



Arctic Development
Library

***Working Together For Community Wellness:
A Directions Document
Type of Study: Reference Material
Date of Report: 1995
Author: G.n.w.t. - Health & Social Services
Catalogue Number: 9-5-80***

WORKING TOGETHER FOR COMMUNITY
WELLNESS: A DIRECTIONS DOCUMENT

9-5-80

Reference Material

Reference Material

COMMUNITY WELLNESS

Working Together
for Community Wellness:
A Directions Document



ACKNOWLEDGEMENTS

Working Together for Community Wellness: A "Directions Document" was developed with the help and ideas of representatives from communities, women's groups, Aboriginal organizations, community and cultural groups and a number of government departments. We are indebted for their direction and commitment. Our appreciation is extended to all those involved.

Our most heartfelt appreciation to the members of the Joint Working Group and the Expanded Joint Working Group who participated at the Community Wellness Workshops and guided us through the process. Thank you for your patience and understanding.

Special thanks to the members of the Community Wellness Team whose dedication during the past year make this document possible.

Women's groups played a key role in the development of this document. We appreciate the assistance and involvement of the Status of Women Council of the NWT, the Native Women's Association and Pauktuutit.

Thank you to Aline Laflamme who facilitated healing circles for the participants at the Rankin Inlet workshop.

The number of people involved in the development of *Working Together for Community Wellness: A Directions Document* highlights the importance of the issue and the degree of interest in this area. We gratefully acknowledge the contribution of all participants at both Community Wellness Workshops listed in Appendices I and II and the many others who also supported community wellness in the Northwest Territories.

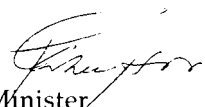
April 1995

Working Together for Community Wellness: A Directions Document proposes a new vision for healthier communities in the Northwest Territories.

Central to this new vision is the need to re-focus our human and financial resources into four priority areas of change: Prevention, Healing and Treatment; Education and Training; Interagency Collaboration; and Community Empowerment.

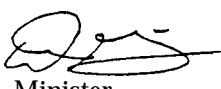
The shared vision of healthy communities, and the proposed changes to the way governments and communities currently work together, are the results of a collaborative effort between the Departments of Education, Culture and Employment; Health and Social Services; Intergovernmental and Aboriginal Affairs; Justice; Municipal and Community Affairs; the NWT Housing Corporation, and representatives from Aboriginal organizations, women's groups, non-government organizations, and community and cultural groups.

Working Together for Community Wellness: A Directions Document provides the foundation for our departments, the residents of the Northwest Territories, and non-government organizations to work together in a collaborative manner towards healthier communities. Hundreds of people have helped make this document possible by taking the time to guide us in the right direction. Their input and collaboration made this new vision possible. Let us now continue in that direction and make that vision a reality for our communities.


Minister
Education, Culture and Employment


Minister
Health and Social Services


Minister
Municipal and Community Affairs


Minister
Responsible for the NWT Housing Corporation

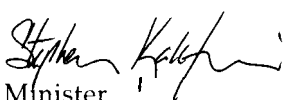

Minister
Justice, and Intergovernmental
and Aboriginal Affairs

TABLE OF CONTENTS

THIS DOCUMENT AT A GLANCE	vii
1. THE NEED FOR CHANGE	1
How the Community Wellness Strategy began	1
What is the Community Wellness Strategy?	2
Family violence	3
The language of change	6
Understanding cultural disruption	6
2. WHAT IS A HEALTHY COMMUNITY?	9
3. FOUR AREAS OF CHANGE	11
A. Prevention, Healing and Treatment	11
B. Education and Training	18
C. Interagency Collaboration	24
D. Community Empowerment	31
4. NEXT STEPS	35
Making the Transition	35
Community Action Fund	36
Communication	38
Moving from consultation to collaboration	39
Evaluation	39
Healthy communities for the Northwest Territories	40
APPENDIX I	41
Participants of June '94 Workshop	41
APPENDIX II	43
Participants of November '94 Workshop	43
APPENDIX III	45
Statement of Government Commitment	45
APPENDIX IV	47
Story Telling Project: A Time Honoured Tradition	47
APPENDIX V	51
Success Stories	51
APPENDIX VI	59
Regional Superintendents, Department of Health and Social Services	59

THIS DOCUMENT AT A GLANCE

This paper is the result of a joint effort of the four Social Envelope Departments: the Departments of Education, Culture and Employment; Health and Social Services; Justice; and the NWT Housing Corporation; the Department of Municipal and Community Affairs; and the more than 50 participants representing Aboriginal organizations, women's groups, non-government organizations, and community and cultural groups. In writing it, we have tried to reflect the thoughts, ideas and opinions of participants of two Community Wellness Workshops which were held in Yellowknife in June 1994, and in Rankin Inlet in November 1994. Participants helped us develop a vision for healthier communities in the Northwest Territories.

We begin the document with *What is the Community Wellness Strategy?*, giving an overview of the process behind the development of a community wellness strategy in the NWT over the last eleven months.

We address family violence as an integral part of the Community Wellness Strategy. An overview of social programs development and delivery in the NWT follows. The process of cultural disruption, which has taken place in the NWT, needs to be understood as it identifies the root cause of much current disruption in NWT communities today. This gives us the opportunity to learn from the mistakes of the past and better plan for the future.

In *What is a healthy community?* we introduce the characteristics of community wellness as described by the participants of the June 1994, workshop.

Participants at both workshops highlighted four areas of change where government needs to focus its attention.

These were:

- Prevention, Healing and Treatment
- Education and Training
- Interagency Collaboration
- Community Empowerment

These areas are all linked; together they provide a strong focus for change. Each has a strong relationship to the other, and real progress cannot occur unless all four areas are dealt with. In the following four sections of the *Directions Document*, each one of these areas is discussed. Current and planned actions are briefly described for each.

Prevention, Healing and Treatment was the major theme of the workshop in Rankin Inlet. This section emphasizes the fact that healing is a lifelong journey connected with the idea of individual and collective responsibility. If healthy communities are our common goal, healing is how we get there.

The section on *Education and Training* emphasizes the importance of training to build skills at the community level. Training in basic caregivers, skills will help reduce dependence on outside expertise. The importance of providing cultural awareness training for non-Aboriginal caregivers from outside the community is also stressed.

One of the main concerns that was identified at both workshops, was the barriers that exist between communities, government departments and non-government organizations. The section on *Interagency Collaboration* discusses the fragmentation of programs and services, the need to use our resources more effectively and efficiently, and the importance for all partners to work in collaboration with one another.

"The following section discusses *Community Empowerment* as both the process necessary to achieve community wellness and the product of a healthy community. Community empowerment is facilitated by removing barriers, promoting equality and "mutual respect, sharing information, and providing resources to enable communities to achieve wellness.

The section called *Next Steps* describes government action towards achieving community wellness. The Community Action Fund will be available in 1995-96 for communities and non-government organizations to develop and implement innovative and unique projects that cannot be funded through existing programs or to build upon existing programs that are working well in the communities. This interim funding will give communities access to funding while departments in the Social Envelope and communities review existing programs and services. The Community Action Fund will give priority to projects in the following areas: family violence, early intervention services for children and families, and training for caregivers.

The government is also proposing to continue current initiatives such as the Deputy Ministers' Inter-Departmental Steering Committee on Community Wellness. The Steering Committee will continue to develop, implement and monitor the Community Wellness Strategy and other wellness issues. A working committee of staff from the Social Envelope Departments and the Department of Municipal and Community Affairs will be established soon to coordinate the development work for the Community Wellness Strategy.

Also, in 1995-96, Regional Committees will be established. The first task of these committees will be to organize a community wellness conference in their region in collaboration with representatives from communities, women's groups, Aboriginal organizations, Social Envelope departments and other non-government organizations. These conferences will provide further direction for the development of the Community Wellness Strategy. They will also identify barriers, needs and opportunities for further development and action. Community empowerment calls for this shift from consultation to more effective collaboration with communities.

A series of appendices close the document. These include: a list of the participants at both workshops, the statement of government commitment on the delivery of programs and services in the social policy area and an update on the Story Telling Project undertaken by the Department of Health and Social Services. We have also included a list of Regional Superintendents of Health and Social Services for communities and non-government organizations to contact in order to access funding through the Community Action Fund. Finally, we have also included examples of some of the projects promoting community wellness which are already taking place in the Northwest Territories. Most of these projects use existing resources from various programs with both the GNWT and federal governments.

1 THE NEED FOR CHANGE

How the Community Wellness Strategy began

Over the past ten years, there has been growing awareness and concern across the Northwest Territories (NWT) about the many social problems that have taken root in our communities. These problems include family violence, alcohol, solvent and drug abuse, child abuse and neglect, suicide, violent crime, Fetal Alcohol Syndrome (FAS) children, a high rate of teenage pregnancy, sexually transmitted diseases and, most recently, HIV/AIDS.

There have been a number of task forces, studies, committees and reports on social problems, including housing, family violence and gender equality in the justice system, to name a few. The problems have been well documented.

In 1992, the Legislative Assembly established the Special Committee on Health and Social Services. In its final report in November 1993, the Special Committee made several recommendations about issues affecting community wellness. These recommendations were the result of extensive community consultation.

The Committee made it clear that many programs and services were not working well. There was a lack of coordination between the different departments involved in the delivery of social programs and not enough support for frontline workers. (Social programs include health, social services, education, culture, employment, justice and housing.)

In December 1993, the Departments of Health, Social Services, Justice, and Education, Culture and Employment established a working group to develop a *Community Wellness Strategy*.

In May 1994, Cabinet introduced a major change in the workings of government. Faced with the need for much more flexibility in the delivery of programs and services, it combined groups of departments and corporations together into various "envelopes". It directed the groups within the envelopes to work together to improve programs and services.

The Social Envelope includes the Departments of Education, Culture and Employment, Health and Social Services, Justice, and the NWT Housing Corporation.

In June 1994, the former Department of Social Services organized a workshop in Yellowknife to talk about social issues and the delivery of mental health services in communities. Those invited included representatives from about thirty Aboriginal, community, cultural, women's and non-governmental organizations (NGOs), and other GNWT departments.

In the fall of 1994, the Standing Committee on Finance issued a report called *Investing in Our Future*. This report also noted that the overall health and well-being of people requires a holistic and integrated approach to service delivery by the Government of the Northwest Territories (GNWT). It was recognized, however, that reorganizing government was only part of the answer.

Another Community Wellness Workshop was held in November 1994, in Rankin Inlet. More than fifty people attended this workshop, including several new partners. Participants took the results of the June meeting and further developed the concepts that appear in this paper.

Government should abandon, once and for all, the idea that society's problems can be separated, categorized and ordered. The overall health and well-being of our people is intrinsically tied to the social, political and economic development of our communities. We can no longer afford to pay the price of dividing issues into manageable portfolios, programs and services. A holistic, integrated approach is necessary at every level and in relation to every issue or problem.

Pauktuutit, brief to the Royal Commission on Aboriginal Peoples

-
- *Approximately 30% of our young people graduate from high school.*
 - *in 12 years, 1982-93, social assistance payments increased from \$8.1 million to \$30 million.*
 - *In the same period, the number of people receiving assistance rose by 63%.*
-

<i>Child Welfare Statistics</i>	
1992-93	1993-94
<i>costs</i>	
\$544,829	\$1,679,000
<i>Days in care</i>	
2,896	7,290

Although these people came from a wide variety of different backgrounds, cultures and communities, they had a common vision for healthy communities:

- 0 : ***A belief that there are serious social and health issues 'facing & r communities today, "...***
- ***A conviction that there is a better way of doing things, and***
- ***A determination to work together to achieve the common goal of community wellness.***

This paper talks about achieving that common goal: *Community Wellness*.

As you will see, this process calls for the development of partnerships. The challenge for government is to support community empowerment as opposed to prescribing what is best for communities.

What is the Community Wellness Strategy?

At the Rankin Inlet workshop, participants developed a mission statement for the GNWT:

The Government of the Northwest Territories will honour the inherent ability of the community to care for itself. We will support the well-being of the people we serve by promoting healthy living, lifelong learning and healing.

This mission statement challenges the GNWT to change the way it delivers programs and services to people in the communities.

The Community Wellness Strategy describes a shared vision for healthier communities. It calls for less control by government and greater involvement by communities. It proposes new partnerships with communities based on a belief in and a respect for the inherent right and ability of communities to solve their own problems and to stay healthy. Wellness cannot simply be delivered to communities. There is no "magic" Community Wellness Program that can be packaged up and sent out to communities. There is no one-size-fits-all program that will work for every community. The key is community ownership of community problems, and for government to support the community to solve its own problems. Without community involvement and support, there is little that caregivers can do that will make a lasting difference.

People who live together in a community can decide the kind of future they want for their children. *Change is possible. Like all change, the Community Wellness Strategy must be seen as a process, not a product.* This paper outlines the GNWT'S ongoing commitment to work in partnership with communities that want to address local problems and make positive changes.



We see government's role as assisting and supporting communities as they undertake their own healing and develop their own wellness strategies. To achieve this, government's role needs to change from one of control and imposed authority, to one of support and shared responsibility.

Many people have already taken action to solve problems in their communities. Some of these approaches involve government; others do not. What these projects all have in common is community control, and a commitment to resolve local issues. Some examples of these positive community initiatives are included in this paper.

The first steps required to change the way government programs are designed, funded and delivered in NWT communities are also identified. There have been some significant, recent changes in the programs and services delivered by the Departments of Health and Social Services, Education, Culture and Employment, Justice, and the NWT Housing Corporation. Some of these are mentioned. The need for ongoing discussion, joint planning and further change is also discussed.

One theme that came up at both wellness workshops was family violence. This issue is closely linked to community wellness.

Family violence

It becomes increasingly clear that one of the most serious problems facing communities in the NWT is violence. Violent crime in the NWT exceeds the national average by five times. This does not take into account the number of violent crimes which are never reported to police. The evidence indicates that the amount of unreported violent crime in the NWT is disturbingly high. The impact of violent crimes can be seen everywhere in NWT society. The consequences, both direct and indirect, of violent crime show up in our homes, our schools, the workplace, hospitals and elsewhere. Citizens look to the criminal justice system to solve the problems, but the police and the Courts are part of a system that, in itself, is not capable of providing the answers to how the level of violent crime can be reduced. In the past three decades the resources dedicated to policing, prisons, prosecutors, Courts, and other aspects of the criminal justice system, have increased dramatically. It is important to note that, despite these increased resources, the rate of crime has also climbed at a steady pace. The trend has levelled off somewhat in recent years but the demand for new resources continues.

The cost of violent crime, in human terms, is beyond measurement. On the financial side, the costs are disproportionately high. If left unchecked, the financial costs of such crime will inevitably drain away our capacity to dedicate resources to more productive activities. If things are to change we will need to focus more energy on preventing crime rather than simply reacting, often inadequately, after the fact.

Violence Statistics

- *reported rates of violent crimes are 6 times the national average*
 - *reported sexual assaults increased by 29% between 1989 and 1992*
 - *the suicide rate among Inuit men aged 16 to 30 is 10 times the national average*
 - *shelters in the NWT often have occupancy rates higher than 200%*
-

Pauktuutit believes that the response to violence against women and children is multi-faceted, involving the criminal justice system, a number of government agencies and groups within the community. It acknowledges that a coordinated response is required...

