intra-integration) and with other agencies (inter-organisational integration).

The editors have taken some trouble to synthesise the documents developed in the Shawinigan region of Quebec because they are a regional example that provides this missing and very practical link between the rhetoric of talking about integration and its actual application in practice.

The focus on integration is based on several underlying assumptions. The obvious ones are that services should be adapted to the needs of the client and that some clients have needs that are not neatly circumscribed by the services provided by one agency or one service area of one

agency. There is also a third, and less obvious, assumption: that although the structure of organisations may be experienced as stable, enduring and even ossified, beneficial organisational improvements will result when groups of individuals, at both the management and service delivery levels, are committed to change and are willing to engage in a conscious process of development and planning.

### Background on why the focus developed in Centre-de-la-Mauricie

In the early 1990s, people working in various services for youth that are affiliated with the CLSC Centre-de-la-Mauricie in Shawinigan began a series of progressive steps that led them to develop methods and practices for crossing the boundaries separating services. Once these collaborative practices became established, the youth services in this region began to routinely use an integrated services approach for about twenty percent of their cases while the remaining eighty percent continued to be handled by a discrete service.

The events in the Shawinigan area were the regional response to a provincial-wide discussion on how to improve the situation of children and youth with social problems. In 1990, the Quebec Minister of Health and Social Services, Marc-Yvan Côté, commissed a working group to report on approaches to prevent the development of social problems among youth. The report of this working group, *Un Québec fou de ses enfants : rapport du groupe de travail pour les jeunes* appeared at the end of 1991 and summarised not only studies but wide-ranging consultations and regional discussions about priorities, approaches and practices.

In the Shawinigan area in 1991, social service workers dealing with youth had participated in two workshops: one organised by the youth psychiatry department on youth problems and the second addressing the specific issue of youth who drop out of school. These were followed in 1992 by a conference with Camil Bouchard, the president of the working group and primary author of the report from the youth working group. This conference served as the catalyst to bring together managers and service providers from the CLSC, Youth Protection and the Centre Roland-Bertrand into a new integrated services team.

The team began with a management committee on integrating services for young children up to the age of five years. This management committee included service managers from four sectors: community agencies, rehabilitation services, health services and social services.

During 1992 and 1993, this management committee authorised the development of an integrated service providers team that would work together across jurisdictional and sectoral boundaries for young children. The team was composed of "visiting mothers", psychoeducators, nurses, and social (professional) and community (paraprofessional) workers.

At monthly meetings with the managers, the team worked out the basis for this new approach by examining and coming to agreement on questions concerning:
- services, roles, and professionalism
- recognition of each other's competencies
- functional rules or mechanisms for cooperating together
- experiments in providing integrated services.

In 1993, the development of this new practice was helped by a workshop called "One step towards a common vision". This was followed in 1996, with a workshop on alternative solutions to withdrawing children from their families, and the following year, a workshop on orientations towards integrated services. In 1998, the working groups developed guidelines for the practice of integrated services and the next year the entire approach was validated through a self-assessment process based on these guidelines.

During the seven years that these practices were being developed, the integrated services teams developed the basis for formal protocols on how services would work together in specific service areas or for specific issues:

- program to help team decision-making
- protocol promoting sociability in kindergarten: CLSC, Youth Protection, two school boards
- protocol to give parents breathing-time: CLSC, Youth Protection, family daycare centre
- protocol on sexual abuse: CLSC, Youth Protection, Centre Roland-Bertrand
- protocol on hyperactivity and attention deficit disorder: CLSC, Youth Protection, two local school boards, children's psychiatry
- program on children's development: CLSC, Youth Protection, Centre Roland-Bertrand.

In the Shawinigan area of Quebec, integrated services is a dynamic process within and between all the key agencies and organisations responsible for services to children and youth. This process is consciously discursive and self-reflective at each stage and it is cumulative, as each step builds upon the previous ones.

### ORGANISATION OF THE PRINCIPAL REPORT

The full text of this report is printed under separate cover because we hope it will be read as a working document for people who want to begin to integrate youth services.

The report merges a number of separate documents from the Centre-de-la-Mauricie that define, describe and set out processes and procedures involved with working in an integrated fashion in youth services. Developed as working documents by the people who were implementing integrated services and standardizing the processes involved, these materials were developed as sequential, technical documents to explain and also help to clarify the organisational innovations involved in integrating services for some youth .

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Appendices

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Chapters 3 and 4 set out an overview of integrated services, while Chapters 5, 6,7 and 8 were developed in the context of the actual implementation of an integrated service plan in the Centre-de-la-Mauricie. Chronologically, Chapters 3 and 4 were developed first in order to define this new and evolving practice and Chapters 5, 6, 7 and 8 were developed later in order to describe how to go about organising services in this manner.

Chapter 2 which lists definitions of terms used in integrated youth services in the Centre-de-la-Mauricie, originally followed the organisational table in Chapter 5. It was moved to Chapter 2 in order to make this report more user-friendly, especially for readers new to this way of thinking about how to organise co-operation and collaboration among service providers.

The annexes were developed at various times, as working documents for the evolving practice of integrating youth services.

## 4.3 Presentations by the entities

This chapter includes the main presentations made by officials representing the entities. These happened on Tuesday afternoon and also as part of the panel discussions on Thursday. Below, the principal discussions from these two sessions are put together as one report from each entity.

### 4.3.1 PRESENTATION OF THE CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

### A. Presentation from the Board and Administration

**Bertie Wapachee**, Chair of the Cree Board of Health and Social Services of James Bay.

As Chairman of the Cree Health Board and from a personal perspective I want to thank the organisers for doing a wonderful job. Before we continue with the workshops and on behalf of the CHB I want to briefly inform everybody what the Cree Health Board is and has been working in the past year. I do not want the workshops to start over what the Cree Health Board has already begun and done this far and to also let everyone know what we are doing. My name is Bertie Wapachee; I am the community representative of Nemaska and have been recently re-elected as Chairman of the Board.

As you already know, talking about integrating services is a new trend not only within the First Nations but also probably in the rest of the world. It is a wonderful feeling to know that it is happening here in the Cree nation. In the past I have seen a lot happening in looking at finding ways how to work together as a team. As you know there is a tendency for people to remain in their own corners. It is common to tell people that it is not their responsibility. We tend to forget that we are serving the same people and for the same thing. As organisations, entities, and communities working for children, we basically have a similar or same vision that is to find ways to better our people, our children and everybody that is a part of this nation or living in the territory. It is important that we continue to work in that manner. The Cree Health Board and Cree School Board have just started a process of working together. Whether it is for regular students or special needs children, all these different types of services are required within this nation and there is not that much of a choice now but to work together. And behalf of the Cree Health Board I do believe it is the direction we are going and I am very happy to see that happen now. The Cree Health Board is pretty much open to work with anybody. We realise that we are working for the same causes and same people.

One quick example of my community when they started a process of working as team is when I was working as a youth protection worker. I remembered feeling alone and isolated and until we set up a wellness team to pull resources together. It was interesting to see everyone standing in front of the Chief and being sworn in to an oath of confidentiality and from there things seem to work better and workers were less stressed. Sometimes as people we tend to be stubborn and then to think that we are the best people to work for the people and in the end when you take a close look at it we work for the same people. I want to mention that about 3 years ago, the Cree School Board and Cree Health Board started thinking that there should be a way to work together for the wellbeing of the children.

In 1998, there was a regional consultation that came about to review the Cree School Board and Cree Health Board protocol. Since that time we have been working

on implementing the recommendations made from that review. So far to this day, we have been able to get the Executive Director of the Cree Health Board and Director General of the Cree School Board to sign an agreement on how we are going to work together. Committees were set up with specific task. This is a trend that all of us are getting involved in. Another example is how the Cree Health Board came about to sponsor this conference. Last December 1999, there was a joint meeting between the Cree School Board and Cree Health Board whereby a presentation was made on the Eeyou Awash kaye Uschiinichow Aptisiwin, a research project to assess the quality of services to children and youth. This project was well received by both entities and that is the reason why you here today. I am very happy to see all of you here.

I also want you to be aware that the Cree Health Board is restructuring/reorganising/remodelling some of the services and programs we have now. From here on we will find different ways like we do now of the different ways on how we can work together with the communities as well as with the different entities. This needs to happen and we have to find a way to deal with our own issues and with the help of everyone we can work together.

I guess we all can say that this workshop is something that should have happened a long time ago. But for all of us it takes time to wake ourselves up to what we should be doing.

The attitudes of being separate entities, where there are no partnerships or any type of relationships, has been the pattern. Now there is a lot of talk about entities getting together. All entities know that a lot of things need to change.

In our case, the Health Board, people had a chance to talk about our services and programs we have to offer at a conference held a few years ago. Through a mission statement, this conference gave a direction to the Health Board. What is in the mission statement, as you will notice, is mostly in all Cree mission statements.

In our part as a Health Board, we have many professionals in our area and many departments that have to answers to those areas, we have so much to deal with as an organisation but the people who have been in charge of our organisation have managed to bring the organisation where we are today. The mission statement is being used as our guiding light towards our own restructuring. Overall, I want to say that we are all part of nation building. I am doing like everyone – I am learning. Thank you.

**James Bobbish**, Executive Director, Cree Board of Health and Social Services of James Bay

I would like to thank the people who have attended this workshop. Also by having listened this morning to all the different points raised by the different communities, we do have common issues, we do have common wishes as to how we wish to deal with those issues and I think that is what is holding us together as a nation.

Working in this particular job, I have heard from many workers. I totally agree with them on the hardships they meet in day to day work especially the workers in the front line. Sometimes they need to turn somewhere to get some support for the work they do. There are many days myself that I feel quite sad because of the situation.

There are conflicts as a community member and as a Health Board employee and knowing that the organisation I work with and its system itself is not consistent with the nature of the people that we wish to serve. There is a lot of personal conflict I believe among different workers and this is related to what they are required to do and the nature of services the people require.

We have called upon the Cree leadership to help us with our talks with the government of Quebec. This is a way of stating that Health and Social Services is not primarily a Cree Health Board issue but an issue for the Nation as a whole. This is something that affects us on a day-to-day basis. Everybody that is in this room, whether you are Cree or not, I think your health and well being is something you think about on a daily basis.

I just want to comment on something that has been brought up about the hiring of expertise within our various entities and various communities. There are many entities within a community and so many entities at the regional level and they have all sorts of consultants and expertise coming in and out.

I tend to think that expertise is an issue by itself: how we apply that expertise. It is so very dependent on the mission or vision that particular entity has to work with. Now we have Cree that are trained as professionals and we have many that are acting as experts and consultants and we wish that their expertise were being applied in a meaningful way.

Also the nature of the business itself as health and social services: it is an every day concern. With our workers we have been unfortunate in being unable to match other Cree entities in respect to special holidays, cultural days and even summer hours. Every time we think about shifting our employees, we have to replace them because we are required to provide services 24 hours, seven days a week, year round. We have logistical problems there.

One of the conflicts we have right now has to do with the question about the laws: Youth Protection Law, Health and Social Services Law, laws concerning public health departments. It is a matter of self-government how we adapt these and modify these laws to answer to our own needs as opposed to contorting ourselves to the situation that is already there.

We are studying our models of services, more specifically in the social area. We feel that a lot of the problems we have in the communities and in the schools, even medical problems, that most of them stem from social situations. How we serve as models in our type of work is very important.

We have also initiated meetings with other native groups that have developed their own social policy and we are studying that at the moment and we are getting our staff involved in how they actually manage to do that. And also the assessment of all our departments with respect to reorganising ourselves in the discussions with the Ministry and also to accommodate the changes that will be coming. It hasn't been because of a lack of effort on everybody's part; I think that, as Bertie has mentioned, it seems to be the time within the history of our own evolution that these issues are coming out.

◆ Resolving issues of residential school that is still very close to us and a lot
◆ of us are still carrying a lot of baggage from that era and those things have been
◆ transferred on to our children and that is part of the dysfunction we have in the
◆ communities.

We also need to develop the human resource capacity of our organisation. At this time, the Cree Health Board is close to 70% Cree personnel within the organisation. We are still lacking in the more critical professional expertise area of our organisation. We will need to call upon the Cree School Board to make sure that the appropriate programs are in the schools that will help to develop expertise in math and sciences. This is primarily the nature of our organisation. These are some comments I wanted to make given the time limit.

## B. Review of Youth Services

A special working group with the Health Board prepared the review of youth services. (See list at end of this section). Members of the working group represented the different departments within the organisation responsible for the delivery of services to children and youth.

At the Workshop, **Abraham Bearskin**, an Information Officer with the Health Board, summarised the review within the context of traditional teachings. Abraham thanked everyone at the workshop and acknowledged the presence and importance of the youth at the event. He asked the delegates to reflect on what the elder had said: that we have one creator we can rely on for everything and to remember that it is because of life's challenges that we are here.



The cycle of life connects and we are, in fact, connected to everything. The Elders and our ancestors told what they know about the world in which we live from the ancient times. These original instructors are our guides to tell us what is coming.

We store what they told us to remember, and then we live and see if it is true or not true. So far everything is all true.

The East represents the coming of new life, each new day. We are told this is where all life begins, all creation connects and inter-connects with the cycle of creation.

The South represents trust, innocence and new growth. Warm winds, warm sunny days bring forth-new restoration.

The West teaches the courage to go within and face what is real within the heart. This is the time of full growth, the height of the new life given by the Creator.

The North reminds us of the purity of snow and the qualities of clarity and wisdom. Here you witness the original teachings coming true through the cycle of life that connects and gives a oneness to all creation.

These teachings take us out to the land and leave us there alone. We were taught to listen to the messages of the wind, look at the stars, the moon, the sun and listen to nature. These are helpful tools in assisting us to know more about self and our relationship to the land.

The land knows of you as part of connection and creation; and in return you must know about the land and the living things within.

If you wanted something to eat you got it from the land. Your connection to the land provided you the know-how, to be able to take only what you needed to nourish you and your family and others for survival.

In this manner, we come to know our role as caregivers and caretakers, not only for our immediate families, but also to all creation and our Mother the Earth. This is a responsibility given to us by the Creator.

Whenever something was taken from Mother Earth, it was done with a lot of respect, honour, and faith and by giving thanks. This way we gained knowledge each time about the ways of creation.

The animal that gave up its life for us to nourish our body, our mind and our spirit was always prepared right away. This was done to show respect and honour to the animal.

This ritual is done in giving something back to the plant kingdom so that it can continue to send forth to us nourishment.

Whenever we have community feasts, when people come together, when we go to church, having spiritual ceremonies, praying or meditating through whatever religious practice, this is giving something to the heaven and earth.

We all have a relationship to the heavens and earth, everyone has a spiritual duty, a reason for being here.

The connection does exist that we are in fact, connected to everything. Our ancestors knew that we who are humans are related to the plant life, the rivers, the lakes, the sun, the animals and everything within. We gave thanks to all of this, the sun for giving light and warmth and with Mother Earth, for making life possible for the plants, animals, humans and all life in general. It is like thanking someone who had done you a favour.

At the Workshop, Abraham summarised the following report that the working group had prepared.

### INTRODUCTION TO THE REVIEW OF YOUTH SERVICES AT THE CREE BOARD OF HEALTH

The members of this committee were mandated by the Social Services Committee to review the range of services provided to youth in Cree communities under the auspices of the Cree Board of Health and Social Services of James Bay (CBHSSJB).

The reason for this review is two-fold. Firstly, it is for the purpose of providing CBHSSJB delegates with appropriate tools and ideas to actively participate in the Workshop on the Integration of Youth Services to be held in Chisasibi in the week of June 26th. 2000. Secondly, it is understood that the work of this committee would also contribute to an overall evaluation of all services provided by the CBHSSJB to be conducted at a later date.

It was agreed upon that many of the challenges facing youth and families in Cree communities are the result of the post-colonial experience and the legacy of problems stemming from such an experience.

It was also felt that, given the novelty of some of the services provided to youth and introduced in the communities within the last 25 years (such as the Youth Protection Act), there is a need for the CBHSSJB to clarify what these services should look. This needs to be done if the CHB were to take into consideration the culture, values, beliefs, practices, and traditions of Cree people.

Additionally, it was felt to be important to take into consideration the amount (and rate) of changes which have taken place in Cree communities over the last twenty-five years, namely roads, cars, television, and the broader (outside) influences which have had both positive and negative effects.

In the haste to embrace all of that which is new, there is the tendency to push aside many of the traditional values which have made Cree communities strong in the past. The ideal situation would have something to do with the need for Cree people to have greater control over their lives and their future.

There are several native models (such as the Maori of New Zealand) which can be useful in helping Cree people to define their vision. Information can be obtained and reviewed by the CBHSSJB from other native cultures to see how they are providing services to their own people, rather than always looking `down south` for solutions (see annexe on Traditional Teachings by Abraham Bearskin).

It was established by this committee that any review or re-fashioning of the present system would have to include some integration of aspects of Cree culture, which have worked well in the past (such as circles). It will also require more modern social/scientific approaches to understanding human behaviour and communities in general.

## Context

In spite of the fact that the mandate for this review was given by the Social Services Committee, it was decided that the work of this committee should not only be limited to Youth Protection Services. It would also include the full range of services such as Young Offenders, nutrition, primary care, residential care, community services, dental care, mental health, and occupational therapy services.

As such, it was felt that the committee membership should be expanded to include representatives from other services including community workers and possibly CLSC directors.

The focus of the discussions conducted by members of this committee was on three main areas:   1) a brief overview of services currently provided to youth;

2) the limitations of services and community strengths;

3) collaboration of the CBHSSJB with other entities who are providing services to youth such as the band council and the Cree School Board.

The objective is to look at those things that the CBHSSJB has done well and the things which have not worked very well, with a view of keeping the good parts as a beginning point. It also needs to look at areas where the CBHSSJB could improve in its service delivery to young members of the community.

## Brief overview of services currently provided

(See annexes)

- Adoption Services
- Youth Protection Services (including specialised institutionalised care)
- Young Offender Services
- Community (CLSC) Services
- Primary Care (Nursing)

- Dental Care
- Nutrition Promotion and Programs
- Mental Health
- NNADAP
- Occupational Therapy

## Limitations of current services

(a) The lack of resources and funding for certain activities/programs in the communities was identified as one of the major areas affecting the provision of services to youths. Some workers feel uncomfortable in having to say "no" more times than they would like to. Additionally, there are particular problems in areas such as rehabilitation when young people have to be sent outside of the community. The repercussions usually include the effects of homesickness and isolation.

(b) The difficulty of involving parents and significant community members in service plan (particularly if the youth is sent outside of the community). The rationale for this is that the source of the problems exhibited among young people often stems from within the family and, as such, it is the place where many problems could be addressed and solved.

(c) The need for NNADAP workers to be involved with rehabilitation services, given that drugs and alcohol are often part of the problem situations.

(d) The participation of elders in treatment plans for youths and the overall need to establish greater links between youths and elders.

(e) The inadequate number of foster homes and people willing to volunteer to be foster parents with a particular emphasis on emergency foster homes.

(f) The lack of a centre or central location where resource materials could be housed rather than material being scattered throughout the communities and inaccessible for the most part. Apparently, there is a lot of good work which has been done in the past on which ideas could have been built, but which is not accessible for various reasons.

(g) The paucity of prevention/outreach services, which could serve to stem the flow of young, people falling into the categories of Youth Protection and Young Offenders. This could include the idea of support groups and lower-cost safe houses which could be established in the various communities and which could serve as a place for time-out when there is a high degree of conflict between youths and their parents.

(h) There is also the need to organise support for the workers providing services since they are often dealing with many of the same issues as their clients. The idea is that everyone is not at the same place in his or her healing journey and there is the need to arrive at a comfort zone where issues such as the residential school experience and sexual abuse could be dealt with. Guidance from elders can be sought in this area.

(i) There is a need to 'orient' non-native workers in the Cree culture and the need to 'decode' native workers in terms of the legacy of the colonial experience to arrive at a common philosophy regarding service delivery.

(j) There is the need to provide better aftercare support both for those returning from alcohol and drug treatment programs and for children returning to their families after spending time in a reception centre or group home. In the case of the latter support could be provided in the home by childcare workers as models for parents.

(k) There is the need to initiate and develop community awareness and education programming.

(l) There is the need to develop a philosophy/mission statement.

(m) There is the need to obtain support from community members and from the leaders.

(n) The habit for certain workers to deliver services that are not exactly their field of expertise such as with the nutritionist having to sometimes fill the role of the dietician.

(o) The inability to provide enough occupational therapy services in the schools (with speech therapy as an example). Visits are currently three or four times per year as compared with an ideal of approximately once per month.

(p) The absence of Cree language training for non-native workers. Currently there are services such as that of the occupational therapist, dental hygienist, and nursing (for the most part) that are not provided in Cree.

(q) The lack of awareness and the inability of community members to make the distinction between the role of the CLSC community worker and that of the youth protection worker in issues pertaining to children. The result is that most referrals go directly to youth protection.

(r) Dental hygiene programs not incorporated in the school as part of the overall health curriculum.

### Community strengths in service delivery

(a) Front line services are often provided in the Cree language by Cree people. Also, when non-native workers work in collaboration native workers (such as with the CHR, dental hygienist, and the nutritionist) the advice is better accepted from the Cree person.

(b) Values which have made Cree communities strong in the past including respect, sharing, tolerance, trust, perseverance, and the love of the land, animals, and people. This would also include the strong desire within the communities to keep these values and the willingness to use these values to influence services to the youth.

(c) The high number of students who are currently enrolled in the Bachelor of Social Work program. This would mean increased skills among the workers and a good resource bank for additional workers.

(d) The ability of (Cree) workers to be able to connect with and build on the strengths and traditions of Cree people such as circles, life in the bush, and native spirituality. This would include the benefit of current traditions such as Goose Break as a time for families to reconnect with themselves and their traditions.

(e) The wisdom of elders as a very important resource.

(f) The resources of people in the communities (as mentors and role models) who have stopped drinking and/or using drugs.

(g) The Role Model, Theatre Production (which serves to both teach drama and enhance self-esteem), and Street Worker programs which have been found to be useful.

(h) The motivation and initiative for people in the communities to organise traditional activities such as the Wellness Journey and the Canoe Brigade.

(i) The collaboration of certain services within the CHHSSJB such as with the nutritionist, community health nurse, occupational therapist, and the community health representative. Although there is better collaboration in some communities such as in Chisasibi because the workers are based there.

(j) Visits to day-care centres in each community by the nutritionist and the work with stores and restaurants in making certain foods available and providing information on cooking traditional foods differently.

(k) Public education and prevention programs with regards to nutrition, diabetes, non-smoking, drugs/alcohol, fitness, and promoting healthy lifestyles etc.

(l) On-going research projects in many areas.

(m) Good attendance at well-baby clinic (and good vaccination rate) as compared with other clinics. The benefit is that the nurse has a good idea of the children's development.

### Collaboration with other entities

In reviewing the range of services provided to youths by the CBHSSJB, there is a greater need for collaboration of service plans both within the organisation and with other entities providing services to youth.

Areas identified for greater collaboration from within the CBHSSJB is the need for better teamwork and greater opportunities to share information (including file sharing between workers in the various communities). There is a need for the optimum use of resources such as the one that the protocol worked out for a placement committee but which has not been implemented.

Already there is some collaboration with other entities such as the public health department, the band and youth council, the Brighter Futures Program, and with the housing administrator with regards to adaptation of houses for clients. Another good example is the protocol established with the Cree School Board (see annexe) and the possibility of initiating and entering into joint projects with other community-based organisations.

The major advantage for collaboration with other organisations within and among the communities would be the reduced chances of duplicating services and the increased ability to provide better services.

One of the major areas identified, as a drawback to collaboration of the CBHSSJB with other entities has to do with a basic lack of communication.

There is a need for the CBHSSJB to make their services more visible through the use of pamphlets and other forms of media such as radio talk shows or newsletters.

Areas which could benefit from better collaboration would include establishing links between Youth Protection departments and the local police in matters which relate to Young Offender services and situations where the security and development of children is compromised.

Although there has been some protocol established in the past there might be a need for its re-activation. There is also the need for the above-mentioned entities to collaborate with nursing staff particularly in the area of sexual abuse.

### Recommendations

(a) More than anything else there is a need for the CBHSSJB to develop a vision/mission statement and to define clearer goals and objectives as to what services to youth in Cree communities should look like.

(b) That the work of this committee be taken into account as part of the further review of all services provided by the CBHSSJB. (c) To develop a plan of action that would be enduring and upon which ideas could be built rather than developing something, which would have to be once again re-fashioned in the short term.

(d) To develop a plan of public education to sensitise community members about issues such as conjugal violence, child neglect, to inform community members as to the range of services provided by the CBHSSJB, and to clarify the meaning of services such as Youth Protection, Foster Care, and Home Care services.

(e) Given the need to 'orient' non-native workers in the Cree culture and the need to 'decode' native workers from the colonial experience, it would be helpful to periodically have one or two days of reflection. This would be done as a joint effort to understand the legacy of the experience, to support each other, and to arrive at a common vision.

(f) To develop a centralised documentation and resource centre, to store and to have accessible information which would be helpful in delivering good services in the Cree communities. The idea is to co-ordinate and build on work which has been done over the years.

(g) To develop partnerships with individuals, families, and other entities in the communities with a goal of delivering optimum services to youth. This would also be reflective of the Cree value of each member in the community taking responsibility for the well being of all children.

(h) To develop a discussion paper to look at alternative youth and child services in Cree regions.

(i) To use the outcomes from discussion paper in developing a community model for service delivery, which would include the best of both traditional and modern elements and which, would be reflective of Cree culture and traditions.

In order to reflect a new way of doing business the questions must always be asked:

*Is it in the best interest of the youth?*

*Is it reflective of Cree culture and values?*

**Members of the committee reviewing youth services:**

**Abraham Bearskin**, Information Officer

**Bryan Bishop**, Professional Support Worker

**Doris A. Bobbish**, CLSC Community Worker

**Jane Sam Cromarty**, Group Home Co-ordinator

**Marlene Dixon**, Director of Youth Protection

**Nadine Girard**, Dental Hygienist

**Christiane Guay**, Director of Professional Services – Social

**Lucie Leclerc**, Community Health and Nutrition

**Anny Lefebvre**, Occupational Therapist

**Norman Lewsey**, Coastal CLSC Director

**Lily Napash**, Community Health Representative

**Caroline Rochette**, Community Health Nurse

**Wally Rabbitskin**, NNADAP Planning and Programming Agent

## A. Presentation from the Board and Administration

**Mabel Herodier**, *Chairperson, Cree School Board.*
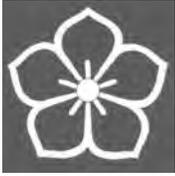
I would like to inform you that the School Board is in the process of reforming the education system. Reforming was not something we had planned for but it is something that needs to be done. We were caught in situations whereby we had to commission an internal review. It all originated during the School Board negotiations.

The School Board always had a three-year funding rules agreement for all the services: the youth sector, continuing education and post-secondary. In the last funding rules negotiations, we put emphasis on the need for a longer agreement. We saw where we had our shortcomings and where we could not reach our goals and objectives to meet the needs of our schools and communities.

Because we could not provide answers to our own questions, we realized that there was still a lot of work to do in order to increase services and to provide quality services. From an internal report, we, the Council of Commissioners, all agreed to broaden the review to include the communities and to commission community consultations. This process took about seven months and from this came the Mianscum Report which mentions the concerns of the communities and how they saw where to improve the education system. We combined the internal review and the recommendations that came from the Mianscum Report and we began the process of addressing the recommendations that were made from both of these reports.

The Cree School Board also asked all the managers, employees and staff where we need to make further improvements. Combining all these efforts, we then created the pedagogical team, the team for administration and finance, the team for continuing education and post-secondary and the commissioners. We will proceed to have nine local teams. This is not a one-year project. The work will always be ongoing. We don't want to be where we were a year ago.

To move ahead, we have to constantly encourage each other, learn to count on each other and help each other to reach our goals and objectives. This is team building. I hope our local committees will understand that they are an essential part of this process. The overall review produced numerous recommendations and many on integrating services.

We need to revisit the Protocol (see Appendix F). This is something that has always been there for the School Board. Even though we did not have any partners, we have always tried to maintain the objectives of the Protocol. *(She means that even though the protocol was not implemented, the School Board continued to do its part. Eds.)*

Now the communities will be happy to know that the Health Board and School Board will be working together in the future to address the issues outlined in the protocol. This is the general history of where we are as a Board.

◆ What are we focusing on when we speak of special needs or special education?
◆ We are planning on a small scale for this year and with a follow-up in the future
◆ years to encourage our teachers to get their certificates in special education and in
◆ other fields.

We have implemented Cree as language of instruction. Most of our Cree teachers who taught English or French as a second language have retrained and are now teaching Cree as a language of instruction. Most of our Cree teachers are in the elementary sector starting from pre-K up to grade six. We need more Cree teachers that can teach in other areas, at the secondary level or in special education. We have identified ways we can approach some of our teachers to think about going into other fields. We need more Cree people.

We talked about communication yesterday. Children in special education and children with special needs need to communicate with people in their own language. A lot of times, children do not understand their teacher. I am not saying that I have anything against French and English, but this is the reality in the Cree world. Our children's first language is Cree. Our own people have to realize the importance of being able to communicate with our children. Some of us have not opened our eyes to that. We have not done enough to encourage our teachers to go into these fields. Presently we have specialists coming in who are here for a few days. We also need to consider the number of clients that require their services. Even though they work in collaboration with teachers and the pedagogical teams of our schools, we still need Cree teachers to provide better results for our students. We need to instill the willingness to do that kind of work. There are many other areas where we can encourage our teachers to be more involved.

**Clarence Tomatuk**, Director of Education, Cree School Board.



The new millennium has done something for us in terms of making changes within our selves, how we are and what we want to be as entities and the mandates that we have and how they evolve and change. The first time I heard about integrating services was a year ago and then again when I received this fax a few months ago. I see the point. We are focusing on the life of a child until he becomes as an adult. We all have to focus on that.

Our education mandates are quite large. Education can't stand by itself. We need partners. We need a lending hand. Everyone says the school board has money. We also need people that can lend a hand and support in terms of other aspects of the child. We do our part but we are basically an educational entity with special powers to deal with situations that warrant support to the student as well as for the staff. It is important to have an agreement and arrangement with everybody involved around the child and youth. The youth form a major part of the Cree population. We have to be committed to that.

In terms of education services, we do provide basic services according to the standards of Quebec. In addition we support specific services and programs geared to our Cree Children in terms of Cree language of instruction, special needs children, different cultural social needs and to be well and be in a good learning environment. We do have good programs for our students and we do need to work with people who can help the students in terms of his or her life in and outside of the school.

We have improvised an education plan where we have what we want along with the priorities for our students for the year and for the different parts of our mandates. We work and develop those plans and we come up with a budget and identify the resources we need. This gives us the vision for the year and we begin the process each year.

I am sure that there are things that are important also for health and social services for our students that have to be indicated in the plan. Within our mandate we have special needs, student services and we do need to have the linkages in terms of having a full circle of support for the student. That is what we need to work on. In the Protocol (see Appendix F) it is very important that we define what our role is and what the Health Board's role is, the role of each entity as well as defining the grey areas of who should be responsible or should everyone be responsible. If we define that it should be a lot easier to work together.

## Presentation on Educational Services

Nellie Pachanos, Daisy Herodier and I represent education services of the Cree School Board. We have four departments within Education Services. We have the Cree Programs, the Co-ordinator is Ms. Daisy Herodier; Student Services and the Co-ordinator is Ms. Nellie Pachanos. The Co-ordinator for Professional Development and Teacher Training is Ms. Debbie Cox and Lynn Shallit, who could not be here today, is the Co-ordinator for Instructional Services. We have the Director of Education Management and included in that is the Supervisor of Schools, Mr. Joe McNeal. He oversees the principals in the nine Cree schools.

## Our goal in Education Services is:
- to implement Cree has a Language of Instruction from Pre-Kindergarten to grade 3 for all the Cree schools and;
- to train teachers to become qualified;
- to develop curriculum adapted to the particular needs of the Cree students in the north using the regime pedagogic guidelines but adapting it to the student clientele and environment in the north.
- to promote interesting and relevant educational initiatives for our students and;
- also to ensure that the personal, physical, and social wellbeing of the students are part of that goal and use different programs and services to promote these objectives.

At the local level, we presented a community school educational plan where the principals are involved in the development of objectives in each school based on the meetings at the school level. These are the objectives that will be carried out this year. There are 9 objectives here. There is a regional plan with overall objectives for the School Board that was approved recently by the Cree School Board: "Developing a Cree Educational Plan for 2000-20001". This is a plan we set out to do for the year and we follow the plan based on an approved budget. Nellie will do the presentation on the programs of student services.

Nellie Pachanos, Co-ordinator of Student Services (translation from Cree to English).

Our main goal in Student Services is to ensure the wellbeing of the students while they are attending school. We have the Room and Board Program to support students whose parents are away from the community on harvesting and related activities. We have the "Inter-community Schooling Program" for students to attend schools in other Cree schools. There is also the "Inter-community Elite-community Athletic Sports Program" for students involved in sports. This is a new policy in place since 1998. Some of you know some students that played hockey in Mistissini and attended school there.

We also have the off-reserve programs for students studying outside of the Cree territory. These programs are there to support students to attend school off reserve when they require special educational services or for students who have advanced skills and abilities. Although these are both available for students at the elementary and high school, it is mainly for high school students. There is also the "Private Secondary Education Program". This program provides the opportunities to students to benefit from enriched and advanced programs in private secondary schools. There is also the "Secondary V Orientation Program". All community schools participate in this.

We also have Regional Guidance Counselling that assists the Student Affairs Technicians who have no Guidance Counsellors. There are five schools who do not have guidance counselling Whapmagoostui, Wemindji, Eastmain, Nemaska and Ouje-Bougoumou. Chisasibi has one. We have support for students involved in inter-school sports and regional events like public speaking, science fair, art exhibitions. All these programs come under the Student Services. For the training and develop-ment of our teachers we have teachers who have obtained their bachelor degrees in applied arts and human sciences. Wachiya. I hope you enjoy your stay in Chisasibi.

Daisy Herodier, Co-ordinator of Cree Programs, Cree School Board (translation from Cree to English).
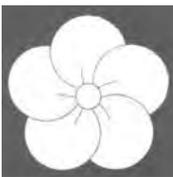
Wachiya to everyone and I hope you have a pleasant stay in Chisasibi. My role is Cree Programs Co-ordinator. I will tell you briefly about what our work involves in Cree Programs.

Presently, we have two women working in Mistissini and two in Chisasibi, two in Waskaganish and one in Wemindji. We also have support staff.

We provide Cree Education to children ages 4 and 5 and also grades 1, 2, 3. Our work involves the development of Cree Curriculum, Cree language and Cree culture for students grade 4 and up. We also develop Cree reading material. We also have on going work on the Cree dictionary. These are the four main projects we are working on.

We view our work as being very important because this is our language, our culture and it is for the future of our children. We value our work and what we are learning from our work is that it is helping families as well as all the 9 Cree commu-nities. The work that we do will help us to retain the Cree language and Cree culture. I am happy to hear at this workshop of the importance of culture and language in

what we do. We have our elders who are very involved in helping us with the Cree curriculum. The Cree curriculum is based on Cree knowledge. Recently, we had a meeting with the elders regarding Cree child rearing practices. We have documented all this and this is available for anyone who wants this. I know that there are a lot of people here involved with childcare.

All our work is based on Cree expertise. In our work, we do not get help from outside resources. It all comes from our own Cree resources. In closing, I want to reflect on what Bill mentioned about learning from our own experiences. I also believe that we can learn from our life experiences. We need to understand why we are the way we are if we are to move forward. Thank you to all and I wish you a good stay in Chisasibi. Thank you very much.

## B. Anisjehjistinhimaajehwin: Alternative Education Program

**Lillian Diamond**'s brief presentation on the Alternative Education Program.

This program was initiated through the Cree School Board as part of the Cree School Board and Ministry of Education of Quebec negotiations. The purpose of the program is to adapt the curriculum to meet and suit the needs of students who have social and emotional problems and therefore have difficulties in staying focused in a classroom setting. The focus is on students who are entering Secondary 1 and it is similar to IPL (Individual Paths for Learning).

The program involves land-based activities. The curriculum comes from Cree Programs (the Cree Culture and Cree Language). The integrated studies (academic) are covered through the cultural activities and some through classroom settings. Each program will depend on each community school calendar. The children who go through the program will be integrated into the regular school program.

As part of planning, we have to develop a five-year program and it is hoped that in five years all communities will have this program. The people who work with students on land based activities are tallymen who have experience and knowledge of the land.

### Preamble

The Cree School Board identifies with the uniqueness of the Cree Nation as a people;

Having a rich culture and values based on the essence of survival and an inherent relationship with the land and nature;

Understanding that influences from major cultures are pressuring changes;

Realising that losses of culture and language are irreversible and that these losses devalue identify;

Accepting that curricula reflect values and promote the preservation of those values;

Acknowledging that the Cree language is restricted to a few thousand individuals and that its very existence is threatened by the global community;

Attributing that historically, in Cree society, learning is based on observation and not literacy;

Admitting that the formal school concept, which is time and classroom based, is foreign to the Cree and is inconsistent with Cree learning styles.

## Introduction

A well planned, alternative education program with the co-operative participation of the students, teachers, school, employer, parents/guardians and community can give students:

a) experience in the world of Cree Culture through a land-based program and a chance to explore life skills through traditional pursuits;

b) a greater understanding of the relevance of life in the bush and apply it to their future lives;

c) confidence in their ability to succeed beyond the school classroom;

d) the opportunity to acquire specific survival skills through traditional and contemporary means;

e) increased skills to succeed in making the transition from school to life in the bush and vice versa;

f) a deeper sense and realisation of who they are as Eeyouch.

## Guiding principles

In developing the structure and subsequent programs under the umbrella of alternative education, a more global and holistic approach is envisioned based on three principles:

1) broaden the scope of special needs services;

2) define and design academic and land-based programs from an inter-cultural perspective;

3) link traditional activities to the school system.

## Development

1999-2000 signified the first year of development and implementation of the Alternative Education Program within the Cree School Board. Aside from the objectives of the Cree Language and Cree Culture Programs, there is integration of Ministry of Education of Quebec course requirements in French or English Language of Instruction.

The program focuses on students who approach Secondary I level studies but have difficulties in following the regular academic pathway. It is therefore, in a sense, an alternative to IPL. The objectives are to be completed within a two year period and have been modified to enhance land) based instruction. This alternative program will allow the students' to enter back into the mainstream of academic or vocational pathways.

During this school year 2000-2001, modular activity packages will be prepared that adhere to the outlined objectives for the program. The culture activities aspect of the program are discretionary to the time and season of each community.

## Implementation

Ecole Wiiniibekuu School in Waskaganish is in its second year of implementation, with language of instruction in French and Cree. Since the program's existence, there was never a permanent setting or place where the students could receive the "land based" part of the program. Through recommendations from the administration of Ecole Wiiniibekuu School and upon approval for financial support, a permanent area was selected where two cabins and two lodges were constructed. The students in the program now have an excellent setting where they will receive the "land based" part of the program. Incidentally, this was a joint venture through the regular Cree Culture Program and the Alternative Education Program. It is therefore the intent that the "bush camp" be accessible to all the students of Ecole Wiinibekuu School.

Maquatau Eeyou School in Wernindji is in its first year of implementation Its languages of instruction are Cree and English. There is consistent support and assistance to the two communities that are involved in the program. Evaluations of the progress, development and proper organisation of the program are continually and closely monitored.

Throughout this school year 2000-2001, the consultant of the Alternative Education program will be visiting other schools within our Cree territory, to promote the concept, provide information about the program, its objectives and the advantages it could provide for other students who are in need of an alternative program. It is therefore the intent that at least two more schools within Cree School Board, will be implementing the program in the next school year, 2001-2002. Furthermore, a video is being produced by Waashtaau Communications Inc. in Waskaganish to inform the general public about the history, development and progress, contents of the program and its intentions.

In conclusion, this initiative from the Cree School Board is an excellent alternative to behaviour modification programs. It has proven to be an ideal support system for our students who require such a unique method of learning and development.

## Educational objectives

The students in the Alternative Education Program will be required to follow the Secondary I level Curriculum.

The program document outlines the objectives that meet this requirement. The objectives are taken from the Cree Language and Cree Culture Programs as well as the Ministry of Quebec Curriculum Guides. Following research and examination of the objectives. it is quite evident that some of the objectives from the Geography and Ecology curriculum, are covered through the activities and academic instruction involved in the Cree Language and Culture Program guides. Other subject areas can also be integrated and are identified as such under their specified headings.

The subjects of the curriculum are as follows: Language of Instruction, English or French, General Geography, Ecology, Mathematics 116, Moral Education, Personal & Social Development, Introduction to Computer Science

The program objectives are to be covered within a two (2) year period and the schedule of activities will be according to the community s seasonal cultural activities and will therefore be at the discretion of the mentor and educator

Further development of the program's academic activities will be developed in the second year of implementation 2000-2001

The Quebec/Cree School Board Education System (as it is or could be)

### E L E M E N T A R Y

| Pre-school 4 year olds | Pre-school 5 year olds | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|

Note: Most schools within Cree School Board have implemented the Cree Language of Instruction in Pre-K and K, 1, 2 & 3 with 4, 5, 6 Immersion Programs in English or French Language of Instruction.