*Presentation to the Standing Committee on Justice and Legal Affairs on Bill C-41
February 28, 1995,
Pauktuutit, Ottawa*

One of the most disturbing aspects of violent crime is the extent to which violence occurs within families. Spousal violence and the abuse of children is depressingly common. If those involved in the criminal justice system, in other parts of government, and in communities, fail to seize the opportunity to work together towards positive change, it is virtually certain that the situation will get worse. Those involved in the community wellness process have made it clear that we owe it to ourselves, to our families, to our communities, and to our future, to make sure that we seek, and secure, positive change.

At the political level, the Legislative Assembly of the NWT has made a commitment to Zero Tolerance for Violence. Many local and regional governments have expressed similar declarations. Despite this, much work remains to be done. The principle of Zero Tolerance must become a cornerstone for the way government employees and officials think about how they must carry out their responsibilities.

Changing the way people think about family violence has long been at the forefront of the work done by women's groups across the NWT. In many respects, they have led the way in making certain that family violence is taken seriously by government and by citizens. They were the first to establish shelters for victims of family violence and for family members who were victimized by the consequences of such violence. Women's groups have maintained a consistent focus upon family violence and, in so doing, have ensured that the issue remains at the centre of public attention. It should be noted, however, that many women's groups have

gone well beyond expressing the need for change: many are actively involved in facilitating change. Pauktuutit's work in justice issues, the work of the Native Women's Association in lifeskills training, and the work of the Status of Women Council of the NWT in developing the how-to booklet series "From Dark to Light: Regaining a Caring Community" are three recent, among many, examples of how these groups have actively pursued implementation of agendas for change. To put it another way: groups like Pauktuutit, the Native Women's Association, and the Status of Women Council have been "*talking the talk and walking the walk*".

Other groups have also been active in seeking change that will help to reduce family violence and other forms of disorder that have disrupted peaceful existence within NWT communities. Specific mention should be made of the Dene Cultural Institute where significant work has been done in relation to community healing initiatives. The approach of the Dene Cultural Institute is firmly rooted in the view that meaningful long-term change in relation to family violence, and other issues associated with wellness, must be built from the ground up on a foundation of increased Dene control over matters that affects the lives of Dene people. The philosophy is similar to that expressed by many other Aboriginal groups and organizations in the NWT.

It would not be right to say that the Dene Cultural Institute, other Aboriginal organizations, governments and NWT women's groups share the same views about how to go about reducing family violence and other aspects of violent crime.

Some, like Pauktuutit, call for increased aggressive intervention by the criminal justice system to sanction the conduct of abusers. Pauktuutit, and other groups, express concern that implementing community-based approaches without adequate, appropriate checks and balances to protect the interests of victims could actually result in more serious harm. Experience has demonstrated that they are right to have these concerns. Others are of the view that the criminal justice system has failed, and that there is nothing to lose from putting in place community alternatives that emphasize healing and restoration. There, too, experience has shown that the possibilities for community-driven change do exist.

One of the problems with pursuing change is that the different approaches tend not to be seen as equally legitimate options. For some, there is also a reluctance to explore the possibilities for change because the costs of failure are potentially very high. This concern is understandable, but it is equally true that keeping things just as they are will only lead into a more difficult situation. There is much to be said for the suggestion that “the answer must be somewhere in the middle”.

Perhaps the best approach is to build change based upon increased community action but with processes that continue to emphasize the need for appropriate safeguards. If this is to happen we need to increase the capacity of victims to choose how, and if, communities will be involved in responding to violent crime. Even then, it will be important to find ways to make certain that if victims of violent crime are consenting to community-based alternatives to the criminal justice system, that their consent is genuine. There are simply too

many examples of situations where victims have been pressured to proceed in a way that reduces the danger to the abuser. Even in those situations where community-based healing approaches are used to address family violence problems, it may be wise to continue to have the Courts involved so that a Judge can determine whether the victim is satisfied with the way things were dealt with. Many Aboriginal communities that have experienced significant success with community-based healing approaches to family violence have recognized that Courts, if properly respectful of the role of the community, can be useful in helping to bring closure to the disruption caused by violent crime.

Early on in the development of the strategy, it became clear that family violence was so strongly linked to many other issues, that they could not be separated. As a result, there was agreement that family violence issues should be integrated into the Community Wellness Strategy. This is consistent with the holistic approach to community wellness issues taken in the Strategy.

Healthy people are not violent. They do not hurt the people they are supposed to love and care for. *Family violence is a symptom of a deeper problem.* In many cases, a holistic approach to healing and wellness will address the root causes of why people hurt others in their families. *Family violence has to stop.*

Because these problems will not be resolved overnight, it is important to maintain safe shelters, support services for victims and their children, and to implement effective healing programs for abusers. Until the abuse stops, victims of violence and their families will continue to need support and protection.

Between 1981 and 1991, the NWT had the highest percentage increase in Criminal Code offences in Canada (approximately 67%).

The language of change

The language of this paper may be unfamiliar, and may probably bother some people. Talking about “wellness” and “the healing journey” is not something that comes easily to everyone. In fact, this language makes some people very uncomfortable. Many are too embarrassed to use it publicly.

However, this language is the language of change. People who are involved in some of the most effective work with Aboriginal communities use this language. Others, whose work involves communities, need to get familiar and comfortable with it, because this is the language used to describe what works.

The language used in government is also a problem. Bureaucratic language doesn't translate very well into Aboriginal languages, and many English speakers have problems with it as well! This has been a problem in writing this paper, because it will be read by people in government and by people in the communities. These are two very different audiences. In trying to find a middle ground, we run the risk of pleasing neither. We are looking at ways of communicating with people in the communities, and we need to pay better attention to what they are saying.

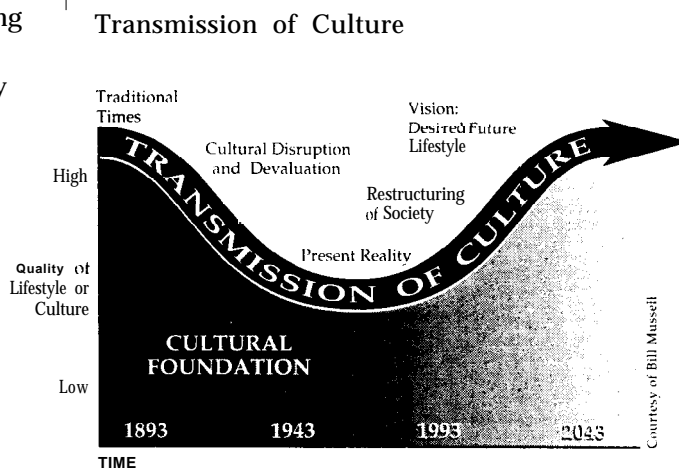
“The Elder said it is very important to take care of ourselves, give ourselves good things like rest, leisure, hobbies, laughter. We are like an empty glass when we don't give to ourselves. But when we take good care, nurture ourselves, it's like filling that glass with more and more water. As we get filled up, it overflows the glass and spills out onto our children, our family.”

*Norman Yakeleya,
Suicide Prevention
Training, October 1994*

Understanding cultural disruption

To agree on the direction we need to take in the future, we must recognize where we have come from. The impact of cultural disruption and loss of traditional Aboriginal values must also be acknowledged. For many communities and individuals, the causes of today's problems lie in the past.

The following diagram illustrates this process of cultural disruption. It was prepared by Bill Mussell, an Aboriginal educator, who helped conduct the Rankin Inlet workshop. Workshop participants felt that it provided a good graphic picture of the relationship between cultural disruption and the quality of life of community members. The diagram illustrates that we have now reached a crucial time for change. We now have the choice to continue the healing process or to continue on the path of further erosion of the quality of life.



The Aboriginal people of the Northwest Territories have experienced immense change over the past hundred years. There have always been significant cultural differences between the different Aboriginal groups in the NWT. However, one thing all have in common is that they were supported by the land, through hunting, fishing and gathering.

Before contact with Europeans, Aboriginal children learned the skills they needed to survive from their parents and other members of their extended family. Every person had responsibilities. People took care of their own health needs, resolved problems that came up, and governed themselves. People lived in these ways for thousands of years. Although everyone had to work very hard, people were self-sufficient and independent. There was a strong tradition of sharing food and other resources, and taking care of those who were unable to provide for themselves. People enjoyed a strong spiritual life and sense of identity.

Within a very short span of time, Aboriginal people in the NWT have experienced many drastic changes which have profoundly altered traditional lifestyles and values. These changes have affected many people's emotional, physical, spiritual and mental well-being.



Governments are responsible for many of these changes. Churches have also played a significant role. The first permanent settlements were a result of the introduction of housing, education and health care. These programs improved people's health, and provided children with an opportunity to learn another culture and language, but they came at a very high price.

Many of the original federal government policies encouraged Aboriginal people to learn the culture of southern Canada. For example, residential schools separated children from their families, their language and their culture. The goods in the Hudson's Bay store cost money to buy. Without cash or income, many people came to rely on the government-provided social assistance programs. The Churches also discouraged traditional spiritual beliefs and practices. Before long, the skills that had been so valued in the previous generation were no longer as essential. Other values - being able to speak, read and write English, for example - were introduced. A loss of responsibility occurred as people became more and more dependent on government.

Elders have experienced the self-sufficiency of traditional life. They were born and raised when taking care of themselves was essential. There were no organized welfare programs. As children, they worked beside parents, their brothers and sisters, and other relatives. They experienced the satisfaction of being needed, respected and productive. The positive recognition they received did a great deal to prepare them to meet future challenges. People who have these experiences early on usually are self-reliant later in life.

During healing circles, many were able to, for the first time, in some cases, disclose the horror they were forced to experience as small children in the school. Some spoke in anger, others spoke with compassion for others... We have learned that continuing to talk about the trauma brings us closer to a peace of mind. We learned that we should not isolate ourselves and that we should learn to reach out for help when we need it.

*Marius P. Tungilik
Report on the Turquetil
Hall Reunion:
In the spirit of healing*

I left him finally but not easily. The children struggled, so did I and we survived and went on to learn the beauty in our native heritage. They have their own journey of discovery, but the way was paved to prepare understanding that there is pride in who we are as a people, as human beings. I can tell them with confidence that when a person puts you down they are insecure and very, very afraid. And it is not okay. And they are worthy of love, respect and understanding. And I can tell them that by how I live and how I treat myself and them . . .

*Anonymous,
Story Telling Project,
Community Wellness
Strategy*

Many of these community members are now grandparents. They have often found it difficult to create conditions and situations for their children to know satisfaction from being productive family members. Opportunities to provide such leadership were scarce. Many people of the next generation were subjected to experiences at home and in the residential school, for example, that resulted in major personal losses. These personal losses included physical violence, abandonment, emotional deprivation, sexual abuse, and the loss of loved ones. Most people who suffered such losses have not had the opportunity to grieve them, and experience personal healing and growth. They often have difficulty forming nurturing relationships because distrust was learned early.

The social programs set up by government to address the problems of addiction, family violence, child sexual abuse, suicide and child welfare have met with limited success. The statistics are not encouraging. However, the determination of many people in communities to take control of these issues is encouraging. As they increase their knowledge and skills, they gain greater understanding of their current situation. People must first recognize the need for individual and community wellness. They can then describe a vision for the future and develop strategies to promote personal development and social change.

Critical to this recognition is the importance of owning the problems and solutions. Individuals can make a difference by making responsible choices. Equally important is having the human and material resources to undertake development or reform of institutions, structures and processes. This will require changes by the GNWT, communities and non-government organizations.

2 WHAT IS A HEALTHY COMMUNITY?

At our workshop in June 1994, one of our first tasks was to develop together a shared sense of what community wellness is. Participants identified the common characteristics of wellness as:

- *a strong sense of community* - people have a sense of belonging and shared responsibility for their problems and solutions. People trust one another, care for one another, and look after one another. There is a recognition of mutual respect and equality between people.
- *a strong sense of family life* - the family unit is the heart and soul of the community. All members of the family respect one another. Elders are respected and honoured because they hold the wisdom and teachings of the past. Children and youth are treasured as our hope for the future. Parents are responsible for raising healthy children who respect themselves and others.
- *an emphasis on personal dignity* - a sense of self-esteem, pride and honour. Personal dignity means knowing who you are, what is expected of you, and how you can meet the expectations of yourself and others. The community must treat all its members with mutual respect and address inequality.
- *a state of well-being* - the community recognizes and respects the need for a holistic approach to health. Holistic health includes a person's physical, emotional, mental and spiritual health.
- *a strong sense of culture and tradition* integrated into everyday life, healing practices, education and the resolution of conflicts.

- *zero tolerance* for violence of any kind, alcohol and drug abuse, and child abuse and neglect. Zero tolerance for violence means NO violence, and
 - *integrated services* that involve community members and caregivers working together to provide prevention, healing and treatment and to encourage community wellness.
- It is often said that if we can dream it, we can achieve it. We *can* have healthy communities in the Northwest Territories.

Our Elders have vast amounts of knowledge handed down from ancestors, and we need to ensure the continued passage of that knowledge to future generations.

*Chief Grace Blake,
Tsiigehtchic*

The story of the Eagle ...

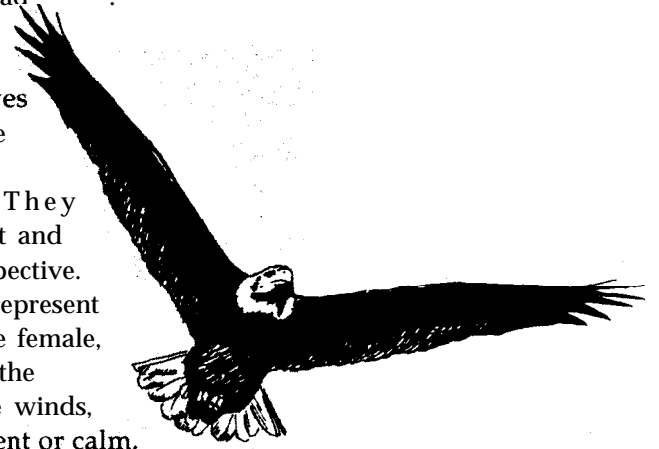
At the Rankin Inlet workshop, Aline Laflamme from Hay River shared a teaching about the place of each member of the family:

The head of the Eagle represents the Elders, the eyes of the future, the leaders, the visionaries. They have the greatest and most clear perspective.

The wings represent the male and the female, the mother and the father riding the winds, however turbulent or calm. Both wings are needed for the eagle to fly in harmony. The tail feathers are the youth flying in the same direction as the parents and the Elders.

The children are the body, the heart and soul. Protected, sheltered on all sides so they can flourish, grow and explore.

When any part of the Eagle is hurt or broken, it cannot fly.



Healing and growth journey

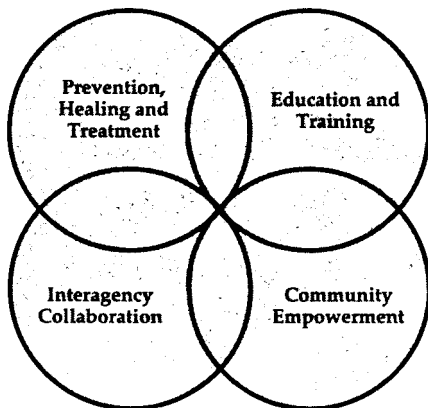


Credit: Bill Mussell, Sal'i'shan Institute Society, Chilliwack, BC

3 FOUR AREAS OF CHANGE

Participants at the Community Wellness Workshops agreed that the Community Wellness Strategy should begin by focusing on the following four areas of change:

- *Prevention, Healing and Treatment*
- *Education and Training*
- *Interagency Collaboration*
- *Community Empowerment*



These areas of change are all linked; together, they provide a strong focus for change. Each has a strong relationship to the other, and real change cannot occur unless all four areas are dealt with. In the following sections, each of these four areas is discussed. Current and planned actions are also briefly described.

A. Prevention, Healing and Treatment

The major theme of the workshop in Rankin Inlet was healing. If healthy communities are our common goal, healing is how we get there. Healing starts with the individual. To heal as a community, it is necessary to heal oneself first. Our need to heal may come from early childhood experiences, such as growing up in a dysfunctional family or attending

residential schools. If, as children, we grew up experiencing grief, and if that pain has not been resolved, then it will be carried over in our adult life.

Healing is a journey, a lifelong process which addresses the individual in a holistic fashion by addressing all parts of one's life: spiritual, physical, emotional and mental. It can be a painful journey but an incredibly rewarding one. It is also intimately connected with the idea of responsibility. Each of us must accept responsibility for our own healing. No one else can heal us.

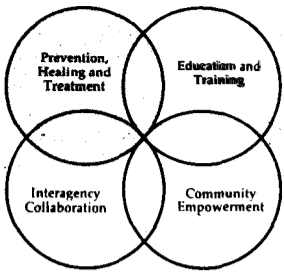
Healing often involves accepting that we do not have responsibility for issues we were told, and we believed, that we were responsible for. Healing often involves letting go of shame and guilt. While healing is a personal journey, much can be done to help someone make the journey. This section of the paper identifies ways in which the government can provide support for healing journeys. Communities can also provide support to community members when they undertake healing journeys. We all need support from our family, friends and community members for us to undertake safe healing journeys.

There is an illustration of a healing journey on the facing page. This illustration was also developed by Bill Mussell who was the facilitator of the Rankin Inlet workshop. Participants at the workshop said that it was very helpful to have a picture of the process, instead of just trying to describe it in words.

Our objectives in the area of Prevention, Healing and Treatment address problems with the current approach.

My life started to change, not because of some great formulas, but because of simple suggestions: Keep out of slippery places...go to meetings...because the people at AA smiled and laughed. It astonished me that folks who have been to hell on earth would still smile, laugh and would be full of life and love. I was amazed that people would accept me... everyone else seemed to have given upon me, Now I have a job I enjoy, a person who loves me and whom I love, people who call me a friend. But most of all, a God who reminds me on a daily basis that my primary purpose is to stay sober and help other alcoholics achieve sobriety.

*Anonymous,
Story Telling Project,
Community Wellness
Strategy*



The current approach to healing and treatment only kicks in when a problem arises. A preventative approach tries to stop problems before they develop with preventative measures such as recreational activities, or early childhood and early intervention programs. The current approach only deals with individuals. A holistic approach sees individuals as members of a family and of a community. It also blends traditional and more modern healing practices.

The NWT has the second highest per capita alcohol consumption rate in Canada. Most crimes in the NWT are alcohol related.

The current system deals with each problem, such as family violence or child sexual abuse, neglect of the disabled or alcohol abuse, separately. A holistic approach pays attention to the connections between issues and tries to address them in an integrated way.

We now depend on outside expertise, and healing and treatment methods developed outside the NWT. We need to rely more on our own knowledge and resources.

Our system punishes people for wrongdoing. A healing approach tries to understand why the wrong-doing happened, and to help people understand the harm they have done. Under the current approach, violence continues to grow, and victims continue to suffer the consequences.

The current approach tends to ignore the healing and support needs of frontline service providers. These needs must be met if they are to help effectively in the healing process.

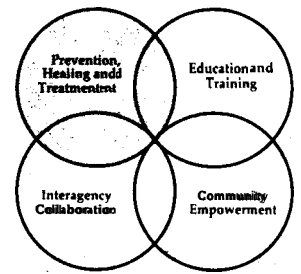
We will now look at our objectives under Prevention, Healing and Treatment.

To **promote** traditional healing practices

We must reclaim traditional health and healing practices to give people a greater choice in the means used in their healing and growth journey. The Traditional Knowledge Policy of the government is designed to further this goal.

The report of the Special Committee on Health and Social Services discussed the incorporation of traditional healing methods into our system of health and social services. This was also raised by participants at the Yellowknife and Rankin Inlet workshops and the Canadian Medical Association.

- The Department of Health and Social Services is currently working with Aboriginal cultural organizations and the medical profession to look for ways to blend traditional health and healing methods with more current approaches. This is the beginning of a new relationship between these key health partners. The fact that they are now working together demonstrates the starting point of a new approach which promotes the use of traditional ways in our health care system. This new approach can only benefit all residents of the Northwest Territories. To create on going learning opportunities for health professionals through workshops and training, is seen as a critical step towards the implementation of this approach. Some partners have been involved in the planning of workshops on traditional health practices. These workshops would bring together doctors and traditional healers for the first time. In addition to being a learning experience for all participants, the workshops would provide essential information on how best to integrate



traditional healing methods with current approaches. One workshop was held in February 1995 in Yellowknife. It was a four-day experiential learning workshop co-sponsored by the NWT Medical Association and facilitated by the Dene Cultural Institute. That workshop was seen by participants as the starting point of a journey, and the continuation of this renewed relationship was considered essential. An evaluation of the workshop and recommendations will be completed in April. A subsequent workshop in the Eastern Arctic may be held in 1995-96.

- A Consultant for Traditional Health and Healing was hired by the Department of Health and Social Services. This person will participate in the review and development of prevention, healing and treatment programs to ensure traditional healing practices are included.
- The Department of Justice will examine how culturally appropriate healing practices can be accommodated in NWT jails and community corrections centres.
- An HIV/AIDS Strategy for the NWT will be developed by April 1995. A discussion document was released in February. It reflects the concerns of a cross-section of people who participated in three HIV/AIDS workshops in early 1994. Activities that Northerners could take to deal with these concerns are suggested. The document was sent to a large number of interested individuals and organizations. Comments and suggestions from the public will be incorporated into the HIV/AIDS Strategy report. Recommendations for

dealing with HIV/AIDS in the NWT will be developed. Practical and specific suggestions to carry out each recommendation will be made.

Communities and regions will be able to use the NWT HIV/AIDS Strategy to make their own plans to deal with HIV/AIDS now, and in the future.

- The Department of Justice is encouraging the development of alternative dispute resolution models, based on traditional knowledge, through its Community Justice initiative.

To support awareness about healing and community **wellness and more positive role models**

Each person is responsible for his or her own actions. In order to do so, we need to be supported by our family and our community. It is important that those in positions of leadership provide healthy role models. This is central to the government's attempt to change the wide-spread attitude of tolerance towards violence. Violence continues because we allow it to continue. We allow violence to continue by denying violence and the harm it causes.

Declarations of the principle of zero tolerance represent positive examples for all organizations and for all of us individually. Zero tolerance means everyone assumes responsibility for ending violence.

This approach is based on the belief that we can achieve social change by changing attitudes. As more and more people make it clear that acts of violence are not acceptable, it becomes difficult for violence to continue.

- The Departments of Justice and Municipal and Community Affairs are examining possible legislative changes

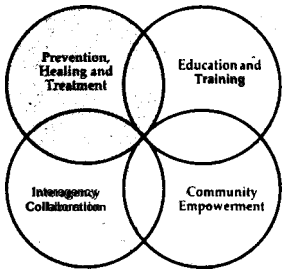
Health and Social Services provides support to three crisis lines:

- *Kamatsiaqtut, the Baffin Crisis Line in Iqaluit*
- *The Keewatin Crisis Line in Rankin Inlet*
- *The Help Line operated by the Canadian Mental Health Association in Yellowknife*

These crisis lines provide a much needed confidential first line of support to people in crisis through active listening, providing information on helping agencies available and making referrals.

The adversarial system is antithetical to the traditional approach of conflict resolution practiced by aboriginal people...

Assembly of Manitoba Chiefs



Many schools in the NWT have trained staff in Non-Violent Crisis intervention. Some Divisional Boards of Education, as well as the Department of Education, Culture and Employment, have certified instructors in Non-Violent Crisis Intervention on staff. This is the way of trying to prevent problems by dealing with them before they become too serious.

that would require elected officials to resign if convicted of a violent offence.

- A public awareness campaign about zero tolerance for violence which emphasizes personal responsibility will be launched in 1995. The Departments of Justice and Health and Social Services are funding the Status of Women Council of the NWT to develop a series of public service announcements for television. These announcements will deliver a strong zero-tolerance-for-violence message. Across the NWT, there are many positive examples of community initiatives that promote wellness. We must celebrate these successes, and share this information with other communities. We have included a list of some of the success stories that have already taken place in the NWT, in Appendix V.

- As part of the Community Wellness Strategy, the Department of Health and Social Services has begun a Story Telling Project. Communities and individuals have been asked to send in stories that were turning points in their healing journeys. Stories of current and traditional practices that helped people get well or stay well and encourage wellness are welcome. The stories will be collected, published and circulated throughout the NWT.
- All departments involved in community wellness, and the Office of the Press Secretary, have developed a Community Wellness Newsletter. This newsletter is distributed to all communities and interested partners. It will report on local wellness initiatives, so new ideas, progress reports and results can be shared by all communities.

In February 1993, as recommended by the Special Committee on Health and Social Services, Members of the Legislative Assembly adopted a Declaration of Zero Tolerance for Violence. Municipal and regional councils, and other organizations, such as the NWT Association of Municipalities, have addressed this question in forceful terms.

To promote problem-solving that emphasizes healing

The traditional ways of dealing with conflicts in Aboriginal communities were very different from the ways of the Euro-Canadian system now in place.

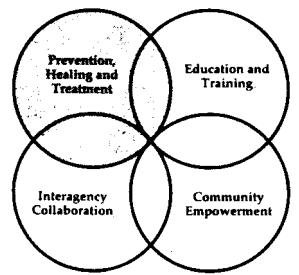
Traditionally, for many Aboriginal peoples, an assault of one person on another, for example, was seen as a disruption of harmony in the community. The process started in the community to deal with the matter was the restoration of balance and harmony.

People are more and more interested in being involved in conflicts that arise in their communities and to return to traditional practices. The police, the Courts and the territorial and federal Departments of Justice are working together to encourage communities to be involved in this process.

Community involvement takes many different forms. Often the general direction that communities are interested in is what may be described as restorative justice.



Using a restorative approach involves the whole community in reaching a consensus on a settlement acceptable to all parties. In some cases of family violence, the reuniting of the family may not be the solution that is chosen by one of the parties involved. In a restorative justice approach, victims' needs must be met to help them



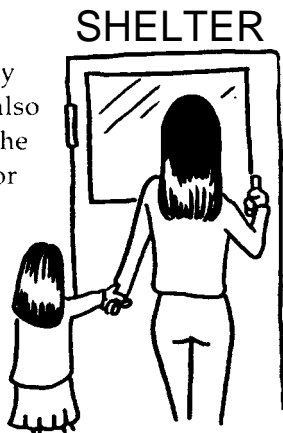
regain a sense of harmony and respect as a member of their families and community. Offenders must accept responsibility for 'the harm they have caused to their families, community and to themselves.

The existing justice system often fails to secure the necessary degree of accountability from those who commit violent crimes. The Department of Justice is committed to supporting communities to develop community-based solutions to problems through the Community Justice initiative and the Community Justice Specialists.

To provide support for victims of violence

Shelters for victims of family violence play many roles. The most important and immediate role is to provide a safe place for victims and their children. Shelters can also provide a place where healing can begin and victims can start to take control of their own lives. Creating a situation where this can happen requires adequate training for shelter workers.

Having qualified staff who can afford to continue working in shelters also requires an adequate level of pay. The government is faced with the challenge of finding resources to adequately pay family violence workers. It also needs to respond to the increasing demand for shelter space from communities that do not have such facilities.



Shelters are important for the safety of victims. However, it is unfair that victims have to flee the family home, and often their community. The Special Committee on Health and Social Services addressed this issue. The Deh Cho First Nations passed a resolution in the summer of 1994, that abusers rather than victims should be forced to leave the community.

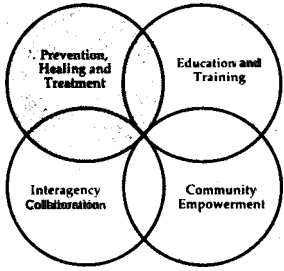
- The government is looking for solutions to this problem. The Department of Justice is considering giving Justices of the Peace the power to make orders that give victims of violence the right to stay in their home with their children.

Shelters provide crisis-intervention services for victims of family violence. Numerous women in abusive situations, will seek the services of shelters and may return many times. Some women will choose to stay with their partners and others will choose to leave. A restorative justice approach respects the choices made by the women. Government recognizes that services to be provided by shelters and women's organizations could include second-stage housing, counseling services to deal with violence, preparation for court, counseling for women who choose not to go through the justice system and family law matters related to family break-ups.

Shelters and safe homes are located in these communities: Aklavik, Cambridge Bay, Coppermine, Fort Good Hope, Fort Providence, Fort Smith, Hay River, Inuvik, Iqaluit, Rankin Inlet, Taloyoak, Tuktoyaktuk and Yellowknife.

The justice system was described as a "remote-controlled system" - a system which is controlled by outsiders. There is a clear call for responsibility to be put back in the hands of the communities.

Justice Needs Assessment Final Report, Inuit Tapirisat of Canada, September 1994



It is very evident that when the British law was introduced in the Arctic, pre-existing values, norms and concepts of Inuit justice were not considered. The time has come for the fundamental values of Inuit justice to be observed and recognized in a society where traditional law can work.

Justice Needs Assessment Final Report, Inuit Tapirisat of Canada, September 1994

To promote treatment and healing for abusers

It is also important not to ignore the needs of abusers. There is a need for abusers to have access to treatment for their violent behaviour. Healing for abusers may involve training individuals about their attitudes towards **women, racism and sexism**. Historically, there has been a shortage of treatment resources in territorial correctional centres.

A shift in programming by the Department of Justice at these facilities will focus upon:

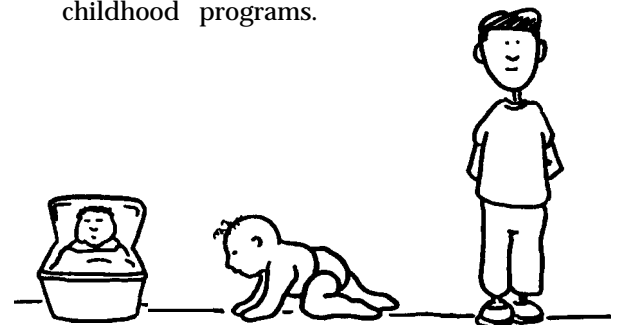
- encouraging offenders to take responsibility for their actions
- recognizing the harm done to the victim and the community
- involving the victim, community and offender in healing, where appropriate
- encouraging the offender to be accountable and to change their behaviour
- reintegrating the offender in the community, and
- recognizing the specific treatment needs of young offenders with addiction problems.