# SECONDARY GENERAL EDUCATION

Language of Instruction is in Cree and French or Cree & English

| I | II | III | IV | V |
|---|---|---|---|---|
| IPL/2 yrs. | | | | SSD (DES) |

# ALTERNATIVE EDUCATION PATHWAYS

General Education Mainstream

| Alternative Education (2 Years) | II | III | IV | V |
|---|---|---|---|---|
| | | | | SSD (DES) |

Note: Following the Alternative Education Program students may integrate into Sec II or III level according to their skill development.

# VOCATIONAL EDUCATION PATHWAY

| Alternative Education (2 Years) | II | III | IV | V |
|---|---|---|---|---|
| | | VEC (AFP) | DVS (DEP) | AVS (ASP) |

**SSD**: Secondary Studies Diploma

**VEC**: Vocational Education Certificate

**DVS**: Diploma of Vocational Studies

**AVS**: Attestation of Vocational Specialisation

In Secondary III, IV and V levels, students may follow the regular academic secondary studies program to obtain their SSD. Upon completion of the SSD, students may enter the job market or continue their studies through CEGEP

or

They may choose to follow the VEC program in Secondary III to provide them with semi-skills to prepare them for the job market

or

Follow through the apprenticeship scheme in Secondary IV and V to obtain their DVS or AVS, which will provide them with semi-skills to prepare them for the job market,

or

They may choose to follow the regular path of vocational education to obtain their DVS or AVS, which will prepare them for CEGEP.

## 4.4 Presentations by communities

### 4.4.1 REPORT FROM WASWANIPI GIVEN BY **SINCLAIR NEEPOSH**, WASWANIPI DELEGATE AND YOUTH PROTECTION WORKER

I want to present what we do in Waswanipi. Our purpose and mission is to provide services and programs to children and youth. We need to work together in order to reach our goals. We are here to share and learn from each other.

The following is an overview of the services and programs offered. In the education area, in addition to the Cree language offered as the language of instruction, Cree culture is also promoted through school activities and trips. As a means of encouraging and supporting the wellbeing of community members, prevention and health promotion programs are offered to the general public.

For the youth, the following are some of the programs offered. The Public Health of the Cree Nation of Waswanipi offers prenatal for teenage parents and parenting on how to raise a child; prevention on teenage pregnancy, safe sex; and youth counseling on drugs, alcohol and solvent abuse. As well there are day care services available for children whose parents work.

The CLSC and Cree Social Services offer drug, alcohol and solvent abuse programs; Youth Protection services; services to youth who commit offenses under the Young Offenders Act and child adoption services for Cree families under the Adoption Act. They also provide foster care to children whose parents are unable to care for them.

These services are delivered and implemented by: Aboriginal Head Start Program, Brighter Futures Worker, Childcare Educators, Mental Health Coordinator, Youth Protection Workers and Director of Youth Protection, school staff, Police, Doctor and Nurses, Recreation Department and Public Health Officer, Youth Center and Coordinator of Youth Center. Community Health Representative, NNADAP and CLSC workers.

There is some collaboration in the planning and delivery of some programs and projects through working committees. The participation of the workers from different local and regional entities has enabled teamwork to happen and promoted networking as a result. There is still work to be done. We are still not communicating as we should and there is still not enough sharing of information. To a certain extent, it has caused misunderstanding, jealousy and putdown.

What are we lacking in the delivery of our projects and programs? We have no budget and no support system in place to assist workers; there is an overload of work and therefore workers experience burnout. We also experience racism, unfairness, and injustice and lack training as workers. Thank you on behalf of my group.

**4.4.2**  REPORT FROM NEMASKA PRESENTED BY **EVADNEY METTAWESKUM**
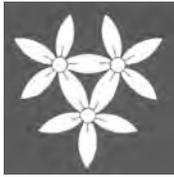
I am from Nemaska and have worked as a Youth Protection Worker for 15 years.  This is how I see what is happening in my community. We have the Cree Health Board, Cree School Board, First Nation Office of Nemaska and we have the Childcare Center and we are all separate entities. We have one thing in common that is we are dealing with the same community issues but we work on them as separate entities. I see myself with Cree Health Board and working in Youth Protection services. We have staff meetings as workers and case discussions with the wellness team and with the police. The other thing I see is that we have different committees, for example, we have the school committee and you have the parents committee. I feel that there is a lack of communication in all of the entities. We are very separate.

Some of the difficulties that we experience have to do with the specific mandates that different organizations have. The Cree Health Board's main objective is health while the Cree School Board's is for education. The First Nation of Nemaska has its own objectives. I feel that our mandates have created and maintained gaps in services. Services for children with special needs are one good example. At the local level, we often have difficulty finding funding for services for the youth and elders. No one seems to be responsible. We have no programs for perpetrators and aftercare services for persons who have gone for treatment in alcohol or drug addictions. This is how I see it.

We do have some successes. The Cree Health Board has the Homecare Program, the Bachelor of Social Work program. We have dental health and nutrition programs. The Cree School Board also has some good programs. There is the ongoing work of the task force for the Cree Health Board and Cree School Board protocol. The healing journey, a local initiative, has also had a positive impact on the community as well.

The vision I hope to see is to do away with the division within entities and hope all the entities will come together and begin to discuss/work on all the social issues together.

**4.4.3**  REPORT FROM CHISASIBI PRESENTED BY **CHRISTOPHER NAPASH** (IN PART TRANSLATED FROM THE CREE)

I want to say hello to everyone. I am happy to be part of this conference in looking for ways how to help our children and youth.

We have a lot of challenges facing us as Eeyouch. We are always asked how we manage services but sometimes we act like we don't hear those who are asking. There is not only one way of approaching this. We have had barriers/failures and restricted by limitations on how far we can go.

Alcohol and drugs are a big problem and very evident and the abusers are getting younger. Family issues are on the rise and we continue to work on them. As many as there are problems there are solutions but solutions can also bring problems so the organizations are constantly working for solutions.

Many families are undergoing family and marital breakups and divorces are a new concept in the Cree territory. This is an issue that is being dealt with but it is still a problem. It is important that we do not condemn these people who are undergoing these difficulties.

In the delivery of programs, normally in the urban settings, there are volunteers who oversee the operations of some programs. Unfortunately these volunteers are hard to come by.

Communication problems – dealing with the syndrome of "it is not my department, go see that person". It is something we need to turn around in each of our respective organizations, follow-ups, lack of initiatives, passing the buck, lack of respect, and a whole list of labels being used to avoid accepting responsibility and accountability. Also the definitions of roles are sometimes very unclear and sometimes we refuse to take responsibility and/or be accountable.

There is also negativity in the workplace – these are some of the barriers that we encounter on a daily basis but on the other hand we have successes. Just to balance out – the Cree nation is starting to take over some of the services and programs to which a few years ago would have been impossible. This is due to the raising level of education. We are getting more graduates from college and university. One example in our community is the summer student program that has been around for some years that is geared for students who are in their respective learning institutions. What we tried to do is to gear them in their area of interest of study.

Compare to 20 years ago we have improved drastically as a nation and as a community. We still have far to go if we want to achieve self-government or whatever objectives we are gearing towards.

Most of our programs do achieve their intended purposes. The targeted age group is youth but the overall population is considered from the prenatal to the elderly.

For the planning and coordination, it usually involves the boards of directors, associations, departments, committees, subcommittees, and adhoc committees, task forces, networking groups and so on.

Delivery of programs and services usually involves hired help or volunteers but the coordination falls on coordinators or persons involved with departmental responsibilities. Most of the planning involves brainstorming sessions, meetings, conferences, workshops, radio phone-ins, newsletters, brochures, and memos. The product is the fruits of our labor.

Chisasibi as a community, as a nation, still has a long way to go. In closing, I want to share a Chinese proverb: "Journey of a thousand miles begins with a single step". Thank you.

### 4.4.4 Report from Whapmagoostui presented by **Isaac Masty**, Community Education Administrator (Translated from the Cree)

I am happy to be here and be part of this workshop. I have been involved for quite some time in discussions about the youth but what is frustrating and discouraging is that after the discussions you do not see anything coming out of these discussions even though many important issues were brought up. I brought this up at a meeting concerning the youth and the many challenges that face them. We should stop discussing and get on with the work.

I am happy to be here and see that slowly things are starting to happen in our community and we still have far to go. In Whapmagoostui, we are in the process of discussing integrating services. How we can work/support one another. It is a slow process. We saw a lot of vandalism in our community and that was what got us started. Our concern was not so much on the costs of the vandalism but what causes the youth to commit vandalism. We wanted to find ways how we can help the youth by involving everyone in the community.

Some of the teachings I learned from my father is this "if you are given an important role, you are not expected to carry all the responsibility or to cause discontent from the work you are doing". I wondered what he meant but as I started to work I began to understand what he meant. In each one of us, it is like we carry a disease from our life experiences. Experiences we are unable to talk about such as anger/aggression. When one is like that, they cannot help others. It is only when they can let that go can they move forward. This is where we are stuck. It is like we are in fear and not confident to let go. Once someone has gone past this point then we seem to be in a rush. The project we are working on is like a marriage. Why do people marry-it is out of love. When there is love, you work through all the challenges together and support one another. This is how we see our work. It is like playing hockey or canoe race; it takes a team to win. This is what we are doing in Whapmagoostui. Thank you.

# 5 Reports from the Small Workshops

## 5.1 Introduction

This chapter presents the reports from the six small workshops. These reports should be considered essential background reading for anyone interested in planning improvements to existing services. The reports present an overview of the current situation, identify issues that need to be addressed and suggest strategies, approaches and plans for future action. Many themes re-occur throughout this chapter: the need to improve communication within and outside of specific services; the need for clear direction from the management level; the need to understand roles, boundaries, techniques of collaboration; the need for accountability; and, in some areas, the need for services and programs for those who are not in the 'mainstream' such as children and youth with special needs, the six to twelve year olds, those who are not interested in hockey and broomball.

Each workshop discussed one of six topical areas and a designated recorder took notes in each session. The following reports have been developed from these workshop notes. In some cases, the report presented here is based on the notes taken during one session; in other cases, the notes from all of the sessions on one topic have been compiled into one report on the topic.

In order to focus the discussions, the pre-Workshop homework (see Appendix H) and the smaller workshop sessions were based on five topical areas: children aged 0 to 12 and their families; youth aged 13 to 18 and their families; children under Youth Protection Services and their families; children living in boarding and foster homes and their families; and, children with special needs and their families. As well, a workshop session on management issues was added.

As soon as the delegate lists had been completed and the invitation letters sent out, the pre-Workshop homework was sent out to all delegates. The homework was explained as follows :

> Before delegates come to the workshop they will be asked to provide some information about services for children and youth in their community and organisation. This information will be compiled and made available in each delegate's workshop kit along with some 'focus questions'. The 'focus questions' are merely suggested ways to begin to think about the information. This material will provide a resource to help the discussions in the workshops.

The other, unstated, purpose of the homework was to help delegates prepare themselves for the issues that would be discussed at the Workshop.

The homework questions were based on the topical areas. Relevant combinations of questions were sent to people working in each of the service areas identified in Chapter 7: local government services on youth issues; educational services; social services, Youth Protection, the police; childcare centres, Head Start Programs; and health services. The compiled results were presented to delegates as background information to aid the small workshop sessions (see Appendix H).

## 5.2 Report from the workshop on Children aged 0 to 12

Services to children 0 to 12 cover a broad section of the community and involve services to pregnant women and fathers, services to new-borns and babies, services to toddlers, pre-schoolers and older children aged 6 to 12. This workshop focused on how the human resources available at the school, clinics, local governments, childcare centres, Head Start programs can work co-operatively to increase the services in the community available to children 0 to 12 years old and their families.

The workshops on this topic were facilitated by Brenda Simpson who later edited the notes into this report.

CONTENTS

A. Taking action, developing a plan and getting started
- Collaboration within the Cree Board of Health
- Collaboration within Local Government
- Collaboration within Childcare Centres and Head Start Programs
- Collaboration within the Cree School Board

B. Where to begin
- Bullying in school
- Nutrition Program
- Preventing smoking
- Behavioural problems

C. Developing a plan of action for integrated services

D. Getting started
- Agencies to contact
- Goals
- Resources
- Miyupimaatisiiuwin curriculum

E. Interagency collaboration

## A. Taking action, developing a plan and getting started

Delegates working in the area of health and school programs in the areas of community health, mother and child health, nutrition, youth protection, childcare, Head Start and school administration, as well as people working for local government in recreation and Brighter Futures programs, participated in two sessions on this topic.

When introducing themselves, delegates also presented an example of integration of community services they had observed in their community. From this, everyone understood that a level of integration already exists and can now be consciously built upon.

### COLLABORATION WITHIN THE CREE BOARD OF HEALTH

- A nurse taught a diabetes prevention program in school and then after a few years the teachers took responsibility.
- A nurse in Chisasibi collaborates with schools for the vaccination program and would like to do more school-based prevention.
- A Health Board employee from Eastmain goes to the Childcare Centre to teach dental hygiene, nutrition and personal hygiene.
- A Youth Protection worker described how, when placing children in foster homes, she/he must collaborate with the foster parents, nurses and doctors.

- The children are sometimes from families where alcohol problems lead to neglect. The Youth Protection worker must plan intervention and treatment and also work closely with the police to protect victims and charge offenders.
- The nutritionists work with clinics teaching the Community Health Representatives and nurses. They also visit stores and restaurants to promote healthy foods and now visit child-care centres as well.

### COLLABORATION WITHIN LOCAL GOVERNMENT

- A recreation worker from Whapmagoostui co-ordinates minor sports for kids aged 4 to 15 and looks for money to take the teams to other communities. She works with the gym teacher and the Inuit people.
- The Bright Futures Co-ordinator from a small community is involved in setting up a wellness centre that will include school programs. She is also involved in setting up summer programs.

### COLLABORATION WITHIN CHILDCARE CENTRES AND HEAD START PROGRAMS

- A Childcare Centre Educator from Nemaska works in an area where collaboration is needed.
- The Childcare Worker and Home Visit Educator from Ouje Bougoumou described her collaboration with parents in the home visit program. The home visitor also works with recreation, public health and other people who arrange activities in the community.

### COLLABORATION WITHIN THE CREE SCHOOL BOARD

- The Principal of Wemindji is promoting a school-in-the-community approach and is interested in testing the Cree School Health Curriculum materials. Health and physical education will be together in the new curriculum. A Youth Protection worker from Waswanipi said the Cree Curriculum should be implemented.

## B. Where to begin

The facilitator based the workshop introduction on the material provided in the workshop binder, *Interagency Collaboration Guidelines for Schools*, produced by Sparrow Lake Alliance, Education Task Force, 1994 (see Appendix I). The participants were invited to form small groups to collaborate on finding further ways to promote integration of services and to develop them into an action plan. The emphasis was on immediate, practical examples that were related to their own situations. Each group chose one person to present their ideas but others were encouraged to add to the presentation.

The groups focused on the following topics as possible areas of community life that may be improved by collaborative integration of services. They were considered to be examples of how the participants themselves could begin the integrative process.

### BULLYING IN SCHOOL

- Meeting with principals, parents and children to find out the cause of the problem, get suggestions to help deal with it – provides collaboration of those directly involved.
- Invite elders to speak to the children about bullying – this extends the collaboration to the wider community.

### Nutrition program

- This is already in place and is a good example of interagency collaboration between health services and schools. Continuing to maintain and find new ways to develop the link is important.

### Preventing smoking

- Contact between parents, teachers, principal and the CLSC is necessary – this will ensure an integrated community approach.
- Set a date for planning sessions involving all concerned and brainstorm effective ideas for prevention
- Make sure that each agency knows its role and responsibility so that services are not duplicated.
- The clinic, CLSC and school, work together to get the students involved in the prevention program

### Behavioural problems

- A contact person can set up a meeting with agencies involved on how to deal with the problem. "What can we do to help?" This may include parents, Head Start co-ordinator, those involved with the Childcare centre, occupational therapist, consultant, the Health Board and psychologist.
- Provide workshops on parenting skills – "Nobody's perfect".
- Educators can learn how to work with the child, perhaps through groups such as the "Learning Associates" in Montreal

## C. Developing a plan of action for integrated services

- Parents can be invited to visit the school as an initial first step.
- A program co-ordinator needs the time and dedication to form a core team. (A school committee member may be able to fill this role.)
- Principal, teachers, school committee members, Community Health Representatives and Student Affairs Technicians can form a team as stakeholders in the community.
- Begin small and work on meeting student needs. Agree on a vision of integrated services. Work together and be sure to evaluate the resulting services.
- 'Head Start' and 'education' may be a good focus for the co-ordinator at the start.
- Set objectives for the team.

## D. Getting started

- Children need to see teachers and parents working together
- A good place may involve participating in gym time
- Contact gym teacher
- Set a time and date
- Develop schedule according to the parents needs
- Student Affairs Technician may pick up parents as needed
- Parents sign in upon attending gym class (helps provide an evaluation of project)

**AGENCIES TO CONTACT:** SOCIAL SERVICES, PARENTS, HEAD START, SCHOOL

## GOALS

- Contact the agencies for a meeting
- Send letters to parents
- Gather information for the workshop
- Call principal to remind of plans
- Notify teachers – memo may be sent

## RESOURCES

- Ask for pamphlets from social services for parents
- Cree Health Board
- Cree School Board

## MIYUPIMAATISIIUWIN CURRICULUM

Opportunities exist for collaboration between teachers and health services on various topics.

- Eating well – recommendation for fresh fruits, vegetables and berries (e.g. Head Start).
- Diet and diabetes – integrate with the School Board in school – do preventive work with kids (e.g. Community Health Representative) especially younger kids
- Teamwork – adults unable to work together (Youth Chief)
- Quit for Life – provide a real-life example – a role model with a personal story. Time it to coincide with Non-Smoking Week.

## INTERAGENCY COLLABORATION

Some examples of collaborative possibilities for the participants:

| Participant | Agency for collaboration |
| --- | --- |
| Home visits | Head Start and School |
| Youth Chief | Recreation and parents |
| Community Worker/Youth Protection | School |
| Childcare | Band Council |
| Wellness Co-ordinator | Elders, kids, youth and seeking funds |
| Deputy Chief | The Health Board, School Board, Principal and Youth Council |

## 5.3 Report of the workshop on youth aged 13 to 18 and their families

Issues with youth aged 13 to 18 may involve recreation, schooling, sexuality and the availability and suitability of services. Another area of concern is whether issues affecting youth – such as school drop out – are being identified and addressed. This is an area where good communication and collaboration is required between family, school, health services, social services, youth centres, public health and community recreation.

Jean-Claude Dargis facilitated the workshops on this topic. The notes from the sessions were compiled into one report with additional editorial comments.

CONTENTS

**A.** School related issues

**B.** Problems in doing something:

**C.** Problems of doing too much

**D.** Institutionalising the children

**E.** Background issues concerning youth

**F.** Solutions suggested

The participants identified four main problem areas: issues concerning the school, problems of 'doing' (both a problem in making something happen and in doing too much) and the changing role of parents as entities take on responsibility for the raising of children.

## A. School related issues

Overall, Eeyou Istchee has developed a culture of non-success in school. This appears in two ways. Those who get through secondary and are our top students often are finding the transition to CEGEP very difficult. This should not be the case for our top students. Others that make up between 85% and 90% are dropping out before they complete Secondary 5. In fact, about half of our students are dropping out between Secondary 1 and Secondary 2.

Long before many of these students physically leave the school premises and become 'drop-outs', they have already 'dropped-out-of-learning'. As this begins to happen, students are placed in the Independent Learning Program or ILP. Although they are physically in school, they are behind those in regular class. As several delegates pointed out, the numbers of students in these programs needs to be questioned: is it an alternative program or becoming the main one?

As students are not motivated, few of them graduate. One delegate pointed out that graduating has nothing to do with ability but everything to do with how a student is able to handle the culture of schooling that favours non-success. Delegates felt that unless youth in school become motivated as students, believing and seeing evidence that it is possible to graduate, this situation is unlikely to change.

The principal question of this session is: 'as parents of these children, what can the community do to ensure their success?' Delegates discussed this from various angles. One pointed out that children pick up attitudes that conflict with success in school. "My kid is 15 and doesn't go to school. He idolises his grandfather and wants to be in the bush." This raises the further question of why it should be incompatible for a youth to learn life in the bush and at the same time complete school? Why is the system so rigid that Cree schooling excludes traditional Cree education? (However, see Chapter 4.2.2 B., Eds.)

Attitudes that conflict with school success are also strongly promoted by peer pressure. Some felt this could be considered the number one problem. Students may want to do well but, when complimented on doing well in school, they become afraid of losing status with their own age group. Gossip is used to bring successful students into line, and is an insidious form of bullying. Youth are also running the streets at night

and youth violence, which until recently was unheard of, is becoming commonplace in some communities.

In talking about the culture of non-success, how are parents involved in the education of their children and how can they become more involved? If knowledge is power; then parents themselves need to be educated about the school and the educational system. Parents need to develop some understanding of what the schools should be, as opposed to what is happening at present, so they will be in a position to stand up for their children's need for and right to a successful education.

At present, most parents do not know their role in the schools. The responsibility for educating parents about their role lies with the community school commissioners, as each represents the interests of the community with the School Board. For a start, a group of parents might examine how much of the total budget is spent on the administration of the schools and how much of that budget is being spent on programs that will address the non-success of our children.

Delegates also pointed out that attitudes that conflict with success can also be found within the school staff: some teachers seem to be there more for themselves than for the children.

The discussion of the culture of non-success in schools brought up issues specific to the organisation and structure of the schools. Several delegates mentioned that the Cree language of instruction program may be creating specific pressures on students that neither schools nor parents are addressing. One delegate felt that not enough attention had been given to the transition to English, which should be but is not, taught as a second language. Are we recognising the pressures facing youth suddenly switching their language of instruction?

Another concern about curriculum queried if children are being taught their own history? How many students in Secondary 2 have a clear understanding of the James Bay and Northern Quebec Agreement and their position as a beneficiary of the Agreement within Quebec and Canada?

As well, some delegates wondered if having a single school building with no physical transition between elementary and secondary schools was having some impact on the dropout before Secondary 2?

## B. Problems in doing something

Some delegates pointed out that we seem to be stuck in the problem identification stage and this workshop itself is an example. We make recommendations all the time but nothing happens. What do we need to do to move past this stage?

There are not enough activities in the communities for families to do with their children. And activities directed at youth seem to target specific age groups and interests and not others. This means that for many youth there are no appropriately organised activities.

The lack of participation and volunteering by adults hinders the development of more activities. A delegate pointed out that a small group of people with jobs does all the volunteering and others never help out. But it was pointed out that this example does not apply everywhere. Volunteering around food preparation can be very extensive and involve many different women.

Perhaps the problem of volunteering concerns certain kinds of activities and not others. There is definitely a need for more volunteers in the communities, however communities need to make sure that people know how to volunteer and are encouraged to get involved, especially parents.

## C. Problems of doing too much

While there are many activities that do not happen, hockey and broomball monopolise recreational activities. Another area where doing too much may be counter-productive is giving children too much and making it too easy for them.

## D. Institutionalising the children

The way that children are being raised has changed dramatically. Now each community has a childcare centre, kindergarten, school, boarding home program, social services and Youth Protection Services. Parents are more and more giving up responsibility for their child. What is the parents' role today with raising their children?

At one time parents would never think about abdicating responsibility for their children and all adults were expected to teach the children of the community. Now, parents become angry if an adult reprimands their child for misbehaving in public, but at the same time they are giving up responsibility for their child earlier and earlier.

As parents give up responsibility for their child, the child becomes uprooted within the family and the community. Who is now responsible for the child?

We have forgotten that we did not have people working to do social interventions fifty years ago. The mentality now is that someone else or some other department is responsible. This is a result of colonisation and it is up to us to begin the process to change this.

## E. Background issues concerning youth aged 13 to 18

### RESIDENTIAL SCHOOLING

With residential schooling, children were removed for seven years. What impact did this have on the notion of parental responsibility for one's children? In many cases the parents or grandparents were raised in residential schools. We are seeing an intergenerational effect in the children today.

### CURRICULUM AND CONTENT

Is the curriculum content appropriate for Cree children? Often we have been taught in school to look down upon our own people and our own history.

### WHAT DO WE ASSOCIATE WITH THE TERM 'YOUTH'?

- trouble, school, fashion, parents, music, energy, goals, confusion

### What do we associate with the term 'Trouble and Youth'?

- school, behaviour with parents and authorities.

### WHAT IS INTEGRATION?

- bannock and jam
- team work
- reviewing old ways of working and other things
- same goals and objectives; coming together

- intimidation
- jealousy
- stubbornness
- obligations
- language barriers
- communication barriers between staff and management
- policies or lack of policies
- resistance from people who have been there a long, long time
- constructive criticism

### ADVANTAGES TO INTEGRATION

Integration will build confidence, as it will result in more open communication and more contacts and meetings between different people.

## F.  Solutions suggested

To begin, we might practice developing co-operation at home and once we have it figured out, bring it into our workplaces. After all, working together is part of Cree cultural tradition.

In general, we need to work to improve communication within our families, work places and communities.

In working towards integration, we need to take our time. When we conduct our meetings to talk about affairs, we need to communicate in our own language with translation into English and French as needed. We should be looking within the community to identify our values and to see how we can work things out better.

We need to consult with the youth to decide our direction. Give the youth an opportunity to discuss what they are doing and the impact it has on the community and find ways to include all youth and the means to get them to discuss openly. They may have a solution. This could be done in many different ways, such as suggestion boxes; surveys conducted by students; compiling the services that are available and making resource kits.

Once we know where we want to go, we should never be afraid to approach people, departments and entities directly and see if they are interested in joining us. We need to be 'proactive'. This is one way we will begin to break down barriers that are preventing effective collaboration

Training should be part of our agenda. We need to educate and train youth and people who are working with youth about working together, such as, for example, people involved with youth protection.

We need to be encouraging traditional activities such as canoe brigades that paddle down river like our ancestors. The people involved will be learning traditional activities and values as they go. Once we have a successful project, we need to put things into place to make it ongoing. Examples are well-organised hockey tournaments, canoe excursions, day camps.

Schools have a role to play in letting youth know that adults know what is going on. It would be interesting to hear what parents know about what their kids are up to and what they think about it. Kids think they act in private but everyone knows what is happening. Communities need to take back the night from the youth. In Mistissini some adults one time went out on patrol to take back the streets. Youth were pleasantly surprised.

In this regard, the role of Social Services needs to be explained and Social Services needs to share knowledge about issues to do with being parents. A NNADAP worker showed that kids want discipline and guidelines. If we give kids a consequence-free life we are not being fair to them. We need to find innovative ways of getting information to parents. Rather than expecting parents to come to the school, the school might try meeting them in their own home environment. Overall, our focus should be the family in the home and in the community. The children have a better chance if their home environment and community are strong and supportive.

## 5.4 Workshops on children with special needs and their families

Good co-operation between services is essential in order to have adequate information about the numbers of children with special needs and to do long-term planning to meet their needs as they grow. Services for this group concern questions of early identification, assessment, training and intervention planning, all of which require collaboration between different groups, including the families of the children. Parents are now demanding greater voice in planning and delivery of services for their children and more support for their families.

Three sessions, facilitated by Lorraine Leduc, were held on the topic of Children with Special Needs. The participants identified problems that are present in integrating services and possible solutions and described their experiences with special needs. These workshops made extensive recommendations and these are found in Chapter 8.

### CONTENTS

**A.** Sharing experiences about children with special needs

**B.** The present situation:
- Services provided
- Lack of services
- Lack of financial resources

**C.** Recommendations: see Chapter 8

### A. Sharing experiences about children with special needs

Two women involved in the health and social fields described working with a four-year-old special needs child who is still in diapers. Lorraine mentioned there is a program to help cover the cost of the diapers and this program can be accessed through a toll free number. The child needs a medical assessment.

Another participant pointed out that her experience in dealing with her late father's Parkinson's disease could be used to help others.

A Community Health Representative said that when their mother was hospitalised for three years, her five year old sister, who has epilepsy and is paralysed, was taken away outside of the community where she received an education. Her sister, who now lives with the CHR and her family, is working with people who have the same condition.

A mental health worker pointed out that a healing process for those with disability is very important. Support of the parents is necessary. The worker's community requires a respite home, an activity centre and an emergency centre. The local government had applied to have a house converted to a respite centre to relieve parents. This would have involved ten to fifteen families. As the project did not receive financing, it has not advanced. If it goes through, training will be required.

A community worker said there is a lack of support for families. As a result, the support falls entirely upon the Home Care Worker.

Another case concerns a 3-year-old child in the Childcare Centre. The child has good family support but the only social activities are at the Centre and home. There is a lack of services from the clinic: there are no follow-ups or proper procedures followed by proper assessments

Another example is a special needs child was born normal but became handicapped after an illness. This child needs a speech therapist at school.

## B. The present situation (See Chapter 8 for recommendations)

### SERVICES PROVIDED

Childcare Centres take some children and, in some communities, younger children with disabilities receive care from the Head Start Program.

The School Board has identified 380 children with special needs. The Board takes disabled children and children with intellectual handicaps from 4 years and older. Prior to that they are left at home. Adolescents with special needs are integrated into the school but there are no activities outside of the regular school time for them.

The School Board and Health Board have limited screening and assessment available. Autistic children have few resources.

At the Health Board, Social Services will pay for respite care but the Home Care Program is very basic and the services are not sufficient. A Community Health Representative described the nutrition program, which she feels should have age appropriate classes and, most critically, more follow-up.

### LACK OF SERVICES

There was a discussion about how the gap between the needs of children with special needs and the availability of resources results in children being sent out of the territory in order to access services that respond to their special needs. The following concerns were mentioned.

In one community, at least four children are being fostered outside of the territory for special care. There is a need for care to be provided in the community.

Autistic children are sent outside of the territory to receive services. A nurse described the case of an autistic child where there is no support in the community for family members. The child was in hospital for four months in Chisasibi and is now in Dixville.

The School and Health Boards could provide some kind of help at the beginning, such as the Teach Program or Autistic Training given by McGill University. They could look into the cost of sending a patient out versus the cost of bringing a person here to train people from the community.

Inside the communities, there are not enough foster homes for handicapped youth. The issue of the older youth in the Shaweimakinch Centre in Chisasibi also needs to be addressed. These youth are now 16 to 20 years of age. Some students with special needs, such as a child with Down's Syndrome, are attending school up to the age of 21 years of age while there is a lack of space in the school. This is a problem. We need to develop small group homes for older adults in small communities

### LACK OF FINANCIAL RESOURCES

There are insufficient funds at the CLSC for special needs programs. For example, there are no funds for emergency and baby sitting services. There is also a lack of day camps and no funds to send special needs persons to specialised camps.

Overall, funding is lacking for services for special needs (such as, for example, professional trainers and people to assist young children with their integration into the school).

In conclusion, people should know that the recommendations of parents with special needs children can carry a lot of weight.

## 5.5 Workshop on youth under Youth Protection and their families

Youth Protection is a special area of concern because it is legally prescribed with a very precise mandate. With less overall flexibility in how services are delivered, good planning for inter-organisational communication and collaboration is important. For example, all services dealing with children and youth under Youth Protection, however peripherally, need to be up-to-date at all times about changes to the Act. At the same time, public campaigns to inform the community are also important, especially so that the role of Youth Protection services can be understood.

Guy Poudrier facilitated the two sessions on this topic.

### CONTENTS

**A.** Reporting process for Youth Protection cases

    Concerns

    Clarification of roles

    What others are doing

    Solutions for improvement

**B.** Training and sharing information on Youth Protection

    Past experience with Youth Protection Training

    Is there a need for training in Youth Protection?

    Solutions for improvements

**C.** Issues in connecting and working together

    Decision making

    Making linkages /sharing of resources

    Question of Co-ordination

    Solutions

**D.** What others are doing "one community's experience in connecting"

**E.** What are the concrete things we need to do?

**F.** Comments from the participants to their managers

### A. Reporting process for youth protection cases

#### CONCERNS

People from some communities were concerned there was no mutual communication back to the School once the School had reported youth protection cases. At times, referrals had been put on hold because workers had been absent for training. In general, when people have made a referral they would like some acknowledgement that something is being done with the case.

#### CLARIFICATION OF ROLES

Since the introduction of the CLSC model, which assigns workers as a CLSC Community Worker or a Youth Protection Worker, workers have the sense of working together less than before. The division in their roles has made it difficult for teamwork to happen. One of the roles of the CLSC Community Worker is to do the in-take of all referrals and then forward them to the Youth Protection Community Worker for assessment. However, this is not what happens. Those who make referrals from outside of the organisation are never certain how referrals should be channelled. As a result, some referrals fall within the cracks. This leads to frustration for everyone. For those who made the referral – and raised the concern for the child or youth – they often feel devastated to find that nothing has been done to help.

### WHAT OTHERS ARE DOING

In some communities, Youth Protection and CLSC workers work closely with the schools by giving feedback to the school through the CLSC Worker. They explain what they have done with the referral and the follow-up. In general, they are obliged by law to acknowledge by phone or by letter. Legally they are not to give any more than that. They have feedback forms and most workers do use them.

In some communities the workers meet with the school when a situation needs immediate attention. By having a discussion, the school becomes aware of what is being done. A full report is usually not given on what is being done. If there are changes, the school is notified.

In some communities, Youth Protection and CLSC workers provide information through community presentations. These are an effective way to promote exchanges among community members. This helps to clarify the role of workers.

One community gave an example of a community resolution requesting that all health and social service workers present their roles as workers to the community. The School Board was not asked to do the same.

### SOLUTIONS FOR IMPROVEMENT

If transfers are made, the Professional Support usually knows. She or he is the person to contact for all questions regarding the follow-up of referrals.

A community meeting of the personnel is a simple means to inform everyone of how services are set up.

At the beginning of each school year, it would be simple for the school and Youth Protection to meet and discuss the channels for referrals at that time as these can change from to time.

One Youth Protection office, has set up an internal information system to keep track of what has been done and not done.

## B. Training and sharing information on Youth Protection

### PAST EXPERIENCE WITH YOUTH PROTECTION TRAINING

A few years ago, a two-week training was provided about Youth Protection for police, youth protection workers and school personnel. Even though the Health Board made a formal invitation only a few representatives from the school and police came to attend. At present, a similar training is being planned. School workers have been asking for this type of training but when they happen, they do not get the information and, as a result, they do not attend. It is often a question of budget. This is an example of where organisations need to collaborate.

There is already a shift happening in the communities as shown by the efforts made in sharing. The School Board needs to be part of this. The School Board does not do enough training for their workers. School staff would want to go to training and would be better if the school supported that instead of making their staff feel like they have to manipulate the system to attend workshops or training. We have the necessary support and the training for teachers. What about the rest of School Board employees?

### IS THERE A NEED FOR TRAINING IN YOUTH PROTECTION?

Youth Protection is an essential service and is available 24 hours. Emergency Workers are available to provide services after office hours and on weekends and are expected to respond to

all emergencies. These Emergency Workers are often hired and expected to work immediately without any knowledge of Youth Protection or the Young Offenders Act. The Youth Protection Workers are expected to provide that training despite their heavy workload.

### SOLUTIONS FOR IMPROVEMENTS

Youth Protection needs to educate everybody and a good way is to plan youth protection training or other similar types of training in the communities. Ensure that all frontline workers know the Youth Protection Act/Young Offenders Act. If everyone is involved in the planning, the training will be more effective. This is an activity to promote integration. This would decrease the blame and confusion and promote communication among everyone in the community.

At the same time, have budgets in place so that people can attend these types of training. Non-attendance is usually a problem of budget.

To help with the budgeting, share the costs among entities. We all know there is a need to come together. This way people will make an effort to go.

## C. Reporting Issues in connecting and working together

### DECISION MAKING

There was some discussion about decision making and its impact on people working together, whether it be at the level of the provincial government, Cree government, local government or the at the management level of Cree institutions. The critical questions are:

- Who is making the decisions?
- Is it the people or the politicians? People tend to stay away when it gets political.
- Is the decision based on a territorial question?

In an example of what can be imposed through legislation, a worker described the following:

"When I worked for Youth Protection, I always asked why the people were not ever asked if they wanted to apply the Youth Protection Act. They were made to apply it because the funding comes from the government to apply the Youth Protection Law. There are still a lot of things we need to clarify. Communities are starting to question why we apply the law (Youth Protection Law)? Are we working for the children? Or are we applying the law because we have the money to apply it? Can we come together in the community? Is there something we can do?"

While some communities welcome health providers to come into their schools, other communities lack that opportunity. One participant describes what is common for some communities. "In 1984, when NNADAP was first set up, School Board personnel were involved in the same training as the NNADAP workers. This training was given so that both groups would collaborate in implementing prevention programs on alcohol and drugs. Presently, these programs do not exist to deal with the increase of solvent abuse. There are conflicts between the School and Health Boards that prevent the NNADAP workers from going into the school. This seems to be the case with other health services. Health service workers used to have an office to work from inside of the school but that office is no longer available as space is needed by the school."

One suggestion here was to make more use of the Parent Committees. If parents support it, the teachers will become sensitised. It is possible for it to work. Another suggestion was to be more concrete and specific. We should talk to the schools to find out when is best to go into the schools so does not conflict with other academic activities.

At the Health Board, management seems to be a priority and there are not enough frontline workers to do community work. As a result, the Community Workers do not have time for prevention work.

### Making linkages / sharing of resources

As more and more communities develop Wellness Centres, issues were raised of their recognition as a resource and how the links can be established to have them connected to other helping services. At this time, the Wellness Centres in some communities have difficulty in working, in particular, with Youth Protection due to confidentiality rules. There seems to be a feeling that one institution's policies are keeping them divided. Another issue in having two resources like social services and wellness centres is that when people do not get from one resource they go get it from the other. This is not a problem as long as services are not duplicated and all resources are aware. Where there is a problem is that sometimes people are being sent from one source to another and often people end up not getting anything.

### Question of co-ordination

In one community, there has been work to start networking within the community. Two sessions were held and there was a lot of sharing and input by all those involved. The problem was there was no one to co-ordinate the network.

### Solutions

In terms of connecting with other resources to assist a client, it is possible to work together if you get permission from the client (La Loi Scolaire).

In the schools, parents have been asked to sign forms for testing, assessments for their children, etc. and these requests are specific.

## D. What others are doing "one community's experience in connecting"

"Social services do not have a family therapist and the school does. But Social Services cannot use that therapist because the school pays the therapist. So we went to the Local Government through the Public Health office to help us. They agreed to help us and pay for the therapist but then we needed a place for that person to stay so the Cree Health Board provided the lodging. We are starting to connect now. One of the Community Workers at Social Services also works for the Local Government. If people want a service and we do not have it, we encourage people to go after other resources. We help them access the service they need that we do not have."

## E. What are the concrete things we need to do?

- Start working towards a better relationship and communication.
- Start talking, meeting and open more doors. Continue what we started here at the workshops.
- Have a meeting after we return to our communities and invite all those people who came here
- Also share information about this workshop with other people.
- We all need to go back and start meeting with our staff and then with other community groups.
- Get the managers to meet with staff to get to know them.
- Continue sharing with other communities.

### WHO WILL TAKE THE LEAD?

One participant briefly mentioned the School Health Protocol (see Appendix F) between the Cree School Board and Cree Health Board and the work that has started. The two organisations have set up five working groups to look at the five areas: social and mental health programs and services, health education programs, health programs and services, services for students with special needs and placement programs and services (see Appendix G).

### WHAT CAN WE EXPECT TO SEE AFTER THIS WORKSHOP?

All four organisations working together to improve health to children and youth and come up with solutions at all levels i.e. regional local and grassroots.

Having the two organisations makes the development of common goals and themes a priority.

### HOW CAN WE BE SURE OF A FOLLOW-UP?

Cree Health Board needs to work to integrate within its organisation so that every one is able to work together.

The two organisations, the Health Board and the School Board, have started discussions between the two organisations.

The schools in the communities should contact the Health Board when they see that no action is being taken on student referrals.

## F. Comments from the participants to their managers

"Investing the time to do this is very productive. It is helping us exchange, learn and change perceptions ...it is for the benefit of children."

"It is more cost effective to do this."

"It is a good investment. It is a sure thing. It is not a gamble."

"My perception of Social Services is different after being here. Getting a chance to meet and discuss with other people. We are not being ignored."

## 5.6 Workshop on children living in boarding and foster homes and their families

This session looked at the situation of children who are growing up outside of the care of their families through the boarding home program of the Cree School Board and the various fostering programs – foster homes, group homes, rehabilitation centre – of the Cree Board of Health. One immediate issue concerns the fact that two organisations both have responsibility for training, quality control, supervision and financing of foster and boarding homes. Should these functions be integrated? How could this happen? Overall, how well are our boarding/fostering programs providing for the health, well-being and educational success of children and youth who growing up in these programs?

Bill Mussell facilitated two sessions for the workshop on Boarding and Fostering.

### CONTENT

**A.** The emotional needs of children

**B.** A possible model or framework for integrated services

**C.** 'Genuineness' or being 'real' to one's self

**D.** Issues in boarding and fostering of children

- Benefits of Wholeness – personal balance and harmony
- Recruitment for fostering

- Extended family placement
- Classic Examples from Youth Protection

**E.** Considerations

- What and how of recruiting foster homes.
- How to reach desired potential parents?