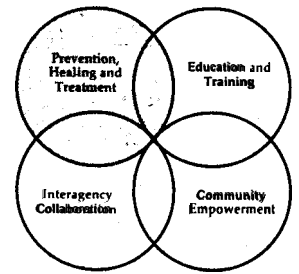
Particular emphasis will be given to young offenders convicted of violent crimes or those who have demonstrated violent tendencies. If we fail to intervene early, we can expect to see them again later.

To have early childhood programs that are culturally-relevant

Prevention is an integral part of healing. The support of early childhood programs is critical as it can decrease or even avoid the need for healing. A child's experience in the first five years of life will have a critical impact on his or her success in the future. Children who receive quality care and development opportunities early in life may increase their chances of attaining the necessary skills to succeed later in life. This is especially important for children with special needs such as those affected by FAS and other disabilities. Early childhood programs can have a lasting impact on an adult's life by having a positive, lasting effect on school, work and the community.

- In 1995-96, the Department of Education, Culture and Employment will begin consultations on the development of a community-based, culturally appropriate training program for staff working in early childhood programs and the promotion of parental involvement in early childhood programs.





To support wellness for caregivers

If programs and services are to have a healthy impact, the people designing, administering and delivering the services themselves have to be healthy. An unhealthy person cannot help someone achieve wellness. Many frontline workers experience heavy workloads and deal with extremely stressful situations. These workers need better support.

One point that was brought out very strongly by the participants at 'the Rankin Inlet workshop, was that caregivers and service providers may also need healing themselves. The Frontline Workers Survey conducted for the Special Committee on Health and Social Services also made it clear that greater support is needed for caregivers. The Special Committee's final report recommended the development of an Employee Assistance Program (EAP).

- Government departments and the Union of Northern Workers are now collaborating on the development of an EAP model and implementation plan. These are to be completed by April 1, 1995. The EAP would be available to any employee dealing with a personal or work-related problem that could potentially affect their ability to do their job properly.

The Program is to be based on the following principles. It will:

- . be community-based
- be offered in cooperation with other community-based services
- . improve services available to all residents in the community, and
- be built on existing community infrastructure and services

An Employee Assistance Program by itself cannot guarantee healthy service deliverers and caregivers. Other aspects of this problem include ensuring that frontline caregivers have access to appropriate training opportunities.

Removing barriers to interagency collaboration will also go a long way to making the job of frontline caregivers easier. Participants also mentioned other ideas for both healing and support for caregivers. Those included regular regional "care for the caregivers" conferences, a phone budget which allows for consultation and networking with other caregivers, and a policy for an ongoing clinical supervision of caregivers which is educational and supportive.

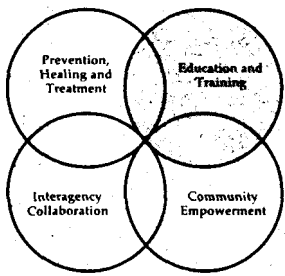
NWT Alcohol and Drug Treatment Centres

*Delta House
Inuvik12 beds*

*Northern Addiction Services
Yellowknife20 beds*

*Nats'ejee K'eh
Hay River30 beds*

*Inuusijsiuvvik
Iqaluit18 beds*



We see a community... where everyone respects the community as a place of learning and works to keep it healthy and viable - to prevent problems before they occur, to heal their community if it gets sick.

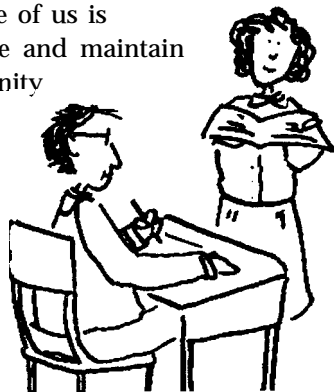
People: Our Focus for the Future - A Strategy to 2010, Education, Culture and Employment

B. Education and Training

In the NWT, we have depended on outside experts in the areas of health, education, social services and justice. Experience now tells us that this approach does not work in the North. Community responsibility and ownership of problems and solutions is key to achieving wellness. Through appropriate education and training programs, skills are transferred to community members. With those tools in hand, community members can continue their healing journey. The whole process is one of community empowerment.

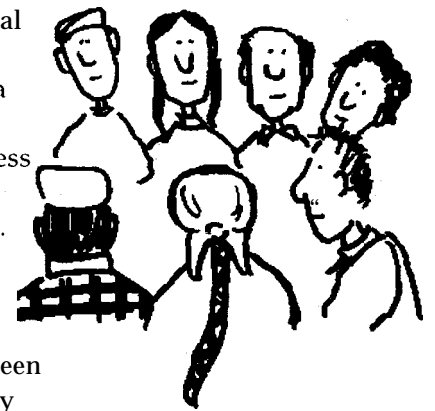
When education and training programs are developed and delivered by outside experts, and held outside the community, not as many people take advantage of the training opportunities. Some simply do not complete their training. To the greatest extent possible, education and training programs should be culturally appropriate, delivered by Aboriginal people, and offered as close to home as possible. It is crucial that they be relevant to community members for them to assume responsibility for their own care.

Most importantly, programs must meet the needs of all community members, not just caregivers and professionals. Commitment and dedication are required to begin healing work. The involvement of each and every one of us is essential to achieve and maintain wellness. Community members already provide much healing and caregiving through healthy families and friendships.



With the transfer of skills that occurs in education and training programs, community members can decrease their dependency on professionals hired from outside their community. For example, community healing circles and support groups could be led by community members.

Traditional healers have long played a role in the healing process of our communities. Yet, their role and knowledge have never been



recognized by government. We also need to provide other appropriate training to our caregivers so that they don't burn out. Healthy caregivers make a lasting difference on the path to wellness.

Ultimately the goal is to rely more on services delivered in the community by community members. Until this goal is reached, people from outside the community will be involved in service delivery.

The Special Committee on Health and Social Services said that we need to pay special attention to cross-cultural training for our frontline caregivers. Training will help caregivers become more sensitive to the culture, traditions and languages of the people they serve.

Demographics:

- the NWT has the youngest and fastest growing population in Canada
- school enrolment is projected to increase 50% over the next 15 years
- women aged 15 to 19 have 3 times as many children as elsewhere in Canada



Many changes must be implemented before we can meet the educational and training needs of the communities. Communities must first assess the needs and resources already existing at the community level. Depending on those needs, flexibility will be necessary with respect to access, location and the delivery of education and training programs.

1995-96 will be a transitional year in which departments within the Social Envelope will encourage the development of linkages and partnerships on training between all four departments and NGOs. The Social Envelope departments will encourage the development of bridges between social assistance recipients and training through the income support reform. They will also build bridges between learning and the workplace. Examples of those linkages are the Building and Learning Strategy with the Housing Corporation and Public Works and Services and the Investing *in People* initiative with the federal government.

Several recent GNWT initiatives, discussed below, already support community wellness and interagency collaboration. These initiatives are directly related to the recommendations of the Special Committee on Health and Social Services and the Standing Committee on Finance. They are the beginning of a collaborative process in education and training that will improve access to services, service delivery, more flexible services, and better sharing of resources.

We will now look at the objectives under Education and Training.

To provide training to caregivers and other community members

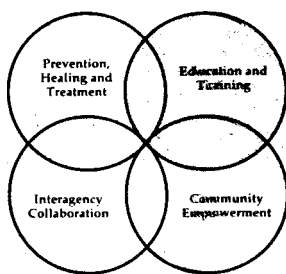
We are fortunate in the NWT to have a growing number of facilities and skilled trainers within our schools, health and daycare centres, the Colleges and in non-governmental organizations. There are also a number of recent training programs which were developed in collaboration with government departments, the communities and NGOs. Many of these meet the needs identified by the Special Committee on Health and Social Services and the priorities highlighted by the Standing Committee on Finance in the fall of 1994:

- *The Arctic College Nursing Diploma Program*
- *The Community Health Representative Training Program*
- *The Community Social Services Worker Diploma Program*
- *The Community-Based Teacher Education Program*
- *The School-Community Counselor Training Program*
- *The Alcohol and Drug Counselor Certificate Program*

During both Community Wellness Workshops, the need for a Community Development Worker Training Program was often mentioned. It was felt that there was a need to have a training program for community members and caregivers interested in either pursuing or continuing to work in the planning, development and delivery of community wellness projects. This new training program would be developed in collaboration with communities, and delivered in the Northwest Territories at the campuses of the Colleges, or in the communities.

Frontline health and social service workers should be provided with greater training opportunities . . .

Report of the Special Committee on Health and Social Services



Body and soul

*He was so young
vibrant and strong
He had his whole life ahead
of him,
with his goals and dreams,
to face and fulfil.*

*How could such a child
have such a horrific life,
as to take it and die?
Were there such problems,
where he couldn't deal with
them?*

*Was there something he
couldn't tell us?*

*Was there something he
couldn't say?*

*It seemed the other day,
when he was joking and
laughing,
that not a problem hindered
him,
that not a thought of death
could cross his mind.*

*He was there,
body and soul.*

*Now
he's resting in heaven
not a problem to worry
about,
not a problem to grieve
over.*

*He left behind many people
who love and miss him.
Many people who will
always think of him,
people who will have him in
their hearts,
warm and near.*

*Amanda Niptanatiak,
Coppermine,
Grade 11, Age 17*

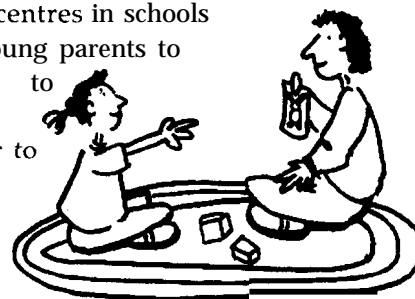
The intention would be to deliver a one-year introductory program. This program would provide advanced standing for students continuing on to any one of the programs listed above.

- In 1995-96, the Colleges will undertake an assessment of the education and training needs of communities in the area of community wellness in collaboration with the Departments of Health and Social Services, and Education, Culture and Employment, and recipients. It will also review its Community Social Services Worker Diploma Program to ensure it meets the needs and priorities of communities.

- School-Community Counselors provide support to students as well as acting as a liaison between the school, parents and community members. They provide a listening ear to individuals and groups of students, and help students, parents and the school to solve problems.

By 1996, the Department of Education, Culture and Employment will fund more than 50 school-community counselor positions in NWT schools. The Department will also do an evaluation of the training program in 1995-96 and work towards the development of standards for the certification of school-community counselors.

- Daycare centres in schools enable young parents to continue to attend school, or to return to school with the support of a parenting program. These early childhood development centres promote lifelong learning for our children and their children. This focus on prevention and early intervention was highlighted by the Standing Committee on Finance and the Special Committee on Health and Social Services. When new high schools are being built, or existing schools are undergoing renovations, the need for new early childhood development centres will be taken into consideration.
- Suicide is a serious problem in the NWT. A Suicide Prevention Curriculum was developed by Northerners. It deals with suicide prevention, suicide intervention and post-suicide support to families, and is based on a northern Aboriginal perspective. Workshops will be delivered in 1995-96 by the Department of Health and Social Services to frontline caregivers and community people based on a training-the-trainers model. Community people will be trained as trainers who will, in turn, train local caregivers in suicide prevention.





To ensure that education and training programs are culturally-relevant

- The involvement of Elders in the development of culture-based curricula, classroom teaching, and in the delivery of cross-cultural training for government employees will continue to be a priority.
- The Department of Education, Culture and Employment will identify projects designed to collect and document Elders' knowledge. Teaching and Learning Centres have already started documenting Elders' knowledge for the development of the culture-based curricula, *Dene Kede* and *Inuuqatigiit*.
- Providing culturally-relevant education to our children goes a long way to keep them in school. The Department will also continue to develop, pilot and implement culturally-relevant curricula in NWT schools. With the success of the Grades 1-6 curriculum, the Department will develop a Grades 7-9 *Dene Kede* curriculum in 1994-95. Pilot projects are now underway for *Inuuqatigiit* and implementation from Kindergarten to Grade 12 will take place in schools in 1995-96.



To provide education and training with peers as close to home as possible

- There have been positive changes in student participation and achievement as a result of the introduction of high school grades in smaller communities. Students who attend high school in their home" community or close to their home community are more likely to stay in school longer and stand a better chance of becoming role models in their community.
The Department of Education, Culture and Employment is supporting school boards in the development of long-term plans regarding new schools offering high school programs. It is expected that by 1997, all the needs of those communities eligible under the program criteria will most likely have been met. The Department will look at other ways of offering high school programs in the remaining small communities through distance education and collaboration at the community and regional level.
- The *Inclusive Schooling Directive* ensures equal access and equal educational opportunity to all students with their peers in their regular classrooms. It also strives to improve the quality of education for all students by making available appropriate culturally-relevant programs and support services for those students requiring them. In 1995-96, the re-profiling of funding by the Department of Education, Culture and Employment will provide additional support and training for teachers and students. This will increase the existing community-based special needs funding.

... Schooling... should incorporate and be shaped by the culture of individual communities, that is, it should be culture-based.

Our Students, Our Future. An Educational Framework, Education, Culture and Employment, 1991

It is important that our youth be encouraged to pursue their education or careers.

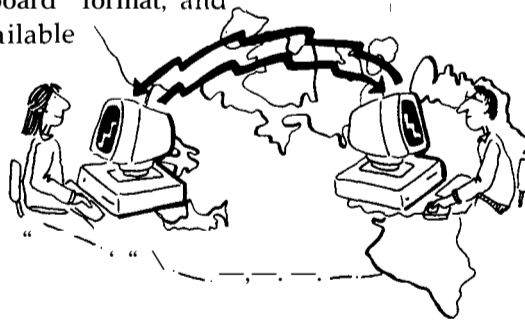
Report of the Special Committee on Health and Social Services



The Special Committee on Health and Social Services noted that we have to find better ways to inform young people about health and social issues. The Department of Health and Social Services is now providing information to youth in several ways. However, one effective means not currently being taken advantage of is the "Information Highway". Computers reach almost every community in the Northwest Territories. People don't need to leave their community or their home to get information and pursue education and training programs.

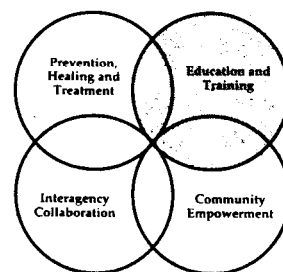
Northof60 is a computer network operated by the Department of Education, Culture and Employment for educational purposes throughout the NWT. Most of the users are young people. Computer technology is an effective way to share information, and young people appear to master computer technology easily and find it an exciting way to communicate.

- The Department of Health and Social Services and the Department of Education, Culture and Employment are developing ways to use technology effectively. The Departments will work together to ensure that staff involved in early intervention and youth issues are available to share information and skills with youth on the *Northof60* network. Staff could share information with young people in a newsletter or "bulletin board" format, and also be available to answer young people's questions and concerns.