**F.** Recommendations are made based on comments made at this workshop

### A. The emotional needs of children

The facilitator opened the discussion of fostering children by asking what is essential for children to meet their spiritual, emotional, intellectual and physical needs. He pointed out that in most communities, children's needs are often identified with their physical needs. However, communities are less likely to focus on children's emotional needs. Emotional needs include positive recognition and being acknowledged, as simply as with a smile and unconditional acceptance as a unique human being. It also encompasses understanding which children who are abused often lack, as they have no one in which they can safely confide. When this need is unmet in children, foster parents could play an important role. Emotionally, children also need love, which is a reciprocal feeling towards another person where we do not want to change them. And finally, emotional needs of children require an adult to set limits such as curfews or limits to work or play, and also discipline, which is being able to postpone the need for immediate gratification.

According to the facilitator, the last two needs – setting limits and discipline – are perhaps the weakest points in many First Nation's families.

Children and youth satisfy their emotional needs through home, school and friends. If the home does not meet the emotional needs of the child, the child will try to fill this need outside the home. For the child does not only live within the home but also, and equally, at school and with friends,

A person grows emotionally through relationship with others; which means that, for a child or a helper to grow, he or she needs mentoring or support from somebody that is at a higher level of emotional growth.

## B. A possible model or framework for integrated services

The workshop facilitator provided some discussion on a possible model or framework for integrated services.

Community                                                                    Health

Most participants saw promise for this framework to explain the importance of integrated services and the pooling of human and financial resources to prepare and equip children and youth for their tomorrows.

Spiritual Needs | Physical Needs

Intellectual Needs | Emotional Needs

Education                                                      Social Services
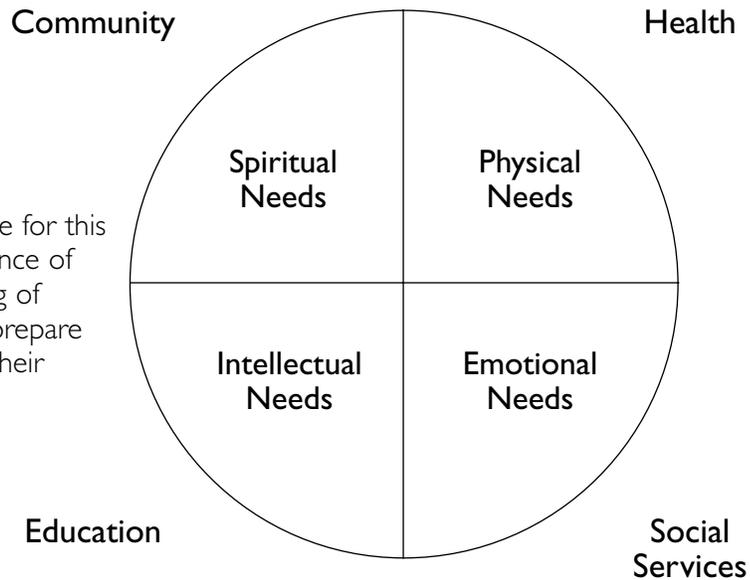
## C. 'Genuineness' or being 'real' to one's self

Bill explained why 'genuineness' or being 'real' to one's self is necessary if one is to be personally effective.

NESTED LEVELS

National / Institutional

Community

Family

Personal

'Real' Self                False Self
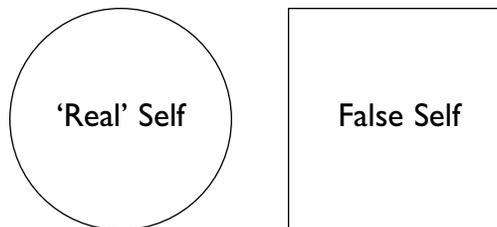
It takes a lot of energy or training to support a "false self" while living life each day after day and having to protect this self by keeping others at a distance; controlling what is said and done; while trying to be interesting, attractive and worthy of recognition. To change this "face", one needs to get in touch with inner feelings. Usually these inner feelings are expressions of anger. One needs to find ways to release these in the proper situation. A proper situation is one where the expression of the feeling is part of a discussion of 'what happened' and one is able to then identify the effects of what happened. This gives one the possibility of considering new ways to heal or renew the self and show the world the true or real or genuine self. This process often involves a skilled counsellor doing one-to-one or small group work.

A delegate provided a good example to the group. If we are committed to self-government, it is important that we recognise the need for this kind of transformation for workers, leaders and others.

## D. Issues in boarding and fostering of children

The workshop participants identified nine topics, although it was not possible to cover all in the time of the session:

- What and how of recruiting foster homes?
- How to reach desired potential parents?
- Describe emotional effects of placement on children.
- Should we work with natural family after a child's removed?
- What and how regarding support for foster parents?
- Need for group home(s) for students?
- A hostel for students?
- Best training for foster parents, including budgeting?
- Selection criteria for foster parents?

The workshop discussed three of the eight topics identified at the beginning: the benefits of personal balance and harmony, issues in placing children outside the home and considerations in placing children outside the home.

### BENEFITS OF WHOLENESS – PERSONAL BALANCE AND HARMONY

Picture a circle consisting of a hundred criss-crossing narrow bracelets that overlap at each end of the circle. Person A is at the end where the bracelets all come together. Person A enjoys balance and harmony, emotional maturity and spiritual wellness. Person A has choice of many directions to take. S/he enjoys freedom of choice and has potential to be successful in decisions made.

Person N is in the middle of one bracelet. Person N has not enjoyed personal growth – emotionally or spiritually and has had difficulties learning. Person N has three choices at most: go in either of two directions or remain where s/he is.

Building a nurturing relationship with A, N has a good chance of enjoying personal growth over time. A person grows emotionally through relationship with others who are more accepting, understanding and considerate of others.

### RECRUITMENT FOR FOSTERING

There was some discussion regarding the practice of foster care and boarding home recruitment. In British Columbia, an aboriginal foster home association plays an important role in training, supporting and helping make guidelines for First Nations foster homes.

However, taking over responsibility for fostering as part of self-government entails responsibilities, obligations and an active approach. The facilitator told the story of a First Nation that took over Social Services and took ten years to do an assessment of the quality of the services they were delivering. It was only then that they realised that they had not improved much on the services that had been given before by mainstream society. In this case, what difference did self-government make for the children who were in care?

### Extended family placement

There is a tendency to place children in care with the extended family. The Cree School Board asks the parents and sometimes even the child where they would like the child to board. The Cree Health Board also seeks potential foster homes within the extended family.

In these types of placements, there is generally less stress for the child. However, this kind of placement could provide some conflict for the parents depending upon the family history. And there is no signed contract or agreement that spells out who does what, under certain circumstances, etc.

There is also an underside in the motivation to allow children to be placed in boarding and fostering in Eeyou Istchee.

At present in Eeyou Istchee, the School Board discourages 'caregiving' for money only. However, some foster parents only show up at the school to pick up a cheque. They never show up to see the child's work or to meet the child's teacher. For this reason, some children feel used when they are placed in foster homes mainly for economic reasons. Many parents are much too dependent upon agencies like the School Board and Health Board to support their children financially, including other benefits such as clothing.

### Classic Examples from Youth Protection

Youth lives in an unsafe environment of abuse. The Youth is taken away from home. and put in a group home in Montreal. This person is never asked why he or she is misbehaving. At the time this person feels punished for being abused. The person comes home, marries, and raises children who are in turn placed in a group home by the same Youth Protection Services. It becomes a vicious circle. Finally this person heals himself or herself and gets the family back. Youth Protection closes the file without any counselling.

## E. Considerations

### What and how of recruiting foster homes

The entities can seek out to find desirable parents and caregivers and invite them to become foster parents. Desirable potential foster parents are those who take pride in self-care, self sufficiency and value children and their development. To attract and keep desired foster parents, the entities can provide quality education and training opportunities.

### How to reach desired potential parents?

It is important for workers and potential foster parents to understand the emotional effects on children of being placed outside the home and immediate family. Any kind of disruption in a child's life can have serious effects that only the child truly 'knows' so it is very important for the child to be comfortable enough to talk about his or her feelings. Education and training are essential for foster and boarding parents because a child's emotional health, like physical and intellectual well-being, go a long ways towards providing him or her for a productive tomorrow

Should we work with the natural family after a child has been removed? When a child or children are removed from parent or parents and there is promise of reuniting the family unit, therapeutic work with the natural family is very desirable. Healthy families make healthy communities.

What and how regarding support for foster parents? It is also important to make meaningful support for foster parents so they can enjoy more satisfaction from efforts made to assist, support and guide young people in their care. Training for foster home parents should be of high quality and also include budgeting. Agencies selecting foster homes should be using criteria based on standards.

In some areas where good foster homes cannot be found, a group home for students with a family-like staff might be a better alternative.

## F.   Recommendations are made based on comments made at this workshop

The Cree Health Board is in the process of partially implementing a foster home program with workers who will assume a more specialised role (working only with foster homes).

As a result of this workshop, the following are other considerations to assist the Health Board in setting up program guidelines for foster care and in defining the roles and responsibilities of the workers. These considerations also apply to the School Board's Boarding Home Program.

There should be quality, organised training for foster and boarding homes as well as an on-going program of support. This would involve better screening of foster homes than exists at present. Foster homes should be evaluated. With the assistance of elders, these programs need to integrate traditional values concerning the care of children and the responsibility of adults into their mandates and operating plans.

Caregivers in foster and boarding homes should have a voice in how these programs are running and they should also receive information from social or psychological assessments that will help them understand the child's needs. The agencies should have an intervention plan with specific goals for each child and this should be part of the information shared with the foster and boarding homes. Children who are placed should have regular follow-up from the agencies to ensure that the quality of their care is appropriate.

Specifically, considering the amount of dollars spend on foster and boarding home care, the Cree Health Board and Cree School Board should collaborate to improve the quality of care for youth in placement. This would include areas in training, guidelines, assessments, etc.

The boarding home program of the Cree School Board should put more emphasis on the emotional needs of the students.

The parents who are on the Income Security Program do not spend enough time with their children. The guidelines of the Income Security Program that penalise them if they do not spend so much time in the bush should be reviewed.

The school (educational personnel) should be involved in finding solutions for improving foster and boarding home care

## 5.7 Workshop on management issues in integrating services

Three of the invited guests – Jean-Claude Dargis, Bill Mussell and Guy Poudrier – had experience in developing integrated services within health services, social services, educational institutions and First Nations organisations. Delegates working as managers within the Health Board, School Board and Youth Councils attended these sessions to discuss management issues in integrating services. Bill Mussell facilitated the first workshop and Guy Poudrier the second.

### CONTENT

**A.** First session on management issues

- A model for management to start integration services.

**B.** The second workshop

- What are the issues in working together?
- What do we need to ensure that there is a follow-up?
- Highlights of the 2nd session on management

### A. First session on management issues

#### A MODEL FOR MANAGEMENT TO START INTEGRATION SERVICES

Board of Directors and Managers make the team. To work together, these persons require skill, understanding, co-operation and mutual respect or mutual dependence or co-reliance.

Three main management roles of a Board were discussed. The first is to establish long range plans, goals and objectives. The second is to provide guidance to managers. And the third is to report on the Board's success to managers

Board Responsibilities include: strategic planning, financial planning; policy development; financial monitoring and control; ventures or program initiatives; personal relations; community participation; strategic networking; and evaluation.

An Effective Manager needs to do the following: does careful, short, medium and long term plans; is a good organiser; is an effective strategist who knows relevant legislation, by-laws and policies; manages well; and possesses peace-making skills.

### Other topics proposed for consideration:

- The what, how and why of community programs
- How to implement a community vision
- How to implement traditional approaches in programs
- How to develop effective policies
- Practical implementation strategies for services
- Valuing of experience: how do we facilitate this? Some effective and talented resource persons are not included.
- Differences between management and administrative roles.
- How do we develop and implement the Cree best social practices (the 'best practice'' for Cree social development)?
- Learn management skills.
- Learn leadership skills.

- Why do we need western government models, laws, and procedures? Or why do we not have our own Cree governance structures and ways?
- How do we promote "belief in themselves" in the part of Cree people? Answers are within us.

**Recommended reading:**
Menno Boldt (1993) *Surviving as Indians*, University of Toronto Press

## B. The second workshop

### WHAT ARE THE ISSUES IN WORKING TOGETHER?

There is a need to address the common issues we have that make it difficult to work together. The following are only a few.

We need to agree on a common goal for how we are going to work together.

To start the process, we need to get to know each other. For the non-native people, they need to know about the Cree culture. They need to know about the people they are working for and with. At the same time, the high turnover of staff affects the teamwork. The initiative is there to work together but then the turnover of staff has an impact. A change in leadership and staff affects the continuity of initiatives that have been started. It is not the lack of interest, but rather the follow-up to keep it going that is an issue.

For example, the Youth Council has a strategic plan but did not continue once there was a turn over. The information did not continue through the staff change.

In another example, someone as a youth had been fortunate to have the same teacher for a long time. A teacher used to ask about the community and the students would show him and give him a tour. He got to know us this way. It is matter of communication. If something is there, it will work.

Right now there is no communication in the school where I come from. We see the teachers during school hours only. However, from the community side, people might show more appreciation for the teachers. These people are coming in to make a living and to help. People have to open the door a bit more if they expect teachers to become more integrated into the community. The School Committee could play an important role here.

We could explore and implement ways of keeping outsiders involved in the community. There are cultural departments in the communities. As part of the tourism planning, they could work with the Health and School Boards to develop an orientation package for people coming in to work in the community

This could be part of an orientation program within the School and Health Boards to facilitate the integration of non-native people who come to work in the community. This program could be structured in as a part of the hiring process and could be a priority for new comers.

> "When new teachers are coming in this fall, we are going to pair them with other teachers who have been there. This is one way of integrating them into the school and community."

> "In our community, we developed a video about the community and also a pamphlet for the teachers to have. We provided basic information about the ways of the people in the community but our community changes quickly and we need money to up-date it."

In another area, there needs to be constant feedback from worker to client on changes to programs and services. In another area, if our goal is serve communities, we need to know the needs of the children.

Maybe we need to make one issue a priority and create a project and work together on it.

Start a building process. Start communicating and get the community involved.

### WHAT DO WE NEED TO ENSURE THAT THERE IS A FOLLOW-UP?

There was discussion on the importance of getting the regional and local leadership involved because the success of a community project depends on the support from the leadership. "How", someone asked, "could that happen since the leadership from the regional and local level are not here to participate on the discussions at hand?" Delegates from some communities felt that their Chief and Council see themselves at the same level as and accountable to other leadership, rather than to the people. There is a need to work with these leaders to ensure that they are accountable to the community.

At the same time, as individuals we can all contribute: we can be leaders doing our own part.

The session made a recommendation to each Chief and Council to assume the leadership to start the process on integration. They have the authority to start an official communication process with other regional organisations. The local governments should began by asking the Cree Regional Authority to take on the leadership of informing all regional entities about the importance of integrating services.

### HIGHLIGHTS OF THE 2ND SESSION ON MANAGEMENT

There are weaknesses and pitfalls of bureaucratic models that need to be understood.

Self-managing implies a shift from a passive approach to an active one.

Holistic wellness is an important, vital pre-condition for someone acting as a frontline worker, parent, leader, and professional resource to be personally effective. Personal wholeness is required for balance and harmony.

Planning makes the world of uncertainty more manageable.

Planning, guided by a clear vision, is important for the creation of the structure that is best suited to meet priority goals and objectives. This applies both to separate entities and to a group of entities that service the whole nation and are committed to integrated services.

Practical planning guided by a community-based vision, and the use of evaluation methods will lead to known outcomes and results.

# 6 Community Action Plans

## 6.1 Introduction

On the first evening delegates met by service area or sector and on the second evening by community in order to discuss their own issues regarding integration, to make recommendations and to develop a plan.

For the community meetings, delegates were given the following instructions:

*You are meeting tonight by community to come up with your collective ideas about what all of you would like to see happen in YOUR community.*

*What do we mean by "ideas"?*

*You might have a Vision of where you would like to be in 5 years time.*

*If so, what is your vision and tell us how you might begin to move in that direction?*

*You might have some Goals for the near future that would advance you to a better position than today.*

*If so, what are your goals and tell us how you will begin to act on them?*

*You might have some very practical Recommendations for what you would like to do when you get home.*

*If so, what are your recommendations?*

*You might also have a better idea of your own.*

*We ask one thing: try to be very practical in your presentation.*

*Try to focus on who will take the leadership and give the direction? How will you work to arrange this?*

Each meeting produced an action plan that was presented to delegates in the auditorium on Thursday. In this chapter, the action plans are introduced with a description of the community that has been copied from the Annual Report 1999-2000 of the Grand Council of the Crees of Eeyou Istchee and the Cree Regional Authority.

## 6.2 Chisasibi Workshop

Relocated from the island of Fort George in 1980-1981, Chisasibi is a vibrant, young and growing community with a population of approximately 3300. It is situated at Kilometre 6 of the James Bay Highway. Cree is the language of the community and English and French are the additional languages of work. An elected chief and band council administers the Cree Nation of Chisasibi.

Chisasibi is one of the Cree communities most directly affected by Hydro-Quebec projects. The hunting and trapping territories were flooded and the community was uprooted to a new location, resulting in tremendous social, educational, and economic changes. Consequently, the community has been and is actively searching for and initiating a range of viable local educational, social and economic development programs to meet the needs of its rapidly expanding population and work force.

James Bay Eeyou School provides educational programs from pre-kindergarten to secondary five for over 1000 students. Cree is the language of instruction to grade 3 with English or French as a second language. St. Philip's Anglican Church and St. Joseph's Catholic Church are based here, and the Wellness Centre accommodates various social needs and the healing process. Community activities take place at Job's Memorial Gardens. The Anjabowa Day Care offers childcare and medical services are provided at the modern 28-bed hospital administered by the Cree Board of Health and Social Services.

The Mitchuap building houses Chisasibi Telecommunications, Ginwat Cable, a large banquet hall, an auditorium, the Mitchuap Restaurant, the Arts and Crafts Shop, a pool hall and arcade, a bowling alley and various offices.

A range of activities and events are offered to all. Chisasibi Sports and Recreation Association hold tournaments such as hockey, basketball, and volleyball, both in Chisasibi and outside of the community . The minor Hockey and Broomball Association also organises tournaments for a large number of young people. Swimming instruction and a summer camp program are offered. A Kung Fu Club has been active with distinction at several competitions in the 'south'. The Chisasibi Skating Club organisation (1997) has not only been able to present three excellent ice shows but our skaters have won over fifty medals at competitions.

Mamoweedow, a celebration of the past with awareness of the future, is held on Fort George Island annually. A traditional pow-wow is held with special dancers and guests to celebrate our traditional way of life. The Chisasibi Dance Competition is held at Job's Memorial Gardens with enthusiastic participation in this competition. Chisasibi is very proud of the accomplishments of their athletes, musician, artists, poets and authors.

Because of Chisasibi's rapid growth, the chief and band council continually seek means of channelling the energies of their community members into constructive employment and training while not losing sight of the contribution that has and is being made by those still pursuing a traditional lifestyle. They feel fortunate to be able to maintain their language, customs and traditional way of life on the land and also have the opportunity to take advantage of the new challenges of the twenty-first century. As a community, Chisasibi must continue with the community spirit and hard work that has brought them to the present so that their community members may have a successful and healthy future. Chisasibi's interaction with other Cree Communities and regional entities will contribute to a progressive and determined self-sufficiency for the Cree Nation of Eeyou Istchee. (From, Annual Report, GCCEI/CRA)

### Chisasibi Action Plan

Twelve participants attended this planning session.

We want more focus on communication.

We want to see a system developed with a framework and a plan of action.

Our present position needs to be defined more clearly. We need to start with an assessment of the current status of services (which services are provided and by whom). Then we need to identify the roles of each of the various services and programs prior to having a local workshop where people working for each of the programs, services and entities would get to know each other. At this workshop, we could begin to set common goals and objectives for the entities. We would then be in a position to inform the community of the services that are available and develop a plan to give them periodic updates of changes and additions.

We need to encourage community input and involvement and have activities spread throughout the year. We can begin by making use of our local communication resources to inform the community. This might involve setting up local community fairs in the arena where entities could learn about each other by doing booth swapping. Entities could alternate in holding service awareness months. We could provide workshops to the community to educate, to raise awareness and to provide people with tools for change. These workshops could address issues such as gossip, apathy, the need to understand and talk about colonisation and intergenerational impacts of residential school, or even the need for debriefing for non-native professionals who come to the communities.

We could also make use of gatherings and activities to promote awareness of services, programs, topics, and the like. And we could tie this into leadership workshops for youth and others. Our activities should use traditional methods and resources, both local and regional. We could pool resources, use volunteer and community resources and use more holistic intervention methods.

How can we do this?

- Surveys to entities, questionnaires
- Identify issues to create programs to meet the need
- Prepare a booklet with the situation and possible resources for dealing with it.
- Identify the cause for activity ( something they the community can visualise)
- Hold public information sessions on the radio
- Local fairs

### CHISASIBI'S FIVE YEAR VISION

A "community vision" is one where we each understand each other's role and where we hold a general assembly each year.

For people with special needs, our community needs a functioning wellness centre, a year-round out-of-town camp, and a regional drug and rehabilitation centre in the bush.

We also need more training for special needs educators, more involvement from the families, more elders who serve as teachers and more and regular enforcement of by-laws.

## 6.3 Mistissini Workshop

### MISTISSINI AND ITS PEOPLE

The Cree of Mistissini have resided in the Mistissini Lake region since time immemorial. The community of Mistissini's present location has been the summer encampment since the early 1800's, as a result of the establishment in this area of the Hudson's Bay Company and other fur traders who were contenders in the fur trade. Apart from the Mistissini people, there were neighbouring Cree hunting groups such as the Nitchiquan, Neosweskaau, and even some Nemaska people who eventually came together to make up the Mistissini population, starting from the 1930's. Government assistance begun in the early 1940's, providing food rations and eventually clothing allowances. It was not until the early 1960's that government assistance was fully in place for the Mistissini Cree. The James Bay and Northern Quebec Agreement (JBNQA) was signed on November 11, 1975, giving the Cree of Mistissini and the surrounding region the opportunity to further develop their respective communities.

### A GROWING COMMUNITY

Over the years, the community has grown to a population of 3200. It has built modern public facilities including schools (pre-school to adult education), a childcare centre, a clinic, an arena and sport fields, a post office, a police and fire station, a geological centre, a radio station, public and private housing; and a community administrative office.

The community also hosts regional Cree organisations such as, Cree School Board Head Office, Cree Construction Head Office, James Bay Cree Communication Society and the Cree Health Board Inland Office.

In a short period of time, from the 1960's to the 1990's, Mistissini has developed from a small community with limited services to a large and modern community offering a variety of products and services. The community members are proud of these accomplishments, and as the community enters the new millennium, it will continue to work towards future growth and prosperity to ensure the future of Mistissini's children and generations to come. (From, Annual Report, GCCEI/CRA)

## MISTISSINI ACTION PLAN

Sixteen Mistissini delegates participated in this planning session.

### Vision: Where do we want to be in 5 years?

In five years, all organisations – the Cree Nation of Mistissini; the Cree School Board; the Cree Health Board; the Cree Regional Authority and all other local entities – should be continuously and consistently working together in a co-ordinated and united effort.

### Goals

- Provide effective services within existing resources.
- Promote awareness within the community about the roles and responsibilities of services.
- Create a safe and healthy environment.
- Maintain traditional values and culture.

### Recommendations

- The Local General Assembly should involve all entities that are working in Mistissini.
- Mamou Wechidodow should be revived.
- Parents need to be encouraged to become more involved in all areas.
- Youth need to be encouraged to become involved.
- We must respect the environment.
- Our goals and actions should focus on prevention.

### Services

Police, Recreation; Public Health; Education; Youth Council; Culture; Health and Social Services; Language; Brighter Futures; Foster Homes; Elder's Homes; Elders Home; AA; Rebuild the Circle Project; NWA; NNADAP; Childcare; Head Start; Churches (denominations); Home Visit Program; Aftercare program; Rehabilitation; Boarding Home Program; Employment program; Homecare Program; Homevisit; Housing; Special Education Program.

### Recommendation No. 1

- Revive Mamou wechidodow
- Eliminate barriers
- Establish a line of communication within each organisation

### Recommendation No. 2

- Local Annual General Assembly involving all entities (regional and local)
- Promotion (radio, newsletter, pamphlets, posters, etc.)
- Workshops
- Conference

**Recommendation No. 3**

- More parental involvement
- Encourage youth involvement
- Crime prevention and awareness
- Implement drug and alcohol, crime prevention, sex education, into school curriculum
- Educating community on the importance of respect

**Recommendation No. 4**

- Utilise services of elders
- Educate community on the importance of Cree values (ex. Respect, sharing, caring, living, etc.

## 6.4 Nemaska Workshop

Some twenty-three years ago as of September 2000, ninety-five members of the Nemaska Band set out on an unknown journey, determined to re-establish their community and reaffirm their cultural identity as "the people of the land of plentiful fish". Like their forefathers before them, they were still living a nomadic existence, but they knew it was time to embark on a more permanent direction within their lives. They were aware that this direction would require them to begin to grow as a separate and distinct community.

They arrived with virtually nothing, pitched up their tents on the north shore of Champion Lake and began a week long gathering to discuss their goals and aspirations for the future. First and foremost, they knew they needed to hold on their traditional way of life, which had always sustained them since time immemorial while at the same time, adapting to the ways of the encroaching, changing times.

The gathering began with a bear feast and for five long days in mid-September 1977, the Nemaska people persisted. They developed a vision, a dream, and a "wish list" of what they would like to have in their new community. The site location for the new community was already chosen by one of the Elders, Finally, their persistence was rewarded, they had a community plan.

The people wanted new houses with electricity, running water, and modern appliances. The plan also included a school for the children, youth and adults, a community church, a nursing station, a community store, a gas station, an access road, a post office, a radio station, a Band Administration Office, services for the trappers and a Day-care Centre. It included another initiative, one that would require persuading a Cree entity to locate their Head Office in the community. The community plan was comprised of a "shopping list" that included about one hundred and nineteen separate items.

Granted, there were many who thought this dream was pretty 'far fetched' and acknowledged that the task was enormous and at best overwhelming. Many questions lingered. Who was going to do all this? Where will the money come from? Do we have enough skilled people to carry out this work? Will we be able to function as a community? Will the rest of the Band members of Nemaska relocate here? Are we dreaming the impossible dream?

After hearing out the 'doubters' and 'sceptics', someone finally volunteered a simple, but crucial bit of political awareness. "Well, he said, we are here." It was a simple truth. This simple statement instilled a deeper commitment and the determination needed to stay on and to begin to grow as a new community.

Today in Nemaska, we can look around and see what has been accomplished since that memorable week in mid-September 1977. To date, the community has brought into reality one hundred and five of those one hundred and nineteen separate items plus several other items and projects that the people did not dream of or think about back then.

It is often said that "For every problem, there exists within itself, the seeds of its own solutions". The people have lived this belief as they have successfully adapted to acquire the necessary resources and skills needed to deal with each and every problem that arose: after all, as they were reminded by one of their members some twenty-three years ago, "We are here."

The James Bay and Northern Quebec Agreement (JBNQA) was signed on November 11, 1975 and in the Agreement, there is a provision, though very vague, relating to the possible re-establishment of the Nemaska Band within the proximity of Champion Lake. This provision is conditional and only if the people of the Nemaska Band supported the re-establishment. Through the will and determination of the people, this move became a major undertaking in the early implementation of the provisions under the JBNQA.

During this period, the Grand Council of the Crees (of Quebec) was still in its infancy. The first Regional Council was largely made up of young Cree members, including the leadership and employees, some of who were fresh out of school. They were entrusted to begin the implementation of the various provisions of the JBNQA.

With continued support and co-operation, the Nemaska First Nation will preserve to overcome the many obstacles common to young communities. Nemaska is a proud and resourceful Nation and as it grows, the people will continue to share their knowledge and experiences with the people of Eeyou/Eenou Istchee. They strongly believe that their unique and particular history has provided an invaluable opportunity for the Nemaska First Nation to help shape the future of Eeyou/Eenou Istchee. (From, Annual Report, GCCEI/CRA)

## NEMASKA ACTION PLAN

### Our vision is to:
- Strengthen our families
- Enhance the health and well being of our children, youth, families and community members
- Have effective communication and collaboration geared to action.

### Our Collective ideals to meet this vision are:

### Organisational improvements:
- Provide a community schedule of events and activities so as to avoid overlapping
- Promote and identify job roles, responsibilities and services, firstly amongst ourselves, then with the community members
- Include all community service departments in general assembly sessions, ex: health, day-care, education, etc.
- Revive the wellness committee
- Structure our community healing process

### Resources
- Promote involvement of our elders in community activities, events, etc.
- Develop a multi-media community library

- Have more community workshop to share and exchange ideas on, native parenting, social issues, etc.,
- Create a special community radio broadcasts on special issues
- At the beginning of the school year, have a general orientation for community members
- Hold a community conference healing process

### Recreational and cultural activities

- Hold Bible camps
- Organise a family bush camp for cultural activities
- Provide educational (for example, a homework period) as well as recreational after school activities for children, students, youth
- Revive non-competition summer and winter games
- Have more daytime family oriented activities and events as opposed to the many nighttime events

### Services

- Provide a community service centre for crisis intervention
- Build a community hostel for boarding home students- accommodate our lack and difficulty in finding homes
- Starting up a recycle system in our community, promoting a clean environment
- Create our "own" justice system with circle sentencing

### Action Plan

- **Identify** ourselves as a working group and state our commitment
- First meeting at " Old Nemaska" July 7, 2000 at 7:00 PM
- **State** and **Clarify** our vision statement
- **Prioritize** our goals and recommendations
- **Develop** immediate, short term and long term plans
- **Carry out** the objectives of our **vision** and **action plans**

## 6.5 Ouje-Bougoumou Workshop

The small group of people was content for centuries pursuing a traditional way of life based on hunting and fishing. The Ouje-Bougoumou people welcomed the early prospectors to the region and escorted them throughout the territory helping them to survive in the sometimes-harsh climate. As mineral deposits were identified in increased quantities more people entered the territory. Mining camps gave way to settlements, which eventually gave ways to towns, and between 1920 and 1970 the people were forced to relocate no fewer than seven times. The Ouje-Bougoumou people came to be seen as an obstacle to industrial growth but the Ouje-Bougoumou people refused to disappear. The people decided to make their stand and take their rightful place in the region as the original habitants and the centuries-old stewards of the land.

On May 22, 1992 a historic agreement was signed between Ouje-Bougoumou and Canada formally confirming Canada's contribution to the construction of a new village. Following a lengthy and protracted political struggle and against all odds, the people of Ouje-Bougoumou won recognition by the Government of Canada and the province of Quebec for their right to live as a community. About 600 Cree now live in Ouje-Bougoumou.

A social-economic fund was established to provide the community with the opportunity to lay the basis for its future long-term development. The agreement also provided for annual funding for the operation and maintenance of the village. Ouje-Bougoumou is in the process of continuing the development of the services and local businesses including Auberge Capissisit Lodge, Gas Station, Depanneur, Tourism, Waspshooyan Childcare Centre and Badabin Radio Station, among others.

Further discussions continue to take place with the Province of Quebec to address a number of unfulfilled obligations under the Ouje-Bougoumou Agreement.

We hope that Ouje-Bougoumou can be an inspiration for indigenous peoples everywhere to continue their struggles to build healthy and secure communities. (From, Annual Report, GCCEI/CRA)

### OUJE-BOUGOUMOU ACTION PLAN

Seven persons from Ouje-Bougoumou attended this planning session.

The participants identified the following goals and action plans. These are the issues they plan to work on when they return to Ouje-Bougoumou.

- Goal 1: New childcare centre - this is already in progress.

- Goal 2: Head Start Program to be included in the new childcare centre.

- Goal 3: Special Education Training/Workshops for and in collaboration with the childcare centre, Home Visit Program, clinic and school

  Action plan to carry out Goals 1, 2, 3

  We will need resolutions supporting this plan from the respective Boards of Directors. To begin, we should submit our request to the Cree Regional Authority and to the Regional Childcare Committee.

- Goal 4: Development of programs for the Youth centre

  Several programs were identified. Leadership Wilderness Training for high-risk teens is already happening. We need to improve the summer job-training program and develop a recreational plan for the 6 to 12 years old. These might take place as a camp to enrich local talent through training in music, art, and drama. The Youth Centre needs a web cafe and a volunteer program should be set up on a permanent basis.

  Action plan to carry out goal 4

  The Wilderness program is already in progress. Summer job training and the recreational plan could start with a meeting of the recreation director and the committee. Parents could become more involved if there were activities set up for them also at the school. Our local talent should be brought together as a starting point. To get a web cafe off the ground, the idea could be presented to the community and Band Council. Adult Education needs to be approached to determine the training needs for these programs. And a volunteer program needs to be promoted.

- Goal 5: Promote working together at the Clinic

  Action plan:

  Revive the community working groups and the regional inter-disciplinary team that included the school, clinic, band offices, peacekeepers, church, recreation and elders and youth.

- Goal 6: Construct children's area in the clinic:

  Action plan: a toy box and bookshelf are already being planned.

- Goal 7: Recruit Native Nurses

  Action: interview the existing nurses on the radio

- Goal 8: Social Services - Program development

  Action plan:

  Provide more family counselling by using local expertise for counselling and promoting this initiative through the radio. To do this we will need to meet with and involve the Radio Manager. As an extension of this, we should research and develop a proposal for a mobile treatment centre that could be brought into our community. While this is happening, we need to consider a Native Family Crisis Centre to provide shelter for families in crisis when family violence is present. And lastly, we need to develop a Recognition Program to recognise people in community who are on their healing journey.

- Goal 9: School: To have more student graduates

  Action plan:

  First, the members of the school staff, including teachers, principal and support staff, need to have a workshop to address this issue from their positions. We should also review the method being used in the job interviews for school staff to encourage the hiring of teachers who have a community orientation.

- Goal 10: Have more staff meetings with other entities.

  Action plan:

  When we return, we plan to present a summary to all committees and to the Band Council to start promoting what we did here.

## 6.6 Waskaganish Workshop

Waskaganish is situated on the traditional territory of the Cree Nation. It is the home of approximately 1500 Waskaganish Eeyouch, located at the confluence of three beautiful and historic rivers: the Rupert or "Waskaganish Sibi", the Broadback or "Bachipiskonew Sibi" and "Natawew Sibi" the Nottaway River. These are life sources of nature that strengthen the way of life and provide future opportunities for the people of Waskaganish. Once the road opens early in 2001, Waskaganish will become more connected to the outside world and the people will look for ways to make use of this natural heritage in building an economic base for the community.

Approaching the millennium, the Waskaganish Eeyouch decided to chart new directions for the Waskaganish Tabeytachesiw. In July 2000 at the Waskaganish General Assembly, a 10-year plan to resolve the problems was passed as a community-voted by-law.

Financial controls, accountability and effective planning are essential to maintaining Cree Governance. Nothing can replace the empowerment of local personnel through training and inclusion in the management process. Moreover, local government decisions must be open for all to see, and not just explained to the people, but also based upon the people's informed will.

Waskaganish also proceeded with the healing process, to help those suffering the impact of residential schools and resource development and exploration. The Waskaganish Eeyouch support the building of the Cree Nation Government and the efforts to resolve the crises created in our society by forestry, hydroelectric 'developments' and mining. Appropriate development, as promised in 1975, would have provided jobs and minimised negative impacts on the land and on the traditional economy. (From, Annual Report, GCCEI/CRA)

## Vision

Maamou Whiche Ido Dow (Lets Work Together)

## Goals

- To encourage more parental involvement as this is one of the best gifts that parents can give to children.
- To promote independent action among people so individuals are encouraged to count on themselves in order to see something through.
- To develop groups of volunteers in the community along with a better attitude in the community towards volunteering.
- To promote more family activities as children want more time with Mom and Dad and not more television.
- To take a holistic approach that promotes the physical, emotional, mental and spiritual.

## Recommendations

- At the local level, we need to integrate the work of the entities.
- We should meet on a monthly basis for planning this.
- A co-ordinator is required and a proposal is already in progress to have someone hired to pull this work together.
- Communication needs to be improved. For example, the school has 2.5 hours of radio time a week in order to give information to parents. We can also use the newspaper and use more conscious networking at the local level.
- We can also pass more information effectively through holding different workshops related to family issues and parenting.
- The entities need more workers and we should support them in this.
- Let us share and exchange our victories and failures with each other.

## 6.7 Waswanipi Workshop

Waswanipi in Cree means "night fishing with fire" (Waashwanouch) or the other term used is "Light on the Water". The people of Waswanipi spent three seasons on their traditional hunting grounds and in the summer months on an island on Waswanipi Lake. When the trading post closed its doors on the island, the people scattered to various towns in the region. In 1976 the present community was established. Waswanipi is located at the river junction of Chibougamou River and the Waswanipi River, alongside of Highway 113.

The population is approximately 1200 people. The people speak Cree, English and French. The community has various public facilities including several businesses, various administration buildings, post office, schools, fire-hall and an arena. Waswanipi is known for its high calibre hockey and broomball players.

Waswanipi recently opened the new Awaash Shiishikunkamik (childcare centre) and in collaboration with the Cree Health Board also began planning a new Health Clinic with five housing units. Waswanipi is also working on the beautification of the community: all roads built in the community will now be paved and all units will be landscaped. Waswanipi has also found a solution for Highway 113, ensuring that traffic slows down for the safety of their children. This was done in memory of the late Valerie Gull, a community member.

Waswanipi is also pleased to confirm the funding for the completion of the Youth Centre.

The Waswanipi Council members undertook to facilitate workshops during their general assembly focusing on six issues: health, education, finance, capital projects and community planning, police and justice, and economic development. The workshops were entitled "Hearing your voices". They look forward to implementing and find solutions to concerns expressed by their people. (From, Annual Report, GCCEI/CRA)

### WASWANIPI ACTION PLAN

What do you want to see happen in your community?

### Goals

We want to see better communication between everyone working in the community. At the local level, we would like to see Social Services and the police working together, and the Childcare Centre, the School, the Head Start Program and the Brighter Futures Program working together. For this to happen, we need more training.

### How will they happen?

We need to continue meeting with each other each month by reactivating "The Committee". We need to motivate each other and make sure we set up the organisation and structure to make things happen.

### Who is to lead this?

We appoint 'Jennifer Gull' to lead this process but we need to work together to develop long term programs. Once we have a sense of our long-term goals, we can invite other entities work with us and connect on a regional level. We need to gradually develop a theme or vision of where we want to go.

## 6.8 Wemindji and Eastmain Workshop

## Wemindji

The community of Wemindji was established in July 1959 when it was relocated from Old Factory. The territory is located on the eastern shore of James Bay, 60 km south of Chisasibi. Wemindji is accessible by a permanent access road, which connects to Matagami – LG2 road at kilometre 518 (Highway109).

It has grown over the forty years to a population of 1236. It is now accessible year round by road and air service, The population has doubled over the past ten years and the number of housing units is not adequate. This has emphasised the need for increased municipal services, housing, and social and recreational facilities. Although they have enlarged their arena, built a new softball field and a fitness centre, the community still urgently requires indoor and outdoor recreational facilities to meet present day needs.

Wemindji has a small Wellness Centre, a Gazebo for the Elders and a Cultural Gathering Place, all of which require upgrading and/or enlarging.

Proper medical facilities are seriously lacking. The Wemindji Clinic is still located in a condemned building and the Cree Health Board and Social Services offices are located in an old dormitory.

The Maquatua Eeyou School provides education from pre-kindergarten to Secondary V and the principal language spoken is Cree with English and French as second languages.

With the majority of Wemindji's population under the age of thirty, Wemindji expects the community to almost double in size over the next ten to twelve years. The community will require more community planning with the involvement of all community members to ensure a healthy and prosperous future for its members. (From, Annual Report, GCCEI/CRA)

## Eastmain

Eastmain is one of four communities located on the eastern shore of James Bay. The territory of Eastmain, designated as Category I land is comprised of 489.53 square kilometres and has a population of about 550 people. The James Bay and Northern Quebec Agreement define the surface area of the territory and the rights attached to it.

Eastmain got its name from the fact that the Hudson Bay Trading Post had become, by 1730, the headquarters of all activity for the east coast of James Bay and Hudson Bay. The village is located on the south shore of Eastmain River since 1739. In 1762, Eastmain was relocated in a new position as a summer post, and is now located on the south shore of Eastmain River. The principal languages spoken in the community are Cree, French and English.

Eastmain has 8 km of road in town and an access road connecting the community to the Matagami-Chisasibi highway. Air service is also available on a daily basis via Air Creebec.

The community has grown with the development of a number of businesses and services. The community houses the head office of the Cree Trappers Association, a community clinic, operated under the authority of the Cree Board of Health and Social Services, the Wabannutao Eeyou School, the Mandow Inn, the Telecommunications Society, as well as a grocery store and gas station, to name but a few of the businesses. Recognising the need to ensure the future of their youth, the people are addressing various areas of economic development, with emphasis on tourism and arts and crafts. There does however remain much work to be done to ensure the future of the people and that the community is a healthy happy environment. The people's traditional skills remain very active and are the centre of their lifestyle. Eastmain acknowledges their Elders for the values they have given and for the knowledge they have taught the people. (From, Annual Report, GCCEI/CRA)

### WEMINDJI AND EASTMAIN'S ACTION PLAN

#### Purpose

Our goal is to establish a co-operative working relationship within which we will provide programs and project activities that will keep children and youth busy. To do this we need to identify and define our areas of responsibility.

Direction:          Collective Ideas

#### Planning services

The community calendar needs to involve all entities when it is being developed for the year.

We should be working together to deliver joint programs and awareness programs. For example, the CHR, school, Head Start Program and children's nurse might work together.

Different entities should be working together to recognise the achievements of the students and youth. For example, the Wee chee do Dow Group could organise recognition of achievements in sports and school, CEGEP and university.

Our planning for programs needs to accommodate all members of the community, and not only specific age groups and interests.

At the school and wellness centre, we should be offering programs for parents and Moms and Daughters Programs. This might help to encourage parents to become more involved in planning school activities, especially if there is an open door policy for parents to visit schools anytime.

Within the community, all employees should be given time off to attend community events, meetings and assemblies, even if they work for the Cree Health Board. We should also plan one or two days a year in which all entities collaborate to help recognise our culture and language and to jointly develop action plans to address community issues such as vandalism and substance abuse.

### Who takes the leadership role with integration?

The Band Council should take the lead and start the move towards integration by developing a process within which this can occur. An example is the Master Mind Alliance working group in Wemindji, which serves as a steering committee and involves the elders. Specific programs, projects and activities are then planned and organised by sub-committees working under the Alliance.

### How do we make it happen?

We need individual initiative and responsible action from people in charge of programs and services.

Our recreation, social and cultural programs for children need to become more varied to serve wider interests and age groups. We should be promoting more activities and events between communities; not only in the summer and not only sport, but also cultural events.

A curfew, or bringing back the boogieman, would set some boundaries and might be effective if there was also work done on making people aware of how to be effective parents for children. This would go hand in hand with providing information on the roles and responsibilities of the major services: Youth Protection and the CLSC, the School, Clinic and Police. This can happen though radio and newsletters. For example, talk shows can be effective. Appointing an ombudsman at the local level would be a means to hold individuals and entities accountable.

### Vision of 5 years 2005
### Wemindji and Eastmain

Our programs will take a holistic approach based on self-government, self-reliance and self-sufficiency. For example, the basketball camp will have a cultural and educational aspect and also be promoting prevention and health promotion and all within a fun context. Once this begins in one area, we will see how to expand it into all our programs. This will be part of our strategy for ensuring we have a healthy and safe community that meets everyone's needs, especially those of the children. Our goal will be to keep the children busy and aware of future goals and possibilities from an early age.

We will have improved communication that is based on respect. This will come from greater interaction between the different entities in the community. We will be more innovative and do things like having cultural exchange programs within the community. We will consult more with and take more guidance from elders about issues and programs.

School will become more reflective of our community needs. It will have more of a cultural orientation and will involve all entities. It will promote high standards in both Cree and English, respectively so there will be no more 'creenglish'.

Our school will be more accommodating to the needs of children and parents and everyone will be more involved in education and the school. This will also spill over so that those parents become more involved in community activities for and with their children. In the school we will put more emphasis on guidance counselling and set up a counselling room.

In terms of services, we will put focus on ensuring we have a full team of nurses, doctors and specialists and we will hope to have a trained professional and Cree-speaking psychologist. Our Crisis Team will be composed of Youth Protection, parents, the School and the Police and will plan interventions and prevention and promote community healing.

In terms of facilities, we will have a coastal group home for children with special needs and also residences for elders in each community. The Cree Health Board (Social Services and Clinic) will then be in one building.

### Wemindji/Eastmain Action Plans

#### WEMINDJI

Schedule:

- Plan for the August meeting during the month of July.
- Meeting August 9, 2000
  1. Master Mind Alliance
  2. Theme: "Our aim, to foster our children & their education" "Working together to build a strong community"

#### EASTMAIN

- Identify person to be involved with integration
- Mission/purpose
- Getting people/entities together

## 6.9 Whapmagoostui Workshop

The most northern Cree reserve in Quebec, Whapmagoostui is also the only community that has no access road. It is situated at the mouth of the Great Whale River, which flows into the Hudson Bay. It has a Cree population of approximately 720 while their neighbours, the Inuit number about 525. As the name indicates, the location was historically a popular site for the Cree and Inuit whale hunting for subsistence, and later for commercial purposes.

The Anglican Church arrived in the region during mid 1800's, shortly after the establishment of the fur trade by the Hudson's Bay Company. Until the 1950's the location served as a summer campsite for congregation activities with the HBC trading post and the Anglican ministry. During the winter months, the Cree scattered in small groups to their camps in the interior. A permanent settlement was established in 1955 in conjunction with the installation of the Mid-Canada Defense Line. This military base closed in 1964.

The first school opened in 1958. Twenty years later, the Cree of Whapamagoostui established their own school by virtue of the James Bay and Northern Quebec Agreement.

The Whapmagoostui people are now owners of a radio station, a hockey arena, and a day-care centre. The clinic serves as a hybrid facility for the Cree and the Inuit.

The traditional use of the land is still an essential part of the Whapmagoostui Cree livelihood. Approximately 85% of the people head to their goose camps in the spring and between 25-30 families spend the majority of the year in their bush camps. The cultural values as taught by their elders remain the essential focus of their existence. (From, Annual Report, GCCEI/CRA)

### WHAPMAGOOSTUI ACTION PLAN

The community has begun a program to get organisations, entities and departments working together. A special guest started the program for us with the intention of having someone from the community take over in time.

The session mentioned several specific issues that require attention: elders being harassed and abused as babysitters, gossiping, alcohol abuse, vandalism, people competing instead of co-operating with each other, structures that do not allow difficulties, frustrations and aggression to be positively channelled.

As well, some of the services, programs and facilities needed to meet community needs were also brought up: housing for youth, services and facilities for elders, courses on parenting and babysitting, better policies for how children and youth are placed outside of the home and improved quality of and increased numbers of assessments.

The session did a visioning brainstorming to bring out what we should be aiming towards. Some of the items concerned individuals, others concerned entities or local government and still others concerned everyone.

The session developed a consensus on the general points that need to be followed.

We are responsible for creating an environment where negative symptoms, such as frustration, confusion and alcohol abuse, can be expressed in more positive ways.

We need to help everyone become more accountable. One aspect of this is to help everyone to stay committed to projects and to learn to be more consistent in our approaches. To achieve this, we need to break away from our own corners and begin to use approaches that help us to learn from mistakes and difficulties. Overall, we must begin to use approaches that increase involvement with and from the community.

As individuals, each of us must become responsible for approaching our work with positive ideas, respecting each other and the special gifts of each, and working towards open and improved communication. We need to learn to understand how we learn and pass through different stages, and that we are all able to learn from mistakes.

We must learn to recognise the symptoms of frustration and confusion and help to create an environment where aggression is positively, and not negatively, channelled.

Healing is a community goal and each of us needs to learn how to become an effective healer.

The community and the entities are also responsible for helping to define common values, helping the community to understand the responsibilities of each entity and becoming more involved in community issues, and for working in harmony with other entities and organisations and not competing with each other.

The community and entities should be developing priorities and long-term plans and using the Band Council to help implement these plans.

In our community we should be seeking for more funds to have more programs for children and youth. But we should not let finances stop us from taking action when we have projects we want for our communities, even if the government is not ready or if we do not have the money.

Overall, we need to establish structures to meet our needs and once we do this, things will happen. This will be part of the process of breaking away from the government policy of dependency and creating our own policies for working together. To make this happen we will need to use existing services, include the elders in ways so that they can meaningfully participate as they have the wisdom and knowledge to help the youth.

We will need to continue this process in the community, bringing together all entities, youth and especially the elders and hold all the meetings in Cree.

## 6.10  Meeting of people working at the regional level

This meeting was open to people who work at the regional level and do not have responsibilities for an individual community. The meeting was attended by seven regional-level employees of the CBHSSJB (a director and assistant executive director, two co-ordinators, one assistant co-ordinator, and two professionals); three people working with regional public health; and one person working for the CRA.

*No one was identified as the recorder for this meeting. These notes were prepared from the personal jottings of one participant, upon request from another participant after the fact.*

The problem of not having some key people in attendance was noted and this point had also been expressed in meetings by sector the previous evening. Unfortunately, no one from the CSB attended and no managers of the health board with authority to direct staff to work in an integrated manner.

The meeting began with a general discussion about why the meeting was being held and what its focus should be. Someone mentioned that in a workshop on children and youth aged 0 to 18 and their families, the only population group not included are the few people over the age of 18 who are unmarried. In other words, this topic includes most of the regional population.

Someone then suggested that the meeting should focus on prevention, as this is the goal of services. Someone else proposed communication as this lays at the base of prevention and other work.

The need to clarify concepts was brought up. For example, the term 'intervention plan' has different meanings at the School Board and the Health Board. 'Prevention' is another word that holds various meanings for various people. It would be useful to develop a glossary of commonly acceptable meanings for commonly used terms.

The discussion then addressed the issue of Cree-non-Cree communication. For example, many non-Cree will control a meeting by constantly talking whereas a Cree person will often wait for an opportune moment to express something. This reflects different approaches to the notion of silence in a public communication.

There was a discussion about appearances and the need to not jump to inaccurate conclusions without understanding the underlying reality.

In reaction to this discussion, one person mentioned the therapeutic use of humour while addressing serious issues as a group and someone else pointed out that this is used to put people at ease. Eye contact was mentioned as another area where many Cree and non-Cree use non-verbal communication quite differently.

The need for people working in the health and social services sector to decode what is being said was stressed and the need to have a comprehensive understanding of the context within which the communication is occurring.

At this point a participant brought up traditional therapies as a useful alternate form of service and wondered why they were not promoted in the region by the Health Board. Another partici-pant noted that this is not a new idea as access to traditional therapies are available though most hospitals in western Canada and have been offered within some for the past twenty-five years.

This was followed by a reference to home care as one area where there may be different interpretations of the concept.

A participant then told the group how pregnancy was thought of in the past. People all knew themselves to come from the same creator and to share in the same creation. As the foetus was part of this, while it was developing the people were careful to avoid any negative emotions near the mother for fear of causing it harm. It was felt that displays of anger or discord would affect the foetus. When the child arrived it brought great joy to the family and the gift of a feast. The life was honoured with a feast at birth, at the walking out, at the first snowshoe, and then at puberty.

This was followed with a discussion of the difficulty workers from the south face in getting to know Cree people. Someone mentioned the difficulty here in finding a teacher for the language. Even though Cree services were promoted, it is almost impossible for a non-Cree to find a teacher of Cree here, either privately or through the School Board. One person mentioned someone who learned Cree by going to the bush for three months. It was noted that while this may be the opti-mum circumstance for learning the language, it presents some practical difficulties for employees, as it is not recognised in contracts.

The problem of translation was brought up through the comment: "picking Jan off the street because she speaks good English" seems to be the criteria for translators. It was mentioned that this could go two ways: either all nurses should be Cree or there should be a program for training interpreters such as exist in many hospitals and health boards in the rest of the country.

The need to go to the people was mentioned, especially when dealing with services like home care.

Then the lack of communication networks within and outside of the CBHSSJB was mentioned. As someone commented "communication starts with us" and "within the Health Board the left hand doesn't know what the right hand is doing and the right hand doesn't know itself". This is compounded by the need to do translation in three languages. The almost complete lack of sup-port services for translation and interpretation was then brought up.

Looking over the instructions for the evening's meeting, someone commented that the Health Board itself did not have a vision, had an incomplete mission, and did not have goals and had few plans. There is a need for action, implementation, feedback, teamwork, clear direction, evaluation and accountability.

In this vein the occupational therapist mentioned she had only just learned that the School Board has had a psycho-educator on staff for some time. Someone then said, "I bet you don't know who the councillor responsible for health is either." It was pointed out with thanks that the Regional Child and Family Services consultant had put an ad in the Nation with the names of everyone working in this sector in the region. Everyone felt this was appropriate and useful.

At the mention of the Head Start Program, someone recalled that the clinics had not been properly consulted. It was pointed out that the Health Board had not sent a representative to the Regional Child and Family Services Committee during the time that the Head Start Program was being planned. Although some managers with the Health Board were involved, it appeared that there was no consultation down the line to the clinics. It was also mentioned that the communities themselves did their own needs assessments and in most communities this involved substantial consultations at the local level.

To fully implement this program – which has such a high potential to help the communities – services will be required that do not exist at the moment: more nurses, CHRs, nutritionists etc. How are the clinics supposed to respond to the demand for extra services when they are stretched to provide their existing programs?

The meeting continued for some time after this but the notes ended here.

In conclusion, there was an evident lack of communication and teamwork at this meeting, pointing to the need for more communication and dialogue in order to find common ground.

# 7 Planning by Delegates Within Service Areas

## 7.1 Introduction

On the first evening, delegates met by service area or sector in order to discuss their own issues regarding integration, to make recommendations and to develop a plan. Groups met around the following service areas: local government dealing with youth issues; educational services; Social Services, police and Youth Protection; childcare centres and Head Start Programs; health services; and special needs.

The plans that are presented here represent some collective, integrated thinking about what is happening at present and what needs to happen in the immediate future to improve the delivery of services for the people who require them and for those who are delivering them. The ideas, suggestions and recommendations made here are the thoughtful reflection of the people who were meeting together in each of the planning sessions. As a group, they represented and were speaking from a vast number of years of experience in each of these service areas. Their thoughts on the area of their work are already the start to significant improvements in how services are integrated.

## 7.2 People working for local government services on youth issues

This planning meeting involved those working in recreation, on youth issues, for Youth Councils and for local government, except for those working in community public health.

### Recommendations

1) THE VISION OF WHERE WE WANT TO GO

- Develop community action plan
- Develop protocols between organisations
- Provide opportunities

2) OUR APPROACH SHOULD

- Involve elders for guidance
- Utilise traditional knowledge
- Use our Cree traditional experiences relating to the issues
- Define where direction is coming from; define who is giving direction
- End the cycle of inaction – action is now required
- Not permit failure: once a program has started, see it through
- Learn from past experiences

3) WHAT WE HOPE TO ACHIEVE AND HOW

- Integrate same services within organisations by pooling it into one activity
    - Form working committees
    - Establish working relationships between organisations
    - Do joint programs with other entities
    - Integrate recreation with school programs

- Review existing rules and regulations and modify to meet our values and needs
  - Establish our own federations for sports

- Promote successful programs at the community and regional level
  - Have awards nights at year-end
  - Set expectations for students
  - Sports activities should be more structured - practice drills, more teaching
  - Encourage year round preparation for tournaments
  - Add more variety to sports activities

- Find ways to finance new programs
  - Have someone take responsibility for securing funds for program activities
  - Set entry fees to cover costs for new programs
  - Promote volunteering with programs

### 4) FROM INDIVIDUALS INVOLVED

- Encourage individuals to engage in self-assessment
- Need commitment to the cause e.g. of integration
- Put aside personal differences
- Have the right attitude
- Work with love and understanding
- Work in harmony – everyone must contribute

### 5) FROM THE TOP WE NEED

- Clear goals and directions
- Work to remove obstacles that block things from happening
- Develop an atmosphere conducive to constructive criticism
- Open lines of communication between people and organisations
- Discuss the issues at the community level
- Mandate community members for specific tasks
- Balance workload of those involved

### 6) AIDS AND TECHNIQUES NEEDED

- Use Internet for information, communication and contacts
- Do follow-up on what has happened and reassess the direction at set intervals
- Establish good research teams
- Develop an integration committee
- Do small surveys - go fishing for ideas from the people who have them.

## **7.3** People working for educational services

At this planning meeting, the delegates included a Cree school administrator, four principals, a guidance counsellor, five Student Affairs Technicians, a teacher, an observer, a workshop organiser, and a plenary speaker.

### 1) SMALL CHANGES CAN MAKE A BIG DIFFERENCE

When meeting to plan changes, ask individuals who are participating to come personally prepared with a positive outlook. Think in terms of finding solutions to challenges, not problems. When our people are determined to do something, great projects can come to pass. The youth walk from Whapmagoostui to Mistissini is an example.

**Recommendation**: when meeting to plan changes, think positive in looking for solutions to challenges.

**Recommendation**: collaborate with recreation and the administration to put the times for report card meetings with parents and examinations on the community agenda so there will not be conflicts with other events.

Bitching about lack of parents' involvement in the school is not a positive approach. Do parents feel welcome coming into the school? Has their 'role' as a visiting parent been explained? For example, coming in very briefly only to see a child's work can make a difference. If volunteers are wanted, do people understand what would be expected of them?

**Recommendation**:  look for positive approaches to promote parental involvement.

### 2) WHAT OTHERS HAVE DONE

Communicating with parents works both ways. Perhaps a parent who went to residential school is ill at ease in a school. Why should the parent always be expected to come to the school, likely to hear negative comments about his or her child? In Mistissini once, teachers went off and visited the parents at home, making sure they only said positive things about the child. This established a relationship between the parents and the teachers.

A positive relationship between parent and teacher can make a difference. In Whapmagoostui, a child had been living in the bush and had to start in a lower grade with small children. The teacher visited the parents and explained what they could do to help their child succeed at school (a table to work at, some quiet time to do the work, encouragement). By Christmas the child had advanced from level 3 to 6.

Similarly, in previous years, Mistissini Public Health collaborated with the school so that a parenting consultant could meet with all the young teenage mothers who had dropped out of school. The mothers were informed of the workshop by personal visits to their homes. It was a great success.

**Recommendation**:  Address vandalism by taking individual responsibility. Suggest simple solutions to graffiti like those used in the cities and promoted by the police: ex-graffiti artists paint murals etc.

**Recommendation**: Join in positive movements such as Healthy towns and Cities which require collaboration at the local level for small projects and build on visibility and recognition for the efforts.

We have had some great ideas in the past that did not go anywhere. Why?

Everyone has examples of interdisciplinary, inter-agency teams that began with great intentions and fizzled after a while. Examples: were mentioned in Mistissini, Eastmain, Nemaska and Ouje-Bougoumou. In Mistissini, Social Services did not come to the meetings; in Eastmain, a key figure left for two years; in Ouje, it is not clear what happened.

**Recommendation**: A retrospective evaluation or assessment of these efforts could help to pin-point the precise conditions that prevented these efforts from continuing. For example, the teams involving Guy Poudrier and Jean Claude Dargis in the Shawinigan area have developed criteria necessary for an integrated approach to succeed. These criteria could be applied to these former good ideas to help us understand why these efforts in the past did not succeed, so we would be able to avoid the losing conditions the next time.

### 3) A RETHINKING OF OUR COMMUNITY AND REGIONAL ROLES WOULD NOT HURT

In Whapmagoostui the school has embarked on a plan to develop an integrated approach throughout the community. The vision is of a community that takes responsibility for its future. The Cree School Board administration can do nothing about the vandalism problem in Whapmagoostui. In this case, there is no regional plan that can meet the specific needs of the community. In the Whapmagoostui plan, the regional organisations would serve as centralised resources and clearing-houses.

In Nemaska, the lack of a clear regional policy on absenteeism makes the job of the local school less effective. With a clear regional policy, the local school could then build its own proce-dures. And if these procedures were linked to the regional policy, they might have a better chance of continuing in practice with each change of principal.

### 4) BE CREATIVE ABOUT RESPECTING CONFIDENTIALITY

When schools make referrals for drug and alcohol problems they do not receive any feedback from Social Services. This may be because of confidentiality. However, without some information, the school cannot do anything to help. Jean Claude Dargis's example from the morning was mentioned. With integrated services, the client's family agrees to have everyone sit down together around the table: the client and client's family, the school, the social worker, etc. When this happens the problem becomes known and is no longer secreted through a one-on-one relationship between the client and social service worker. This bypasses the issue of confidentiality in a positive way for the client.

It was pointed out that the school can take a larger community role in supporting people in trouble, for example, by writing to the court,

We cannot meet the challenges without addressing the causes.

If we are to improve student attendance, students have to want to be in the school and the school has to understand what is going on in the student's life outside of school.

## 7.4 People working for Social Services, Youth Protection and the Police

The delegates attending this session were directors, co-ordinators and Youth Protection workers from the Cree Health Board along with police from a few communities.

### 1) HOW DO YOU KNOW WHEN YOU NEED TO WORK TOGETHER?

Delegates identified five areas:

- When every thing else fails and when you feel isolated
- When you face a crisis or conflicts that require community intervention
  i.e. a suicide in the community or workers threatened to walk out due to employment conditions
- When you have communication problems due to divisions in our departments/services;
- When limited resources and funding are involved
- When the boss gives you a mandate

### 2) HOW CAN WE WORK TOGETHER?

Start by communicating. Have regular staff meetings and start showing interest in others by including other departments. Do what is necessary (for example, training, workshops) to acquire conflict resolution skills. And lastly, create a task force and start developing network support.

Pool resources. Work and collaborate on projects with other entities. This way we can educate and understand each other and other people's roles. Have more social gatherings with workers; show interest and motivation; recognise and honour other people's contributions and commitment. Recognise and understand why we do this. Understand the cultural perspective of everyone by sharing knowledge and discussing values. Organise a workshop on the effects of colonisation to help people to understand how we have been oppressed and the kinds of traumas associated with this collective experience.

### 3) WHY DO WE NEED TO WORK TOGETHER?

We have common issues, none of us has all the answers and it is hard to work alone. When we work together we can accomplish more. Teamwork is a means to reduce workloads and make the most use of our resources. For example, we could co-ordinate frontline services better than we are doing at present. Doing this we would have a better chance of accomplishing more and succeeding in what we have begun.

At the same time we need to learn to recognise that we have our own limits and that we need to reduce stress before it affects our work.

### 4) WHAT AREAS DO WE NEED TO WORK ON TOGETHER?

In administration we need to create common policies and procedures.

In management we need to integrate the work of frontline services workers and managers. Frontline workers need connection with the people at the management level and at present this is often not happening.

In case management, we need to develop methods of intervention and explore create alternatives to our present practices.

Let's develop inter-agency teams and set up networks that will promote an awareness of other resources in the community, including elders and ministers. Let's promote more involvement and support from local government. With referrals, let's stop passing the buck. And let's develop ways for the police and Social Services to work together.

We need to recognise that each of us as an individual is responsible for our own issues. This includes responsibility for our relationships with the community, with non-Cree colleagues and with other organisations.

As individuals and team members, we need to know and identify strengths and weaknesses. We must learn to become honest and non-judgemental with each other. We have a tendency to discourage change. We must learn to trust and believe in one another. Tools to help us achieve this would be an active and effective Employee Assistant Program and better practices in settling our own conflicts.

## 5) Considerations

We need to develop and promote cultural ways of carrying out interventions. In dealing with social issues, our approach should become proactive and holistic. We should be open to traditional methods of healing such as the sweat lodge and talking circles.

We need clear mechanisms for integrating our work: assessments in the area of human resources to evaluate where personnel are required; team building; stress management; and a restructuring of some programs and services such as the Home Care Program.

The recommendations made on the justice system need to be acted upon.

As mentioned above, we must have more team building that involves managers and frontline workers together. Once we have better communication within our area of work, we need to work on better communication between police and Youth protection that is based on working protocols and not just on the initiative of the individuals on the front-line.

There is a need to meet with the leadership at the level of local government and the Cree Regional Authority. The Chiefs must become representative personally for their communities. And, we should be setting up meetings with other entities to inform one another of our mandates, roles and plans.

In reference to knowing our strengths, we must recognise that some are good in administration while others are good in intervention or communication. With teamwork we could better make use of our talents.

And finally, our experienced workers are our most immediate resource and we could make better use of their experience to share their knowledge with other workers, for example, in local retreats.

## 7.5 People working with Childcare Centres and Head Start Programs

Delegates who attended this planning session are managers of childcare centres, Head Start Program co-ordinators, educators and Home-Visit educators.

The following were discussed:

The Head Start Program personnel who are under the band (local government) wish to collaborate with the childcare centre and with other organisations, such as the clinic, social services, school.

The childcare centre and Head Start Program should be integrated because they both have the same clientele: children 0-5 years old and their parents. Waskaganish and Wemindji already have experience in integrating these two programs under the same roof and with the same Board of Directors. This facilitates the start-up and the operation of the programs. The staff have an easier time helping each other and the parents are better able to understand the services offered.

Most of the other communities are in the process of enlarging and building a second facility as a child and family resource centre.

The following recommendations came from the meeting.

**Recommendation 1**: In order to facilitate collaboration and support in the planning, co-ordination and accessibility of these services to children and their parents, it is recommended that the childcare centres and Head Start Programs be integrated.

**Recommendation 2**: In order to promote good quality services, it is recommended that other organisations such as the Cree Health Board and Cree School Board participate in the development, funding and delivery of training programs that benefit all children and all organisations. Training is required for educators, managers, Head Start and Home-Visit educators, cooks, and special needs children's educators. As well, special courses such as training in First Aid are required.

## 7.6 People working in health services

The delegates at this planning session included community health workers from Community Health Clinics, CLSC co-ordinators and other representatives from the Public Health Module in Montreal and Public Health Officers/Co-ordinators from local government Public Health Departments.

### A. Main issues

#### 1) LACK OF COMMUNICATION

Communication and teamwork are lacking within agencies at local and regional levels. Because of lack of communication, services are often duplicated by different agencies. Staff turnover also contributes to communication problems, and these are exacerbated when file systems are not being kept in good order so there is no carry-over within the position. Many people do not have clear job descriptions and overall, people are unclear about the roles of the various entities and the people who are working for them. Confidentiality remains an issue because we do not have clear protocols and guidelines.

Planning is haphazard at best. When important events like workshops are planned at last minute, many people are unable to attend. In all offices, biannual planning should be in place at least three months before the period begins.

## 2) LACK OF SUPPORT AND SERVICES

Overall, people working to deliver programs and services do not feel they have adequate support from management and technicians. Specifically the Health Board needs integration within and between its various departments.

In the communities, there is an absence of some vital services, such as services for children with special needs, as well as a lack of consistent services in all communities. Services for children aged 0 to 5 need to be evaluated and regularly assessed to understand the extent of access.

## B.  Recommendations for developing a strategy to improve communication

We need to develop strategies to improve communication.

Within each agency we need to meet internally to find out who we are and what we do. Within the Health Board, we need to define our individual roles.

Communities need to reactivate local Health Committees so that there is ongoing flow of information about community and Health Board issues.

There should be representatives from the region at all local General Assemblies. The Cree Health Board should have annual General Assembly that uses the same format as the CRA with a different community host each year.

Other methods of communication must be given priority as well. Cree Health Board annual reports should be published, regularly on an annual basis. There should be greater use of electronic communication including websites, the Internet and e-mail.  Publication and public relations of what we do and produce should be increased, making use of radio, pamphlets and newsletters. This needs to include more attention to translation from Cree to English and French and vice versa. Staff also require training in computers.

Clinics need local co-ordinators who act as team leaders, provide support, take care of details and free up time for people to do their work. We also need orientation about the culture of each community for new staff coming in from outside the region.

Finally, we should be having more workshops. Next year the focus should be on children aged 0 to 5 and prevention. A topic for a future workshop could be why some children aged 6 to 18 years old are troubled.

"Become part of solution, not part of problem!"

"Stop pointing fingers and start working together for the benefit of the community."

## 7.7 People concerned about issues of special needs

### Co-ordination

The need for co-ordination was addressed. There was a general feeling that a child's file is often in many hands and that there should be one intervenor who follows the case and some one who is willing to develop or already has some expertise in working with special needs cases. This problem is compounded because of the high turnover of staff.

### The following issues were raised

- We need to form a regional organisation of parents or people with interest in this area.

- We have a need for clear policies and procedures and protocols.

- The schools, Cree Health Board and childcare centres need to develop a protocol concerning funding and use of personnel for services to children with special needs.

- The School and Health Boards need to collaborate on availability of assessments and speech therapists for children or students. And plans for interventions need to be developed before the student or child arrives in the school system

- To break free from the isolation that communities are facing when dealing with issues regarding special needs children and their families, delegates discussed the need to have teamwork to improve services. Teamwork is needed if the communities are to succeed in creating services for special needs children and their families.

- In general, we need good collaboration between all the people involved with children and their families and we need the services to be working together for the benefit of the child.

- There is a need for continuity with follow-ups and assessment of needs on a temporary and long-term basis. There is also a need to develop a network with a facilitator to help families and communities to address the needs of these special children.

### Services

There is an urgent need for childcare services for children with disabilities. We need to create services for special needs that do not exist at the present time. For example, we have pre and post-natal programs, but do we have good follow-up of families with special needs babies? And, which childcare centres have programs for premature babies? To create these services means we will need more staff and we will need to develop services at both the local and regional levels.

### Assessments: Individual and Community

At the regional level, we need a comprehensive plan and policy concerning thorough assessments at the early stages of developmental delay. Once this is in place, the service should be developed with an evaluation so that we will have a better understanding of the situation in the region. We also need to evaluate what is happening to special needs children who are not in school.

### Training and Support

At present, the Health Board pays the expenses of some parents so they can receive training outside the community to learn to help their child with special needs. Parents who have received training have found it very beneficial.

There is a need to reach parents as a group. This could happen through a workshop or through organised activities in the community when appropriate. Parents are the experts when

they have children with special needs and we need to support them and also help them to support one another in an organised and systematic manner. This would also help us to find ways to support parents who are still in denial about their child.

**In the area of special needs, there is a great need for training in the region for:**

- Head Start educators and Home Visit workers

- The staff who are working with special needs children (for example, staff require special and specific training for dealing with different problems such as hearing problems)

- Parents, grandparents and other family members who need support, information and training

- Various authorities who have responsibility for developing the budgets and planning for services in this area

## Accessibility

Another concern discussed was the need to break the isolation of handicapped persons and to make community facilities more accessible.   In some communities, there are no adapted transportation vehicles, no paved roads, no access ramps and no automatic doors. To attend school, some students with special needs must have access ramps and yet today new buildings often lack basic accessibility. The OPHQ has funds to help families make their homes accessible. There is a need for the region to make more use of these funds within the community. Local governments should be evaluating the accessibility code of Quebec and doing assessments of all public buildings. In this area, perhaps the occupational therapist could make a recommendation

## Social Activities

Another issue raised was the need to integrate children with special needs into the community so that they benefit from socialisation. There is a need to facilitate the process for children to enrol in childcare centres and in Pre-K so that they can receive stimulation from children of their own age. These children also need more recreational activities within the community.   They also need structured summer activities when they are not in school so as to continue the stimulation they received during the school year. The older disabled young adults (that is those aged 19 and over) need to be able to experience love and this may become an ethical issue within the family and the community. At the present time, what is the attitude of the community concerning the full range of needs of these young people?

# 8 Recommendations, Suggestions, Considerations and Ideas from the Workshops on Integrating Services

**8.1** The following are recommendations, suggestions and ideas for consideration that came from the Workshop on Integrating Services. They were taken from Chapters 5, 6 and 7 of the report. . Here, they have been categorised according to the mandates of the entities and services. Please refer to the specific chapters for more detailed information on the issues discussed and the contexts within which these recommendations were made.

## 8.2 Childcare Centres and Head Start Programs

*Recommendation from the meeting of delegates working in Childcare Centres and Head Start (see Chapter 7).*

In order to facilitate collaboration and support in the planning, co-ordination and accessibility of these services to children and their parents, it is recommended that the childcare centres and Head Start Programs be integrated.

## 8.3 Cree Health Board

*Recommendations from the workshop on Boarding and Fostering (see Chapter 5).*

The Health Board is in the process of partially implementing a foster home program with workers who will assume a more specialised role (working only with foster homes). As a result of this workshop, the following are other recommendations to assist the Health Board in setting up program guidelines for foster care and in defining the roles and responsibilities of the workers:

- Support or training be given to foster and boarding homes
- Regular follow-up of children who are placed in foster/or boarding homes
- The opinions of those caregivers be valued
- Traditional values concerning the care of children and responsibility of adults be integrated into the foster care program with the assistance of the elders
- Foster and boarding homes should receive information from social or psychological assessments that will help them understand the child's needs
- Have an intervention plan with specific goals for a given child
- Better screening of foster homes
- Carry out evaluations of the existing foster homes.

## 8.4 Cree School Board

*Recommendations from the meeting of delegates from the Cree School Board and Schools (See Chapter 7).*

- Collaborate with recreation and the administration to put the times for report card meetings with parents and examinations on the community agenda so there will not be conflicts with other events.
- Look for positive approaches to promote parental involvement.
- Address vandalism by taking individual responsibility. Suggest simple solutions to graffiti like those used in the cities and promoted by the police: ex-graffiti artists paint murals etc.
- Join in positive movements such as Healthy Towns and Cities, which require collaboration at the local level for small projects and build in visibility and recognition for the efforts.

- A retrospective evaluation or assessment of past efforts at working together could help to pinpoint the precise conditions that prevented these efforts from continuing. For example, the teams involving Guy Poudrier and Jean Claude Dargis in the Shawinigan area have developed criteria necessary for an integrated approach to succeed. These criteria could be applied to these former good ideas to help us understand why these efforts in the past did not succeed so we would be able to avoid the losing conditions the next time.

- In one community school, the lack of a clear regional policy on absenteeism, makes the job of the local school less effective. With a clear regional policy, the local school could then build its own procedures. And if these procedures were linked to the regional policy, they might have a better chance of continuing in practice with each change of principal.

## **8.5** Cree Health Board and Cree School Board

*The following recommendations require the involvement of both the Cree Health Board and Cree School Board.*

*Recommendations from the meeting of delegates working in Childcare Centres and Head Start (See Chapter 7).*

- In order to promote good quality services, it is recommended that other organisations such as the Cree Health Board and Cree School Board participate in the development, funding and delivery of training programs that benefit all children and all organisations.
- Training for the educators
- Training for the managers
- Training for the Head Start Home-Visit educators
- Training for cooks
- Training for special needs children educators
- Training in First Aid

*Recommendations from the Workshop on Youth Protection (See Chapter 5).*

### Training (Planning, funding)

- Have youth protection training or other similar types of training in the communities.
- Get every one involved in the planning; it will be more effective. This is an activity to promote integration. This would decrease the blame and confusion.
- Have budgets in place so that people can attend these types of training. Usually people do not attend because there is no budget.
- Share the costs. We all know there is a need to come together. This way people will make an effort to go.
- Ensure that all frontline workers know the Youth Protection Act/Young Offenders Act.
- Communication is an issue for everyone.
- Youth Protection needs to educate everybody.

*Recommendations from the workshop on Boarding and Fostering (see Chapter 5).*

- Considering the amount of dollars spend on foster and boarding home care, the Cree Health Board and Cree School Board should collaborate to improve the quality of care for youth in placement. This would include areas in training, guidelines, assessments, etc.
- The boarding home program of the Cree School Board should put more emphasis on the emotional needs of the students.

- The parents who are on the Income Security Program do not spend enough time with their children. The guidelines of the Income Security Program that penalised them if they do not spend so much time in the bush should be reviewed.
- The school (educational personnel) be involved in finding solutions that would improve foster and boarding home care

## 8.6 Cree Health Board, Cree School Board and Local Government

The recommendations under this heading require the involvement of all three entities. The recommendations are divided as follows: Part I consists of recommendations that are directed to the Health Board, the Cree School Board and Local Government on getting started with the integration of services. Part II is composed of recommendations on the integration of non-Cree workers into community life. Part III are recommendations made to services for children with special needs and their families.

**PART I**: Getting started on the integration of services
*The following recommendations came from the workshop on Youth Protection (see Chapter 5).*

WHAT ARE THE CONCRETE THINGS WE NEED TO DO?
Start working towards a better relationship and communication.

- Start talking, meeting and open more doors. Continue what we started here at the workshops.
- Have a meeting after we return to our communities and invite all those people who came here
- Also share information about this workshop with other people.
- We all need to go back and start meeting with our staff and then with other community groups.
- Get the managers to meet with staff to get to know them.
- Continue sharing with other communities.

Who will take the lead? The following entities were suggested.

- One participant briefly mentioned the work that has started with the School Health Protocol between the Cree School Board and Cree Health Board. The two organisations have set up 5 working groups to look at the five areas: social and mental health programs and services, health education programs, health programs and services, services for students with special needs and placement programs and services
- A recommendation (see Chapter 5) is made to each Chief and Council to assume the leadership to start the process on integration. They have the authority to start an official communication process with other regional organisations. The local governments should began by asking the Cree Regional Authority to take on the leadership on informing all regional entities on the importance of integrating services.

What can we expect to see after this workshop?

- All four organisations working together to improve health to children and youth and come up with solutions at all levels i.e. regional local and grassroots
- Have common goals and themes and make this as a priority between the two organisations (the Health and School Boards).

How can we be sure that we will see a follow-up?

1. Cree Health Board needs to work within its organisation to integrate – every one should be able to work together.

2. The two organisations – the School and Health Boards – they have started discussions between the two organisations. This should continue.

**PART II**: Integrating non-Cree workers into the community

*The following recommendations were made at the workshop on Management (see Chapter 5).*

- If we are thinking of integrating: why don't we start with an orientation package for people coming in to work in the community

- Explore and implement ways of how to keep outsiders involved in the community

- Develop an orientation program that will facilitate the integration of non-native people who come to work in the community. Have this program structured in as a part of the hiring process. This orientation should be a priority for new comers.

- There are cultural departments in the communities. They need to work together with the health board and school. This could also be a part of the tourism program.

- Show appreciation for teachers. People are coming in to make a living and to help. Open your door a bit more.

- Maybe we need to make one issue a priority and create a project and work together on it.

- Start a building process. Start communicating and get the community involved.

**PART III**: Services for children with special needs and their families

*The participants in the Workshop made the following recommendations on children with special needs (Chapter 5).*

Teamwork is needed if the communities are to succeed in creating services for special needs children and their families. Teamwork not only reduces the isolation that communities are facing but also improves services for special needs children and their families.

The need for good collaboration between all the people involved with child and the family was addressed.

## Co-ordination

The need for co-ordination was addressed. There was a general feeling that a child's file is often in many hands. This problem is compounded due to the high turnover of staff. The following issues were raised:

- One intervenor experienced with special needs children to do follow-up on cases

- To form a regional organisation of parents or people with interest in this area.

- To develop a protocol between the school, Cree Health Board and the Childcare Centres concerning funding and use of personnel for services to children with special needs.

- The need for clear policies

- Collaboration between the Services, CSB and CBH on the access of speech therapist and evaluations of children or students

- Develop plans or interventions before the student or child arrives through the school system

## Services

- Childcare for children with disabilities
- Create services for special needs that don't exist at present
- New born babies with special needs – there is pre and post-natal programs but is there a need for follow-up of families with special needs babies?
- More staff
- Childcare services for premature babies
- Need to develop both local and regional services

## Assessments: Individual and Community

- Need thorough assessments at the early stages of developmental delay
- What is happening to special needs children who are not in school
- There is a need for continuity with follow-ups and assessment of needs on a temporary and long-term basis.
- There is also a need to develop a network with a facilitator to help families and communities address the needs of these special children

## Training and Support

There needs to be more long-term extensive training in special needs for the following:

- Head Start educators and Home Visit workers need training
- Training for the staff and parents of special needs children; staff require special and specific training for dealing with different problems. Ex. Hearing problems
- Parents and grandparents and other family members need support, information and training.
- At present when Cree Health Board pays the expenses of parents to be trained outside the community to help the child this results in a better learning situation
- To reach parents as a group: set up a workshop; organise activities in the community when appropriate; parents are the experts with children with special needs. Use them as support to one another.
- Different authorities need to be educated regarding special needs.
- What are we doing to help parents who are still in denial
- Need to organise support system for parents with special needs children

## Accessibility

Another concern discussed was the need to break isolation of handicapped persons and make community facilities more accessible.

- In some communities, there is no adapted transportation, no paved roads; no access ramps, no automatic doors.
- Students need access ramps in schools.
- New buildings often lack basic accessibility.
- The OPHQ has funds to help families make their homes accessible. There is a need to access these funds.
- Communities need to evaluate accessibility code of Quebec.
- Perhaps the occupational therapist could make a recommendation.

## Social Activities

- Another issue raised was the need to integrate children with special needs into the community so that they benefit from socialisation.
- Facilitate the process for children to enrol in childcare centres and in Pre-K so that they can receive stimulation from children of their own age.
- These children need more recreational activities within the community.
- They also need structured summer activities when they are not in school so as to continue the stimulation they received during the school year.
- It was also pointed out that the older disabled young adults (c. 19 years old) need to be able to experience love and this becomes an ethical issue. For example, what is the attitude of the community.

## 8.7 Local Governments

The following are recommendations for communities to consider in planning to integrate services in their communities. The recommendations are divided into three parts. Part I consists of suggestions for integrating services in the community. Part II gives recommendations for developing a strategy to improve communication. Part III provides ideas for consideration.