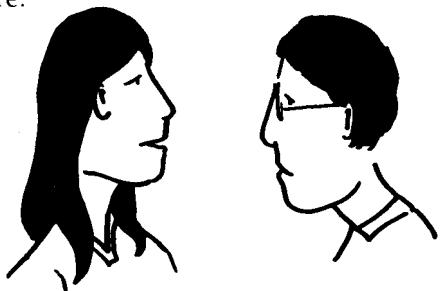
To provide education and training by Aboriginal people

- The Department of Education, Culture and Employment supports the Community-Based Teacher Education Program. This Program was developed in response to specific needs raised by communities. The Program is a teacher education training program offered at the community level. Training our own staff is more efficient and effective than hiring from southern Canada. Also, former teacher education graduates often act as teachers in this culture-based program, which fulfils two other objectives of this Strategy.
- The Department of Education, Culture and Employment will also encourage the Colleges to continue to involve Aboriginal instructors and Elders in all its training of GNWT employees and caregivers. The Colleges will be encouraged to form joint ventures and partnerships with established NGOS in the delivery of the training.
- It is also important that we recognize the role played by traditional healers and Elders in providing education and training programs to community members. Traditional healers and Elders are able to pass on knowledge that was itself handed down from their ancestors.

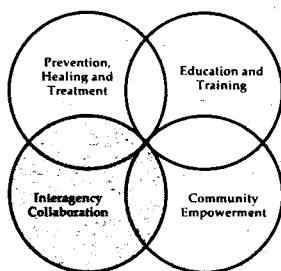


To help government employees be more culturally aware

- The role of the Department of Education, Culture and Employment in staff development is to identify generic training needs which are common to all or most departments. The Department identifies the training needs while the Colleges deliver courses or workshops to meet those needs. The Department will continue to review cross-cultural training with NGOs to ensure that the courses promote the goals and objectives of the GNWT, the Community Wellness Strategy, the recommendation from the Special Committee on Health and Social Services, and the report of the Working Group on Traditional Knowledge. The Colleges will be encouraged to continue cross-cultural workshops. The purpose of those workshops is to provide knowledge about another culture, to change attitudes towards another culture, and destroy common myths about that culture.



- Departments and agencies are also encouraged to consider immersion-type training and development for staff members who have a direct or frontline working relationship with community members. The purpose of this type of training is to increase the knowledge about another culture's customs, values and social institutions; to change attitudes about another culture; and to allow people to learn how to behave appropriately in a different cultural context. The Department will circulate information related to immersion-type training, such as cultural camps, to other departments.
- The Department of Education, Culture and Employment will include hands-on, cross-cultural learning experiences in senior management training for all departments.
- Education and experience requirements for community-based positions should be reviewed to ensure community development skills and experience are emphasized.
- The Department of Education, Culture and Employment will revise job descriptions for staff to recognize traditional knowledge.



Women are speaking out and we don't want to stop them... People don't want to face that there are problems...

Community should support the Social Workers, police and health people more. We must try to encourage them. They are doing good work.

*Sideonie Nirlungayuk,
1994 Woman of the Year*

[Communities] want a hand in designing and delivering education, training, jobs and other productive activity. Community residents feel powerless when it comes to understanding and using large and complex income support bureaucracies.

[Communities] want coordinated community-based programs with easy access.

*Creating Choices -
Solving the Income
Support Puzzle,
July 1994*

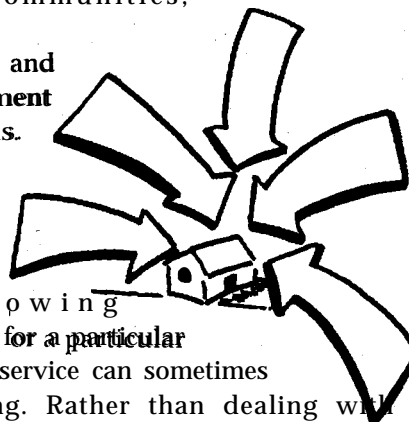
C. Interagency Collaboration

One of the main concerns that was identified at our June and November meetings was the barriers that exist between communities, government departments and non-government organizations.

Programs and services are so fragmented, that knowing where to go for a particular program or service can sometimes be confusing. Rather than dealing with a number of different government departments, people are requesting a "one-stop" approach.

Many committees, boards and agencies have been created at the regional and local level to run programs and services. This duplication wastes time and money, creates problems in information sharing, and works against good client services.

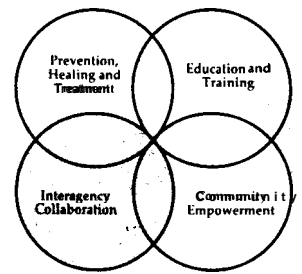
Working together is not always encouraged. Government employees who want to take an approach that makes sense at the community level may be discouraged because it conflicts with current direction from their own department. "It's not in our mandate" prevents employees from working together.



Another obstacle facing people working in social programs involves a lack of resources. Our population in the North is growing, and existing programs are struggling to meet these ever-increasing needs. The reality is that resources are limited and current programs are under increasing pressure to help more people than ever before.

In addition, many of the problems caregivers are faced with are more serious and more complicated than ever before. One example is the number of people in the criminal system who are affected by Fetal Alcohol Syndrome or Fetal Alcohol Effect. Another example is the growing number of people who are cross-addicted to alcohol and cocaine, or alcohol and solvents. There has been a significant increase in violent crime, to the point where the RCMP are concerned about the safety of their staff in one or two-member detachments. Funding for frontline staff has simply not kept up with the unprecedented increases in the demand for services.

We must find better ways to work together. There is a real need to use the resources we have in the best way possible.



Significant resources are already in place in communities, but these resources are fragmented. People who are already working as caregivers and resource people in communities include:

- *Social Workers*
- *Nurses*
- *RCMP Officers*
- *Tenant Relation Officers*
- *Teachers*
- *Community Health Representatives*
- *Senior Administrative Officers*
- *Suicide Prevention Workers*
- *Mental Health Workers*
- *Alcohol and Drug Counselors*
- *Family Violence Workers*
- *Women's Groups*
- *Child Sexual Abuse Specialists*
- *Community Justice Specialists*
- *Community Boards, Agencies and Other Groups*
- *Adult Educators*
- *Early Childhood Educators*
- *Daycare Workers*
- *Elders*
- *Clergy*
- *Non-Government Organizations*
- *Crisis Line Workers*
- *Career Centre Staff*
- *Friendship Centre Workers*
- *School-Community Counselors*
- *Doctors*
- *Legal Aid and Court Staff*
- *Community Recreation Leaders*
- *Support Workers for people with disabilities*

Not every community has all of these resource people, but each community has some of them. All caregivers in the community can do their work more effectively by working together. Many caregivers experience extremely high workloads and severe stress, because of the

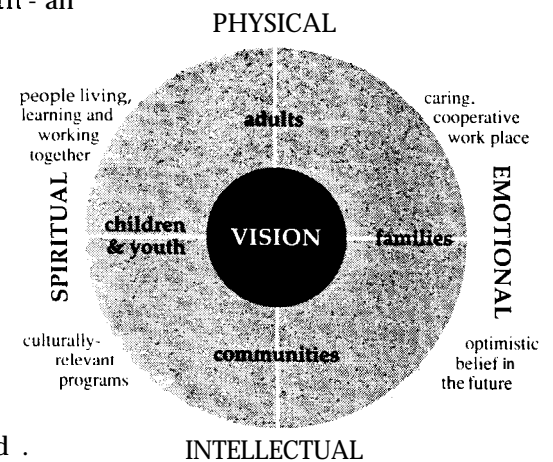
nature of their work. Working as part of a team also provides a way for caregivers to support each other.

We need to create an environment where all of these people can and do work together, exchange information, and share information and experience with each other on a day-to-day basis. In communities where workers have good relationships with the community, and work cooperatively with other caregivers, they do this on their own. There is no formal direction from the government that requires caregivers from different departments to work together. This is needed.

Each of these caregivers assists with a different aspect of a person's well-being. It could be said that each one is responsible for a different part of a person. However, it is difficult, if not impossible, for part of a person to be well if the rest of the person is not. Caregivers must work together to help people achieve wellness.

As stated earlier, we need to take a holistic approach to health - an approach that includes physical, mental, emotional and spiritual well-being. We need to work together and take care of the whole person.

The Special Committee on Health and Social Services report told us that they heard too many reports of duplication, waste and lack of coordination between government departments. It is time to correct these problems, through collaboration with public officials, frontline caregivers, communities and NGOs.



Courtesy Bill Mussell, Salishan Institute Society, Chilliwack, BC



The level of cooperation and information sharing between all government departments involved in the delivery of health and social services must improve...

The Report of the Special Committee on Health and Social Services

Changes in government

The Government of the Northwest Territories is itself going through a period of rapid change. The former Departments of Education and Culture, and Communications have been combined into the Department of Education, Culture and Employment. The Department has developed a Strategic Plan called *Peep/e: Our Focus for the Future - A Strategy to 2010*, which describes how communities and education partners will have increased involvement in schools and life-long learning.

The Departments of Health and Social Services have also been combined into one department. One of the main benefits of consolidation at the community level will be that many caregivers are now working for the same department. As these caregivers work more closely together, services to people in the communities will improve.

Consolidation of the two departments has already occurred at the Headquarters level. Programs that were in the Department of Health have been combined with programs from the former Department of Social Services, in a new Community Programs and Services Branch. The focus of the Branch is prevention, education, early intervention and community-based treatment and healing.

As mentioned earlier, the Standing Committee on Finance tabled a report called *Investing in Our Future* in November 1994. The Standing Committee identified three major priority areas for government action in the 1995-96 budget:

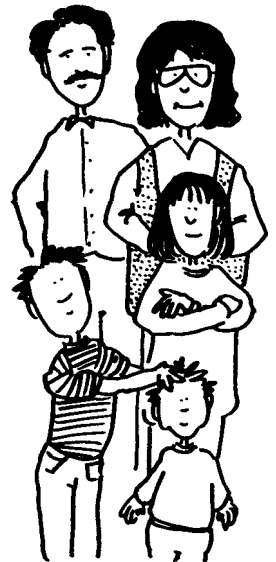
- School-Based Youth Services,
- Early Intervention - children with special needs, and
- Family Violence

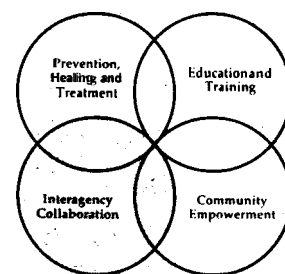
Interdepartmental agreements must be put in place quickly to ensure that early intervention services are available right away.

The government has followed through on all these recommendations to the maximum extent possible within the existing system. Interdepartmental cooperation has improved dramatically with the obvious need to work together on programs that require contributions from more than one department.

Early intervention is a relatively new focus for the GNWT, but it has the potential to be the most effective, both in terms of helping children reach their full potential and in terms of costs. Numerous studies in many different countries have demonstrated that helping children get a good start in life is the best and wisest possible investment that can be made in their future. Many problems that can be easily corrected in early childhood are much more difficult - and expensive - to deal with later on in life.

In communities where many parents also need help to cope with addictions and other problems, it is important that early intervention programs involve families. Parenting education and support is badly needed. Women's organizations have been calling for parenting support programs for some time. Many of today's adults who were raised in residential schools did not have the experience of being parented. Consequently, they did not have role models.





All families require support to know how to be good parents. Today, there are also many very young people having babies. They need extra support to cope with the responsibilities of parenthood while they are still growing up. Wherever possible, these young parents also need to be supported to continue with their education. The establishment of early childhood development centres in schools is one way to do this.

The Department of Health and Social Services has established a Family Support Unit in the Community Programs and Services Branch. The Family Support Unit and the Student Support Division of the Department of Education, Culture and Employment will develop strategies for early intervention programs in collaboration with communities. Both units will try to link early intervention programs with schools across the NWT, wherever possible.

We will now look at our objectives for Interagency Collaboration.

To encourage planning among government departments, communities and non-government organizations

- The establishment of the Social Envelope process in May 1994, requires the Departments of Health and Social Services, Education, Culture and Employment, Justice, and the NWT Housing Corporation to work together, at all levels, to develop better ways of planning. This has resulted in improved communication between the Departments and positive changes are already occurring.

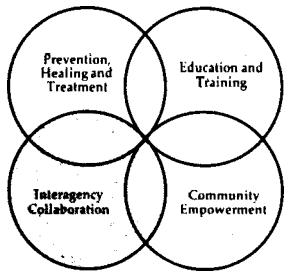
- An agreement has been signed by the Ministers of Health and Social Services, Education, Culture and Employment and Justice. This agreement outlines their collective commitment to work together to improve and integrate programs and services wherever possible.
- In December 1994, the Departments of Education, Culture and Employment and Health and Social Services held a meeting with staff working at the community, regional and territorial levels, to plan how to expand and improve programs and services for NWT residents. Since then, the Department of Justice has joined the initiative.
- The Departments of Education, Culture and Employment, Health and Social Services and Justice are currently developing an agreement to work together in the area of integrated services for children and youth. Part of this process involves the development of agreements between the various Departments for the provision of specific services. The three Departments are now working on an action plan to improve and integrate services to communities. An agreement was developed by the Departments of Justice and Education, Culture and Employment for the delivery of educational services to young offenders. A similar protocol is being looked at for adult offenders.

Thinking Back

*On October 24th,
I went deep into that
phase.
I thought of committing
suicide again.
It went over and over in
my mind,
But I couldn't do
anything.
I couldn't.
I can't try it again.

I can't hurt anyone.
Even though I've been
hurt
But I won't forever
If I'm dead
I won't have to hurt no
more.
My friends and family
might hurt
But they won't hurt
forever.
But I can't let myself do
that
Or someone couldn't let
me.
I felt a touch of
warmness.
It felt good all over.
So here I am
Here to tell you
That I'm okay
And happy to be here.*

*Lucy M. Akoakhion,
Coppermine*



- Integrated services delivery models will also be developed at the community, regional and Headquarters level. Pilot projects will demonstrate a team-based approach to the development of services for families and communities. Departments will encourage communities to develop their own integrated services approach to meet their specific needs. This approach will emphasize early intervention.
- The Standing Committee on Finance has recommended the *Partners for Youth* approach, which is a model for a school-based youth service currently being used in Edmonton. The principles governing this model are similar to those of the Community Wellness Strategy, and similar models already exist in northern schools. School-based services for children and families will be included in the action plan mentioned above.
- The Yellowknife District Office of the Department of Health and Social Services, the Yellowknife Association for Community Living, and a parents' support group are working together on a pilot project to develop a Family Support Program for families affected by Fetal Alcohol Syndrome or Fetal Alcohol Effect.

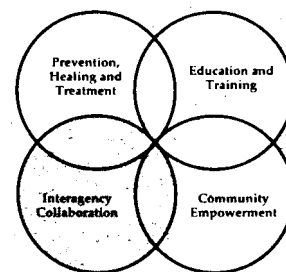
We need to look at the economic situation of NWT residents. We need to develop the economic base of communities to help them move towards wellness through self-sufficiency for community members. Underlying problems associated with unhealthy communities are aggravated by people unable to make productive choices. NWT residents must accept responsibility for their economic

well-being by making productive choices: to pursue training; to further their education; to follow a traditional lifestyle. These changes must be made by individuals first; only then can communities meet the needs of their members.

- As part of the income support reform, Cabinet approval was given to a community delivery approach to provide income, employment and social/medical support to NWT communities. The transfer of social assistance to the Department of Education, Culture and Employment from Health and Social Services will take place on April 1, 1995.

This transfer will give more opportunity to social assistance recipients to make productive and responsible choices for themselves and their families. This transfer will provide a more appropriate linkage between income support and education and employment programs, and will support people to become more self-reliant. Proposed community delivery models will show an integrated delivery of programs which will help people access services in communities. The transfer will also mean that Social Workers can spend more time working on social problems in the community.