Part 1: *Suggestions on integrating services at the community level brought forward in the local government workshop attended by people involved with recreation, youth issues, youth councils (See Chapter 7).*

### 1) THE VISION OF WHERE WE WANT TO GO

- Develop community action plan
- Develop protocols between organisations
- Provide opportunities

### 2) OUR APPROACH SHOULD

- Involve elders for guidance
- Utilise traditional knowledge
- Use our Cree traditional experiences relating to the issues
- Define where direction is coming from; define who is giving direction
- End the cycle of inaction – action is now required
- Not permit failure: once a program has started, see it through
- Learn from past experiences

### 3) WHAT WE HOPED TO ACHIEVE AND HOW

3.1 Integrate same services within organisations by pooling it into one activity
  - Form working committees
  - Establish working relationships between organisations
  - Do joint programs with other entities
  - Integrate recreation with school programs

3.2 Review existing rules and regulations and modify to meet our values and needs
  - Establish our own federations for sports

**3.3** Promote successful programs at the community and regional level
- Have awards nights at year end
- Set expectations for students
- Sports activities should be more structured – practice drills, more teaching
- Encourage year round preparation for tournaments
- Add more variety to sports activities

**3.2** Find ways to finance new programs
- Someone who takes responsibility for securing funds for program activities
- Set entry fees to cover costs for new programs
- Promote volunteering with programs

## 4) FROM INDIVIDUALS INVOLVED

- Encourage individuals to engage in self-assessment
- Need commitment to the cause e.g. of integration
- Put aside personal differences
- Have the right attitude
- Work with love and understanding
- Work in harmony – everyone must contribute

## 5) FROM THE TOP WE NEED

- Clear goals and directions
- Work to remove obstacles that block things from happening
- Develop an atmosphere conducive to constructive criticism
- Open lines of communication between people and organisations
- Discuss the issues at the community level
- Mandate community members for specific tasks
- Balance workload of those involved

## 6) AIDS AND TECHNIQUES NEEDED

- Use internet for information, communication and contacts
- Do follow-up on what has happened and reassess the direction at set intervals
- Establish good research teams
- Develop an integration committee
- Do small surveys – go fishing for ideas from the people who have them.

**Part II**: Recommendations for developing a strategy to improve communication
*Recommendations made by delegates who attended the Health Sector Workshop (See Chapter 7).*

## STRATEGY ON HOW TO IMPROVE COMMUNICATION

- Know who we are and what we do

- Need to meet internally (agency) – who we are? – What we do?
- Need to meet 'within'' Cree Health Board to define individual roles

*The following recommendations were made at the workshop on Management (see Chapter 5).*

- There needs to be constant feedback from worker to client on changes to programs/services on a continuous basis.

## Communities

- Reactivate local Health Committees so that there is ongoing flow of information about community and Cree Health Board issues.

## Regional

- Regional representation needed at local General Assemblies
- Cree Health Board should have annual General Assembly – use same format as the CRA – each community should host the Health Board annual general Assembly

## Other means of communicating

- Consistent publication of the Cree Health Board annual reports.
- Website, computers and internet/e-mail access
- PR Publications of what we do ( radio, pamphlet, newsletters)
- Overcome language barriers by having translation (English to Cree and vice versa)
- Training in computers for staff

## Co-ordination

- Need local co-ordinators for each community who will be team leaders, provide support, takes care of details and free up time for people to do their work
- Need orientation for new 'outside'' staff about culture in each community

## More workshops

- Workshop (next year) to focus on children (0-5) and prevention

  Question came up: for children 6-18 years old where should we focus our attention (e.g. children who are troubled – need to ask "why are they troubled?")

**Part III**: Ideas for consideration

*Ideas and suggestions from the meeting of delegates working in Social Services (see Chapter 7). The participants attending this session were directors, co-ordinators and Youth Protection workers from the Cree Health Board along with police from a few communities.*

## How do you know when you need to work together?

Five areas were identified

1) When every thing else fails and when you feel isolated

2) When you face a crisis or conflicts that require community intervention
   i.e. a suicide in the community or workers threatened to walk out due employment condition

3) When you have communication problems due to divisions in our departments/services;

4) When limited resources and funding are involved

5) When the boss gives you a mandate

## How can we work together?

### Start by communicating

- have regular  staff meetings and start showing interest in others by including other departments
- acquire conflict resolution skills
- create a task force and start developing network support.

### Pool resources

- work and collaborate  on projects with other entities this way we can educate/understand each other and other peoples roles
- have more social gatherings with workers; show interest and motivation; recognise/honour other peoples contribution/commitment
- recognise and understand why we do this – cultural perspective; share knowledge and values
- colonisation workshop on how we have been oppressed; traumas suffered by colonisation

## Why do we need to work together?

- We do not have all the answers; hard to work alone and when you work together you accomplish more
- Through teamwork we can reduce the workload; and make the most use  of our resources; have a better chance to accomplish more and to succeed
- Reduce stress; recognise that we have our own limits
- Co-ordinate frontline services better
- We have common issues

## What areas do we need to work on together?

### Administration

- To create policies and procedures

### Management

- Integration at the frontline services workers and managers
- Frontline workers need to have connection with the people at the management level

### Case Management

- Methods of intervention
- Creativity in finding alternatives

### Inter-agency teams

- Set-up networks that will promote an awareness of other resources in the community/elders/ministers
- Promote more involvement and support from local government
- Referrals – stop passing the buck; police to work with Social Services

## INDIVIDUALS

- Responsibility of our own issues
- Responsible for relationships with community/non-native and other organisations
- Know and identify strengths and weaknesses
- Be honest/non-judgmental with each other; working within own self; learning to trust and believe in one another – stop discouraging
- Employee Assistant program
- Settling our own conflicts

## OTHER CONSIDERATIONS

- Promote cultural way of intervention; traditional methods of healing i.e. sweat lodge, talking circles, etc.; need to be proactive; apply holistic approach in dealing with social issues
- Follow-up on recommendations made on the justice system
- Create jobs in the frontline services
- Clear mechanisms of integration; assessment on human resources; team building; stress management; restructuring programs/services i.e. Home Care Program
- Bring down the managers to the level of frontline workers; more team building involving managers and frontline workers;  better communication between police and Youth protection – create working protocols
- Need to meet with leadership – local government and Cree Regional Authority; we want Chiefs not representatives; set up meetings with other entities to inform one another of roles e.g. School Board, Health Board etc
- Know our strengths: some are good in administration while others are good in intervention, some can communicate better while others can't
- Experienced workers to share their knowledge with other workers; use of local resources; develop retreat programs

# A  List of Delegates

## Chisasibi delegation list

### CREE SCHOOL BOARD/SCHOOL

| | |
|---|---|
| CLARENCE TOMATUK | Director Education Services |
| NELLIE PACHANOS | Student Services Coordinator |
| PATRICIA HEALEY | Guidance Counsellor |
| DAISY BEARSKIN HERODIER | Cree Programs Coordinator |
| ROSE SAM LANGER | Social Animator School |

### CREE HEALTH BOARD/HOSPITAL

| | |
|---|---|
| BERTIE WAPACHEE | Chairman Cree Health Board |
| JAMES BOBBISH | Executive Director CHB |
| CAMILLE RHEAUME | Assistant Executive Director |
| NORMAN LEWSEY | Director Coastal CLSC |
| JANE CROMARTY, | Group Home Coordinator |
| EMILY WASH | Group Home |
| ROBERT HARRIS, | Public Health Coordinator |
| MARC ST-PIERRE | DSP – Medical |
| CHRISTIANE GUAY | DSP – Social |
| LOUISE CARRIER | Health Coordinator Coastal |
| DAISY RATT | Mental Health |
| LUCIE LECLERC | Nutritionist |
| ANNIE LEFEBVRE | Occupational Therapist |
| MARY BEARSKIN | DYP – Assistant |
| ROSE ISERHOFF | CHR |
| LILY NAPASH | CHR |
| DORIS A. BOBISH | Community Worker |
| LAURENT BRUNET | Professional Support |
| CHARLOTTE PEPABANO | Youth Protection |
| CAROLINE ROCHETTE | Nurse |

### CREE NATION OF CHISASIBI

| | |
|---|---|
| ABRAHAM RUPERT | Deputy-Chief |
| VIOLET BATES | Public Health Officer |
| CHRISTOPHER NAPASH | Assistant D.O. |
| NELLIE BOBBISH | Brighter Futures |
| JULIETTE FIREMAN | Childcare Coordinator |
| MARILENE BEARSKIN | Ass't Coordinator Aboriginal Healing Foundation |
| JULES QUACHAGAN | Recreation/youth |
| LAURA BEARSKIN | Coordinator Aboriginal Healing Foundation |
| EVELYN PACHANOS | Home Visit Educator Head Start |
| TINA FIREMAN | Head Start Assistant Coordinator |
| MARGARET COX | Director Child Care Centre |
| REBECCA MATCHES | Special Needs Educator Head Start |
| CHRISTINA PASH | Home Visit Educator Head Start |
| LARRY HOUSE | Representative Aboriginal Healing Foundation |
| RHONDA  SPENCER | Brighter Futures |
| ELDER ROBBIE MATTHEWS | Elder, Chisasibi |
| MRS SALLY MATTHEWS | Elder, Chisasibi |

## Eastmain delegation list

CREE SCHOOL BOARD/SCHOOL
    DOROTHY GILPIN                      Principal

CREE HEALTH BOARD/CLINIC
    JULIETTE WEAPENICAPPO          CHR

CREE NATION OF EASTMAIN
    SALLY J. GILPIN                  Brighter Future Coordinator

## Mistissini delegation list

CREE SCHOOL BOARD/SCHOOL

| | |
|---|---|
| MABLE HERODIER | Chairman Cree School Board |
| EDWARD RABBITSKIN | SAT |

CREE HEALTH BOARD/CLINIC

| | |
|---|---|
| SUZANNE ROY | Director CLSC Inland |
| PAUL LINTON | Health Coordinator |
| JOE NEEPOSH | Rehabilitation Centre |
| SARAH COWBOY | Nurse |
| PAULINE ETAPP | Community Worker |
| BELLA PETAWABANO LOON | Youth Protection |
| CLAUDIA LACOSTE | Nutritionist |

CREE NATION OF MISTISSINI

| | |
|---|---|
| JANE BLACKSMITH | Public Health Coordinator |
| JOHNNY TRAPPER | Constable |
| JEAN-BAPTISTE LOON | Recreation Coordinator |
| CAROLINE JIMIKEN | Childcare Centre Director |
| EMILY RABBITSKIN | Family Support Worker |
| NANCY VOYAGEUR | Home-Visit Educator |
| STANLEY LONGCAP | Youth Representative |
| MATTHEW ISERHOFF JR. | Youth Chief |
| CLIFFORD LOON | Youth Coordinator |

EAKUA RESEARCH PROJECT – CRA
    BELLA M. PETAWABANO         Research – EAKUA Research Project

## Montreal delegation list

CREE HEALTH BOARD/CLINIC
    ALINE SABBAGH               Coordinator Mental Health Program

PUBLIC HEALTH MODULE – CREE REGION

| | |
|---|---|
| SOLOMON AWASHISH | Health Promotion Officer |
| ELIZABETH ROBINSON | Public Health Physician |
| JACQUES VERRONEAU | Public Health Dentist |

OBSERVER – MONTREAL
    TANYA VERRAL                 Observer – Graduate Student, Public Health Nutritionist

EAKUA RESEARCH PROJECT – CRA MONTREAL
    JILL TORRIE                   Research – EAKUA Research Project

## Quebec City delegation list

CREE REGIONAL AUTHORITY

    LUCIE BERGERON — Cree Regional Child and Family Services Coordinator

## Nemaska delegation list

CREE SCHOOL BOARD/SCHOOL

| | |
|---|---|
| GILLES SAVARD, | Principal |
| NELLIE COONISHISH | SAT |
| LILLIAN DIAMOND | Cree Alternative Education Program |

CREE HEALTH BOARD/CLINIC:

| | |
|---|---|
| SARAH OTTEREYES | Community Worker |
| EVADNEY METAWESKUM | Youth Protection |

CREE NATION OF NEMASKA:

| | |
|---|---|
| LINA TRAPPER | Childcare Centre Director |
| ELIZABETH WAPACHEE | Childcare Centre Educator |
| OLIVER JOLLY | Recreation Director |
| CLARENCE JOLLY | Constable |
| LEE-ANN NEEPOSH | CRA Youth Representative |
| KATHLEEN NEEPOSH | Wellness Program |

OBSERVER NEMASKA

| | |
|---|---|
| MARTINE BLANC | Observer |

## Ouje Bougoumou delegation list

CREE SCHOOL BOARD

| | |
|---|---|
| LORRAINE BEATON, | Guidance Counselor |
| LOUISE NEEPOSH-ETAPP, | SAT |

CREE HEALTH BOARD

| | |
|---|---|
| BOB IMRIE, | Clinic Coordinator |
| JUDY CAPISSISIT | Community Worker |

OUJE BOUGOUMOU FIRST NATION

| | |
|---|---|
| JUDY SHECAPIO BLACKSMITH, | Childcare Centre Educator |
| LINDA BOSUM, | Home Visit Educator – Head Start |
| OLIVIA COUCHEES | Youth Chief |

## Waskaganish delegation list

CREE SCHOOL BOARD/SCHOOL

| | |
|---|---|
| ALAIN DUFOUR | Principal |

CREE HEALTH BOARD/CLINIC

| | |
|---|---|
| BELLA HESTER | Youth Protection |
| SHIRLEY DIAMOND | Community Worker |

WASKAGANISH FIRST NATION

| | |
|---|---|
| LOUISE GILPIN | Childcare Centre Director |
| VICTORIA WIESTCHE | Childcare Centre and Head Start Educator |
| ALICE DESJARDLAIS | Wellness Centre |

# Waswanipi delegation list

CREE HEALTH BOARD/CLINIC

| | |
|---|---|
| MARLENE DIXON | Regional Youth Protection Director |
| SINCLAIR W. NEEPOSH | Youth Protection Worker |
| MARY ORTEPI | Professional Support Worker |

CREE FIRST NATION OF WASWANIPI

| | |
|---|---|
| HOLLY DANYLUK | BF/Head Start Coordinator |
| ANGEL N. SAGANASH | Childcare Centre Director |
| CATHY TRAPPER | Childcare Centre Director Assistant |
| SABRINA MARK | Childcare Centre Educator |
| DAVID HAPPYJACK | President Childcare Centre |
| GLORIA JOLLY | Home-Visit Educator |
| MARCEL HAPPYJACK | Youth Chief |
| JENNIFER GULL | Deputy-Youth Chief |
| WILLIAM SAGANASH | Constable |

# Wemindji delegation list

CREE SCHOOL BOARD/SCHOOL

| | |
|---|---|
| IDA GILPIN | Principal |
| STEPHEN RATT | Student Affairs Technician |

CREE HEALTH BOARD/CLINIC

| | |
|---|---|
| NANCY DANYLUK | Nurse |
| MARJORIE MISTACHEESICK | Youth Protection Worker |

CREE NATION OF WEMINDJI

| | |
|---|---|
| RODNEY MARK | Chairman Regional Child and Family Services Committee |
| DENNIS GEORGEKISH | Public Health Officer |
| MARILYN BEARSKIN | Brighter Futures Worker |
| DEREK MARK | Youth Coordinator |

# Whapmagoostui delegation list

CREE SCHOOL BOARD/SCHOOL

| | |
|---|---|
| ISAAC MASTY | Community Education Administrator |

CREE HEALTH BOARD/CLINIC

| | |
|---|---|
| MARY MASTY | CHR |

CREE NATION OF WHAPMAGOOSTUI

| | |
|---|---|
| MATTHEW MUKASH | Deputy Grand Chief, GCCIE |
| ELDER ANDREW KAWAPIT | Elder and Band Counselor |
| LOUISA WAPACHEE | Coordinator – Minor Sports |
| GARY PETAGUMSKUM | Coordinator of Youth Development |
| RACHEL K. SHESHAMUSH | Childcare Centre/Head Start Educator and Local Youth Council Member |

# **B**  Biographies of Guest Speakers

### Contents

## Biography of Elder Robbie Mathew, Chisasibi, Eeyou Istchee

Robbie and Sally Mathew, respected traditional teachers from Chisasibi, are often asked to participate in workshops and planning sessions within and outside of Eeyou Istchee. Since the time that their own, nine children have grown up, Robbie and Sally have been sought by individuals, groups and organisations to share their knowledge in different forums. Robbie agreed to open and close the Workshop and he also responded to the talks of two of the guests from out of the region.

Born at Fort George Island in 1934, Robbie's first teacher was his mother who was also a midwife. Although he attended St. Phillips Mission Residential School on Fort George Island from kindergarten to Grade 4, it has been his life experience on the land that has been his greatest education and which he has shared with many people throughout the world.

Cree organisations have relied upon his knowledge of culture, environment, social issues, health, education and politics. His guidance steers ongoing development of the global Cree vision of the 21st century.

Over the years Robbie has participated in the international indigenous arena. He is an appointed member of the World Council of Elders, which meets every two years and a member of the Cree Eeyou Istchee Commission. In 1995, this body received a mandate to define the Cree position on sovereignty. Its work has now evolved into the Cree Nation Government Working Group of which Robbie is also a member.

Robbie and Sally's work with the indigenous youth has been a strong influence in the continuing development of the international, indigenous youth movement.

# Brief Description of My Professional Background

JEAN-CLAUDE DARGIS, M.S.W., CLSC DU CENTRE-DE-LA-MAURICIE, SHAWINIGAN, QUÉBEC

My professional career started 32 years ago. After receiving a Bachelor of Arts degree in 1965, I choose social work because the contents of the training that was given in this field of intervention appealed to me; it was centred on knowing more about mankind and society. Three years later I obtained my Master's degree and found out that I had a lot more to learn about these two subjects.

After working two years in a psychiatric clinic for children and adolescents, I had the opportunity to work for one year in Tunisia as a cooperant-teacher for the Canadian Agency of International Development at the Tunis School of Social Work. This kind of work was a good growing experience for me because it changed some of my views, not only as a social worker, but mostly as a human being by making me live and interact with people from another culture.

After I had came back and was working in a Family Social Agency, I wanted to improve my intervention skills and went to the Family Therapy Center of the Jewish General Hospital in Montreal to learn this approach with families.

A couple of years later, I found myself doing individual interventions with adults and I decided to receive training in Gestalt therapy from psychologists of« Psycho-Québec » in Quebec City and from « The Entayant Center » in Lake Placid, N.Y. State.

I am presently taking training given by « Le Centre de formation en court-terme planifié systémique », learning with other social practitioners the principles and the strategies of the short-term planned systemic approach.

My other professional activities also include teaching experiences, for two years, with the Department of Social Work Techniques at a College in Trois-Rivières and another for three years, with the Department of Social Work of the University of Sherbrooke, in Sherbrooke.

For approximately 15 years now, I have been supervising social practitioners working at the CLSC Centre-de-la-Mauricie who are elaborating, co-ordinating and evaluating preventive programs for children and adolescents, such as: •
The development of parental habits for parents of adolescents.

- The use of a visiting mother, as a change agent, to prevent child negligence in the family.
- Early stimulation for children of 2, 3 and 4 years of age having difficulties in their global development.
- The prevention of violence in primary school.
- The development of social habits for pre-teenagers.

For the past two years, I have been a member of a committee created by the Ministry of Education to evaluate projects presented by professors from various departments of universities for funding to work with the social and economic development of needy communities.

For the past three years, I have been involved in the implementation and realisation of an integrated services approach in our region, which, by the way, was initiated by Mr. Guy Poudrier. During this time, I have been working with a committee composed of representatives from Les Centres Jeunesse, the local School Board and the Department of psychiatry for children and adolescents. With these partners we have had many meetings with the practitioners to explain to them, how and when the integrated services might be helpful, to clarify with them the main concepts of this approach, to then present the procedures that have to be followed and to put in place mechanisms that will prevent or resolve misunderstandings or conflicts between the participating organisations.

I hope this summary of my professional activities is helpful and gives you an idea of how I may be able to support you in the development of an integrated services approach in your territory.

Jean-Claude Dargis can be reached at:

**CLSC Centre-de-la-Mauricie**,
1600, boul. Hubert-Biermans, Shawinigan, Qc. G9N 8L2

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Fax: (819) 539-8853
e-mail: jc.dargis@msss.gouv.qc.ca

# Résumé of Lorraine Leduc – Plenary, Quebec City

### STUDIES

Completing a master's degree in Ethics at l'Université du Québec à Rimouski.

Recipient, in the fall of 1999, of an "excellence" scholarship grant from the Fondation de l'Université du Québec. The studies and memoir address ethical issues concerning the intervention with handicapped women.

Teacher's college degree in special education, 1969.

### PROFESSIONAL WORK

In the past twelve years, regional co-ordinator for Chaudière-Appalaches for «L'Office des Personnes Handicapées du Québec». This work involves providing services to First Nation communities of Quebec, including Cree First Nations in collaboration with health, social and educational services and community based organisations.

In the beginning of the 1980's, community worker and multidisciplinary team co-ordinator at the CLSC del'Aquilon to implement the organisation of services for youth and families of an underprivileged and isolated area.

In the 1970's, special education teacher and team worker with other specialists to adapt educational services to the needs of students and families.

### COMMUNITY

Since 1975, member of various boards of directors within cultural, educational and health community based organisations. Also for three years at the Régie régionale de la Santé et des Services Sociaux de la côte-nord.

From 1998 to 1993, appointed member to the Canadian Advisory Council on the Status of Women and vice-president of it's economic committee.

From 1984 to 1986, president of "Naissance-Renaissance" a Québec non governmental organisation aiming to humanise birth and also representative at international congresses dealing with issues considering the health of women and families.

Mother of two foster sons who are now well on their way into adult life.

Lorraine Leduc can be reached at:

876 Bourdages, Apt. 4, Quebec, Quebec G1M 3H9

lornor@globetrotter.net

# Biography of William J. (Bill) Mussell

Of the Sto:lo Culture, Bill is a member of the Skwah Band at Chilliwack Landing, B.C. He works in environments ranging from isolated communities to universities and corporate boardrooms. In professional roles as a probation officer, parole officer, teacher, Band manager, chief councillor, planner, executive director, Parole Board member, adult educator, and consultant, Bill has created knowledge and skills that complement his formal education and training and what he has learned within his family and community.

Bill is the manager, principal educator and founder of the Sal'i'shan Institute Society, a non-profit training institute dedicated to the design, delivery and evaluation of health, education and welfare programs tailored to meet the needs and aspirations of indigenous peoples. His present priorities include:

- delivery of curricula featuring personal and family wellness,
- development of curricula to train health and other workers as specialists in the treatment of trauma (suicide, effects of residential schooling etc.)
- development and delivery of education/training experiences tailored to promote self-management and co-reliance at the community level.
- research and development of resource materials to assist the FAE/FAS affected, and prevention of FAE/FAS
- team building, program planning and evaluation work with First Nation organisations, governments and agencies
- president and chair of the Native Mental Health Association of Canada
- co-leader on a cross-cultural education and parenting project
- member, Advisory Committee on Aboriginal Education to B.C. Ministry of Education
- chair, Aboriginal Voice Committee of Fraser Valley region
- chair, Aboriginal Mental Health "Best Practices" Working Group,
- governor of Fraser Valley Health Region's Board and Chair of Aboriginal Wellness Steering Group
- member of Aboriginal Governor's Working Group
- member of First Peoples' Health Council of the Health Association of British Columbia.

Relative to his present priorities, Bill makes this observation:

"The effects of inter-generation institutionalisation, starting with residential schooling, the creation of reserves, and establishment of a bureaucracy to manage "reserves and lands reserved for Indians", have contributed to the collective cultural devaluation of indigenous peoples. Until this aspect of modern history is understood, it will be very, very difficult to create and

implement strategies for community wellness that will make a difference. Treatment of children in residential schools which offered custodial care traumatised significant numbers of each generation for about a century. The cumulative effects of the traumas need close, careful and priority attention in order for First Peoples communities to know holistic health and continuing wellness."

PUBLICATIONS

Mussell, William. Curriculum materials for education/training program to prepare and equip community workers to address FAE/FAS issues, in preparation.

*Regional Health Authorities Handbook on Aboriginal Health*, Aboriginal Health Association of B.C. and the Sal'i'shan Institute, 1999.

*Leadership for Community Wellness*, a handbook to accompany three videos for use by community health educators promoting mental health in indigenous contexts, 1994.

*Highest Goals and Standards for Quality Programs and Services, A Framework for Community Building*, Aboriginal Standards Committee, 1994.

*Deficits, Foundation and Aspirations Signal Need for Restructuring*, The Path to Healing: Report of the National Round Table on Aboriginal Health and Social Issues, Royal Commission on Aboriginal Peoples (Eds.), Canada Communications Group, 1993.

M. Terry Adler and W. M. Nicholls. *Making Meaning of Mental Health Challenges in First Nations*, the Sal'i'shan Institute, 1991.

He makes his home at Chilliwack Landing with his wife, Marion who works with him as a professional colleague. They have two daughters, Dayna and Willow.

800 Wellington Avenue, Box 90, Chilliwack, B.C. V2P 6H7

Tel:  (604) 792-7300 (Work)
      (604) 792-3868 (Home)

Fax: (604) 792-5498
e-mail: salishan@dowco.com

# Biography of Guy Poudrier, Shawinigan and Quebec City

Since he began working in the field of health and social services in 1976, Guy Poudrier has acquired clinical and administrative experience with a diverse range of issues: children/families, mental health, the elderly, youth protection etc. He has also taught at the University of Quebec at Trois-Rivières and at the CEGEP de Shawinigan and delivered training on diverse topics such as youth protection, the elderly and how to balance caseloads in psycho-social interventions.

Presently, he is Director of Programs for the CLSC du Centre de la Mauricie, where he is responsible for health services, social services and health promotion and prevention programs. Since its inception in February 1998 by the Ministry of Health and Social Services, Guy has been a member of the Group of Experts in Clinical Organisation for Youth ( the Lebon Committee). The Committee has already produced two reports on services for youth protection in sixteen Quebec regions and a third report will address services and resources in the 146 CLSCs of Québec, including the Cree CLSCs. Guy has a Masters in the Social Services Administration from the University of Laval and for his Bachelor's at the University of Montreal, he specialised in Social Work. He has also studied at the University of Quebec at Trois-Rivières.

In the area of concern for the workshop on integrating services, Guy planned an initiative to integrate services in the territory of the CLSC du Centre-de-la Mauricie with various partners: Youth Protection, the schools, community groups, and youth psychiatry. The first initiatives began in 1992 with organising interveners who were coming from different organisations and working with children aged 0 to 5. This was followed in 1996 with the integration of services of interveners working with school age children from 6 to 17 years old.

The objectives of integrated services are obvious: first, to assure continuity of service to the child and his or her family so there is no break in service following a referral to another organisation; and secondly, to share the intervention plans in order to avoid duplication of interventions when there are several interveners working with the child and his or her family.

Guy can be reached at:

**CLSC Centre-de-la-Mauricie**,
1600, boul. Hubert-Biermans, Shawinigan, Qc. G9N 8L2

Tel: (819) 539-8371
Fax: (819) 539-8853
Cell: (819) 531-0812
e-mail: guy.poudrier@mssss.gouv.qc.ca

# Biography of Brenda Laronde Simpson, Montreal, Quebec

Brenda Laronde Simpson, M. Ed., McGill University, is an Ojibway of Nipissing First Nation in Ontario who provides education research and consultation to Native communities through her company, Dreamcatcher Educational Services. At Vanier College in Montreal, she teaches the Development of Creative Expression course in Early Childhood Education, a course she developed, and also supervises fieldwork placements. She lives in Montreal with her husband and three children.

## AREAS OF SPECIALIZATION

Early Childhood Education, Elementary Curriculum, Multicultural Education and Aboriginal Studies, Research activities in education

## RECENT PROJECTS

In progress: **First Nation Education Council, QC**

Research and evaluation: Special Education Pilot Project

Project reports: *First Nation Education Council, Special Education Pilot Project, Summary Report of Member Communities Wendake & Kanesatake, 1999 and Summary Report of Member Communities Mashteuiatsh and Manawan, 1999.*

1999: **Kativik School Board, QC**
Curriculum consultant – co-ordination of full-day kindergarten curriculum project, involving research, planning, in-service training and implementation of full-day program for Nunavik

Project document: *Kativik School Board, Kindergarten Program, Teacher's Guide, 1999-2000*

1997-98: **Ahkwesahsne Mohawk Board of Education, ON**
Educational Needs Assessment, in association with P. F. Wilkinson & Associates – research, liasing with Board of Education, local researchers, council and community members.

Project report: *An Evaluation of the Ahkwesahsne Mohawk Board of Education in 1997, Volume I & II*

1998: **Native Mental Health Research Team, Culture & Mental Health Research Unit, Jewish General Hospital, Montreal**
Researching school-based community wellness in suicide prevention, involving collaboration with the Cree Public Health Module including The Cree Wellness Curriculum

Research report: *Suicide Prevention and Mental Health Promotion in First Nations and Inuit Communities*

Brenda's teaching experience ranges from young children to adult college students as she has taught in pre-schools, daycares, elementary grades K-6 and currently teaches at CEGEP Vanier College. She has been active as a member of the Anti-racist Education Working Group in the development of anti-racist curriculum resources, That All May Be One.

Brenda can be reached by:

Tel:  (514) 620-2627
Cell: (514) 831-2710
Fax: (514) 620-8335
e-mail: simpson@odyssee.net

# C  Planning Committee Members

Lorraine Beaton             Pedagogical Counselor, Cree School Board
                            Tel: 418-745-2542      Fax: 418-745-2652

Lucie Bergeron              Child and Family Services Consultant, Cree Regional
                            Authority
                            Tel: 418-527-6096      Fax: 418-527-6122
                            e-mail: lucie bergeron@videotron.net

Holly Danyluk               Workshop Coordinator
                            Otherwise, Brighter Futures Co-ordinator, Cree First Nation
                            of Waswanipi
                            Tel: 819-753-2882      Fax: 819-753-2883
                            e-mail: h_danyluk@hotmail.com

Caroline Jimiken            Vice-President, Cree Regional Child and Family Services
                            Committee and Director, Awash Childcare Centre, Cree
                            Nation of Mistissini
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# Cree Regional Child and Family Services Committee

August 2000

*"Working together to make our communities a better place for children and families"*

## Our history...

AUGUST 1ST AND 2ND 1995

A regional consultation on Childcare and Parenting services sponsored by the Community Services of the Cree Regional Authority was held in Val d'Or. The forty-five participants coming from the nine Cree communities included: Elders involved in Education, Parents, Young mothers, Community workers, Graduates in Early Childhood Education, Childcare Educators, Childcare project managers, Representatives of Brighter Futures programs, of the Cree School Board and of the Cree Health Board.

SEVERAL RECOMMENDATIONS CAME OUT FROM THIS CONSULTATION:

1. Set up Childcare centres and Head Start programs in each community.
2. Development of programs which will promote parental skills and early intervention for children.
3. Implement an Early Childhood Education Training program with a specific Cree cultural content in each community.
4. Create Cree Local and Regional Childcare committees to deal with issues on Childcare for children 0-12 years old and parenting in all communities. These committees would share information on services and resources available, propose orientations for various programs, oversee training issues and make best uses of funds that are or will be forthcoming for the benefit of Cree children and their parents.

In the months following the meeting, a regional Early Childhood Education training program was implemented in all communities, each community have created a local Childcare Board of Directors to set up a Childcare centre and the first meeting of the Cree Regional Childcare Advisory Committee (CRCCAC) was held in Chisasibi on November 7, 1995.

NOVEMBER 1996

Following discussions and recommendations from the Cree Regional Childcare Advisory Committee (CRCCAC), Children Forums were held in the nine communities to discuss the children and families' issues and see how organisations could work in a more collaborative way.

Beside the need of different Childcare services: day care, home day care and after-school programs, the importance of early intervention was once again strongly recognised and ways to work with parents, schools, health and social services, Bands and the whole community need urgently to be found to ensure that children come to school in healthy conditions with knowledge, skills and attitudes to meet educational and life challenge.

Indeed, it was clearly stated that many young Cree children are disadvantaged for their future life because they have poor nutrition, endures verbal, emotional, physical or sexual abuse, are not well rested or have no discipline.

At home, in a foster home, in a Childcare program, at school, at the clinic or with community workers or social workers, in summer programs, at the arena or in community feasts and celebrations, children of all ages need to know they are loved, respected, provided with good nutrition, sleep, with opportunities to learn and share and opportunities to develop their self-esteem and self-discipline; they need to feel safe everywhere.

It has been recommended to act now to be able to effect positive change, a new Childcare common purpose and vision was initiated. New partnerships emerged among existing and emerging organisations and individuals. Parents, Bands, Education, Health and Social services, Childcare programs are now starting to integrate their services to meet the increasing number and variety of demands placed on them.

Another consultation meeting involving programs managers such as Brighter Futures, Public Health, Child-care Head Start from all communities recommended to change the name and the composition of this regional committee to better integrate representatives of all programs for services and children and not only the childcare centres.

## FEBRUARY 10TH, 2000

The committee revised the present document to follow the recommendations of the consultation held in April.

## JUNE 27, 28, 29, 2000

The Regional Child and Family Services Committee co-ordinated a big workshop on Integrating Services for Children, Youth and Families in Chisasibi. One hundred persons coming from the nine communities who are working with children, youth and families gathered to discuss how to work better together to improve the services.

## Our mission...

In partnership with families, strives to improve the quality of live for Cree children by way of positive and traditional teaching, through quality educational programs that promote the holistic growth and development of all children.

## Our goals and objectives...

The Cree Regional Childcare Advisory Committee strives to:

1. Identify local and regional needs for Child and family programs which addresses the areas of education, health promotion, nutrition, social support, parent involvement, Cree heritage and culture/language.

2. Recognise and support the local initiatives in Child and Family issues.

3. Ensure and facilitate the development and maintenance of quality, Cree culturally appropriate Child and family services for children from infancy to age 12 with special attention to children with special needs.

4. Provide networking opportunities for individuals and communities who are concerned about Cree children and their families.

5. Ensure families, Elders and community members are involved and have direct input in the implementation and operation of their child and family services.

6. Advise local and regional entities on the development of policies, strategies, and goals for the whole of the Cree Child and Family programs and services.

7. Research and provide information on available child and family oriented programs and services.

8. Identify training needs, develop and deliver culturally training programs pertaining to child and family issues in childhood education and parenting.

9. Search for all funds available for children and families at the regional level and maximise the funds in the interest of all nine Cree communities.

10. Enhance professionalism in the Cree Child and family programs and services sector.

## Our Structure...

MEMBERS

The Cree Regional Childcare Advisory committee is composed of 25 members as follows:

- Two representatives of the Cree Regional Authority
- Two representatives of the Cree Board of Health and Social Services
- Two representatives of the Cree School Board
- Two representatives of each nine Cree community: one from each Cree Nation and one from the Childcare Centre

- The Cree Representative of the provincial Childcare and Head Start Committee

Members are delegated by their own entities.

## Quorum

The quorum for Committee meeting is of 50% in which at least 9 are representatives from the communities.

## Meetings

Members of the Cree Regional Child and Family Advisory Committee (CRCFAC) meet 3 or 4 times a year. Meetings of the committee are usually combined with other events to save travel cost. Meetings are usually held in Val d'Or at the date and time given on the notice to attend.

## Roles of the member organisations

### Roles of Cree School Board

1. Share expertise in the development and delivery of Child and family training issues
2. Collaborate in the logistics of Child and family training program and other training needs identified in the Child an family sector where and when possible
3. Provide information on services offered by CSB and collaborate with communities in Child and family issues
4. Give support to CRCFAC
5. Appoint representatives
6. Representatives follow up on recommendations and report to their organisation

### Roles of Cree Regional Authority

1. Develop information and technical support for Cree communities regarding the setting-up and operation of Child and Family services
2. Review and analyse all Child and Family information relevant to and of interest to Cree communities.
3. Co-ordinate the Regional Child and family Advisory Committee.
4. Provide assistance to communities in requesting funding proposals for the local, regional, federal and provincial levels according to their respective guidelines.
5. Provide technical assistance to the Cree Regional and local Child and Family Advisory Committees in making recommendations to develop Cree standards, regulations, supervision and evaluation systems on the Cree Child and family issues.
6. Assess the training needs for educators, directors, Board of Directors, and other personnel members involved in child and family issues and contribute to meeting the needs identified in collaboration with the Cree School Board.
7. Co-ordinate and evaluate the development and the delivery of the Child and Family training programs.
8. Liase with other communities and organisations involved in Child and family issues and promote concerted action.
9. Organise parent and community information activities to ensure a high profile for and broad understanding of the Cree Child and family issues and to create awareness of the importance of child development and quality Child and Families services.

### Roles of Cree First Nations

1. Support and facilitate the development and on going operation of Child and family services
2. Provide information on local existing programs or programs in development
3. Give support to CRCFAC
4. Appoint representatives
5. Representatives follow up on recommendations and report to their organisation

## Roles of Local Child and Family Board of Directors

1. Ensure liaison between local community level and CRCFAC
2. Identify local needs for Child and family services
3. Establish local policies concerning Child and family services
4. Identify and support trainees in early childhood education
5. Appoint representatives
6. Representatives follow up on recommendations and report to their organisation

## Composition of the 2000/2001 Regional Child and Family Services Committee

Representatives of Cree Regional Authority

| | |
|---|---|
| Norman Gull | Director Community Services |
| Lucie Bergeron | Regional Child and Family Service Co-ordinator |

Representatives of Cree Health Board

| | |
|---|---|
| Christiane Guay, | DPS Social Services |
| Paul Linton | Health Coordinator, CLSC Inland |

Representatives of Cree School Board

Representatives of Mistissini

| | |
|---|---|
| Caroline Jimikin | Director Awash Childcare Centre VICE-CHAIRMAN |

Representatives of Ouje Bougoumou

| | |
|---|---|
| Rosie Bosum | Community Wellness Co-ordinator |
| Maggie Capissisit | Director Waspshooyan Childcare Centre |

Representatives of Waswanipi

| | |
|---|---|
| Holly Danyluk | Brighter Futures and Start Co-ordinator |
| Angel Nakogee | Director Awaash Shiishiikun Kamik Childcare Centre |

Representatives of Nemaska

| | |
|---|---|
| Lina Trapper | Director She She Guin Childcare Centre |

Representatives of Waskaganish

| | |
|---|---|
| William Hester | |
| Louise Gilpin | Director Childcare and Head Start Centre |

Representatives of Eastmain

| | |
|---|---|
| Johanne Cheezo | Public Health Co-ordinator |
| Wendy Moses | Director Wasèyapin Childcare Centre |

Representatives of Wemindji

| | |
|---|---|
| Rodney Mark | CHAIR and Deputy-Chief Wemindji |
| Linda Stewart | Director Kanawhymigoo Childcare Centre |

Representatives of Chisasibi

| | |
|---|---|
| Jessie House | Head Start Co-ordinator |
| Juliette Fireman | Director Anjabowa Childcare Centre |

Representatives of Whapmagoostui

| | |
|---|---|
| Robbie Kawapit | Brighter Futures Co-ordinator |
| Linda Masty | Director by interim Awash Estchees Childcare Centre |

◆ Cree Representative of the provincial Childcare and Head Start Committee
◆       Bella Moses Petawabano
◆
◆
◆

# ◇E◇ Cree School Board Documents

## E–1: Cree Education Plan 2000-2001 Education Management, Education Services

## General Objectives

1. To implement Cree as a Language of Instruction at the Pre-Kindergarten, Kindergarten, Grades 1, 2, 3, for all Cree Schools.
2. To train teachers to become qualified.
3. To develop curriculum adapted to the particular needs of the Cree clientele.
4. To promote interesting and relevant educational initiatives.
5. To ensure the personal, physical and social well-being of all students

## Historical overview

The Cree School Board was established under section 16 of the James Bay and Northern Quebec Agreement. The Cree School Board has jurisdiction and responsibility for Elementary and Secondary education and Adult Education. The Cree School Board's mission is to preserve, develop and protect Cree Language and Culture. In 1988 at a Joint Meeting of the Cree Chiefs and the Council of Commissioners, **Education** Principles were adopted by the Cree Leadership in regards to the Cree Language, Curriculum and Education Standards. It defined the Cree School Board as distinct entity with special powers designed to meet the specific needs of the Cree youth and adult population.

The Department of Education Services was mandated by the Council of Commissioners to develop an Education Plan that addressed the new direction. In 1989-90, A Global Education Plan was developed and subsequently negotiated by the Cree School Board with MEQ.

Subsequent protocols and 3 year funding agreements have been negotiated, agreed upon and signed by both parties. A new 5-year agreement has been signed for 1999-2000 to 2004.

Education Services provides leadership and support services to the Cree Schools from Pre-Kindergarten to Secondary V. It must ensure that all students of the Cree School Board are provided with equal educational opportunities so that they may contribute to the socio-economic development of their communities.

Over the years, Education Services has been involved in the adaptation of existing MEQ programs and developed programs according to the needs of its clientele. Education Services continues to make revisions, adjustments and provides the necessary support to the Schools whenever changes are required.

It is the goal of Education Services to promote parental involvement in Cree Education. Parents must be encouraged to take an active role in their children's education.

Cree as a language of instruction is in its fifth year of implementation - Immersion classes of the second language is taught in Grades four and five. Cree language maintenance classes are taught from Grade 4 to Secondary V.

Furthermore, the Cree School Board has implemented the use of Cree language in the workplace.