In the proposed community delivery models, the needs of clients requesting social assistance would be evaluated to determine income support needs, such as social assistance, daycare and student financial assistance. Their education and training needs, such as adult basic education, life skills, and career counseling, and their social/medical support needs, such as crisis intervention, child welfare, addictions and counseling,



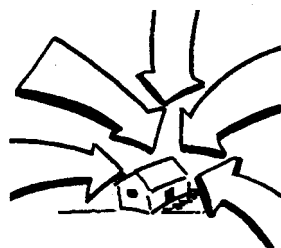
would also be evaluated. Support for income, employment and social/medical needs will be linked through a referral process. Also, the sharing of facilities will provide visible one-stop access to services for people in the communities.

- The Department of Education, Culture and Employment will fund at least ten income support pilot projects by April 1, 1995. These projects will look at effective, efficient, community-based delivery of social assistance. The Department will support community solutions for community problems.

To use our resources more efficiently and effectively

- In 1995-96, the Department of Health and Social Services will change the way it funds community projects. Applications for funding for community-based projects will no longer be evaluated by Headquarters staff. This responsibility will be transferred to the regional offices. Funding criteria will also expand to include support for community-based prevention, healing and treatment initiatives.

- Government departments will work together to develop a "one-stop" approach for funding



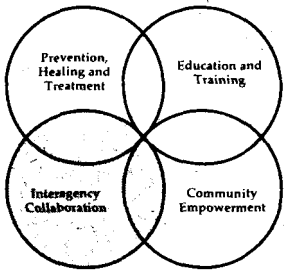
wellness initiatives. Many departments already fund projects that contribute to community wellness. However, each of these departments has its own criteria, and each requires a separate proposal. This creates confusion and frustration at the community level.

- The Department of Education, Culture and Employment is encouraging the establishment of Community Learning Networks in the NWT. Most communities have a range of learning programs and services, some with their own governing bodies, their own staff and their own budgets (schools, community learning centres, daycare centres and so on).

There are also regional support systems such as regional school boards, regional staff of the Department of Education, Culture and Employment, and College campuses. At the territorial level, there are the Headquarters which provide on going support in a variety of areas.

The Department of Education, Culture and Employment will encourage communities to develop pilot projects for the establishment of Community Learning Networks in the NWT. The Community Learning Network will provide services and programs coordinated and integrated, with easy access, and governed by a single body representative of the community and directly accountable to it. The Department will begin a process of identifying prototype communities for the establishment of a Community Learning Network. The Department will work in collaboration with communities in the NWT to establish a Community Learning Network prototype in each region.

Also, as discussed in its strategic plan, the Department will transfer language and cultural funding from Headquarters to the communities.



To support collaboration in the delivery of programs and services between governments, and between departments, communities and non-government organizations

The federal government is currently delivering funding projects in NWT communities, through a number of new initiatives. Some of these include:

- *Brighter Futures*
- *Aboriginal Head Start*
- *Building Healthy Communities*
- *Community Action Program for Children*
- *AIDS Community Action Program*
- *Prenatal/Infant Nutrition Program*
- *New Horizons*

In fact, there is now a considerable amount of funding flowing to the NWT for community-based projects from the federal government. Better coordination of these programs is required to make sure that the money available gets spent where it will do the most good. Coordination is also required to avoid duplication and to ensure that results are shared with other communities in the NWT. The Departments of Health and Social Services and Education, Culture and Employment are working with Health Canada to ensure that information about who is funding what will be shared.

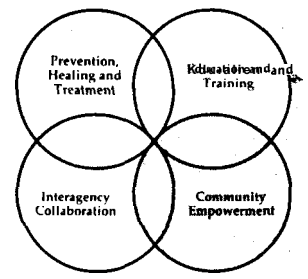
Using the information available about contributors to domestic abuse has taken the Department to local radio to bring forward discussions about the problems of battering, substance abuse and problems this brings into the community and family. We emphasize the irresponsibility of batterers and the threat abusive behaviour brings to family stability. Public education is needed to stem the tide of this systematic, pervasive problem.

Dale Graham, Director of Social Services, Cape Dorset from "Cape Dorset Community Transfer Agreement Summary Report"

Government departments must also work more effectively with non-government organizations. Many non-government organizations have created and implemented very effective programs that meet the needs of 'people in the community. Examples are: the Life Skills Programs developed by the Native Women's Association; the Supported Living Program developed by the Yellowknife Association for Community Living, which offers support to people with intellectual disabilities who choose to live in their own home; parenting workshops delivered by Pauktuutit; and the how-to booklets on family violence prevention developed by the Status of Women Council of the NWT.

However, many non-government organizations find that their work is not always supported by government. They are continually struggling to obtain support and funding. The need for ongoing base funding for non-government organizations involved in community wellness work needs attention, and can be addressed through the creation of stronger, longer-term partnerships.

Where non-government organizations are willing and able to deliver services currently delivered by government, and can do so at the same cost or less, departments should seriously consider contracting with non-government organizations for the delivery of these services. Government doesn't have to do everything itself.



D. Community Empowerment

Many participants told us that community empowerment is a process. Others told us that it was a product. We believe it is probably some of both. Community empowerment is both the process necessary to achieve community wellness, and the product of a healthy community. Community empowerment is facilitated by:

- removing barriers that keep us from working in collaboration with one another
- promoting equality within the community
- giving information instead of controlling, and
- providing resources to enable communities to achieve community wellness

In a healthy community, the community takes care of its own problems in ways that support wellness. The community controls or, at the very least, is actively involved in, programs and services that serve community residents. When the community is not involved in the delivery of social programs, it cannot take on the responsibility for solving their problems.

Community empowerment means that communities set their own priorities and develop the resources in the community to meet their own needs. Despite many recent changes that support stronger community control, such as the Community Transfer Initiative, there are still many barriers that prevent communities from taking ownership and responsibility for local problems.

There are many questions still to answer. How can programs and services in communities meet the needs of community residents, as they define them? How can we ensure that the money government spends in the communities is spent on the right things? How can we support better planning and evaluation of community-based projects, programs and services?

The lack of accountability to the community is seen as a major problem. Many of the frontline caregivers do not report to anyone in the community. Instead, they are accountable to someone in a regional office. The regional office, in turn, is accountable to Yellowknife. These “stovepipes” of accountability create problems for the community and for the workers.

The Community Transfer Initiative was established to give communities the opportunity to take over responsibility and accountability for GNWT programs and services. So far, transfers have occurred in Cape Dorset, Tuktoyaktuk, Inuvik, Aklavik, Holman and Fort Good Hope.

Through the CTI, communities can acquire responsibility for and control over the programs they are interested in.

Our objectives for Community Empowerment are:

To support communities in identifying their needs and priorities

Needs and priorities will differ from one community to the other. Funding for community-based projects needs to be flexible enough to accommodate those differences. We need to cut through the “red tape” and have more flexible rules and regulations on programs and services provided by government.

We have to remember that these are OUR problems, not the government's problems. Children who are taken into care are OUR children, not the government's children. We have to take ownership of the problems in our community and stop waiting for the government to fix for us. They can't.

Participant, Rankin Inlet Community Wellness Workshop



The social programs and services already in place in communities need to be evaluated by the communities themselves to see if they meet the community's needs, as defined by the community. We need better planning so that communities set their own priorities and define their own needs for social programs.

- The Department of Health and Social Services funds alcohol and drug community projects. There is a growing view that many of these projects are not meeting the needs of the people they serve. In 1995-96, the Department will carry out community-based evaluations of alcohol and drug treatment programs throughout the North. The evaluation will discuss the cultural appropriateness of the program and the participation of all family members in the healing.
- Government departments should collaborate on information gathering exercises. Information should be shared with communities whenever possible. (Access to information of a confidential or personal nature is restricted.) When new data is necessary, the information requirements of numerous groups could be covered at one time. This would eliminate the current practice of meeting after meeting and study after study. As an example, the Department of Health and Social Services has developed a Health Services Planning framework. Health Services Planning is the process of determining what services are required to address the health needs of a community or region. Health services are not limited to those typically provided by a health care agency, but include all services which have an impact on well-being.

Inadequate and overcrowded housing... can contribute to social and health problems, such as sickness, marriage breakdown, alcoholism and child abuse. The financial results can be measured in terms of higher costs of health care, social assistance benefits, policing and penitentiary service. Solving the housing problems on reserves could reduce the cost of health services and social assistance by improving social and health standards.

Auditor General of Canada, 1991

Each health board, region and community takes the lead in identifying and determining areas of community and regional need to be addressed. Health Services Planning has already collected valuable information that will be shared with communities in the development of their own wellness plans

The Housing

Corporation carries out its Housing Needs Survey every two or three years to determine overall housing needs for the Northwest Territories. The Department of Health and Social Services requires information to determine Elders' housing needs, and carries out needs assessments.



In 1996-97, the Housing Corporation and the Department of Health and Social Services will work together to include the collection of information about the housing needs of Elders and the disabled, as part of the Housing Needs Survey.

To support communities in developing their own wellness strategies

- A plan to improve community wellness can be developed once needs and priorities are identified and agreed upon by the community. In communities where responsibility for programs has been transferred; it is easier to make the changes required. In most communities, planning for change will involve collaboration between the community and the GNWT departments involved in programs and services that the community wants to change.



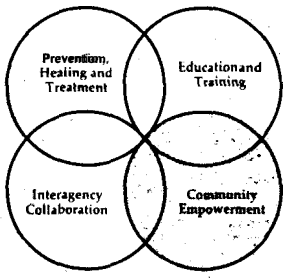
- In the meantime, departments need to review programs that provide funding for community projects. Some programs have rigid rules about funding and require detailed proposals that can be difficult to write. People in communities are not always aware of the different funding available. Simplified access to funding and better coordination of funding is required.
- We are proposing that a Community Wellness Conference be held in each region in 1995-96. This would give regional staff, community frontline workers, representatives of non-government organizations and other agencies involved in social issues and programs, as well as others, the opportunity to discuss the priorities for building healthy communities in their regions. Participants would identify steps that could be taken to improve coordination and interagency collaboration at the regional level to improve the delivery of services to communities.
- Another proposal is to make funding available for communities to develop their own wellness strategies. In 1995-96, the government will provide resources to communities to try unique and innovative projects that cannot be funded through existing programs. New resources will be made available through the Community Action Fund. Also, departments will look internally to find funding through the reallocation of existing funding before the Community Wellness Strategy is tabled in the upcoming session of the Legislative Assembly.

To support communities in meeting their needs

- The three Ministers responsible for Health and Social Services, Education, Employment and Culture and Justice recently signed an agreement. In the agreement, the three Ministers committed their departments to work closely together to improve community-based services. Collaboration with non-government organizations and other community groups is also emphasized.
- As mentioned earlier, the income support reform process is examining the current ways in which income support programs, such as social assistance, unemployment insurance, as well as other housing and living subsidies, are provided. It will involve public consultation to examine ways in which income support funding can be more effectively distributed. Out of the reform will come a new income support program structure, with an emphasis on closer links between income support and education and training. To help with this linkage, the GNWT will transfer on April 1, 1995, social assistance from the Department of Health and Social Services to the Department of Education, Culture and Employment.
- The Department of Education, Culture and Employment is preparing a new *Education Act*. The new draft *Act*, based on community consultation, is designed to maximize community involvement.

People have told us what they think community schooling is, how important it is and how it could be achieved. We are recommending that the new Act strengthen community control of education and redefine roles and responsibilities throughout the education system. We are recommending that the new Act promote parental and community involvement in education, and support communities to develop a vision for their schools and for their children's learning.

Legislative Discussion Paper on the Draft of the New Education Act, Department of Education, Culture and Employment, November 1994



Time

As time goes on,

I feel stronger.

*I no longer feel like
taking my life.*

I still feel insecure.

More time has to go on.

*Lucy M. Akoakhion,
Coppermine*

The revision proposed incorporates direction received from education agencies, municipal and band councils, cultural associations and interest groups across the North. The draft *Act* strives to:

- improve accountability in the education system
- strengthen partnerships with students, parents, teachers and communities, and
- provide an enabling and flexible system of governance which strengthens decision-making in communities
- Many Northerners believe that resolving disputes through the court system is culturally inappropriate and often makes the dispute worse. *The Family Law Reform Report* (September 1992) recommended allowing communities to resolve matters, such as adoption, child welfare and child custody and other family law matters, at the community level. The Department of Health and Social Services is developing new legislation governing child protection. Community-based ways of dealing with child welfare matters are an important part of the reform.

- Over the coming year, the Department of Justice intends to approach communities about the possibility of entering into community policing agreements. The agreements, between the community, the RCMP and the GNWT, would provide communities an opportunity to play a more active role in law enforcement in their community, including identifying community policing priorities.
- There are many people who do not believe that our court system is the best way to resolve disputes. As discussed earlier, there is a move towards what has been called “restorative justice”. This approach is different than the current criminal justice approach in many ways. Significantly, the approach depends on the community playing a large role and assuming responsibility. Community Justice Specialists, located in each region, play an important role in encouraging community members to define how they want to solve problems in their own communities and to assume responsibility.

4 NEXT STEPS

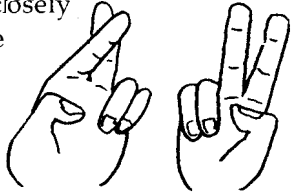
Government and communities agree to work together, in partnership, on the need for healthier communities. We have tried not to tell communities what we believe they should be doing. We agreed to really listen to their concerns. We have developed a shared vision of community wellness, and agreed that changes need to be made to achieve it. Now **what?**

Making the transition

1995-96 will be a transitional year. As we said earlier, we will not achieve community wellness overnight. Much work needs to be done and the first steps are outlined in this paper.

Government action is needed simultaneously on two fronts. Departments need to work more closely together, so that "the right hand knows what the left hand is doing". Services could be improved simply by government departments doing a better job of communicating and coordinating. This needs to happen within and between departments, and at all levels of government.

At the same time, government departments should be encouraged to continue to enter into partnerships with community groups and non-government organizations. For example, we will support the development of resources at the community level by non-government organizations. Such resources could include the development and delivery of education and training programs, the development of materials, etc. **Much good work has already been done by NCOs on community wellness issues and there is no point in trying to reinvent the wheel!**



One only needs to look at the training program called *From Dark to Light: Regaining a Caring Community* developed by the Status of Women Council of the Northwest Territories. These how-to booklets were developed in collaboration with communities. The series of booklets are to support community workshops on parenting skills, sexual assaults, health relationships, abusive men support groups, child sexual abuse and spousal abuse.

As communities develop their own wellness strategies, they will probably want to restructure some of the programs and services they currently receive. This flexibility is important because there is unlikely to be much new money available. We all know that these are times of financial restraints. It is crucial that we get better use of our resources by looking, for example, at any duplication in our programs and services. Making better use of what is already available in the community means that communities will need to be able to make the changes they believe necessary. Getting to this point will require a willingness on the part of government to make programs and services more accessible and flexible.