Education Services following the Mianscum Report will adhere to the expressed educational needs of the communities and to commit to work within the framework of a New CREE SCHOOL BOARD MISSION:

To provide a high quality Cree based holistic education, based on our language and culture in conformity with our values and traditions.

To help prepare each person make their journey as a valued contributor to our Cree communities and the Cree Nation, to society at large, now and in the future.

To bring to realisation this vision using our resources to the best of our ability.

## E–2: Cree School Board Documents: Student Services Education Plan

**STUDENT SERVICES
EDUCATION PLAN
2000-01**

| PROJECT | OBJECTIVES | RESOURCES | TIMEFRAME | END DATE |
|---|---|---|---|---|
| ROOM AND BOARD PROGRAM ON-RESERVE | The primary objective of the Room and Board Program on-reserve is to support Cree Beneficiary students to attend Cree schools while their parents are absent from the community, following harvesting and related activities. | Local Boarding Home Program | August 2000 | June 2001 |
| INTER-COMMUNITY SCHOOLING | To support Cree Beneficiary students to attend a Cree school in a community other than their own when:<br><br>- grade level is unavailable<br>- academic program is unavailable<br>- long-term boarding home is unavailable | Local Boarding Home Program<br><br>School Administration (Local and Receiving) | August 2000 | June 2001 |
| INTER-COMMUNITY ELITE ATHLETIC SPORTS PROGRAM | To support Cree Beneficiary students to attend a Cree school in a community other than their own while participating in an inter-community athletic and sports program. | Local Boarding Home Program<br><br>School Administration (Local and Receiving) | August 2000 | June 2001 |

**STUDENT SERVICES**
**EDUCATION PLAN**
**2000-01**

| PROJECT | OBJECTIVES | RESOURCES | TIMEFRAME | END DATE |
|---|---|---|---|---|
| OFF-RESERVE INTER-CITY LEAGUES OF ATHLETIC AND SPORTS PROGRAMS | To support Cree Beneficiary students to attend school off-reserve while participating in Inter-City Leagues of Athletic and Sports Programs. | • Regional Services<br>• Local S.A.T.<br>• Parents | August 2000 | June 2001 |
| OFF-RESERVE ELEMENTARY EDUCATION | To support Cree Beneficiary students to attend school off-reserve when they require special educational services which cannot be provided in the Cree communities. | • Regional Services<br>• Local S.A.T.<br>• Special Education Consultant<br>• Parents | August 2000 | June 2001 |
| OFF-RESERVE SECONDARY EDUCATION | To support Cree Beneficiary students with highly advanced skills and abilities in the fields of academic and arts programs to attend school off-reserve.<br><br>To support Cree Beneficiary students requiring special educational services which cannot be provided in the Cree communities. | • Regional Services<br>• Local S.A.T.<br>• Parents | August 2000 | June 2001 |

## STUDENT SERVICES
## EDUCATION PLAN
## 2000-01

| PROJECT | OBJECTIVES | RESOURCES | TIMEFRAME | END DATE |
|---|---|---|---|---|
| PRIVATE SECONDARY EDUCATION | To support Cree Beneficiary students registered in enriched and advances programs in private secondary schools. | • Regional Services<br>• Local S.A.T.<br>• Parents | September 2000 | June 2001 |
| SECONDARY V ORIENTATION | To support Secondary V students to visit Post Secondary institutions before deciding on their place of study. | • Regional Services<br>• Local S.A.T. | November 2000 | February 2001 |
| REGIONAL GUIDANCE COUNSELLING | To assist the Student Affairs Technicians in the schools where there are no Guidance Counsellors:<br><br>- Whapmagoostui   - Nemaska<br>- Wemindji   - Ouje-bougoumou<br>- Eastmain | • Regional Services<br>• Coastal Boardwide Guidance Counsellor<br>• Inland Boardwide Guidance Counsellor | July 2000 | June 2001 |

# STUDENT SERVICES
## EDUCATION PLAN
### 2000-01

| PROJECT | OBJECTIVES | RESOURCES | TIMEFRAME | END DATE |
|---|---|---|---|---|
| EDUCATIONAL, VOCATIONAL, PERSONAL AND SOCIAL COUNSELLING | To help students understand themselves better and gain a better understanding of their skills and interests in relations to their school work and career choices. | • Local Guidance Services<br>• Regional Services | August 2000 | June 2001 |
| SPORTS, CULTURAL AND SOCIAL ACTIVITIES | These services are designed to promote the students' creativity, sense of initiative and sense of belonging to a group.<br><br>Inter-school sports:  - Basketball<br>    - Badminton<br>    - Volleyball<br>    - Soccer<br><br>Regional events:  - Public Speaking<br>    - Science Fair<br>    - Theatre Tours<br>    - Art Exhibition<br><br>School Projects<br>Cultural Projects | • Schools<br>• Regional Services | August 2000 | June 2001 |

## STUDENT SERVICES
## EDUCATION PLAN
## 2000-01

| PROJECT | OBJECTIVES | RESOURCES | TIMEFRAME | END DATE |
|---|---|---|---|---|
| IN-SERVICE TRAINING FOR PERSONNEL | To provide workshops for Student Affairs Technicians.<br>Certificate in Student Personnel Services at McGill University. | • Regional Services<br>• McGill University | August 2000<br>Fall 2000 | June 2001<br>On-going |
| REVISION OF ROOM AND BOARD POLICIES | To review and evaluate the present policies of the Room and Board Program. | • Director of Education<br>• Coordinator of Student Services<br>• Four S.A.T.s<br>• Two C.E.A.s | August 2000 | On-going |
| IN-SERVICE TRAINING FOR CRISIS INTERVENTION TEAMS | To set up a crisis intervention team in each school. | • Regional Services<br>• Outside Agency | August 2000 | June 2001 |

## STUDENT SERVICES
## EDUCATION PLAN
### 2000-01

| PROJECT | OBJECTIVES | RESOURCES | TIMEFRAME | END DATE |
|---|---|---|---|---|
| PARENTAL INVOLVEMENT ACTIVITIES | To promote parental involvement in the schools. To bring parents into the schools to allow them to take an active part in the child's education. | • Regional Services<br>• Local S.A.T.<br>• School Administration<br>• Parents | August 2000 | June 2001 |
| SPORTS MONITOR IN EACH OF THE CREE SCHOOLS (PART-TIME) | To prepare and animate sports, cultural and recreational activities after school for the students in the Room and Board Program. | • Regional Services<br>• Local S.A.T.<br>• School Administration<br>• Parents | August 2000 | June 2001 |
| ELDERS VISITING SCHOOLS | To promote awareness of student's cultural heritage. | • Regional Services<br>• Local S.A.T.<br>• School Administration<br>• Elders | August 2000 | June 2001 |

# Special Education Plan
# Cree School Board Education Services

Revised November 1995

## Guiding principle

The Cree School Board is committed to the belief that each child is entitled to a system of education which supports that child's learning, development, and cultural integrity in the least restrictive environment.

That is:

I. Each student's case must be looked at individually to determine the most beneficial placement.

Criteria for these decisions should include such factors as:

a. the extent to which the student will benefit from the placement

b. current academic, social, emotional, or physical needs

c. the extent to which the proposed environment can be modified to meet the student's needs

II. There is a Special Educational Framework in place which will make it possible for all students to be included as part of the mainstream for the length of time or the subjects that are most beneficial for each. Commitment to this principle implies that students requiring special educational support will be identified in two categories.

A) In the first category are handicapped children who require long term special education. These students are the responsibility of the Special Education teacher who should design, teach and coordinate individualized programs. These students may also be provided with the services of special educators who act as care workers, with supervised teaching duties.

For many of these students the least restrictive environment is a special class which has been designed to meet their individual needs. These students are integrated into the regular stream for the length of time or the subjects that are most beneficial for each. To ensure a successful integration and a positive impact on the teaching and learning taking place in the regular classroom, these students may be accompanied by an educator or special education teacher during their times in the regular stream.

B) The second category comprises those students who are unsuccessful academically and require intervention to make it possible for them to be successful in school with their age appropriate peers. These students successful in school with their age appropriate peers. These students may have a sensory handicap, severe behavior problems and/or an academic delay of at least two years as compared to peers of the same age in the Cree School Board.

Interventions for this group would include the following:

i. Classroom teacher individualizing instruction to enable students to be successful

ii. School based support team using problem-solving approach to resolve learning and behavioral problems. (TAT or other)

iii. Resource program which maintains and supports the child in the regular classroom environment.

iv. Identification, assessment and development of an individual Education Program determined locally by a team comprised of the resource teacher and the regular classroom teacher, in communication with the parents and school administration. This implies an on-going collaboration between the resource and classroom teachers.

v. Referral to the Special Education Screening Committee. The members of this committee will review each case on an individual basis and determine whether or not a referral should be made to the regional special education consultant.

vi. If the student is eligible for special education services a Service Plan will be developed by the regional consultant. This plan may include such services seemed necessary to meet the student's needs, (e.g. psychology, occupational therapy, speech therapy, etc...)

## STAGE I
## Screening of Pre-K students
(Pre-K Teacher)

The purpose of the screening process is to identify children who may benefit from early intervention programs or specific skill-developing activities in order to help them reach their full intellectual, social, emotional and academic potential.

Pre-K teachers will be responsible for screening their students since they are with the children in their natural school setting for extended periods of time, and they have seen many youngsters of similar age and background. The screening will occur as part of the ongoing life of the classroom rather than in an artificial, contrived manner.

The Special Education Consultants will meet the Pre-K and Kindergarten teachers and Principals to discuss the screening program. The Pre-K teachers are provided with the screening checklist and a list of activities for promoting development in the areas concerned. Kindergarten teachers are included to ensure their awareness of the procedure and continuity for students that may be identified by the program.

The screening will initially take place about one month after the students begin school. All school children in Pre-K will be screened. If the teacher is concerned about a student should provide the child with additional opportunities to promote development in the area(s) of concern. The teacher should then monitor the child's progress by repeating the screening process two to three months later.

We must be sensitive and respect the fact that children develop at different rates. Children and their environments are continually changing throughout their development. Any labels attached to a child could be detrimental to his/her self-esteem and education.

If a teacher is very concerned about a student's physical, mental or emotional health  he/she should not hesitate to speak with the parents and ask the S.A.T. to complete the School Referral to the Cree Health and Social Services of James Bay Form and to forward it to the local clinic so the student can be examined by a doctor (See Stage II of the Special Education Plan).

## STAGE II
## Identification & individualization
(Classroom Teacher)

### I. Identify possible physical factors
When the teacher suspects that a child's difficulties may be due to physical factors he or she should contact the parents and see the Student Affairs Technician (SAT) to refer the student to the clinic for a physical examination. The SAT should complete the School Referral to the Cree Health and Social

Services of James Bay Form and forward it to the nurse at the local clinic.

Some factors for which a student should be referred to the clinic are:

a) poor vision

b) poor hearing

c) poor motor skills

d) poor general health

e) side effects from medication being taken

### II. Identify possible social factors
When the teacher suspects that a child's difficulties may be due to social or emotional factors he or she should contact the parents and/or see the Student Affairs Technician (SAT) to refer the student to Social Services. The SAT should complete the School Referral to the Cree Health and Social Services of James Bay Form and forward it to the local community worker.

### III. Attempt to individualize instruction to benefit students
In every classroom, a wide range of student abilities will be found. Therefore, as teachers, we must identify our students' strengths and weaknesses and adjust our teaching to meet their individual needs.

The teacher should inform the principal and the parents whenever a student is experiencing difficulties at school, whether they be academic, behavioral or both.

### IV. Refer student elsewhere

If your attempts to individualize have been unsuccessful or if the student seems to have very severe problems, you can, (1) request assistance from the local school-based problem solving team, or (2) refer the student to the Resource or Special Education teacher for informal assessment.

## STAGE III
### Problem solving process & intervention plan
(Teacher and School-based Problem Solving Team)

TAT as a suggested model*

Due to the cultural bias of standardized tests and the excessive cost to have students of the C.S.B. assessed by specialists there was a need for a system which enabled teachers to receive immediate support for individualizing instruction and at the same time provide an efficient pre-referral screening for special education. The Teacher Assistance Team model was chosen by the Cree School Board because it has been proven to be an effective problem-solving method in many schools throughout Canada and the U.S.

The Teacher Assistance Team (TAT) model is a system for supporting classroom teachers on a day-to-day basis within the school. The team is composed of three elected teachers, plus the teacher requesting assistance. When appropriate, a parent and/or a student may be included as fully participating team members.

The teams are based on the belief that teachers have the skills and knowledge to effectively teach many students with learning and behavior problems by working in a problem-solving process. The goals of the model are as follows:

1. To help regular education teachers individualize instruction to meet the needs of all students – normal, handicapped, and gifted.

2. To support teachers in mainstreaming handicapped students.

3. To provide an efficient pre-referral screening for special education services

Teachers refer their classroom concerns to the TAT. The team and the teacher requesting assistance jointly engage in a structured process of conceptualizing the problem, brainstorming solutions, and planning interventions (see the diagram on the next page). Parents, students and other specialists participate in cases when requested by the team. A series of follow-up meetings are held to evaluate the student's progress and to plan further intervention. When appropriate, students are referred for further evaluation.

The model is very cost effective. It has been designed to minimize time and paperwork requirements. No additional staff needs to be hired. It has been shown to be effective in a wide variety of school districts in urban, suburban, and rural areas.

## STAGE IV
### Informal assessment
(Resource/Special Education Teachers)

When the Resource/Special Education teacher is asked to assist a teacher with a student who is experiencing difficulty, he/she should:

1. Conduct an informal evaluation which may include:
   A. Systematic observation and ecological assessment to evaluate:
      a. inappropriate behaviors
      b. attention problems
      c. Identifying cognitive strengths and weaknesses in the following areas:
      d. Memory
      e. perceptual skills
      f. language acquisition
      g. reading (miscue analysis)
      h. writing
      i. mathematical computation
      j. concept formation
      k. problem solving ability

2. Assist classroom teacher in developing intervention strategies and monitoring the student's progress.

   If required:

3. Work with the classroom teacher and parents to develop an Individual Education Program (IEP) and monitor the student's progress.

4. Refer the student to Special Education Screening Committee

### STAGE V
### Referral to Special Education
(Screening Committee)

The purpose of this screening committee is to review referrals to special education before they are sent to the regional consultant. The committee will use the Screening Committee Checklist (3 pages) to enable them to determine whether or not a student meets the criteria to be eligible for special education services.

Each school will determine who the members of their screening committee will be. We suggest that the Principal, the SAT or Guidance Counsellor, a Resource/Special Education Teacher and a classroom teacher form the decision making part of this committee. The referring teacher(s) will present the case to the committee.

If the committee decides that the student should indeed be referred to special education, the following forms must be completed and sent to the Regional Special Education Consultant:

a. The Special Education Screening Checklist

b. The Elementary 3!. Secondary School Questionnaire

c. The Parent Permission for Evaluation

d. The Parents' Questionnaire

However, if the committee decides that the student does not meet special education criteria, they may suggest, (1) that his/her teacher(s) request assistance from the local school-based problem solving team or (2) that the Resource/Spec. Ed. teacher conduct informal assessment and help the teacher to develop appropriate intervention strategies.

### STAGE VI
### Service plan
(Regional Special Education Consultant)

The Regional Special Education Consultants) will:

I. Review the Screening Checklist and the Parent and Teacher Questionnaires as well as any other information from the:
   a) Classroom Teacher
   b) School-based Problem Solving Team
   c) Resource/Spec. Ed. Teacher

II. Determine the appropriate services required.

III. Develop the Service Plan.
   If required:
   a) mobilize local, regional and outside resources
   b) coordinate the multidisciplinary evaluation
   c) determine what kinds of services should be delivered to carry out the plan
   d) coordinate specialized services not available in our region

IV. Support and advise the Administration and the Resource/Special Education Teachers regarding:

  a) development of Individual Education Programs (IEP)

  b) monitoring of student progress

  c) increasing or decreasing services

  d) re-integration into the regular stream etc....
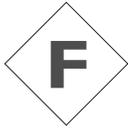
# Cree School Board and Cree Health Board "Protocol 1998"

## Proposal for five working groups:

This proposal resulted from meeting of Gordon Blackned, Executive Director CSB, James Bobbish, Executive Director CBH, and Camille Rheaume, Assistant Executive Director, CHB held on January 25, 2000.

### A. List of Working Groups

Group I:   Social and Mental Health Programs and Services

Group II:   Health Education Programs

Group III:   Health Programs and Services

Group IV:  Students with Special Needs Services.

Group V:   Placement Programs and Services.

### B. General Mandate of the 5 working groups

1. Review the " Schedules" of the CSB & CHB 1991 Agreement.

2. Review the recommendations of the CSB <& CHB "Protocol 1998"

3. Determine which recommendations can be implemented within the existing financial and human resources.

4. Identify the additional resources that will be needed to implement recommendations.

### C. Working Groups Membership

Suggested Membership for each Working Group:

Group I: Social and Mental Health Programs and Services

Membership:

CSB:      1 Coordinator of Education Services

1 Student Affairs Technician

1 School Counselor

CHB:      Director of Youth Protection?

Mental Health Coordinator

1 CLSC Community worker

Group II: Health Education Programs

Membership:

CSB:      1 Coordinator of Educational Services

1 Educator Consultant

1 Teacher

CHB:      1 Public Health Staff Member, Planning & Programming Dept.

1 Community Health Representative

1 CLSC Community Health Nurse

Group III: Health Programs and Services

Membership:

CSB:      1 School Principal

1 Student Affairs Technician

CHB:      1 Dental Services Staff Member

1 CLSC Community Health Nurse

1 Director of Public Health

Group IV: Students with Special Needs Services.

>Membership:

>>CSB:	1 Teacher
>>>1 Local Educator Care Worker
>>>1 Special Education Consultant

>>CHB:	1 CLSC Occupational Therapist
>>>1 Mental Health Staff Member
>>>1 CLSC Director

Group V: Placement Programs and Services

>Membership:

>>CSB:	1 Student Services Staff Member
>>>1 Community Education Administrator

>>CHB:	Director of Readaptation Services
>>>1 Group Home Coordinator
>>>1 Youth Protection Worker

D. **Specific mandate for each working group**

Group I: Social and Mental Health Programs and Services:

1. Review the Schedules of the CSB & CHB 1991 Agreement and more specifically:
   - Schedule A: "Health and related services." (Mental Health)
   - Schedule C: "Social services and boarding home responsibilities "(Except the section on boarding home)

2. Review the recommendations of the CSB & CHB *"Protocol 1998"* and more specifically:
   1.5 Psycho Social and Mental Health Services
   1.6 Use of Psycho tropic Drugs
   1.7 Detection and Follow-up of Victims of Abuse and Neglect
   1.8 Student Files
   2.2 Identification of Children Not in School.

Group II: Health Education Programs:

1. Review the Schedules of the CSB & CHB 1991 Agreement and more specifically:
   - Schedule A: "Health and related services." (Section on Information and Education)
   - Schedule A-II: "School Mental Health Program"

2. Review the recommendations of the CSB (& CHB "Protocol 1998" and more specifically:
   1.1 Sex Education
   1.3 Nutrition Program
   2.1 Dental Health Program
   3.1 Health Education
   7.2 Health and Education
   7.3 Health Promotion and Disease Prevention in the Schools

3. Review the existing status of the School Health Curriculum Project and make recommendations regarding its integration into the Protocol process.

Group III: Health Programs and Services:

1. Review the Schedules of the CSB & CHB 1991 Agreement and more specifically:
   - Schedule A: "Health and related services."
   - Schedule A-I: "Schedule of Medical examinations and utilization guide of medical examination."

2. Review the recommendations of the CSB & CHB "Protocol 1998" and more specifically:

    1.2 In-School Screening Program

    1.4 Regular Nursing Services

    2.1 Dental Health Program

    2.2 Immunization, Supervision and Control

Group IV: Students with Special Needs Services.

1. Review the Schedules of the CSB & CHB 1991 Agreement and more specifically:

    • Schedule B: "Services to Students with Special Needs"

2. Review the recommendations of the CSB & CHB "Protocol 1998" and more specifically:

    7.1 Children with Special Needs, Adjustment Problems or Learning disabilities.

    8.1 Support for the Existing Special Education Policy

    8.2 Integration of Special Needs Students in the School and in the Community

    8.3 Early Detection and Follow-up of Children with Special Needs

    8.4 Personnel Needed in Special Education

    8.5 Professional Development of Special Education Personnel

    8.6 In-Service Training for Regular Classroom Teachers for the Integration of Special Needs Students

    8.7 Collecting and Publishing Standardized Information

    8.8 Home Education Policy

## Review of section 4 & 6 on policies

The Joint Committee will review the following recommendations:

    3.3 Cultural Orientation Program for Non-Native Teachers and Health Workers.

    5.1 Communication amongst Organizations

    5.2 Community Programs that Support School Health Initiatives

    5.3 Addressing Community Issues that affect the Youth

    5.4 Community Support to the School Calendar

    5.5 Harmonization, Information Sharing on Funding and Program Targeting Children and Families

    6.1 Crisis Intervention

    6.2 Health and Safety and First-Aid in the Schools

    6.3 Procedure on Allergic Shock Reaction

    6.4 Procedure on Students at Risk of Anaphylactic Shock Caused by Food Allergy or An Insect Bite

    6.5 Policy on Student Referrals

    9.0 Health and Social Services to Students studying off-community Policies 9.1 to 9.5.

# G Evaluation of the Workshop by the delegates

This report on the workshop evaluation sheets summarises the information as it was reported on the form and adds two editorial comments at the end on 'design and planning', 'cultural issues' and 'language issues'.

On the evaluation sheets, delegates rated three areas: logistics; workshops; and guest speakers and plenary sessions. The scale was from 1 (bad) to 5 (excellent) with a small space for comments beside each ranked item. Three questions followed: "what did you like best about the 3 day workshop?" "What would you have changed during the 3 days?" and "what did you take away from the 3 days that will help you in your work?"

During the last day, around 100 people attended sessions at some time and 58 of them turned in evaluation sheets. The ranked items counted from the 58 evaluation sheets are shown in the first three tables.

By contrast, some people did not make any comments nor respond to the open-ended questions while others had many opinions. These sections report the number of times that a topic was mentioned.

### What did people like about the workshop?

Positive comments concerned the experience of sharing and networking; the content or information passed at the workshop; who led the sessions in the plenary and small sessions; and the outcome in terms of plans, resources, new approaches, or better understanding. The majority of people liked the opportunity to work together on common issues with others in the same organisation, same community, same region (n=30). Others liked being able to network and meet people at the workshop (n=21). In terms of the content, some found it relevant and important, available and with quick feed back (n=7) while several mentioned in particular the aboriginal content (n=2). Others just liked being able to plan together and develop common goals and recommendations (n=2). The community booths were popular as a means of sharing what was happening in the communities (n=10) and others highlighted the community presentations (n=4). Some particularly liked the presentations by the guest speakers (n=10) and the elder (n=7). A few people identified the small workshops (n=4).

### What would people have changed?

On the other side the criticisms, or aspects people would have changed, concerned the overall design and plan of the workshop, the language issues; the agenda; the role of delegates; the role of communities; organisational issues especially the facilities; and very importantly, the catering. The most common criticism was that delegates were not able to actively participate in the workshop (n=34). In most plenary sessions there was no question period. Workshops were often very crowded. The agenda was set up in such a way that delegates were not able to attend each topical workshop. The agenda was too crowded, which meant there was no time for delegates to network and build relationships, the one area that most people agreed was the greatest achievement of the event. Breaks were short and rushed and people did not have time to build the informal networks that can be the lasting impact one hopes to achieve through a regional workshop. As a few delegates mentioned, the workshop would have benefited from fewer lectures and more structured exchanges in the smaller workshops; different approaches for addressing issues; and perhaps more comedy (n=3).

Related to this were criticisms of the crowded agenda (n=17). Although some had liked the meetings by community and sector, a number of people found the days too long and the evening sessions too much (n=9). As several mentioned, a better alternative would have been more evening social activities. This would have given delegates the opportunity to cement the informal relationships that were being developed during day.

Given the agenda a number of people said that a full five day workshop was needed (n=8). Some felt the push of the agenda regrettably cut short the time for community presentations - the real sharing of practical experiences - and discussions by the entities of the programs they offer.

A number of people mentioned the absence of certain groups, especially youth and elders while others suggested that there should have been more Cree guest speakers (n=13).

Language was a debated topic with requests for more use of the Cree language and less focus on orienting non-Cree personnel (n=4) as well as translation from English to Cree of the presentations (n=1). Some found the accent of some of the guests difficult to understand (n=2) and would have like less didactic approach for a Cree audience. Others requested translation from Cree to English "as it is hard to integrate if we don't know what is going on" (n=4) while someone made a practical suggestion that the audience should have been informed, in advance, of the working language for each session.

There were some constructive criticisms of the content of the workshop. Some found that several of the topical workshops were addressing the same issue and that some of the discussions in the main room became

repetitive (n=7). A number of delegates wanted more specific information about areas like special needs and about the practical aspects of how to go about changing practice and implementing a more integrated approach to day-to-day work (n=12). For others, some of the content was not relevant, at times social work jargon appeared and acetates were not clear (n=6). As one delegate wrote, the overload of information detracted from the discussion.

The organisation of the workshop received some comments, certainly the need to stay on schedule and begin on time (n=9); the need to minimise distractions and noise in the hall during presentations (n=3), a criticism that is directly related to the location and size of the rooms. Only two delegates had mentioned that the rooms were appropriate; sixteen had complaints: inadequate space, hot and crowded with poor air circulation, and too difficult to find. However, on the bright side, one person had mentioned that "we Crees need the exercise" of moving between locations. Someone else pointed out that in a community the size of Chisasibi, there should have been an organised community tour for new guests.

A few delegates complained about the location in Chisasibi and not at a more central place and the fact that the event was held inside a community and not on the land (n=2). One delegate mentioned quite correctly that the end of June was not an appropriate time and September would have been better.

Although a few people mentioned that they found the snacks excellent (n=4), many had various complaints about the catering from the quality, quantity and type of food to the speed and promptness of the service (n=31).

### What did people feel they were taking away with them?

Again, the importance of networking and meeting other delegates and speakers was stressed here when people said they would be taking away what they shared and learned through meeting others (n=19). Others were leaving with a greater awareness of the need to promote more cultural values and to put more emphasis on traditional values, as there is "too much confusion; too much paper, and not enough action on Cree". A number expressed their vision for what they hoped to be working on (n=12). One person mentioned having "a sense of "nationhood", a breaking of isolation"; another mentioned the challenge of communicating "my knowledge through the heart and not the head". One person found the workshop confirmed that the "healing model we are using is a good direction". Others expressed this by referring to the need for teamwork, more planning, greater collaboration (n=18) and doing this by keeping the whole community informed while at times involving specific groups such as youth, elders, parents. Finally, a number of people mentioned very concrete and practical steps they hoped to take after leaving the workshop (n=13) The comments reflect the fact that this was the first regional workshop on this topic. In some aspects, the workshop tried to do too much; in other aspects it did not do enough.

For a majority of delegates (who handed in evaluation forms) the workshop gave them the opportunity of being together with people from other communities who also have an interest in services for children and youth in order to share experiences, learn from each other and talk (n=30). Some felt that seeing the "entities united" was what was most important. In the same sense, many delegates liked the opportunity to meet people, network and have time to converse with others who share the same interests, work and concerns (n=21). Importantly, this also involved moments of shared humour (n=2).

The emphasis of these comments was on, as one delegate wrote, the idea of finally having an event where people from each community could socialise together. Another wrote that these meetings and exchanges of information helped everyone to see that each community and organisation is facing the same problems. "We will now be able to work together in our communities in delivering better services to those that require such services."

What these comments reflect is that many are feeling they are not working together for their clients both inside their communities and between the entities.

For others, the agenda did not leave enough time for networking and learning and sharing on a more informal basis. As some pointed out (n=8), the workshop was too intensive for three days as the agenda would have required five days to complete adequately. The evening workshops were tiring and at most one might have been possible, but not two.

### Overall design and planning

The timing and location was dictated by several factors that were discussed in Chapter 1: the unexpected arrival of the one-time funding from Quebec for which there was no existing 'need' at the same time that EAKUA was planning a regional meeting; the suggestion that the workshop be held in Chisasibi to allow managers to attend; the unavailability of meeting rooms in Chisasibi at the end of March; the Cree goose break season; and permission from Quebec to use the Cree Board of Health money in the first quarter of the 2000-2001 fiscal year.

One delegate suggested that a better location for the workshop would have been on the land with tepees for different workshops and a long house for the plenary sessions. Many workshops, annual assemblies, community gatherings and training sessions have taken place on the land. The idea was not considered for this event because it was initially being planned in a rush for mid to late March. However, the point of these comments is that we might expect a better outcome with more careful and less rushed planning. Would it have made any difference to the Quebec Ministry had the workshop been held in September as opposed to June?

## Cultural issues

The responses brought out a dynamic tension concerning the cultural focus for an event like this. Some liked the aboriginal content (n=2). Some delegates, presumably non-Cree, said they left with a better understanding of Cree culture and awareness of aboriginal realities (n=5). One wrote that s/he left with "more knowledge, understanding and awareness of aboriginal realities, issues, strengths and weaknesses."

The suggestion that a workshop with the intention of bringing people together would be better held on the land was mentioned above. Others left with the idea that cultural values of Cree society and spirituality should be promoted instead of the focus on paper which they suggest leads to confusion (n=2).

For others the workshop was a way to begin breaking the isolation of separate communities, work groups and individuals, especially the presentations by the elders who shared their knowledge of the culture and traditional ways (n=9).

However, others deplored the fact that such minimal time had been given to the elders and so very few elders invited. On this latter point, entities and communities chose their own delegates for the workshop so they will reply to this criticism.

On the first criticism, the organisers chose the presenters. An early plan for the agenda on the last day had proposed inviting three prominent couples who are well-respected elders with long experience in the area of services. Without a budget for translation, this day of the workshop would have been all in Cree. In the end, the agenda was developed in English; however, the tension that had been evident during the planning between a Cree language as opposed to an English language workshop did not go away.

## Language issues

From the point of view of some Cree delegates, all presentations should have been in Cree and the workshop should have put more focus on the use of the Cree language (n=4). As one delegate wrote,

"(The workshop) should use our language instead of English. By speaking in English only we create a barrier for those that do not speak or have trouble communicating in English. We will have more impact from everybody if we use our language (Cree). We should start using our people for these purposes."

In this same light, one person felt the presentations should have been translated into the Cree language and another suggested that the organisers should have advised the audience in advance of the language that would be used for particular sessions.

How can we understand these conflicting comments? In one sense these reflect the actual situation of the two major service agencies: the School Board and the Health Board. Their situation is different from that of the local governments and the Cree Regional Authority. These latter have predominantly Cree staff and most non-Cree are consultants, not employees (only one non-Cree consultant speaks fluent Cree). As a result, the working language of local and regional government can be either Cree or English or French. By contrast, the Cree Board of Health and the Cree School Board both operate with large numbers of non-Cree speaking professionals and managers who are permanent employees. As there are no language courses, let alone incentives, for these staff to learn Cree, their working language is either English or French.

The language tension that appeared in the workshop is a reflection of the day-to-day tension within these organisations. In the workshop, some non-Cree felt they had gained better perspectives on the cultural aspects of their work. However, for the Cree participants, this meant the focus was more on orienting non-Cree personnel and less on promoting unity and collaboration in Cree among Cree. As one delegate wrote, by using Cree the impact is felt by a greater number of Cree. Conversely, using English the impact is greater for the non-Cree speakers, but less overall for the Cree.

There is no simple solution to this tension; however, better planning could explicitly raise the issue so that it too would have led to a recommendation for improvement. This could have been done by organising sessions addressing linguistic and cultural issues for non-Cree speakers, while the Cree language sessions were being held in a different room.

At this particular workshop, with the focus on integrating services, with key staff from the entities expected to attend and with no budget for translation, some sessions had to be in English. However, if services are to be developed and reflect Cree values, traditions and practices, sharing and planning in the Cree language is essential. This will not come from Ministry guidelines for childcare centres nor from the Youth Protection Act, but from the adaptation of these services, in accordance with the law, to meet the real needs of a vibrant and young Cree-speaking population. By contrast, we will not wait for it to happen in sessions that try to accommodate everyone and please no one by following a middle course.

### Selected comments from delegates

### Liked Best

Getting to meet and exchange information with other organisations and seeing that each community faces the same problems your community encounters. We will now be able to work together in our communities in delivering better services to those that require such services.

The idea itself of finally having a conference/workshop like this where all the communities could socialise.

### Would Change

If we want to understand each other, we should use one language or some translation should be done

Wednesday evening people from important agencies were not at the Chisasibi meeting: youth chief and Cree school board because they were having a supper

When choosing guest speakers have more native speakers and have elders and youth participate as speakers and facilitators.

Use our language instead of English. By speaking in English only we create a barrier for those that do not speak or have trouble communicating in English. We will have more impact from everybody if we use our language (Cree). We should start using our people for these purposes.

It needed a better location: why not on the land with tepees for different workshops and a long house for the conference.

In the Thursday morning reports, people were representing themselves instead of the comments from the discussions.

Try ways to make delegates attend more. The duration of the workshop should have been longer and had different approaches to addressing the issues: ex: comedy, getting people involved in each presentation, maybe in a more structured manner.

Unable to eat what was served because of risk to health.

Cree should be the language of communication for all presentations.

Each community should have been given a certain topic to discuss instead of each community reporting the same thing. This way we integrate our ideas, visions, goals and recommendation and plan as one nation.

Food: I got sick

### Took Away from the Workshop

More knowledge, understanding, awareness of aboriginal realities, issues, strengths and weaknesses

To have an integrating approach: not to be afraid to ask other organisations to work together to have a better outcome and to succeed better

The importance of working together as a team and the tremendous results it will have. I am however surprised to see the other organisations that should have been here not involved in any way. We must integrate our traditional values and culture in everything we do. After all, we are native and when we need guidance we muse use our elders for such purposes. They are the ones that have the wisdom and knowledge we need to tackle certain issues that affect us.

The plan to take our booth and present it at our local general assembly. CHB and other entities are not included at the general assemblies at the local level.

Have another conference next year. Encourage the Police Services and CRA to have a greater presence at the workshop.

Send out an evaluation in 3 months to see what changes/projects are currently underway in each community.

Mostly strengthening most of the ideas that I as a person already had and encouraging me to act on them.

Knowing I am not alone and learn to work together in a positive manner to benefit child and families. Having a support team. Better communication. Better understanding.

# H Background information questions to be included in the kit for the workshop on integrating services

The Workshop on Integrating Services is organised around large plenary sessions and small workshops. The small workshops will focus the discussion around 5 topical areas: children aged 0 to 12; youth aged 13 to 18; children and youth with special needs; youth protection; and children and youth growing up in foster and boarding homes.

In order to help focus the discussions in the small workshops, we are gathering some factual information about each of these topical areas. This will be compiled and presented in the workshop kits with suggested 'focus questions'. A 'focus question' might be something like: "Is there evidence that the CBHSSJB-DYP and CSB are collaborating and using an integrated approach?'"

## Children aged 0 to 12 and their families:

The following are being asked of all the major organisations involved with children aged 0 to 12 and their families: CBHSSJB, Cree School Board, local government administrations.

QUESTIONS TO BE ANSWERED BY THE PRINCIPAL, GUIDANCE COUNSELOR, STUDENT AFFAIRS TECHNICIAN

1. List all after-school activities and programs for school age children up to age 12 offered during the past year
2. Describe the link(s) between the school and the childcare centre.
3. Describe the link(s) between the school and the Head Start Program.
4. Describe the link(s) between the school and community recreation program for children.
5. This year, how was information about new children's programs or about issues concerning children shared between: different schools within the Cree School Board, the school and the childcare centre, the school and the clinic, the school and the community, the school and local government?
6. How is information about students shared between the school and the clinic?
7. How is the information about school progress of students exchanged with the parents or grandparents who are uni-lingual?
8. What are the ways parents are involved in the school?
9. Is this level of involvement adequate?
10. School bullying has been identified as a serious public health issue in Quebec. Has this issue been recognised by this school? List ways (policies, plans, activities, etc.) that this school has dealt with bullying?
11. Overweight and poor nutritional habits have been identified as an issue by various studies. Has this issue been recognised by this school? List ways (policies, plans, activities, etc.) that this school has dealt with overweight and poor nutritional habits of students.

QUESTIONS TO BE ANSWERED BY THE COMMUNITY HEALTH NURSE, COMMUNITY HEALTH REPRESENTATIVE

1. In the last year, were the following activities offered at clinics:
   • fitness activities for pregnant women
   • social-educational activities for pregnant women
   • fitness activities for young mothers with babies
   • social-educational activities for young mothers with babies
   • social-educational activities for parents
   • Young child and parent activities
2. List all programs and services for children 0 to 5 and their families.
3. List all programs and services for children 6 to 12 and their families.

4. Is information about new children's programs or about issues concerning children shared between:
   - Within the Cree Board of Health
   - The clinic and the childcare centre
   - The clinic and the school
   - The clinic and the community
   - The clinic and local government
5. How is information about a child shared between the clinic and the childcare centre?
6. How is information about a student shared between the clinic and the school?

QUESTIONS TO BE ANSWERED BY PUBLIC HEALTH AND RECREATION IN THE LOCAL GOVERNMENT

1. In the last few years, have the following programs been offered:
   - Fitness activities for pregnant women
   - Fitness activities for young mothers with babies
   - Young child and parent activities
2. List all the recreational and cultural programs for children 0 to 5 and their parents offered in the past year.
3. List all recreational, cultural and sports programs for children aged 6 to 12 and their families offered during the past year. How many children participated regularly in each activity?
4. In what ways did parents volunteer with these activities in the past year (for example, planning and organising, transporting, fundraising, supervising, coaching etc.). How many active volunteers worked with each area of activity?
5. In the past year, how was information about new children's programs or about issues concerning children shared between local government and the: clinic, childcare centre, community, school?
6. What is the annual budget for maintaining community playgrounds?
7. When was the last new playground built?
8. How many playgrounds are in the community?

QUESTIONS FOR CHILDCARE CENTRES AND HEAD START PROGRAMS

1. Describe the links between the Childcare Centre/Head Start Program and the school.
2. This year, how was information about new children's programs or about issues concerning children shared between the childcare centre/Head Start Program with the: school; clinic; local government; community; parents with young children?
3. Describe the ways parents are involved in the childcare centre and Head Start Program.
4. How is information about a child shared between the Childcare Centre/Head Start Program and the clinic?
5. How is information about a child shared between the Childcare Centre/Head Start Program and the school?

### FOCUS QUESTIONS

1. Do the links between the school and parents seem adequate?
2. Should children, youth and family recreation and cultural activities depend upon local government employees or should they depend upon volunteers from the families with young children? (discuss planning and organising, coaching, transportation)
3. Does the community give enough attention to recreational and cultural programs for children aged 0 to 5 and their families?

4. Does the community give enough attention to recreational and cultural programs for children aged 6 to 12 and their families?

5. What seem to be the major issues concerning children aged 0 to 12 and their families?

6. Do the services and programs for youth appear adequate?

7. Do youth issues seem to be well recognised and addressed?

## Youth aged 13 to 18:

The following are being asked of all the major organisations involved with youth aged 13 to 18: CBHSSJB, Cree School Board, regional Youth Council, Local Governments and churches.

### QUESTIONS TO BE ANSWERED BY EDUCATIONAL SERVICES

1. On October 1,1995, 1996, 1997, 1998 and 1999, how many students were enrolled in: Grade 6, Sec 1, Sec 2, Sec 3, Sec 4, Sec 5, Sec 6, and special education classes:

### QUESTIONS TO BE ANSWERED BY PRINCIPAL, GUIDANCE COUNSELOR, SAT

1. List the extra-curricular activities, services, programs for youth aged 13 to 18 offered during this past school year.

2. During the past years, various statistics, studies, reports, results of planning meetings, etc have identified issues and problems that impede the educational progress of students aged 13 to 18. List the major issues and/or problems that the CSB or this school have recognised.

3. Make a table with 3 columns.

   • In Column 1 list any activities (plans, programs, actions taken etc) done by the CSB or this school to address these issues.

   • In Column 2 indicate those activities that involved working with staff from another organisation.

   • In Column 3 indicate how the collaboration was approved (ad hoc basis, management plan, protocol and procedures etc).

4. What are the ways parents are involved in the school?

5. Is this level of involvement adequate?

6. School bullying has been identified as a serious public health issue in Quebec.

   • Has this issue been recognised by this school?

   • List ways (policies, plans, activities, etc.) that this school has dealt with bullying?

7. Overweight and poor nutritional habits have been identified as an issue by various studies.

   • Has this issue been recognised by this school?

   • List ways (policies, plans, activities, etc.) that this school has dealt with overweight and poor nutritional habits of students.

### QUESTIONS TO BE ANSWERED BY THE PUBLIC HEALTH, RECREATION, YOUTH CHIEF, YOUTH COORDINATOR

1. If you have the information available, please list all the budgets for youth recreation, public health, youth centres, youth activities.