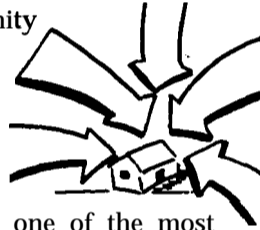
Faced with this need for much more flexibility in the delivery of programs and services, Cabinet introduced last year a major change in the workings of government. It combined groups of departments and corporations together into various "envelopes" and directed the groups within the envelopes to work together to improve programs and services. The Social Envelope includes the Departments of Education, Culture and Employment, Health and Social Services, Justice, and the NWT Housing Corporation.

It has taken the last forty years for things to get so screwed up. We won't be able to change things overnight, but we can't make things any worse than they are now. We have to start solving our problems ourselves.

Participant, Rankin Inlet Community Wellness Workshop

Community Action Fund

A Community Action Fund has been established. In 1995-96, approximately \$3 million will be provided to communities and non-government organizations to try unique and innovative projects that cannot be funded through existing programs. The funding could also be used to enhance existing programs. This funding will be offered on an interim basis for 1995-96 only. This will give departments in the Social Envelope and communities time to restructure existing programs and services to make them more flexible and responsive to the needs of recipients. In future years, existing resources may be redirected to provide support in areas where programs and services do not currently exist or integrated to move towards a "one-stop" approach to programs and services delivery. The Community Action Fund will give priority to the following areas:



Family violence

As we said earlier, one of the most serious problems in communities in the NWT is family violence. Family violence includes sexual and spousal assault, assaults on children, including child sexual abuse, emotional abuse and Elder abuse. The GNWT has made a commitment to *Zero Tolerance for Violence* and decided to deal with family violence in a holistic approach by making it an integral part of the Community Wellness Strategy. To emphasize the GNWT's commitment to *Zero Tolerance for Violence*, family violence projects will be given a priority under the Community Action Fund. Projects at both the community or regional level will be funded.

Early intervention services for children and families

In October 1994, the Standing Committee on Finance released a document entitled *Investing in Our Future*. This document focused on pressing social issues facing the NWT. One of those issues was early intervention for children and their families. More than half of the residents of the NWT are under 18 years old, and it was felt that the needs of this group should be addressed as this is where our future rests. The Departments of Education, Culture and Employment, Health and Social Services, and Justice are currently developing a framework to integrate services for children and their families. Current programs and services for children and their families are crisis-oriented, and we need to expand these to include prevention, awareness and early intervention. Projects focusing on early intervention services for children and families at the regional and community level will be funded under the Community Action Fund.

Training

Funding for training projects is seen as important in order to build skills at the community level. Training should not only focus on professional caregivers, but should be offered to other community members as well. Culturally-relevant training programs help reduce the dependence on outside expertise. Training projects which are community-based and give local people and professional caregivers the opportunity to share and develop skills together will be funded under the Community Action Fund.

There is nothing preventing communities from beginning this work on their own; several have already begun. However, the government realizes that the transition to more flexible and responsive community-based funding arrangements cannot happen overnight.

Funding will be channeled through the new Regional Committees to communities and non-government organizations. Details on the levels of funding and how to access it are available through the Regional Superintendents of Health and Social Services (See Appendix 6).

'Deputy Ministers' Steering Committee

The Social Envelope departments will continue the Deputy Ministers' Inter-departmental Steering Committee on Community Wellness. The Steering Committee will continue to develop, implement and monitor the Community Wellness Strategy and other wellness issues, such as the integration of services to children and youth. The Department of Municipal and Community Affairs is also participating in this Steering Committee.

A working committee of staff from the Social Envelope departments and the Department of Municipal and Community Affairs will be established soon to carry on the development work behind the Community Wellness Strategy. The departments recognize that this directions document simply lays the foundation for the changes that need to occur. A high level of commitment and action from government will be required to put the recommended changes into effect. Regional and community input is needed to drive and shape these changes.

One of the first tasks of this working committee would be to develop a long-term, comprehensive strategy that would outline the changes needed over the long-term to make community wellness a reality. The Community Wellness Strategy will be an action plan outlining the specific steps the GNWT will undertake. This strategy will be completed in time for review by the new Cabinet and Legislative Assembly in the 1996-97 Winter Session.

Regional Committees

In 1995-96, Regional Committees will be established in each region. The Regional Committees will be instrumental in the administration of the Community Action Fund and other community-based funding programs supporting local wellness initiatives. The first task of these Regional Committees will be to organize a Community Wellness Conference in their region in collaboration with women's groups, Aboriginal organizations, other non-government organizations, representatives of communities, and other interested individuals. Comments received from those Conferences will be instrumental in the development of the Community Wellness Strategy to be tabled in the Legislative Assembly in the Winter Session of 1996. These Conferences will highlight existing barriers, community needs and opportunities for improving community wellness. By 1996-97, departmental budgets will already reflect some of the changes proposed in this paper and at the regional Community Wellness Conferences.



Community Wellness Conferences

Community Wellness Conferences will be held in each region in 1995-96. Community Wellness Conferences will give regional staff, community frontline workers and representatives, representatives of non-government organizations and other agencies involved in social issues and programs, and others the opportunity to discuss the priorities for building healthy communities in their regions. Participants will identify steps that can be taken to improve coordination and interagency collaboration at the regional and community levels to improve the delivery of services to people in the communities. These Conferences will also highlight barriers, needs and opportunities for change. The Regional Conferences will provide necessary direction from communities, frontline workers and non-government organizations, for the development and implementation of the Community Wellness Strategy. The regional Community Wellness Conferences will be funded through the Community Action Fund.

Communication

Better communication and information sharing is essential to achieve and maintain community wellness. Open communication between departments, communities and non-government organizations is a characteristic of a healthy government. To improve communication with our partners, the GNWT will continue to produce a Community Wellness Newsletter. The Newsletter will provide information to communities on new projects as they are developed and implemented. Information from the Story Telling Project will also be shared in the Newsletter. The Newsletter will be distributed to all partners and will be available in communities. It will also be posted on the *Internet* and on the *North of 60* Network.

The oral tradition remains a popular form of information sharing and communication. The Newsletter will be distributed to community radio stations across the NWT to encourage and support a discussion on wellness in their community. To encourage people to share their stories, public service announcements will be produced and broadcast on TVNC and CBC's Anikinno.



Moving from consultation to collaboration

There is probably no one in the NWT who is not familiar with the consultative approach. Over the past ten years, it has become the practice of government to undertake extensive public consultation to collect information and views from people in the communities. Although decisions are **made based on consultation** with communities, the communities seldom have the opportunity to participate in **making the decisions**.

In a collaborative relationship, all partners share in decision-making. Partners **agree** to work together throughout a process. Community empowerment is both the process to achieve community wellness, and the product of a healthy community. Community empowerment-calls for a shift from consultation with communities, to collaboration with communities. Communities cannot assume full ownership of their problems, or be supported to solve them, if government continues to make decisions on what is good for the community. If government is to truly adopt the goal and principle of developing a collaborative approach with communities, many changes will **need to take place**.

Participants have stated that the real challenge is to stop talking about the need for change and to get on with the business of change! This paper contains many examples of changes being implemented or planned to **help** support community wellness. We have also included for your information, in Appendix V, a sample of community wellness projects that have taken place in the NWT.

We recognize that a flexible plan to accommodate ongoing change is required to ensure that the initial enthusiasm for the concept of community wellness does not become lost once the going gets tough. Making these changes will not be easy. Many difficult decisions will have to be made. People will not always agree with the new directions taken.

This paper describes a new direction, towards healthier communities. To get there, we will need to continue the process of working together, but on more specific issues. Also, any changes in planning, development and delivery of programs and services will continue to take into consideration the changing political reality in the NWT with division, the implementation of land claims and self-government.

Evaluation

Evaluation is a way to measure whether something is working, or not. As money becomes tighter, there is a growing emphasis on evaluation, because it helps find out whether the money spent to support a particular project or program is being well-spent.

Because many of the initiatives and changes described in this paper are new, they will need to be evaluated so that we can gain a better understanding of new approaches that work. Information needs to be shared so that we can learn from each other's experiences.

Healthy communities for the Northwest Territories

The changes involved in the shift to a wellness approach will not all occur quickly, so we cannot expect to see dramatic results in every community immediately.

As communities regain control and responsibility for the well-being of their residents, and as government programs and services become more flexible and responsive to community needs and priorities, we can expect to see positive changes.

In a healthy community:

- Traditional values and culture are practiced
- Fewer children need to be taken into care
- People have access to healing and treatment that works
- Community leaders are healthy and respected
- Family violence decreases
- People are healthy and sober
- More babies are born healthy
- More children do well in school
- Elders are respected and have an important role in family and community life
- People are more self-sufficient
- Fewer alcohol-related crimes are committed
- Young people do not commit suicide
- Fewer people are in jail
- More children stay in school longer

These are some ways to help measure whether the health of a community has improved. There are others, and communities should be encouraged to develop their own ways of measuring progress towards wellness.

Community wellness is not a product, it is a process.

If we can dream it, we can achieve it.

We can have healthy communities in the Northwest Territories.

APPENDIX I

Participants of June '94 Workshop

Susan Ashton

*GNWT, Health and Social Services,
Yellowknife*

Joanne Barnaby

Dene Cultural Institute, Hay River Reserve

Marnie Bell

*GNWT, Health and Social Services,
Yellowknife*

Mike Bell

*Inukshuk Management Consultants,
Yellowknife*

Edna Bjornson

*Native Women's Association of the NWT,
Yellowknife*

Olive Blake

Gwich'in Tribal Council, Fort McPherson

John Campbell

*GNWT, Health and Social Services,
Yellowknife*

Richard Clarke

Baffin Regional Inuit Association, Iqaluit

Topsy Cockney

*Inuvialuit Social Development Committee,
Inuvik*

Judy Desjarlais

*GNWT, Education, Culture and
Employment, Yellowknife*

Gina Dolphus

Sahtu Tribal Council, Deline

Joanne Erasmus

*GNWT, Education, Culture and
Employment, Yellowknife*

Marilyn Erasmus

Yellowknives Dene Band, Yellowknife

Roda Grey

Pauktuutit, Ottawa

Robert Hay

GNWT, Justice, Yellowknife

Barbara Hood-Hall

*Canadian Mental Health Association,
Yellowknife*

Stephanie Irlbacher

*GNWT, Health and Social Services,
Yellowknife*

Peter Ittinuar

Inuit Cultural Institute, Rankin Inlet

Ingrid Kritsch

*Gwich'in Social and Cultural Institute,
Tsiigehtchic*

Helena Laraque

GNWT, Renewable Resources, Yellowknife

Rebecca Latour

YWCA, Yellowknife

Angus Mackay

*GNWT, Health and Social Services,
Yellowknife*

Jeanette Mandeville

Metis Heritage Association, Yellowknife

Barb McDonald

*GNWT, Health and Social Services,
Yellowknife*

Vera Morin

*GNWT, Health and Social Services,
Yellowknife*

Balfour Morris

Stanton Yellowknife Hospital, Yellowknife

Terri Naskan

Dogrib Treaty 11 Council, Rae-Edzo

Lawrence Norbert

GNWT, Justice, Yellowknife

Dennis Patterson

MLA-Iqaluit

Sharon Sawchuk

*Status of Women Council of the NWT,
Yellowknife*

Jennifer Shoeck

NWT Family Services, Yellowknife

Bruce Stewart

SYH Mental Health Clinic, Yellowknife

Doris Toeg

*Human Resources Development Canada,
Yellowknife*

APPENDIX II

Participants of November '94 Workshop

Karen Acorn

*GNWT, Health and Social Services,
Rankin Inlet*

Mariah Aliyak

Aqsaaraq Addictions Project, Rankin Inlet

Bertha Allen

*Native Women's Association of the NWT,
Yellowknife*

Caroline Anawak

*Canadian Mental Health Association, NWT
Branch, Rankin Inlet*

Alestine Andre

*Gwich'in Social and Cultural Institute,
Tsiigehtchic*

Simona Arnatsiaq-Barnes

Nunavut Tunngavik Inc., Iqaluit

Mariano Aupilaujuk

Inuit Cultural Institute, Rankin Inlet

Penny Ballantine

*GNWT, Health and Social Services,
Yellowknife*

Lydia Bardak

*NWT Council for Disabled Persons,
Yellowknife*

Joanne Barnaby

Dene Cultural Institute, Hay River Reserve

Romeo Beatch

*GNWT, Health and Social Services,
Yellowknife*

Marnie Bell

*GNWT, Health and Social Services,
Yellowknife*

France Benoit

*GNWT, Education, Culture and
Employment Yellowknife*

Lynn Brooks

*Status of Women Council of the NWT,
Yellowknife*

Richard Clarke

Baffin Regional Inuit Association, Iqaluit

Sarah Cleary

Sahtu Tribal Council, Déline

Topsy Cockney

*Inuvialuit Social Development Program,
Inuvik*

Eric Colbourne

*GNWT, Education, Culture and
Employment Yellowknife*

Sharen Connelly

NWT Healthcare Association, Inuvik

Lanny Cooke

*Yellowknife Association for Community
Living, Yellowknife*

Mary Crnkovich

Pauktuutit, Ottawa

Sharon Ehaloak

Kitikmeot Regional Council, Cambridge Bay

Joanne Erasmus

*Community of Ndilo/Dettah and College-
West, Yellowknife*

Marie Ernerk

*GNWT, Health and Social Services, Rankin
Inlet*

Winnie Fraser-Mackay

*Status of Women Council of the NWT,
Yellowknife*

Kim Froese

Sappujijit Friendship Centre, Rankin Inlet

Roda Grey

Pauktuutit, Ottawa

Andrew Hallewood

Sappujijit Friendship Centre, Rankin Inlet

Robert Hay <i>GNWT, Justice, Yellowknife</i>	Vera Morin <i>GNWT, Health and Social Services, Yellowknife</i>
Fraser Hope <i>Keewatin Divisional Board of Education, Baker Lake</i>	Balfour Morris <i>Stanton Yellowknife Hospital, Yellowknife</i>
Alice Isnor <i>GNWT, Health and Social Services, Cambridge Bay</i>	Bill Mussell <i>Sal'i'shan Institute, Chilliwack, BC</i>
Ollie Ittinuar <i>Inuit Cultural Institute, Rankin Inlet</i>	Terri Naskan <i>Dogrib Treaty 11 Council, Rae-Edzo</i>
Peter Ittinuar <i>Inuit Cultural Institute, Rankin inlet</i>	Nancy Peel <i>Metis Nation of the NWT, Yellowknife</i>
Anthem Kadjuk <i>Keewatin Regional Council and Keewatin Regional Health Board, Chesterfield Inlet</i>	Vicki Robillard <i>GNWT, Health and Social Services, Yellowknife</i>
Joe Karetak <i>Hamlet Office, Rankin Inlet</i>	Tom Sammurtok <i>GNWT, Executive, Rankin Inlet</i>
Susan Keogh <i>GNWT, Health and Social Services, Gjoa Haven</i>	Jennifer Schoeck <i>NWT Family Services, Yellowknife</i>
Dominic Kusadluak <i>Municipality of Rankin Inlet</i>	Michael Shouldice <i>College-East, Rankin Inlet</i>
Barb Lacroix <i>Sappujijit Friendship Centre, Rankin Inlet</i>	Andy Sibbald <i>GNWT, Health and Social Services, Rankin Inlet</i>
Aline Laflamme <i>Deh Cho Tribal Council, Hay River</i>	Bob Spensley <i>Kivalliq Hall, Rankin inlet</i>
Sharon Lopatka <i>Press Secretary's Office, GNWT, Yellowknife</i>	Valerie Stubbs <i>Aqsaaraq Addictions Project, Rankin Inlet</i>
Angus Mackay <i>GNWT Health and Social Services, Yellowknife</i>	Heather Sutherland <i>GNWT, Justice, Iqaluit</i>
Ron MacLellan <i>GNWT, Health and Social Services, Baker Lake</i>	Cathy Towtongie <i>GNWT, Justice, Rankin Inlet</i>
Diane Mahoney <i>Status of Women Council of the NWT, Yellowknife</i>	Theresie Tungilik <i>Hamlet of Rankin Inlet, Rankin Inlet</i>
	Stella Van Rensburg <i>GNWT, Health and Social Services, Yellowknife</i>
	Norman Yakeleya <i>Dene Cultural Institute, Hay River Reserve</i>

: APPENDIX III

COORDINATED PLANNING AND DELIVERY OF SOCIAL POLICY AREA PROGRAMS AND SERVICES

STATEMENT OF GOVERNMENT COMMITMENT

The Government of the Northwest Territories (GNWT) believes that Departments should take a collaborative and cooperative approach in the development and implementation of social policy.