2. List all recreational, cultural and sports programs as well as services, training, guest speakers etc., offered for youth aged 13-18 during the past year

3. What resources are available to help access new programs and funds for youth?

4. How does the local administration inform different departments in the administration about issues concerning youth and new programs

5. How does the local administration inform outside organisations about issues concerning youth and new programs

6. List all activities you were involved with in the past year addressing the following issues. When you were working with other departments, groups, or organisations, give their name as well: school drop outs; teenage mothers; single parent teenage families; youth employment; youth training; youth representation with the CSB, CBH, local govt.

1. List all activities you were involved with in the past year addressing the issue of: school drop outs; substance abuse among youth; teenage mothers; single parent teenage families; youth employment; youth training; youth representation with the CSB, CBH, local government.
2. Regional Chief: What is the regional budget for youth?
3. Local Chief: What is the local budget for the youth council?

### FOCUS QUESTIONS
1. What seem to be the major issues concerning youth aged 13 to 18?
2. Do there appear to be adequate programs and activities for youth 13 to 18?
3. Do boys and girls appear to have the same opportunities?
4. Do the services and programs for youth appear adequate?
5. Do youth issues seem to be well recognised and addressed?
6. Are there sufficient specially adapted programs?
7. Are they delivered in a way that they meet the needs of youth? (REWORD)
8. Do youth councils and centres appear to be adequately representing youth issues?
9. Do they appear to have adequate resources to do so?

## Children and youth with special needs

The following are being asked of all the major organisations involved with children and youth with special needs and their families: CBHSSJB, Cree School Board, local government administrations and parents' groups.

QUESTIONS TO BE ANSWERED BY PUBLIC HEALTH, RECREATION, YOUTH CHIEF, YOUTH COORDINATOR

1. List all the groups and organisations in the community helping children and youth with special needs?
2. How many children/families have been identified with special needs children?
3. Does the administration have a policy and procedures for helping families with children and youth with special needs?
4. Name of manager responsible for special needs file:
5. List resources that the administration makes available to assist families with children & youth with special needs: (For example, you might have budgets or plans to build access ramps, make bathrooms accessible, provide transportation, etc.)
6. Is it in the job descriptions of relevant employees (recreation, housing, culture etc.) to provide services to special needs children, youth and their families?
7. List any recreational and cultural programs developed for children & youth with special needs?
8. How are the views of parents of children with special needs represented to the local government administration?

QUESTIONS TO BE ANSWERED BY THE PARENTS GROUPS

1. How many of the following are part of your group:
   • Children and youth with special needs
   • Families who have a child (children) with special needs

2. In the past year, what kind of contacts have members had with the following concerning children and youth with special needs with:
   - CSB
   - CBH
   - Child care centres
   - Local government
3. How do parents of children with special needs represent their views to the regional organisations and local governments?

QUESTIONS TO BE ANSWERED BY THE SPECIAL EDUCATION CONSULTANT AT THE CREE SCHOOL BOARD AND THE PRINCIPALS

1. How many students within the CSB have been formally identified with special needs requiring special education services?
2. What kind of categories exist in Special Education and Special Needs? How many students have been identified in each category?
3. How many referrals for special needs children were sent to the Cree Board of Health in the last year for which you have information.
4. Does the Cree School Board have a policy and procedures on special education? If yes, when was this policy developed and last revised?

   Name of manager responsible for special needs file:
5. What is the Cree School Board budget for students with special needs? (You can break this down according to categories - for example, Shiwaimakinch, assessments, curriculum, teachers, supervisors/managers etc., or just present a total figure)
6. What is the annual budget for Shiwaimakinch?
7. How does the Cree School Board know if the policy and procedures are being followed for identification, assessment and follow-up?
8. (If you know this information) In the past number of years (for which you have information) how many children were identified with special needs for the first time by the Cree School Board (i.e. children identified only after beginning school)?
9. What kinds of services are offered by CSB in each of its schools for the various categories of special needs identified?
10. In the past year, what kind of contacts have Cree School Board personnel had with the following concerning children and youth with special needs with:
    - Cree Board of Health
    - child care centres
    - parents
    - local government
11. How are the views of parents, whose children have special needs, represented to the Cree School Board?
12. Do parents have a voice in planning Cree School Board budgets for special needs?

QUESTIONS TO BE GIVEN TO ASSISTANT-EXECUTIVE DIRECTOR, CREE BOARD OF HEALTH

1. How many children and youth (0-18) have been formally identified with special needs and are receiving services from the Cree Board of Health?
   - # of children and youth in the territory
   - # of families in the territory (if you have this information)
   - # of children cared for inside or outside of the territory but outside of the care of their families (if you have this information)
2. Does the Cree Board of Health have a policy and procedures on children and youth with special needs?
3. Name of manager responsible for special needs file: _____

4. List all the resources available to assist children & youth with special needs.

5. What other resources are needed but not available?

6. Children with special needs can be detected through the regular children's check-ups.
   - # of children (0 to 5) who have received a check-up in the past year (if you have this information)
   - # of children (0 to 5) detected with special needs in the past year (if you have this information)

7. How does the CBH know if the policy and procedures are being followed?

8. How does the CBH know which percentage of children are receiving all of their scheduled check-ups?

9. Who is responsible for follow-up of pre-school assessments, the parents, clinic, school, or childcare centre?

10. How are the views of parents of children with special needs represented to the Cree Board of Health?

11. Do parents have a voice in planning Cree Board of Health services for special needs? (use another page if needed)

### FOCUS QUESTIONS:

1. Do we have enough information about children and youth with special problems in order to do proper planning?

2. Is there evidence that organisations are taking leadership in providing services for children and youth with special needs?

3. Looking at the CSB budget and the resources available from the CBH and the budget and resources from local government to assist students and children/youth with special needs, does the region seem to be meeting the needs of this group?

4. Does the identification and follow-up cooperation for special needs appear adequate?

5. Do the arrangements for collaboration and information sharing seem adequate?

6. Are the views represented adequately?

## Children and youth under Youth Protection and Young Offenders

The following are being asked of all the major organisations involved with youth protection and young offenders: CBHSSJB-DYP, CBHSSJB-Rehabiliation Services, Cree School Board, regional Youth Council, and Local Governments.

### QUESTIONS TO BE ANSWERED BY THE CBHSSJB-DYP

Please answer for both Youth Protection and Young Offenders cases. Please indicate if you are lumping them together or presenting them separately.

1. Fiscal year for which information is available: _____

2. What was the total budget for Youth Protection Services? _____

3. How many individuals were under the care of Youth Protection Services during this year?

For the following questions we are looking for information from the region. If this is not available, we would like information for several of the large communities, specifying which communities. Or, if this is not available, we'll take whatever we get.

4. Fiscal year for which information is available: _____

5. How many signalments did you receive from the Cree School Board: _____

6. How many youth protection "intervention plans" involved workers from the Cree School Board?

7. When was the most recent public information campaign undertaken by the CBHSSJB-DYP on changes to the Youth Protection Act?

8. When was the most recent information-training session provided for social services or rehab staff on changes to the Youth Protection Act?

9. When was the most recent information-training session provided for Cree School Board staff (principals, guidance counselors, sats) on changes to the Youth Protection Act?

10. In the past year, describe the number of formal contacts concerning youth protection cases made with staff of the Cree School Board.

11. When Youth Protection staff collaborate with staff of other organisations on Youth Protection cases, does this happen: on an ad hoc, informal basis; on a case by case basis approved by a manager; because it is described in a management plan; because it follows procedures based on signed protocols. Describe.

12. From whom does Youth Protection staff receive authority to collaborate with other organisations.

## QUESTIONS TO BE ANSWERED BY REHABILITATION SERVICES

1. Fiscal year for which information is available: _____

2. What was the total budget for Rehabilitation Services? _____

3. How many individuals were under the care of Rehabilitation Services during this year?

4. When Rehabilitation Services staff collaborate with staff of other organisations on Youth Protection and Young Offenders cases, does this happen: on an ad hoc, informal basis; on a case by case basis approved by a manager; because it is described in a management plan; because it follows procedures based on signed protocols? Describe.

5. Describe the collaboration between the rehabilitation services staff and management and Cree School Board staff and management during this 1999-2000 school year.

6. From whom does staff, working with Rehabilitation Services, receive authority to collaborate with other organisations?

7. What role do the following play in rehabilitation services: community recreation services; volunteer recreation services; youth centres; community youth programs? Describe.

8. Describe the collaboration between the rehabilitation services staff and community organisations during the past year.

9. What budget does rehabilitation services have for recreational and cultural activities

## QUESTIONS TO BE ANSWERED BY THE PRINCIPAL, GUIDANCE COUNSELOR, SAT

1. School year for which information is available: _____

2. How many signalements did Cree School Board staff make to Youth Protection staff: _____

3. That year, how many youth protection "intervention plans" for students were workers from the CSB involved with.

4. Since the last changes to the Youth Protection Act, how many principals, guidance counselors and SATs have attended information and training sessions on these changes?

5. In the past year, describe the number of formal contacts concerning youth protection and young offenders' cases with: Youth Protection; Rehabilitation.

6. When professional staff collaborate with Youth Protection and Rehabilitation Services staff does this happen: on an ad hoc, informal basis; on a case by case basis approved by a manager; because it is described in a management plan; because it follows procedures based on signed protocols?

7. How is Cree School Board staff given authority to collaborate with other organisations concerning Youth Protection cases?

8. Describe the collaboration between the rehabilitation services staff and management and Cree School Board staff and management during this 1999-2000 school year.

1. Has the Council or senior management taken any public positions or stand on the issue of youth protection and young offenders in the past few years?

2. Has the Council or senior management carried out any activities, programs, services etc., Concerning youth protection and young offenders in the past few years?

3. How are the following involved with rehabilitation services staff and programs: community recreation services, programs and activities; youth centres; youth programs (seasonal or day camps, sports camps and teams, cultural activities, youth organisations, other)?

### FOCUS QUESTIONS

1. Is Youth Protection much of an issue in the region?

2. Does the collaboration between CSB and CBH appear to be adequate?

3. Does the effort to inform people about changes to the YP Act seem adequate?

4. Is there evidence the CSB and CBH are collaborating and using an integrated approach concerning students who are also under Youth Protection?

5. Do staff with the DYP and CSB who are working with cases of youth protection appear to have the authority to work with other organisations?

6. Does the collaboration between rehabilitation services and CSB appear adequate?

7. Does the collaboration between rehabilitation services staff and community organisations appear adequate?

## Children and youth living in boarding and fostering homes

The following are being asked of all the major organisations involved with boarding and fostering children outside of their family homes: CBHSSJB-DYP, CBHSSJB-Rehabilitation Services, Cree School Board, regional Youth Council, and Local Governments.

QUESTIONS TO BE ANSWERED BY THE COORDINATOR OF STUDENT SERVICES, COMMUNITY EDUCATION ADMINISTRATORS AND STUDENT AFFAIRS TECHNICIANS

1. The following information is for the year: _____

2. Number of boarding homes used: _____

3. Total number of children and youth boarded: _____

4. Total number of families leaving children to be boarded: _____

5. Average number of children and youth boarded in 1 boarding home: _____

6. Maximum number of children and youth boarded in 1 boarding home: _____

7. Average number of years a student may expect to spend in the Program: _____

8. Total annual cost of the Boarding Home Program: _____

9. Staff positions and time involved in running program: _____

10. Does the CSB have a training program for boarding home parents? Describe.

11. What percentage of boarding homes have at least one parent who has received the training?

12. Does the Cree School Board license boarding homes?

13. If yes, how many homes have been licensed in the past 5 years?

14. If yes, how many homes have had their licenses removed in the past 5 years?

15. What are the selection criteria for boarding homes?

16. When the CSB becomes aware of problems in boarding homes, are other organisations informed? How are they informed? Who are the contact person(s) in the Cree Board of Health and the Local government administrations (housing, safety problem, etc)?

17. Are children who have been boarded for a long time over-represented in those who drop-out of high school?

18. A Mistissini community study reported that students who were boarded over a long-time were more likely to use alcohol and drugs than students who lived with their own families. Is this finding in agreement, or at odds with the internal data of the Cree School Board?

19. How many boarding home students end up in a group home or Rehabilitation Services?

20. How many children and youth return from rehabilitation services (either reception Centre or Group Home) to living in a boarding home?

21. In the case loads of school SATs and guidance counselors, are students who are boarded represented the same as other students who live with their parents?.

22. How is information about a student's progress in school exchanged between the parents in the bush and the boarding home parents?

23. How often does this happen during the school year?

24. Are there any special meetings for parents who will be away in the bush for a long time during the school year?

25. Are students who are boarded more, the same or less involved in community youth recreation and cultural activities than other students?

## QUESTIONS TO BE ANSWERED BY: SOCIAL SERVICES (YOUTH PROTECTION) & REHABILITATION SERVICES

1. Fiscal year for which information is available: _____

2. Group Homes: number of homes/facilities; number of children served; number of days of care?

3. Foster Homes: number of homes used; number of children served; number of days of care?

4. Rehabilitation Centre: number of children served; number of days of care?

5. Children sheltered outside of territory: number of children served; number of days of care.

6. Budget for: foster homes; sheltering outside of territory (budget for Rehabilitation Services, including Group Homes is asked under Youth Protection questions)?

7. Does the CBHSSJB have a training program for foster home parents?

8. How many of the parents used last year had received the training: _____ %

9. Does the CBHSSJB license foster homes?

10. How many homes have been licensed in the past 5 years?

11. How many homes have lost their licenses in the past 5 years?

12. Does the CBHSSJB have a training program for group home parents?

13. How many of the parents have received the training: _____ %

14. Does the CBHSSJB operate the group homes according to a set of standards?

15. Who is responsible for ensuring that groups homes meet these standards?

16. When the CBHSSJB becomes aware of problems in foster homes: are other organisations informed? How are they informed? Who are the contact person(s) in the Cree School Board and the Local government administrations (housing, safety problem)?

17. Are children who have been under the care of Youth Protection and Young Offenders for a long time over-represented in those who drop out of high school?

18. A Mistissini community study reported that students who were boarded and fostered away from their parents over a long-time were more likely to use alcohol and drugs than students who lived with their own families. Is this finding in agreement, or at odds with the internal data of the Cree Board of Health?

19. How many Cree School Board boarding home students end up in group homes?

20. How many children and youth return from rehabilitation services to living in boarding homes of the Cree School Board?

21. How is information about a child's progress in school exchanged between Youth Protection and the foster home or group home parents?

22. Are students who are living in foster homes, group homes and rehabilitation centres more, the same or less involved in community youth recreation and cultural activities than other students?

### FOCUS QUESTIONS

1. Does the number of children being raised away from their families seem reasonable?

2. The average cost of maintaining a boarding home student last year was $ _____. The rough cost of fostering under the CBH was approx. $ _____ per child. Discuss.

3. At present both the CSB and CBH have responsibilities for training, quality control, supervision and financing of foster and boarding homes. How could these functions be integrated? In what areas?

4. Should the parenting training for foster and boarding home parents be open to: other programs (Head Start for example); all interested parents; others (to be named by you)?

5. Boarding home parents enter into an agreement with the CSB to provide services to children in return for cash payments. A copy of the agreement is included below. After reading this agreement, discuss how the agreement protects the children in the boarding home.

6. Do we have the information to understand the social impact on children being raised in boarding and fostering homes?

7. Do the links between the school, the children and parents in the bush seem adequate? What are the main difficulties?

8. Should boarding home and fostering home parents belong to an association?

9. Suggest ways to increase the involvement of boarding home students and fostered children in recreational and cultural activities.

10. Do our boarding and various fostering programs seem able to meet the needs of children and youth in the areas of: health and well-being, nutrition, education and guidance, social support (recreation, police etc.), parental and family involvement

# Background material for the workshop on children aged 0 to 12

## Fitness and educational activities

IN THE LAST YEAR, WERE THE FOLLOWING ACTIVITIES OFFERED?

### Fitness activities for pregnant women:

- Chisasibi CHR: not by the clinic
- Wemindji Clinic Community Health: who is going to do that1  When we meet them as nurses we go through an exercise sheet and talk to them
- Chisasibi Health Care Professional: fitness activities have been offered to all women in Chisasibi (pregnant or not) by the Recreation Office of the Band Council. Collaboration of dental hygienist as instructor.

### Social-educational activities for pregnant women:

- Chisasibi CHR: not by the clinic
- Mistissini Clinic Community Health: information given at the prenatal baby shower
- Wemindji Clinic Community Health: various pamphlets, nurse consultations and education, breastfeeding education
- Chisasibi Health Care Professional: nutrition workshop by nutritionist whenever she is in the community.

### Social-education activities for young mothers with babies:

- Chisasibi CHR: not by the clinic
- Mistissini Clinic Community Health: information given at the prenatal baby shower
- Wemindji Clinic Community Health: mostly by nurses, education with the mother; reinforce certain teachings at each visit
- Chisasibi Health Care Professional: infant nutrition anemia workshop

No one listed: any fitness activities for young mothers with babies, nor socio-educational activities for parents. One clinic listed diabetes clinic and Sadie's Walk as activities for young child and parents.

## Programs, services for children and families

### Recreational, cultural, education programs and services for children 0 to 5 and their families.

- Chisasibi Clinic Community Health: Well-Baby Clinics 0-5 year olds; physical examination, vaccination and teaching
- Mistissini Clinic Community Health: Well-Baby Clinic visit with nurse and/or doctor and CHR. 1 week to 10 days postpartum, 6 weeks postpartum, 2 month old visit, 4 month old visit
- Wemindji Clinic Community Health: Well-Baby Clinics 0-5 year olds; physical examination, vaccination and teaching
- Ouje Clinic Community Health: Well-Baby Clinic, visit to the Childcare Centre, CHR home visits.
- Chisasibi Health Care Professional: Well-Baby Clinic (program and services); Canada Prenatal Nutrition Program (pregnant women and for new mothers (parents) of children 0-1 yr.; nutritionist visit (once per year) in Childcare Centres; dental hygenist visit once/twice per year in Childcare Centres
- Waswanipi Local Government: Adults do own walking programs at regular times, mainly for diabetes prevention and high blood pressure

No one was able to say how many children participated regularly during the past year.

Does the community give enough attention to recreational and cultural programs for children aged 0 to 5 and their families?

**Recreational, cultural, educational programs and services for children 6 to 12 and their families**

- Ouje School: physical education activities in gymnasium, sports programs, computer lab with educational software
- Ouje Clinic Community Health (school program): vaccinations (grade 5), TB testing
- Waskaganish School: orientation with compass and soccer (for girls and boys)
- Chisasibi Clinic Community Health (school programs): vaccination programs at school, and TB and hepatitis testing and teaching
- Chisasibi Health Care Professional (nutrition programs): nutrition education program at school, dental health program at school, summer camps, nutrition or play activities
- Wemindji School: after school activities for children aged 8 to 12: volleyball, basketball, floor hockey, computers. It is open to all kids but they must sign up at the office. Recreation program for children: skating for all ages after supper twice a week, floor hockey, summer softball
- Waswanipi Local Government(cultural pow-wow): although 40-46 dancers are listed locally, about a dozen participants are aged 6 to 12.

**Focus question**

Does the community give enough attention to recreational and cultural programs for children aged 6 to 12 and their families?

## Role of volunteers with children's and youth activities

**Ways parents volunteered, for example, planning and organising, transporting, fundraising, supervising, coaching, etc.**

- Wemindji School: they do not have parent volunteers. Most parents work or are in the bush.
- Waswanipi Local Government: volunteering for pow-wow dancing: transporting dancers to other native communities, planning and financial related tasks and supervision: There are approximately 8 to 10 volunteers at present.

**Focus questions**

Should children's, youth and family recreation and cultural activities depend upon local government employees or should they depend upon volunteers from the families with young children?

Do the services and programs for youth appear adequate?

Waswanipi Local Government was the only one to report on playgrounds: there are two and the second one was built two years ago. They did not include their annual budget for playground development and maintenance.

## Collaboration

**Describe the links between the school and the childcare centre.**

- Ouje School: we show the school to the future students.
- Waskaganish School: very little
- Wemjindji School: Childcare Centre staff come and pick up the kids for the after-school program. There is no joint planning.
- Whapmagoostui Childcare Centre: the toddler program and family activities were held at the Childcare Centre

Describe the links between the school and the Head Start Program.

- Ouje School: none
- Waskaganish School: none
- Wemindji School: none

Describe the links between the childcare centre / Head Start Programs and the clinic.

- Wemindji Clinic: the nurses were asked to visit the Centre but being understaffed they do not have the resources. Recently the CHR has been invited to provide information.
- Whapmagoostui Childcare Centre: the CHR was invited to provide information on breast-feeding. Prenatal information about the programs was set up for young parents.

**FOCUS QUESTION**

The Head Start Program has been described as a potential catalyst for coordinating children's programs in the community. How might this begin to happen?

## Sharing information

This year, how was information about new children's programs or about issues concerning children...

### Shared between schools?

- Ouje School: annual report from principal and Community Education Administrator
- Waskaganish School: transcripts and files

### Shared within Cree Board of Health?

- Chisasibi Clinic Community Health: charts, memos, consultations
- Mistissini Clinic Community Health: coordinator of Community Health Programs in the clinics
- Ouje Clinic Community Health: internal mail and training
- Chisasibi Health Care Professional: month -to-month fax reports, public announcements; calendar for pregnant women and new mothers; posters; pamphlets

### Shared between the school and clinic?

- Ouje School: through teachers, administration
- Wemindji School: school visits by nurse and CHR for vaccination and dental programs; radio announcements about clinic activities
- Waskaganish School: when necessary
- Chisasibi Clinic Community Health: letter, phone and CHR visits
- Mistissini Clinic Community Health: CHR: nutrition, Dental/fluoride Program, awareness weeks, CHR gives information on smoking, alcohol and drugs. Nurse and CHR: STDs/AIDS information given to 15 year olds during the school year
- Ouje Clinic Community Health: one afternoon per week visits from the nurse
- Chisasiibi Health Care Professional: CHRs, nutritionist work directly with teachers; meeting at beginning of each school year

### Shared between the school and childcare centre?

- Ouje School: regular calls
- Waskaganish School: no contact

Shared between the clinic and Childcare Centre?

- Chisasibi Clinic Community Health: no contact; were contact made it would be by phone
- Mistissini Clinic Community Health: visit for lice and scabies. Dental, nutrition visits are done by CHR, nutritionist and dental hygienist
- Ouje Clinic Community Health: visits
- Chisasibi Health Care Professional: reports, public announcements, pamphlets, posters

*Waswanipi Local Government shares with: childcare centre by invitation to the local govt.*

Shared between the school and community?

- Ouje School: administration and links with radio/TV announcements
- Waskaganish School: with parents when necessary
- Wemindji School: radio announcements

Shared between clinic and community?

- Chisasibi Clinic Community Health: radio, CHR, posters
- Mistissini Clinic Community Health: CHR makes announcements for upcoming health-related events in prevention and promotion, e.g. flu shots
- Ouje Clinic Community Health: radio and bulletin board at the clinic and through individual contact with patients
- Chisasibi Health Care Professional: with Brighter Futures workers; with promotional advertisements; with a few articles in the newsletter

*Waswanipi Local Government shares with the community: at general assemblies, on radio and by notices through posters*

Shared between the school and local government?

- Ouje School: administration
- Wemindji School: programs set up with arena and sports; however there is no joint planning with the school
- Waskaganish School:: for educational plan for the new year
- Waswanipi Local Government: through Cree Health Board/Cree School Board program and the yearly school schedules

Shared between clinic/ local government?

- Chisasibi Clinic Community Health: phone and letters
- Mistissini Clinic Community Health: clinic and Public Health Department (local govt.) work together on awareness activities: drug and alcohol, nutrition, wellness week and diabetes.
- Ouje Clinic Community Health: contact with the PHO
- Chisasibi Health Care Professional: with Brighter Futures workers; with promotional advertisements; with a few articles in the newsletter
- Waswanipi Local Government: CHR and PHO work together on scheduled programs

**FOCUS QUESTIONS**

Does the flow of information seem to depend upon the way the organisation operates or upon individuals that occupy certain positions at certain periods?

Suggest ways to improve the flow of information within organisations and within communities?

## Involvement of parents

### What are the ways parents are involved in the school and childcare centre?

- Waskaganish School: supervision of activities and in charge of activities
- Wemindji School: parents are informed about disciplinary problems and meetings may be arranged for this.
- Whapmagoostuis Childcare Centre: the parents are invited to special activities. We invited them through sending them special invitation or calling them on the phone and the local radio station.

### Is this level of involvement adequate?

- Waskaganish School: not at all
- Wemindji School: at times level of involvement is not enough. We would like the parents to see what is happening at times, but we have problems involving them.

## This year, how was information about a child or youth shared between:

### The clinic and Childcare Centre:

- Chisasibi Clinic: phone and letter
- Mistissini Clinic: phone and written information
- Wemindji Clinic: clinic informs parents and parents inform childcare centre
- Whapmagoostui Childcare Centre: doctor referred a child to the centre

### The school and the clinic:

- Ouje School: through referrals from teachers/administration
- Waskaganish School: by phone and letter, pamphlet
- Chisasibi Clinic: special form from the school and letters
- Mistissini Clinic: by phone and letter
- Wemindji Clinic: clinic is unable to share information about a student with the principal unless the parents have signed a consent form. Without consent, the information passes through the parents. This means the parents need to be more involved some times.
- Chisasibi Health Care Professional: Question only indirectly relates to the Nutritionist. We receive calls from the CHRs because teachers have called the Community Health Nurse and asked for help. The nurse tells the CHR, the CHR calls the nutritionist. The follow-up on the initial intervention is done by the nutritionist with one CHR. Only rarely does this concern an individual case. The school knows that nutrition services from the Health Board are about nutrition promotion and programs only. There are no regional resources for individual counselling.

### FOCUS QUESTION

Approaches to confidentiality can differ greatly between local Eeyou custom and mainstream Canadian norms and laws. Discuss how this affects collaboration between people delivering services in Eeyou Istchee.

## Two issues:

### Bullying and school violence have been identified as serious public health issues in Quebec. List ways (policies, plans, activities, etc.) that this school has dealt with bullying?

- Waskaganish School: we have a no-contact policy this year. Bullying has not been too bad. We have dealt with particular areas.

- Wemindji School: We have a policy. Students are given a sheet explaining the rules and penalties. Parents are given a copy. We do not have much of a problem. When and incident happens, the student is warned by the principal, could be suspended for a few days to a week, and his or her name is referred to the School Committee. We try to get parents in to talk with the first offence. After the third incident, we would consider it uncontrollable.

**Overweight and poor nutritional habits have been identified as an issue by various studies. List all the ways (policies, plans, activities, etc.) that this issue has been addressed?**

- Waskaganish School: we deal with particular areas by giving the child a snack and getting in touch with the parents and Social Services when needed.
- Wemindji School: We have a policy forbidding gum, candy and pop in the school. Students are not allowed to go to the store during school hours. Sometimes the school runs a nutritional canteen.
- If there is a problem, we try to inform the parents. We might tell the parents the child is lazy and make a referral to Social Services to see if they can do something. In the past five years we have made 1 referral.
- Wemindji Clinic: referral to the nurses from the doctor for consultation with overweight children (not very effective).
- Chisasibi Health Care Professional: I do not know of any policies or plan but at least (and that is all) there is a nutrition education program for students in Kindergarten to grade 6. CHRs visit grades Pre-K, Kindergarten, and grades 1, 3 and 4 two times each year. CHRs visit grades 2, 5 and 6 three times a year.

**Focus questions**

Are organisations making use of policies and procedures and evaluations of them to address issues?

Is there evidence that services and programs are being adapted to meet the needs of the child or youth and his or her family?


# Background material for the workshop on youth aged 13 to 18

## How many youth are in school?

As of October 1 of each year, give the number of students enrolled in grades 6 to Sec V for the years 1995 to 1999.

Youth Aged 13-18, 1999-2000 (from Instructional Services, CSB)

| Ages of students | # of students |
| --- | --- |
| 13 | 199 |
| 14 | 206 |
| 15 | 212 |
| 16 | 148 |
| 17 | 104 |
| 18 | 58 |
| 19 | 23 |
| 20 | 12 |
| 21 | 4 |
| 22 | 1 |

When Mistissini First Nation carried out a self-assessment of their helping services last year, they found that youth who had dropped out of school seemed to disappear into the community: they were not on welfare, nor on income security.

For comparison, we obtained recent data from the Income Security Program for 1999-2000 (July – June)

| Community | Turning 18 | Ages at beginning of year | | | Total |
|---|---|---|---|---|---|
| | | 18-20 | 21-23 | 24 | |
| Chisasibi | 8 | 15 | 3 | 18 | 44 |
| Eastmain | - | 2 | - | 6 | 8 |
| Mistissini | 3 | 9 | 1 | 5 | 18 |
| Nemaska | - | 1 | - | 2 | 3 |
| Oujé-Bougoumou | - | 2 | - | 1 | 3 |
| Waskaganish | 1 | - | - | 4 | 5 |
| Waswanipi | - | 3 | - | 5 | 8 |
| Wemindji | - | 9 | 4 | 5 | 18 |
| Whapmagoostui | - | - | - | 1 | 1 |
| TOTAL | 12 | 41 | 8 | 47 | 108 |

During the past years, various statistics, studies, reports, results of planning meetings, etc have identified issues and problems that impede the educational progress of students aged 13 to 18. List the major issues and/or problems that the CSB or this school have recognised.

• Waskaganish School: lack of programs, no motivation, weak family support, lack of personal discipline; good students are often teased by others.

List any activities (plans, programs, actions taken etc) done by the CSB or this school to address these issues.

• Waskaganish School: visits from the chief, elders and past students.

**FOCUS QUESTION**

Does there seem to be a problem with dropping out of school? At what grades is this most evident?

What proportion of these youth are finding a place within the Income Security Program? What are the others doing?

## Extra-curricular activities, services, programs for youth 13-18 this past year

### Budgets For Youth Recreation

• Waswanipi Local Govt. – Pow-wow, youth: $1,800

• Waswanipi Youth: Grand Council, Board of Compensation, Band Council, DIAND (Welfare), Brighter Futures, Caisse Populaire, Federal Funds, Major Corporations (that work with Crees), Banking Institutions.

**List all recreational, cultural and sports programs as well as services, training, guest speakers etc., offered for youth aged 13-18 during the past year.**

• Waskaganish School –    girls: basketball; volleyball, broomball
                                          boys: basketball, floor hockey, volleyball

• Waswanipi Youth: Canoe Expedition started since 1996; Youth Summer Camps started since 1986; Youth and Elders Gathering; Winter Journey local and regional.

The Primary Activities that we hold at the Present Youth Center are:Regular Dances; Annual Planning Sessions; Youth General Assemblies; Local Competitions such as Dance-a-ton, Dee jay etc. Youth Talk shows on various issues; Gym Nights at the school; Youth radio programs on Monday nights; Drop in activities on weekends; Recreational activities such as street hockey and volleyball. The majority of the time we had to rent the facilities for special occasions.

### What resources are available to help access new programs and funds for youth?

- Waswanipi Youth: Waswanipi First Nation Youth Council

### How does the local administration inform different departments in the administration and other organisations and groups about issues concerning youth and new programs?

- Waswanipi Local Govt. Through the Youth Council
- Waswanipi Youth Internal: through youth General Assemblies; radio broadcasts; planning sessions; postings; proposals; memorandum. Other: participating in conference and gatherings; participating in meetings with chiefs; regional radio station; media and gossip.

## Activities involving youth issues

School drop-outs, teenage mothers, single parent teenage families, youth employment, youth training, youth representation with the CSB, CBH, local govt.

- Waswanipi Youth: Summer Student Program; youth experience Program and Contract Basis. Under the summer student program, priority is given for incoming and returning students from high school to post secondary which are held during summer from May to August. It is also open for adult education and youth trappers. Youth Experience Program is a program for school drop-outs, teenage mothers and single parent teenage families, this is the focus on youth which are on reserve year round. Contract Basis is for youth that work on special events that are held yearly around.

### Focus question

Does the community give enough attention to recreational and cultural programs for youth aged 13 to 18 and their families?

Are the youth activities reaching all youth? Are drop-outs and those involved with Youth Protection involved in Youth Council and Youth Centre activities?

## Involvement of parents

### What are the ways parents are involved in the school?

- Waskaganish School: in activities as supervisors/support; also in charge of a few activities (basketball, soccer)

### Is this level of involvement adequate?

- Waskaganish School: not at all.

## Two issues:

Bullying and school violence have been identified as serious public health issues in Quebec.

List ways (policies, plans, activities, etc.) that this school has dealt with bullying.

- Waskaganish School: we have a no-contact policy this year. This has not been identified as a serious issue. There are very few incidents. When they happen we meet with parents, suspend the student and give homework. We have not had to go further than this.

- Wemindji School: We have a policy. Students are given a sheet explaining the rules and penalties. Parents are given a copy. We do not have much of a problem. When an incident happens, the student is warned by principal, could be suspended for a few days to a week, and his or her name is referred to the school committee. We try to get parents in to talk with the first offence. After the third incident we would consider it uncontrollable.

**Overweight and poor nutritional habits have been identified as an issue by various studies. List all the ways (policies, plans, activities, etc.) that this issue has been addressed.**

- Waskaganish School: We have recognised this as an issue. Each teacher is responsible. Next year we would like to invite a Weight Watchers representative to come and inform parents and students for a week of different sessions.

### FOCUS QUESTION
Youth in the communities are facing many problems. From the other workshop materials, are services adapting to meet the needs of youth effectively?

## Extra comments from Waswanipi youth
In the past, we, the Youth Council hosted "The Aboriginal Youth Gathering of Quebec".

Introduction: The first ever Aboriginal Youth Gathering (of Quebec) was in Waswanipi, Quebec. On August 15-17, 1995. The Gathering was an opportunity for Aboriginal Youth across Quebec to come together, meet and exchange ideas on certain issues that affect them each day. The Gathering was hailed as "In the Name of Our Ancestors, with respect for our Elders, honoring and strengthening each other as Aboriginal Youth.

Essay Contest: We have also been involved in our essay Voices of Waswanipi Eeyou in 2000.

Some of our events are successfully done due to working with other departments like Recreation, Cultural Department, Brighter Futures, Band Council, Cree School Board, Waswanipi Cree Model Forest, Public Safety, Cree Health Board, and from the Community of Waswanipi, especially our Fellow Youth.

Summer Student Program; Youth Experience Program and Contract Basis.

Under the summer student program priority is given for incoming and returning students from high school to post secondary which are held during summer from May to August. It is also open for adult education and youth trappers.

Youth Experience Program is a program for school drop-outs, teenage mothers and single parent teenage families, this is the focus on youth which are on reserve year round. Contract basis is for youth that work on special events that are held yearly around.

## Background material for the workshop on children with special needs
### Groups involved in planning and providing services
**List all the groups and organisations in the community helping children and youth with special needs.**
- Waswanipi Local Govt.: medical professionals refer to Social Services and specify needs.

### Numbers of children and youth identified with special needs
**How many students within the CSB have been formally identified with special needs requiring special education services?**
- CSB - Instructional Services: 380 identified regionally
- Waskaganish-Ecole Wiinibekuu School: 4 students formally identified
- Ouje-Bougoumou School: n/a

How many are identified in different categories?

- CSB – Instructional Services: 60 MEQ codes; examples:
- Waskaganish-Ecole Wiinibekuu School: spina bifida 2 (1 in Gr. 2); F.A.S. 1; Trisomie; Autistic 1
- Ouje-Bougoumou School: n/a

How many children and youth formally identified with special needs are receiving services from the CBHSSJB?

- CSB – Instructional Services:
- Waskaganish-Ecole Wiinibekuu School: 0
- Ouje-Bougoumou School: 3
- Waswanipi Local Govt.: information only available in Social Services Homecare files

EXAMPLES OF MEQ CODES:

01-Minor learning difficulties; 02-Serious learning difficulties; 12-Behavioural difficulties; 13-Severe behavioural; 23-profound mental handicap; 81-Behavioural and physical handicap

FOCUS QUESTION

Do we have enough information about children and youth with special problems in order to do proper planning?

Response: *Chisasibi Community Health: Yes but that information need to be shared between the entities in order to work with in a team.*

## Policies, procedures, management plans

Does the CSB have a policy and procedures on special education?  Date?

- Ouje School: yes : developed 1992 and revised in '93, '94, '96
- Waswanipi Local Govt.

Does the CBH have a policy and procedures on special education?

- Ouje School
- Waswanipi Local Govt.

Does the Local Government have a policy and procedures on special education?

- Waswanipi Local Govt.: No, handled by CBH Social Services

Manager responsible for special needs file:

- Ouje School: Special Ed Consultant
- Waswanipi Local Govt.: Social Services and Home Care

FOCUS QUESTION

Is there evidence that organisations are taking leadership in providing services for children and youth with special needs?

Response: *Chisasibi Community Health: No, because of the lack of resources available.*

## Budgets and resources

### Cree School Board: Global budget for students with SN:

- CSB Instructional Services: $ 2.5 million for special education teachers, resource remedial teachers, educator/careworkers, regional special education consultant. Auxiliary (external) specialists: speech therapy, psychologists, special education specialists

There was no information from the Health Board on resources available to assist children and youth with special needs.

### Local Governments: List resources available to assist families with special needs children/youth

- Waswanipi Local Govt.: Housing Dept. receives requests for special needs adaptations of houses and may have budget for special needs and repairs; CBH Social Services looks after all personal needs

### FOCUS QUESTION

Looking at the CSB budget and the resources available from the CBH and the budget and resources from LG to assist students and children/youth with special needs, does the region seem to be meeting the needs of this group?

Response: *Chisasibi Community Health: Considering the budget, yes.* [In light of other comments, the writer considers there is very little done for special needs].

## Identification and assessment

### How does the CSB know if the policy and procedures are being followed for identification, assessment and follow-up?

- CSB Instructional Services: Consultation between the schools (teachers, administrators) and regional services (Instructional Services receives the referrals, provides outside specialists and regional consultant, visits the schools, provides in-service etc, assesses, evaluates, follows up).
- Ouje School: There is a binder describing all services and procedures as well as forms to fill out for completion of particular files.
- The following questions did not receive any information:
- How many children have first been identified with special needs by the CSB in the past five years?
- How many children have first been identified with special needs through children's community health programs in the past 5 years?
- How does the CBH know if the policy and procedures are being followed?
- Who is responsible for follow-up of pre-school assessments: Parents, Clinic, School , Childcare Centre

### FOCUS QUESTION

Does the identification and follow-up cooperation for special needs appear adequate?

Response: *Chisasibi Community Health: No, there is a lack of communication and everything is separated.*

## Collaboration

### In the past year, what kind of contacts have you had with personnel from other organisations concerning children and youth with special needs?

- Waskaganish School: CBH: information and referral of cases; Parents: information and referral of cases; Childcare Centres: none; local government: none

How are the views of parents represented to the CRA, the CSB, the CBH, the LG, the childcare centres?

- Waskaganish School: some parents support us, others do not.
- Waswanipi Local Govt.: A child with special needs is seen by doctor and referred to Social Services.
- Whapmagoostui CCC: We have only had one child with special needs and the parents were not involved.
- Shiwaimakinch (special needs parents group in Chisasibi with a special classroom in James Bay Eeyou School): there is no formal mechanism. They have been most successful by having active people on the board who also work for organisations and government offices. They have also gone to board meetings to present their needs and invited people to their meetings.

Do parents have a voice in planning CSB budgets and CBH services for special needs?

• Waskaganish School: They do not have a voice in planning budgets.

• Shiwaimakinch: Not in terms of planning. However the group itself decided to supplement the budget for the special class in order to have provide additional services.

**FOCUS QUESTIONS**

Do the arrangements for collaboration and information sharing seem adequate?

Response: *Chisasibi Community Health: No, there should be more specifics protocols about sharing information*

Are the views of parents represented adequately?

# Background material for the workshop on youth protection

## About youth protection services:
### Case-load and individuals under Youth Protection

- DYP Regional:    577 - 600 cases (number of individuals represented by these cases is unavailable)
- Rehabilitation Services (1998-99) : 27 individuals under care at some time in Reception Centre
- Waswanipi DYP: total of 109 cases. Total of 94 cases in the community at present (does not include one's sheltered outside of the community): 61 cases Youth Protection; 1 Young Offender; 28 under medical fostering; 4 adoption cases

### What do youth protection services cost?

- DYP Regional unavailable
- Rehabilitation Services (1998-99) 1.1 Million (Reception Centre)

**FOCUS QUESTION**

Is youth protection much of an issue in the region?

## Mandated collaboration
### In the past year, how many 'signalments' or referrals did you receive from the Cree School Board / did you send to the DYP?

- DYP Regional: unavailable
- Ouje School (1999-2000): 3

- Waskaganish School (1999-2000): 4 elementary, 2 secondary
- Wemindji School (1999-2000): 10 - 12 referrals
- Waswanipi DYP: estimate of 1-3 a week (sometimes they have groups of 12 or so come in at one time)

**In the past year, how many youth protection "intervention plans" involved workers from the Cree School Board?**

**How many were you involved with as staff of the CSB?**

- Wemindji School (1999-2000) : 7 - 8 plans
- Waswanipi DYP: school is always involved with plans concerning children or youth of school age

**When Youth Protection staff collaborate with staff of other organisations on Youth Protection cases, does this happen: on an ad hoc, informal basis, on a case by case basis approved by a manager, because it is described in a management plan, because it follows procedures based on signed protocols?**

- DYP Regional: It happens on both an informal basis and as a delegated act to evaluate a referral (i.e. described in law and management plans)
- Rehabilitation Services: Reception Centre collaboration happens on an informal basis, for example with community recreation services, volunteer recreation services, youth centres, community youth programs
- Ouje School: It happens on an informal basis.
- Wemindji School: 10 or more contacts in past year with Youth Protection; no contact with Rehabilitation Services
- Waswanipi DYP: Most of the contacts with school staff are on an ad hoc, informal basis that take place around other community activities such as local committees etc. Other contacts are more formal. Court procedures happen according to management plans; foster home contacts are based on signed procedures.

**Describe the collaboration between the rehabilitation services staff and management and Cree School Board staff and management during this 1999-2000 school year.**

- Ouje School: the collaboration between the rehab staff and CSB Community-level Staff has been minimal or on a need to know basis. Yet, I do not know whether the services were effective. Most cases seem to be either transferred or dropped.

  Youth who are involved with recreational and cultural activities are less likely to be involved with Youth Protection. The Reception Centre budget for recreational and cultural activities is $20,000 to $25,000 for Goose and Moose Hunt, Fishing, etc. This also includes recreation.

**FOCUS QUESTION**
Does the recreation-cultural budget for youth living at the Reception Centre seem adequate?

**From whom does staff receive authority to collaborate with other organisations on youth protection cases?**

- DYP Regional: through the Act and subsequent management plans
- Waswanipi DYP: DYP management authorises formal requests for collaboration
- Wemindji School: part of job description, coordinated by the principal. Referrals are signed by the principal and the SAT. Referrals are mostly written.

**FOCUS QUESTION**
Does the collaboration between CSB and CBH appear to be adequate?

## Information-training about youth protection

When was the most recent public information campaign undertaken by the CBHSSJB?

- DYP Regional: At the General Assembly in February 1999.
- Waswanipi DYP: 1999 talked in general assembly in Waswanipi - community asked to know what their roles were. Also YP made a presentation at a health conference in Waswanipi in the spring of 1999.

**How many staff members have attended information and training sessions on the changes to the Youth Protection Act**

- DYP Regional: training for social services and rehab staff April 1999. School staff was invited but only a few attended.
- Waswanipi DYP: they have some training on emergency crisis intervention. They have received two trainings about how youth protection applies, how foster homes should be selected and how placements made. Once we had it as a group of CLSC and YP and once we had it with people from the school, police, NNADAP, emergency workers. They did this in Val d'Or maybe 2 or 3 years ago. Want to do it again. Some CLSC workers do not like youth protection even though they have to fill in. This is because they do not agree with the Youth Protection Act. Some will refuse to go to court.

**When was the most recent information-training session provided for CSB professionals?**

- Wemindji School: none that are known

**FOCUS QUESTION**

Does this seem adequate?

**Questions unanswered by police, community public health, recreation, youth coordinators**

- Has the Council or senior management taken any public positions or stand on the issue of youth protection and young offenders in the past few years?
- Has the Council or senior management carried out any activities, programs, services etc., concerning youth protection and young offenders in the past few years?
- How are the following involved with rehabilitation services staff and programs: community recreation services, programs and activities; youth centres; youth programs; winter, summer, day camps; sports camps and teams; Cultural activities; Youth organisations

# Background material for the workshop on boarding and fostering

## The numbers of children living in boarding, fostering, or group homes

Wemindji School boarding program        1999-2000

- # homes used:  33
- typical number of students per home: 3-5
- # children/youth boarded: 40
- Average number of years a student lives in boarding: 10-11
- # families leaving children to be boarded: 22

**Rehabilitation Centre Program 1998-1999**

# children/youth boarded: 27

Total days of care: 2,920

## How many children and youth are being sheltered outside of the territory?

Rehabilitation Centre Program 1998-1999: 3

Is it possible to say what percentage of children are being raised through these programs of fostering and boarding?

Does the number of children being raised away from their families appear reasonable?

Is it reasonable to discuss school boarding and the various types of protective fostering as part of the same issue affecting children and youth?

## Cost of the boarding home program:

### Wemindji School

- Total cost of the boarding home program: $50 - 80,000
- Average cost per student boarded: $1,250 - $2,000
- Staff time involved in the program: 16-24 hours / week

### FOCUS QUESTION

The average cost of maintaining a boarding home student last year was $ _____.

The rough cost of fostering under the CBH was approx. $_____ per child.

Discuss.

## Training

**Do the CSB and the CBH have training programs for boarding, foster, and group home parents?**

- Rehabilitation Centre: Rehab Childcare Worker training began in 1999-2000
- Social Services: no
- Wemindji School: no

Selection criteria: Wemindji School: good home, reliable, responsible adult over age 18. Community perception of person's reputation. Sometimes no homes are available and they have to take whomever they can get but they keep a close watch.

## Licencing and standards

There is no system for licencing foster and boarding homes or checking foster and boarding homes against set standards. There is also no formal system in place for de-licencing or de-certifying homes.

### FOCUS QUESTION

At present both the CSB and CBH have responsibilities for training, quality control, supervision and financing of foster and boarding homes. How could these functions be integrated?

Should the parenting training for foster and boarding home parents be open to:
a) other programs (Head Start for example);
b) all interested parents?

**If copies of the agreements are available, the following can be asked:**

### FOCUS QUESTION

Boarding home parents enter into an agreement with the CSB to provide services to children in return for cash payments. A copy of the agreement is included below.

After reading this agreement, discuss how the agreement protects the children in the boarding home.

## Sharing information:

**When the CSB or CBH becomes aware of problems in boarding or foster homes, are other organisations informed?**

- Wemindji School: They mainly refer to the Health Board. If alcohol involved they notify DYP. They have to assess the situation and determine how extreme the problem is before involving

the Health Board. This year students were moved out of 2 homes. In one case the CEA sent a letter to the housing administrator because there were no smoke detectors in the home.

**Are children who have been boarded, fostered or have lived in group homes for a long time over-represented in those who drop-out of high school?**

- Rehabilitation Centre: no information
- Wemindji School: Maybe a few; yes and no. Not over-represented in Wemindji.

**A Mistissini community study reported that students who were boarded over a long-time were more likely to use alcohol and drugs than students who lived with their own families. Is this finding in agreement, or at odds with internal data of the organisations?**

- Rehabilitation Centre: no information
- Wemindji School: no information

**How many boarding home students end up in group homes?**

- Wemindji School: no information

**How many children and youth return from rehabilitation to living in boarding homes?**

- Rehabilitation Centre: no information but possible since youth are released to parents care
- Wemindji School: probably a few

**Are students who are boarded or fostered or who live in group homes, more, the same or less involved in community youth recreation and cultural activities than other students?**

- Rehabilitation Centre: Involvement is upon the request of the client.
- Wemindji School: Yes and no. Some cases of low income families where kids do not have money to participate in everything. More middle income families give their kids the money they need to participate.

### Focus question

Suggest ways to increase the involvement of boarding home students and fostered children in recreational and cultural activities.

**How is information about a child's progress in school exchanged between the parents in the bush and the boarding, foster, or group home parents and Youth Protection?**

- Rehabilitation Centre: Case conferences either in person or by phone
- Wemindji School: Use bush radio to obtain consents. Contact is only on formal occasions or reasons and about 4 times a year. We do not have much contact.

**Are there any special meetings for parents who will be away in the bush for a long time during the school year?**

- Wemindji School: Parents come to the office on a family basis to sign the boarding home agreement before going to the bush.

### Focus question

Do the links between the school, the children and parents in the bush seem adequate?

Should boarding home and fostering home parents belong to an association?

### Summary question

Do our boarding and various fostering programs seem able to meet the needs of children and youth in the areas of: health and well-being, nutrition, education and guidance, social support (recreation, police etc.), parental and family involvement

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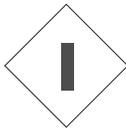
# Interagency Collaboration

GUIDELINES FOR SCHOOLS

Produced by

SPARROW LAKE ALLIANCE

Education Task Force

Spring 1994

David Gladstone and Miggs Morris on behalf of the Education Task Force

CONTENTS:  PURPOSE

## PURPOSE

The purpose of this handbook is to enable school personnel to initiate and assist in the process of interagency collaboration.  The various agencies, along with the school and community, would provide services in a responsive, preventative and personal manner for the benefit of all children.

PART A:      Interagency Collaboration - background information

PART B:      School Action Plan

## PART A:      CHILDREN AT RISK

• It is estimated that the prevalence of one or more psychiatric disorders for children aged 4 to 16 in Ontario is 18%

• Children with one psychiatric disorder are at an increased risk for other psychiatric disorders

• Children with psychiatric disorder are also at risk for other morbidities and harmful outcomes such as poor school performance, chronic health problems, and alcohol, drug and tobacco use

• Only about one out of six children with psychiatric disorders are likely to receive specialized services

- Children at high risk for emotional and behavioural problems are often:
  - The offspring of parents on social assistance
  - Those living in public housing projects
  - Children of single parents
  - Children in families where there is unemployment and poverty
  - Those living in areas of high crime rates
  - Those living in areas which are underserviced by recreation facilities
  - Children who are exposed to family violence in their homes
  - Students who are members of diverse cultural or visible minority groups
  - Youth who feel disenfranchised and who drop out of school

Points taken mainly from:    Ontario Child Health Study, Children at Risk
                             Offord, D.R., Boyle, M. and Racine, Y.
                             1990 Toronto, Queen's Printer


RATIONALE

- Schools are frequently expected to meet the complex social and emotional needs of today's diverse student populations, as well as their academic needs. Yet it is both impossible and impractical for schools to continue to attempt to do this alone.

- The problems which students experience are the cumulative responsibility of all levels of providers - from families and other primary providers, through schools and communities, to provincial government ministries. All levels have to accept responsibility and play a role in providing the supports necessary to enable our children to grow up as healthy, well adjusted, educated people

- Three Provincial Ministries are responsible for the delivery of services to children and youth: the Ministries of Community and Social Services; Education and Training; and Health. To make services to children more effective and efficient greater collaboration is required between the ministries in setting their priorities and budgets.

- We can't wait for the Ministries and other large organizations or Boards to take the kind of action that is necessary. The needs of increasingly more children and schools demand that action be taken now at the local level.

- Collaboration of many services is required to ensure that students will receive the kinds of supports which address the whole problem, rather than just part of the problem.

- This booklet is designed to assist educators to be more aware of the kinds of services, which can be made available within their community, and how to access their support.


ISSUES

- Leadership for developing and delivering interagency support usually becomes a school responsibility since this is where children collectively spend many hours of the day. Although the school is only one of a number of organizations that may be involved and benefit from a collective approach, nevertheless, individuals and organizations should work together as a team with the school at the center to provide education and agency support.

- Professionals from Community and Social Services, Education and Training, and Health should jointly identify needs, plan and deliver programs and monitor and evaluate their progress.

- Given current fiscal restraints the three ministries will have to utilize their current personnel in developing and delivering new programming.

Barriers that hinder effective interagency supports in a collaborative and supportive manner need to be addressed.

◆    Examples:

◆
◆    - dissimilar priorities and budgetary regulations at the ministry level make it difficult for there to be collaboration and flexibility at the local level.
◆
     - Shifts in funding and staffing priorities also make it difficult to have continued collaboration and they create uncertainty for long term planning.

- Discrepancies in salaries, wages and benefits
- Differing bureaucratic procedures and protocols
- Different professional "jargon" and use of terminology
- Lack of understanding and appreciation of the roles of those in one profession towards another
- Issues of confidentiality and differing reporting procedures

However, all of those who have successfully embarked on collaborative ventures have found ways to deal adequately with these issues.

## HOW INTERAGENCY COLLABORATION BENEFITS ALL STUDENTS

It has been clearly demonstrated that there are many positive benefits when agencies work collaboratively to provide support which focuses at the school level.

One of the primary benefits of interagency collaboration is the impact on numbers. Using the services available in the community (See Appendix A) more students will receive support, groups of students will receive support sooner, and fewer students will require more intensive individualized support.

The student operates in the context of the school and his/her family. The student, the family and the school operate in the context of their community. A multidisciplinary, collaborative approach means that students will receive supports which address the whole problem, rather than just part of the problem.

Support for families should also play an important role in enhancing students' mental health. Furthermore, positive parental involvement in the school has been found to be an important factor in effective schools and their impact on students.

Having agencies work collaboratively with the school will allow for the specific nature of the students' needs to be addressed by a combination of skills and expertise from various professionals.

Agency personnel can also assist in developing a more positive school environment and can contribute to a teacher's understanding of students' concerns. Also, assisting students to develop individual coping skills will enable them to function more appropriately in their classes, families and communities.

The school can take a proactive approach by having the supports in place before problems arise, as well as when problems are evident. In other words they become a regular part of the curriculum in all classes.

The combination of activities provided within such interagency collaboration is often referred to as Psychosocial supports.

## DEFINITIONS FOR PSYCHOSOCIAL SUPPORTS

Definitions from "Psychosocial Supports for Children and Youth Within Publicly Funded School System", Draft Report, 1993.

Psychosocial supports are a comprehensive set of activities intended to enable students to learn, by promoting the positive mental health of all students; where possible, preventing mental health problems; and where not, providing interventions, in the least intrusive and most effective manner possible. They are planned and delivered collaboratively.

Mental health needs are those considered to be behavioural, emotional, social, or psychological.

Psychosocial supports...

- Are activities which involve groups of students as well as individual students. They also enhance students' abilities to learn through the development of a positive school environment and individual coping skills.
- Respond to the mental health needs of all students, recognizing that all students have psychosocial needs as part of their natural growth and development.
- Are comprehensive and the set of activities they encompass involve promotion, prevention and intervention.

Promotion describes specific activities directed towards the general population who may or may not require more intensive supports in the future. They promote positive mental health and respond to needs that are part of all students' natural growth and development. These could be ongoing programs to impart information and skills on issues such as making friends, bullying conflict resolution, dangers of smoking, etc.

Prevention applies to activities aimed at benefiting individuals/groups/populations who are considered "at risk" of mental health problems in the future, but who may or may not already have identified problems. Activities may be similar to those under promotion, but the emphasis and degree of intensity might be different

An intervention can be carried out by applying teaching, counselling and/or treatment strategies for students with social, emotional, behavioural or psychological problems. Interventions are provided for individuals or groups of students, based on multidisciplinary professional approaches. They are generally time limited and involve setting expectations for change. Intervention may be offered in the classroom, in the school, or in a mental health setting, on a part- or full-time basis.

ADVANTAGES OF USING A PSYCHOSOCIAL APPROACH

This approach:

- recognizes the natural development of psychosocial functioning and the mental health needs of all students
- builds on students' competencies, rather than addressing only their mental health problems
- supports activities which involve groups of students (whole classes and schools) as well as individual students
- provides activities which enhance the students' abilities to learn through the development of a positive school environment and individual coping skills
- responds to students' needs in the least intrusive but most effective manner possible
- does not see promotion, prevention and intervention as a linear progression. for some students individual intervention may be required even though a preventative approach has not yet been tried
- provides support in the context in which the student function – their classes and schools, their families and communities
- plans and delivers supports cooperatively which allow for the specific nature of the students' needs to be addressed by a combination of skills and expertise from the various professionals in the schools and agencies
- has already demonstrated that psychosocial supports focusing at the school level have resulted in many positive benefits for the whole school

**PART B: TAKING ACTION AT THE SCHOOL LEVEL**

REVIEW CURRENT NEEDS AND SERVICES

1. There are many ways to begin to develop interagency collaboration. Sometimes it may be initiated at a Board level; sometimes by a crisis event in one school. But, what is most important is that schools begin to plan in the way they think is the most appropriate and which focus on their own most pressing needs.

2. Having decided that collaboration with others is necessary, assess the current services that you are already familiar with which are available in your Board and Community. Are they meeting the most critical needs of your students? Have they already been requested to assist at your school? Were they able to do so? If not, why not? If so, identify those who have been the most helpful and likely to want to work on a larger Team in providing various supports?

3. Now identify other agencies in your community that aren't currently involved with your school. Most communities have a local Community Services Directory, (which is usually available from local Public Libraries). The Directory will list the Agencies, give a summary of the services they provide, addresses, phone numbers and names of contact persons. (See Appendix A)

4. Are there any Community planning mechanisms already in place which your school could link into?

5. Review the literature to read what others have written about interagency collaboration (Appendix B)

6. Find out what others are doing in the field of interagency collaboration (Appendix C). Contact them to obtain more information about what they have done and how they did it. A visit may also be worthwhile.

### DEVELOP A PLAN

1. Early on, you need to establish a Program Co-ordinator – someone who has the dedication and the time to work on developing a team which will assist your school's students. This may be an administrator or a teacher in one school, or one person servicing the needs of several schools in a Community. Obtaining such a person is crucial, since the initial stages will be very time consuming.

2. The Co-ordinator will then put together a Core Team from stakeholders in the Community – professionals from Education and Training, Community and Social Services, Health, Recreation, etc. and should also include parents and students. A Team involving all the potential stakeholders from the start is preferable but may not be feasible.

    If necessary begin with a small group who can understand the benefits of addressing the students' needs and can contribute to developing some of the psychosocial supports within the context of the school.

3. Agree on a common vision. Focus on the students' needs and how these can best be addressed. How can the service be made comprehensive, preventive, child centered and flexible? Listen to what those from other agencies might see as major concerns and consider how these needs too can be addressed. Listen also to what students and parents have to say about their needs and concerns.

4. Set goals and expectations based on the vision.
    - Re-assess the needs of the students as a whole, not just for those in crisis.
    - Prioritize the needs that can realistically be met now with the team members you have.
    - Clarify the roles of each person involved. Preconceived notions of people's regular roles are not necessary. Just decide who is the best person to deliver what.
    - Be flexible and reasonable in your expectations of what you and others can deliver. Remember, they too have large case-loads beyond this project.
    - It may be necessary to establish agreements, both formal and informal to accommodate everyone's bureaucratic needs, priorities and goals.
    - You will also have to deal with the issue of confidentiality in sharing information amongst yourselves (FIPPA – Freedom of Information and Protection of Individual Privacy Act)

5. Plan Steps jointly
    - Decide what will be done, who will do it, and when it should begin.
    - Place this on a chart or a time line so that everyone is clear about these expectations.
    - Make sure this is done jointly and that everyone understands and agrees on the extent of their commitment.
    - The chart should be reviewed periodically and adjusted as necessary.
    - Always share information and decisions with the entire school staff, as well as making sure that other agency personnel are kept informed. Everyone must understand the goals and expectations of the program.

6. Build in an evaluation mechanism early on
    - Accountability is necessary. In order to continue these support services you will need to justify the differences they have made.
    - An ongoing evaluation also ensures that the resources you have are being utilized where they are most beneficial for both the long and short term.
    - As well as evaluating the effects of these collaborative interventions on the students, it is probably worth while evaluating the interagency collaborative process itself, for future reference.
    - Have minutes of meetings recorded and organized into an ongoing comprehensive whole.

### GETTING STARTED

Start small. Don't be overly concerned if you can't get all the stakeholders on board at the beginning. Starting with a few people may in fact be an advantage. It's better to start with a few enthusiastic and committed people who can initiate projects and activities. Then gradually work on involving other stakeholders over time.

Begin by making contact with one or two agencies. Invite them over for a meeting. Talk about the needs of the school, students, teachers, and parents.

Explore what services and what time commitments the agencies might consider offering.

Give them a sense of ownership so that they can take pride in the changes that will occur in the school. Accept many of their suggestions for future discussion, even if some might not be practical at this time.

Provide them with space in the school.

As other professionals become involved introduce them, as early as possible, to your school staff.

Build success for the Team into these early stages. Be satisfied with accomplishing only some of your prioritized goals at first, after all you are dealing with ingrained habits and practices.

Above all, GET STARTED. All too often projects flounder from too much discussion and not enough action. Once your most important planning, time lines, and role responsibilities have been delineated, then begin... one small step at a time.

## FINAL CONSIDERATIONS

### A. RE: INTERANGENCY COLLABORATION

The needs of increasingly more children and schools demand that action be taken at a local level. We can't wait for the ministries and other large organizations or Boards to take the kind of action that is necessary.

Agencies recognize that they can keep working with those children with the greatest needs on an individual basis. They have to collaborate with others and assist those who work with these groups on a daily basis to provide more effective psychosocial programming.

Agencies also recognize that they have to move more into areas of prevention rather than just responding to the immediate crisis situations.

Increasingly, agencies are also realizing that the school is the logical focal point of a Community, where the students spend considerable amounts of time, and where they are in a collective situation, making it easier for assessing and providing supports for both students and their families.

### B. RE: SCHOOL ACTION PLAN

Beware of the Core Team becoming another level of bureaucracy... all talk and no action!

Don't expect to get all the community stakeholders on board at the start. Entrenched practices die hard. Furthermore, their own work-loads make commitment to another direction very difficult, regardless of how much sense it makes.

Be aware of the dangers of professional jargon. We all have our "insiders terminology" but it can hinder effective communication between people from various professionals. Also, always check to see that the same terms mean the same thing to all participants – they often don't.

Remember that people of other professions may be just as competent, if not more so in certain areas, at delivering information and skills. Professionals can sometimes be very defensives and threatened by others who enter their domain!

Collaboration is hard work. Collaborative program delivery takes time to grow as people work together to develop a common vision of the needs of students and their families, schools and communities, and their shared responsibility for bringing that vision to fruition.

GOOD LUCK!

# APPENDIX A

COMMUNITY SERVICES INVOLVED

Here is a partial list of services usually available in communities:

## Social Services
- Children's Mental Health
- Centres
- Children's Aid Societies
- ONTCHILD Agencies
- Child Development Services
- Young Offender Services
- Cross Cultural Services
- Community Police Department

Involving
- Child and Youth Workers
- Social Workers
- Psychiatrists
- Psychologists
- Speech & Language Pathologists
- Residential Counsellors
- Support and Advisory Staff
- Police Officers

## Health
- Public Health Services
- Hospitals

Involving
- Nurses
- Pediatricians
- General Practitioners
- Specialists, eg. Allergists, orthopaedists
- Psychiatrists
- Psychologists
- Speech & Language Pathologists
- Occupational Therapists
- Physiotherapists
- Etc.

## Education
- Regular services
- Special Education Services
- Integrated Classes
- Support Services

Involving
- Teachers
- Resources/Guidance Counsellors
- School Social Workers
- School Child & Youth Workers
- Educational Assistants
- Psychologists
- Psychiatrists
- Psychometrists
- Speech & Language Pathologists
- Spec. Ed./ Program Consultants
- Attendance Counsellors
- Etc.

# APPENDIX B

BIBLIOGRAPHY

Most Helpful in Preparing the Handbook

1. *Psychosocial Supports for Children and Youth Within The Publicly Funded School System*, Draft report for Discussion, Jan. 1993, V Bales, B. Hoen, M. Thelander

2. *Psychosocial Supports for Children and Youth Within The Publicly Funded Scholl System – Description of Models*, Draft Report for Discussion, Jan. 1993, V. Bales, B. Hoen, M. Thelander

3. *Streamlining Interagency Collaboration for Youth at Risk*, G.P. Guthrie and L.F. Guthrie, in *Educational Leadership*, Sept. 1991

Other Helpful Resources

4. *Children First*, Advisory Committee on Children's Services, Nov. 1990. Report to the Ontario Ministry of Community and Social Services. Toronto.

5. *Better Beginnings, Better Futures: An integrated model of primary prevention of emotional and behavioural problems,* Ministry of Community and Social Services, 1989, Toronto: Queen's Printer for Ontario

6. *Children at Risk*, D.R. Offord, M. Boyle, Y. Racine, 1989, Toronto: Queen's Printer for Ontario

7. *Future directions: Towards a more responsive children's mental health system*, Ontario Association of Children's Mental Health Centres, May 1992, Toronto

8. *The Strategic plan of the Sparrow Lake Alliance* (undated)

9. *Implication for clinical services, research and training*, N. Rae Grant, D.R. Offord, H. Monroe Blum in *Canadian Journal of Psychiatry*, Aug. 1989

# APPENDIX C

EXAMPLES OF MODELS ALREADY IN EXISTANCE

Program: Earlscourt School-based Program (ESP)

Involved: Earlscourt Child and Family Centre; Metropolitan Toronto Separate School Board; Senhor Cristo Catholic School

Summary: The ESP is a multi-level prevention/intervention program aimed to decrease aggressive, anti-social behaviour and to increase prosocial behaviour in designated schools.

Contact: Dr. Louise Hartly, Head of ESP, Earlscourt Child and Family Centre,
46 St. Clair Gardens, Toronto, Ont. M6E 3V4          Tel: (416) 654-8981

Program: The Earlscourt School-Liaison Programme

Involved: Earlscourt Child and Family Centre; City of Toronto Board of Education; Lord Dufferin School and Huron St. School in Toronto

Summary: This program serves the needs of children residing in several Transition shelters. The program seeks to meet the school-hour needs of children residing in shelters, such as Robertson House or Women in Transition, by helping them while they attend a local school.

Contact: Ms. Allison Elliott, Head of Family Services Dept., Earlscourt Child and Family Centre,
46 Clair Gardens, Toronto, M6E 3V4          Tel: (416) 654-8981

Program: Ryerson Outreach Program

Involved: Ryerson P.S., Children's Aid Soviety; Hinck's Institute of Psychiatry; Toronto Board of Education

◆  Summary: A preventative program designed to identify, as early as possible, students in a JK to 8 school who are at risk, and to develop programs for those students. The Outreach program also has an anti-bullying plan and
◆  counselling component. There is a staff commitment to reduce truancy, lateness and vandalism. Strategies are also
◆  developed to involve parents in the life of the school
◆

Contact: Principal, Ryerson P.S.,
96 Denison Ave, Toronto, M5T 1B4                    Tel: (416) 393-1340
(This program was originated by David Gladstone and staff)


Program: East York Children's Services Project

Involved: The Aisling Centre for Children and Families; various Children's Aid Societies in Metropolitan Toronto; East York Bd. Of Ed.; Health Unit; Parks and Recreation Dept etc.

Summary: Goal of the project is the development of an innovative model of service that would result in a "co-ordinated" coalition of services representing different service sectors. The service is located in three community schools which were selected because they are considered high risk.

Contact: Gloria Silverman. Manager, School Programs, Addition Research Foundation,
33 Russell St., Toronto, M5S 2S1                    Tel: (416) 595-6029


Program: In-School Support Program

Involved: The Dellcrest Children's Centre; The Board of Education for the City of North York; 3 Special Education Behavioural classes in the North York Board of Ed.

Summary: The program provides a range of mental health and educational services to a total of 24 children and youth. The purpose of the program is to prevent Day Treatment placements for these children. Service planning and delivery to specific class groups, children, and parents occurs within a multi-disciplinary, needs-based process involving the classroom team and the In-School Support Team.

Contact: Paul McDowell, Program Director; The Dellcrest Day Treatment Program,
1633 Sheppard Ave W., Downsview, M3M 2X4          Tel: (416) 395-2290


Program: T.A.L.K. Group Program for Sexually Abused Children and Non-Offending Parents

Involved: The Dellcrest Children's Centre, C.A.S./C.C.A.S./J.F.& C.S., North York Board of Edu., C.F.S.A., F.S.A, York Finch Hospital, Adventure Place, J.D. Griffin

Summary: Provide group treatment services to sexually abused children and their non-offending parents. Groups are also available for children who are involved in inappropriate touching and their non-offending parents. These group are run by co-leaders representing the above agencies, school boards, and hospitals. Supervision is provided to group leaders by representative agency supervisors, and specialized consultation is provided by an outside consultant.

Contact: Nelson Parker; Katherine Tasios Dominic or Marcia Cannell, Dellcrest Children's Centre,
1645 Sheppard Ave W., Downsview, Ont. M3M 2X4       Tel: (416) 633-0515


Program: Adolescent Outreach Program. Jewish Family and Child Services of Metropolitan Toronto

Involved: Sponsored by Jewish Family and Child Service of Metro Toronto in partnership with six high schools and 4 Boards of Education.

Summary: A preventive mental health program offered primarily in high schools for adolescents.

Contact: Bernie Finnigan, Coordinator, Adolescent Outreach Program,
JFCS, Toronto                                       Tel. (416) 638-7800


Program: Halton Cooperative Mental Health Program

Involved: Halton Bd. Of Ed., Halton R.C. Bd., Joseph Brant Memorial Hosp., Oakville Trafalgar Hosp., Halton Adolescent Support Services.

Summary: Provide a community-based assessment and short tern clinical and educational intervention for adolescents in a local high school.

Contact: Jane Heinzl, Senior Psychologist, West Education Center,
3141 Woodward Ave., Burlington, Ont. L7N 2M3        Tel. (416) 639-8832

Program: Conflict Management programs for schools.

Involved: Community Mediation Services, Community Justice Initiatives, Boards of Education for Kitchener and Waterloo.

Summary: Community Mediation Services in Kitchener -Waterloo are assisting elementary and secondary schools in implementing programs in the area of Conflict Management.

Contact: Gordon Husk, Director of CMS,
Kitchener-Waterloo,                                                        Tel. (519) 744-6549 or
Eliot Rosenbloom (consulting to project and liaising with schools)   Tel. (416) 785-1741.


Program: Youth Alienation Project

Involved: Givens Shaw P.S. (Toronto Board of Educn), and WAVING (Working Against Violence in Neighbourhood Groups)

Summary: The program aims to improve safety and community in the school. Special focus is on Grade 5 to 8 girls.  Using a community development approach, counselors get to know the girls and a sense of their perceptions and needs, and then develop programming accordingly.

Contact: Marnie Winn, Teacher at Givens Shaw P.S. and WAVING Member   Tel. (416) 690-1720.


Program: Interagency Co-operative for Developmentally Challenged students

Involved: Madeline Hardy School, (representing the Ministry of Education and Training) and CPRI (Children and Parents' Resource institute), representing M.C.S.S., many of the Public and Separate School Boards in South-western Ontario.

Summary: The school, located on the campus of CPRI in London, Ont., serves the socio-educational needs of Residential and Day Treatment Students aged 4 to 21.  Specially trained Child Care Workers called Instructor Therapists (I.Ts.) work alongside the teachers to provide daily programming for the children.  The school also encourages teachers of sending schools to visit the classes and learn behaviour management and programming techniques which work well with their children.  Either the teacher or I.Ts, and an Educational Liaison Officer also provide follow-up for the student on his return to his former school to assist in modifying the program for the child's specific class.  Workshops are also provided for educators wishing to learn more about these techniques.

Contact: Dr. Dieter Blindert, Program Director, CPRI, or Miggs Morris, Principal, Madeline Hardy School,
600 Sanatorium Rd., London N6H 3W7                             Tel. (519) 471-2540 or
                                                                                          (519) 471-7430.


Program: Play and Learn Early Childhood and Family Support Programs

Involved: Hugh MacMillan Rehab. Centre; Schools in Toronto Board, North York Board, and York Board.

Summary: Development of model for Transition Planning between pre-school and school.  Ongoing development of strategies to facilitate preliminary meetings and IPTC procedures for parents.  Ongoing Outreach support in the classrooms.

Contact: Karen Oster, Director, Play and Learn Programs,
666 Eglington Ave. W., Toronto, M5N 1C3                       Tel. (416) 782- 1105


Program: Comprehensive School Health Project

Involved: Haldimand-Norfolk Health Dept., Norfolk Board of Ed., H-N Women's Shelter, Norfold Children's Aid Society

Summary: Development of a comprehensive health curriculum which supports the integration of health into other subject areas.  Assessment of the school environment to determine if the policies and environment support the content of health education.  Involvement of families and communities throughout the process as partners in order to include the wider social contracts.

Contact: Patti Moore, Haldiman-Norfolk Regional Health Dept.,
P.O. Box 247, 365 West St., Simcoe, Ont. N3Y 4L1              Tel. (519) 426-6170

Program: V.I.P (Values, Influences and Peers)

Involved: London Board of Education, London Police Force, Hospital personnel

Summary: This program is directed at Grade 6 students in all Elementary schools. Teachers are trained by a co-ordinated panel of educators and police and health personnel. Team members work jointly in delivering the program to the students for a 10 week duration. Topics include "Self-esteem", "Saying No", "Shop-lifting", "Drug Awareness" etc.

Contact: Gerry Treble, Program Supervisor for Student Services,
London Board of Education                                    Tel. (519) 452-2033


Program: School-Community Outreach Program

Involved: Sunnyside Children's Centre, 3 Frontenac County Boards of Education

Summary: This pilot project evolved in response to the needs within several schools. Three Boards of Education entered into agreements with Sunnyside to implement this project. The program operates from five community school locations. The schools are in at risk communities and were selected by each Board. The Outreach program is different in each school.

Contact: 214 Union St., Kingston, Ont. K7I 2P9                    Tel. (613) 546-1749

# Glossary

**Centres de jeunesse (CJ):**

In most health and social service regions in Quebec, Youth Protection Services, Youth Rehabilitation Services and Social Services for youth have been amalgamated into new integrated services known as Centres de jeunesse. The Centres de jeunesse do not yet exist in Eeyou Istchee. The Youth Centres in most Cree communities are recreation and leisure centres run by the local governments.

**Cree Board of Health and Social Services of James Bay (CBHSSJB):**

Was established through the *JBNQA* (1975) as the administrative body responsible for health and social services for all people residing in the Quebec Region 18 (formerly 10B). The Board of Health administers a regional CLSC (with two branches) with nine points of service, including community clinics, a regional hospital, two group homes and a 'readaptation' centre. Each of the nine local governments elects one member to the board and the CRA appoints a representative. The other six board members represent the clinical and non-clinical staff. (See Section 4.3.1. and Appendix F).

*Cree Naskapi (of Quebec) Act* **(1984):**

Was passed through the federal Parliament removing the Crees from the authority of the Indian Act, and placing authority in the hands of new legal and political regimes in the form of local governments accountable to the Cree (and Naskapi) people. The Act was referred to as the first Indian self-government Act in Canada. In its 1994 report the Cree-Naskapi Commission stated that "the intent of the Agreement is that the Cree Nation become self-sufficient and self-governing." Within the context of this Act the concept of self-government is evolving in Eeyou Istchee.

**Cree Regional Authority (CRA)**

Was established in 1978 through an Act of the Quebec National Assembly, as the Cree regional government responsible for the administration of the *James Bay and Northern Quebec Agreement*. It was to be the chief administrative body co-ordinating and administering all programs in the Cree villages. These villages and their Category 1 lands were established as municipalities and their band councils established as corporations under Quebec law.

The CRA also has additional powers over the exclusive hunting territories of villages, the Category 2 lands, and over the rest of the territory, the Category 3 lands, in that it maintains membership of the Hunting, Fishing and Trapping Co-ordinating Committee which has an advisory function in relation to environment and development throughout the lands covered by the *JBNQA*.

The CRA carries out most of its functions through two main divisions: the Community Services Department has responsibility for tourism, child care services and regional recreation, while the Traditional Pursuits Department is responsible for environmental protection, hunting, fishing and trapping, the Income Security Program, Cree culture as well as for environmental management, forestry matters, youth affairs, and community consultations.

The CRA has broad-ranging responsibilities for ensuring that the many provisions of the *JBNQA* (1975), designed to protect and enhance Eeyou life, are implemented. It works with all departments of the federal and provincial governments to ensure protection and implementation of Cree rights. It works with Cree boards to ensure that the collective rights of the Crees are respected and promoted. The CRA has the same board members and executive committee as the Grand Council.

**The Cree Regional Child and Family Services Committee:**

An official committee of the Cree Regional Authority. Composed of representatives from each local government and regional entity providing services to children, the Committee works in partnership with families to improve the quality of life for Cree children by way of positive and traditional teaching, through quality educational programs that promote the holistic growth and development of all children (see Appendix D).

**The Cree School Board (CSB):**
Established through the *JBNQA* (1975) as the administrative body responsible for Cree educational services to Cree beneficiaries of the JBNQA and to other people living in Cree communities. The School Board falls within one part of Quebec Administrative Region 10. The School Board administers elementary and secondary schools in each of the nine communities, a post-secondary program, an adult education program and many additional programs within the educational services department. Each of the nine local governments elect one member to the Board. The chair is elected by popular vote from all people who are beneficiaries of the JBNQA (see Section 4.3.2. and Appendices E and F).

**Eeyou Awash Kaye Uuschiniichuu Apatisiiwin (EAKUA):**
A three-year self-assessment and research study to look at how services for children are organised in Eeyou Istchee and to see if these models might be useful for similar communities in Canada. EAKUA has two aims. The first is to develop tools that will enable communities to carry out self-assessments of their services for children. A self-assessment can be defined as a group of people sitting down together to make informed choices. The tools provide a structured way to gather information to enable this to happen. The research part aims to describe (in case studies) how this process works in the participating communities and from this to suggest ways for communities, in Eeyou Istchee and in other northern communities, to organise their various services for children.

EAKUA is financed by a grant from Human Resources Canada to the Community Services Agency of the Cree Regional Authority. Bella Moses Petawabano of Mistissini and Jill Torrie of Montreal are carrying out the study on a part-time basis. They are collaborating with Lucie Bergeron, the Child and Family Services consultant to the Cree Regional Authority. The project is being planned with the help of the Cree Regional Child and Family Services Committee.

**Eeyou Istchee:**
A Cree term that translates as the "People's Land" and refers to the territory traditionally used by the Cree. Eeyou Istchee includes Category I, II and III lands. The area of Eeyou Istchee is shown on the map.

**Entities:**
In this report, Cree governmental and non-governmental organisations are referred to as 'entities' as this is how they are known in Eeyou Istchee. The regional entities involved with the Workshop were: the Cree Board of Health and Social Services of James Bay, the Cree School Board and the Cree Regional Authority, Community Services Department. In some instances the local government administrations of communities are also referred to as 'entities'.

**Grand Council of the Crees of Eeyou Istchee (GCCEI):**
Was set up in 1974 as the central political organisation of the eight Cree Indian bands of Fort George (now Chisasibi), Paint Hills (Wemindji), Eastmain, Rupert House (Waskaganish), Mistissini, Nemaska, Waswanipi, and Great Whale River (Whapmagoostui). Since that time, the Cree Nation of Ouje-Bougoumou has been created as a Cree community within Quebec (but not as an Indian reserve).

**The *James Bay and Northern Quebec Agreement (JBNQA)*:**
Signed in 1975 by the Grand Council of the Cree, the Government of Canada and the Government of Quebec, this was the first modern treaty between an aboriginal people and the Canadian government.

Over Eeyou Istchee, the JBNQA established, in its so-called "land regime" Section 5, three categories of land. In this extraordinarily complicated structure, the Agreement attached different categories of rights and responsibilities to each of these land categories.

Category I lands (some 5,400 square miles) are those occupied by the nine Cree villages. Within this category, there are two sub-categories: Category IA lands, (1,274 square miles) which (according to the

JBNQA) are subject to federal jurisdiction; and Category IB lands, (884 square miles) which are under provincial jurisdiction.

Category II lands comprise some 25,000 square miles in which the Crees have exclusive hunting, fishing and trapping rights, contiguous with each of the villages.

Category III lands (346,092 square miles) make up the remaining territory under the Agreement.

With respect to this land regime, the position of the Crees, as adopted by the Grand Council, now is that "the Crees maintain and continue to maintain their fundamental jurisdiction over all of Eeyou Istchee, although in the *JBNQA* there is a recognition that there could be shared jurisdiction with the government of Quebec and Canada in certain areas. The *JBNQA*... not only recognised the fundamental right that the Crees have to continue their traditional way of life, but also recognised the right to opportunities to become involved in other options based on economic and community development."

**Regional Board of Health and Social Services of James Bay, see Region 10**

**Region 18, Quebec Ministry of Health and Social Services:**
Region 18 is the area of jurisdiction of the Cree Board of Health and Social Services of James Bay and an administrative region for the Ministry of Health and Social Services of Quebec. For the Ministry, northern and northwestern Quebec is divided into three regions: Region 18 (Cree region), Region 17 (Inuit region), and Region 10 (the rest). (see Cree Board of Health and Social Services of James Bay).

**Region 10, Quebec Ministry of Health and Social Services:**
is the administrative jurisdiction for the Regional Board of Health and Social Services of James Bay (a non-Cree health board with headquarters in Chibougoumou) which covers everyone who is not under the jurisdiction of the Cree Board of Health and Social Services of James Bay. In other words, it covers people living in Category II and III lands who are not resident in a Cree community.

**Region 10, Quebec Ministry of Education:**
To make matters even more confusing, for Quebec administrative purposes not involving the Ministry of Health and Social Services, the Cree communities are part of Region 10 which includes the health and social service regions 10, 17 and 18. For example, the Cree School Board is part of the Quebec administrative Region 10.

**In this report, some official titles have been shortened.**

| | |
|---|---|
| Cree Board of Health and Social Services of James Bay | **Health Board** |
| Cree Regional Child and Family Services Committee | **Regional Committee** |
| Cree School Board | **School Board** |
| Eeyou Awash Kaye Uuschiniichuu Apatisiiwin | **EAKUA** |
| Workshop on Integrating Services | **the Workshop** |
| small workshops by topical area | **workshop(s)** |

# Topical Index

# Map of Eeyou Istchee

Whapmagoostui

Chisasibi

Wemindji

Eastmain

Waskaganish

Nemaska

Mistissini

Waswanipi

Ouje-Bougoumou