The departments entering into this Memorandum of Agreement (MOA) undertake to pursue this goal, in order to improve the delivery of social policy area programs and services.

By this MOA, a commitment is made to improve the coordination of the planning, delivery and evaluation of social policy area programs and services by departments, so that available resources can be used to maximum advantage and in the best interests of the people of the Northwest Territories.

To promote and facilitate this change the departments assenting to this MOA undertake to “develop joint planning, policy development and program implementation procedures.

Other departments of the GNWT, not initially parties to this MOA, will be invited to participate in this process when identified social policy area programs and services fall within their mandates.

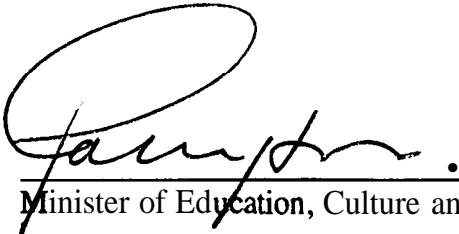
This MOA is expected to achieve the following goals:

1. The establishment of a policy framework, and specific protocols, which describes the delivery of all social policy area programs and services.
2. The establishment of a collaborative process for the delivery of social policy area programs and services.


3. The elimination of fragmentation and the coordination of social policy area programs and services through joint planning processes at the territorial, regional and local levels.
4. The consensus of the departments on the identification of a comprehensive range of social policy area programs and services, and on the development of cooperative mechanisms for their efficient delivery in light of available resources.
5. An increase in the accessibility of social policy area programs and services offered to the public, within available resources.

The Department of Education, Culture and Employment, the Department of Health and Social Services, and the Department of Justice also hereby undertake to ensure that boards, local agencies and regional organizations involved in the administration of social policy area programs and services work as partners in their design and delivery and in the promotion of the objectives of this MOA.

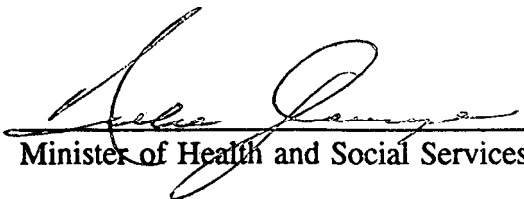
This MOA is hereby approved and agreed to this _____ day of _____, 1995.



 Minister of Education, Culture and Employment

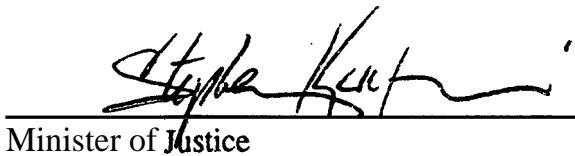


 Date

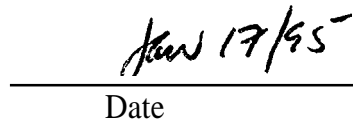


 Minister of Health and Social Services

 Date



 Minister of Justice



 Date

APPENDIX IV

Story Telling Project:

A Time Honoured Tradition

In the fall of 1994, as part of the 'Community Wellness Strategy, the Department of Health and Social Services began the Story Telling Project. People were asked to send in stories that were turning points in their healing journeys. Stories of current and traditional practices that helped people get well or stay well, as well as those encouraging wellness, were requested.

The initial call appeared in northern newspapers in early December 1994. The "Department initiated the project to promote discussion in the age old art of story telling" as a way of sharing personal experiences. "Story telling is a natural way of teaching for Aboriginal people and many Northerners.

The Story Telling Project is a valuable tool to guide caregivers in the design and development of treatment models and approaches that are uniquely northern. It gets people talking and sharing about wellness in their life and community.

While the initial call for these stories closed at the end of January 1995, it was extended indefinitely due to the positive feedback we received from the communities. Their high interest in the "concept of story telling was energizing. Traditionally, it was the one-to-one contact that was the catalyst for oral tradition. This is why we decided to accept videos and audio-tapes in addition to written submissions.

The Department has received poems, short stories, anecdotes and even a play. A community leader has submitted his idea of how their community can potentially deal with the issue of suicide. He shares some insight born out of personal experience. Another person shared with us her experience in dealing with cancer with the support of family and friends. Many people talked about spiritual and personal growth that have come as a result of facing adversity. Examples of adversity included addictions, living in violence, death and loss, disease, reclaiming culture, suicide, divorce, and unresolved grief. Other individuals shared how surprising and unexpected it was to take a hard look at themselves and how it eventually enhanced their relationships with friends and family. Central to traditional healing philosophy is the need to begin with ourselves.


Caregivers from southern Canada have contacted us and want to be a part of this exercise as a link to Northerners who must travel south for extended health care in institutions. Southern universities are eager to be connected to this project for the purpose of learning by their staff and as a link to research projects by and for Northerners. The potential is tremendous for partnerships to grow between government and community/regional groups. In the Northwest Territories, the Story Telling Project has sparked the interest of CBC North which is interested in reporting on traditional healing and wellness issues. Social Work students from the College-East and West are also interested in becoming partners in the Story Telling Project as part of ongoing projects and research.

We still would like to hear from you.
You can still submit your stories at the
following address.

Vera Morin
Traditional Health and Healing
Consultant
Department of Health and Social
Services
Box 1320
Yellowknife, NT
X1A 2L9
Telephone: (403) 920-6238

The Department of Health and Social
Services plans to publish and circulate the
stories we will have collected. The
Department will continue to publish the
Community Wellness Newsletter. We will
include a variety of articles that were
submitted to the Story Telling Project in the
next editions. Another ad will run early in
1995-96 on community radios in the NWT
and CBC's Anikinfo.

COMMUNITY WELLNESS



STRATEGY

Story Telling: A Time Honoured Tradition

Helping Communities Heal Themselves The Community Wellness Strategy

Tell us your success stories.

People across the Northwest Territories have said that social and health related services are not meeting their needs.

Community, non-profit and aboriginal organizations are currently working in partnership with the Government of the Northwest Territories to develop a Community Wellness Strategy that will take a more holistic and culturally relevant approach to delivery of programs. We need an approach that includes the physical, mental, emotional and spiritual aspects of life.

Communities across the North already have much of the strength and wisdom to find solutions for many of the problems facing them, and we want to know what is working in your community.

Aboriginal beliefs tell us that healing begins with the individual and the family. We need to know what has worked or made a difference on the road to healing in your life or the lives of your family.

- Tell us your success stories.
- Let us know what you are doing to promote healing or to solve some of the issues facing your community.

- Share with us some old ways that traditional knowledge was used in healing and personal growth.

Your stories will be shared with communities across the North and may lead to finding solutions that will improve community well-being.

Please let us know if you would like your story to be kept confidential.

Send a video/audio tape, or write or fax your stories by January 31, 1995 to:

Vera Morin
Community Wellness Strategy
Department of Health and Social Services
Precambrian 5
Box 1320
Yellowknife NT XIA 2L9
Phone: (403) 920-6238
Fax: (403) 873-7706



Northwest Territories Health and Social Services

Justice
Education, Culture and Employment
Municipal and Community Affairs
Intergovernmental and Aboriginal Affairs
Housing Corporation

APPENDIX V

Success Stories

These are examples of some of the projects promoting community wellness which are already taking place in the Northwest Territories. Most of these projects use existing resources from various programs with both the GNWT and federal government.

After School Project, Arviat

The After School Project builds self-esteem by getting children involved in activities that let them experience success and a sense of community. The project also promotes a crime-free lifestyle. Community members volunteer their time to help with activities which include helping with homework, sewing, arts and crafts, cross-country skiing and gymnastics.

This project is funded by the Arviat Youth Justice Committee and the Brighter Futures initiative of the federal government. Children are referred to the project by the Mikilaaq Centre (affiliated with the Catholic Church) and the school.

Angmarlik Visitor Centre, Pangnirtung

The Angmarlik Visitor Centre provides students from the high school with an opportunity to gain some work experience. Students volunteer to help with research and office work. They also help with preparing bannock and tea for the Elders who meet there three times a week. Youth and Elders have a chance to share knowledge about their culture. Students tape stories from the Elders and these will be included in a book to be published. Students also research information about artifacts in the local museum. The Centre, in cooperation with the school, organizes community events, such as Heritage Day.

The Centre also organizes story telling and poster contests. Some students are hired in the summer to be hosts or hostesses for the Centre.

Birthing Project, Rankin Inlet

The purpose of this project is to enhance the current prenatal program at the Rankin Inlet Health Centre. The project strives to provide a more culturally sensitive approach to natal care, offer midwifery-assisted low risk deliveries and health promotion activities in collaboration with Community Health Nurses. The project started in November 1993. Funding has been received from the Keewatin Regional Health Board and Health Canada. One of the major goals of this project is to strengthen the family bond and involve partners in many aspects of the care provided. A renewed involvement of fathers in the birth of their children is a positive aspect of community birthing. The project staff consists of a Project Coordinator (Midwife), two Nurse Midwives, and an Inuit Maternity Worker. So far, twenty-six babies have been born through the Rankin Inlet Birthing Project.

Child Development Centre, Fort Norman

The Fort Norman Child Development Centre provides daycare and early intervention programming. Children develop playing, social, movement and reading skills. The Centre operates each afternoon during the week and is open to children aged three and four.

The program began in 1980 with support from the NWT Housing Corporation and the local band. The program is also supported by the Department of Education, Culture and Employment through the Early Childhood Program. Parents pay a small monthly fee and get involved in fundraising for the Centre.

The staff help the children to build self-esteem and independence so that they can recognize their own strengths and abilities. By providing a consistent and stable environment, the children learn to trust. A close working relationship with the school helps to make the transition to Kindergarten smoother. The Centre has also created employment within the community. There are two teaching positions and the Aboriginal teachers are important role models. The Centre is housed in a building that is owned by the Church, and the band provided three men and supplies to help the priest renovate the building.

Children's Healing Centre, Yellowknife

The Children's Healing Centre in Yellowknife helps children and families heal from the trauma of sexual, physical and emotional abuse or neglect through counseling. The Centre also provides counseling to children who are sexually or physically abusive to others.

Services include individual and group counseling, information and workshops for parents, caregivers and professionals. Training for caregivers on prevention and treatment of abused youth is also offered.

The Centre is a program of NWT Family Services. The three-year pilot project is funded by the federal government's Brighter Futures initiative. The Centre also receives a \$20,000 donation from MacDonald's Restaurants for play therapy tools.

A holistic approach enables the child to integrate the learning from counseling into their lives. Parents learn to do their own healing work so that they can better deal with the child's own healing process. Working as part of a team, the counseling provided invites parents to use the resources in the community to support their child. The program supports parents in addressing all of the environments that the child experiences - home, school and the community. The parent is a member of the team and leads the decision-making. Members of the team can include the child's teacher, the school principal, the Special Needs Consultant, Social Worker, and Community Workers from groups such as the Women's Centre or the YWCA Women's Shelter.

Community Breakfast Program, Cambridge Bay

In the fall of 1994, there was a great concern in Cambridge that the community was not dealing with some of its social problems. Two community meetings were held to discuss people's concerns and determine how to make things different. People talked about action they could take on a personal level. It was decided that the children and their future were of primary concern. The community will only be healthy in the future if there are healthy adults. Children who go to school hungry were seen as not being able to learn well and could, therefore, not succeed as well as

necessary in school. This led to the establishment of a Community Breakfast Program, run on a volunteer basis and funded through donations. The program started in the fall of 1994 and continues to be operated on the days that the school is open.

From Dark to Light: Regaining A Caring Community, Status of Women Council of the Northwest Territories

From Dark to Light: Regaining a Caring Community is a comprehensive training program developed by the Status of Women Council of the Northwest Territories. The training program contains "a facilitator manual and 101 activities for workshops to foster community awareness and to conduct educational self-help workshops in communities. The program comes as a series of how-to booklets which were developed in collaboration with communities. The booklets are to be used as resources during community workshops on parenting skills, sexual assaults, healthy relationships, abusive men support groups, child sexual abuse and spousal abuse. Funding to develop this program came from the GNWT, a number of charitable organizations and the federal government.

Dene Yati, Lutsel'Ke

Dene Yati is a family-based, language development project that teaches community members the Chipewyan language. The project strengthens culture, supports healing needs, and provides emotional support. The strong sense of community which results from this project benefits everyone. The three-year pilot project began in 1994 and is sponsored by the Dene Cultural Institute.

The Dene Cultural Institute worked with the community to understand the personal and cultural loss that people experience when they lose their language. Working with children, parents, teachers, the principal, the Social Worker, Elders, the Band Council, the Language Program Worker, and the Community Education Council, a commitment to the program and a workplan was developed. Families spend time on picnics or camping out on the land. The agreement is that only Chipewyan will be spoken to create an immersion experience.

There are about 30 people involved in Dene Yati. There is a part-time coordinator and financial assistance comes from the Department of Education, Culture and Employment, community fundraising and support from private foundations.

Early Childhood Projects, Kitikmeot Region

In the Kitikmeot Region, maximizing success for children is a priority. Services for pre-school children is one way to give kids a head start, and communities in the region are working towards this goal in a number of ways.

In Pelly Bay, an Early Intervention Project was started in 1991 for children with special needs. The project helps children to develop through play and exercise, and prepares them for Kindergarten. The staff person develops an individual plan for each child and visits the home once or twice a week to work with the child. The staff person received training from the Stanton Yellowknife Hospital Rehabilitation Team and the region's Special Needs Consultant, and Health and Social Workers in the community. In Coppermine, an Early Intervention Team makes recommendations

for participation in the project. The children are screened at the Health Centre, and referrals are made to the Rehabilitation Team in Yellowknife. In Gjoa Haven, 15 children and their parents come together to work with the project Coordinator. It is a bilingual program, and parents must accompany the children. Parents learn new skills to assist their children in their development. Children are referred to the project by the Community Health Representatives and the nurse. A similar program will be starting in Taloyoak in 1995. The communities of Holman and Cambridge Bay are planning the establishment of daycare centres that will assist pre-school children with building skills.

Elders' Story Project, Iqaluit

The elementary school and the Elders' facility in Iqaluit are participating in a weekly story project. In the course of the project, young children visit the Elders who, in return, read or tell stories to the children. The project is keeping a link between Elders and young children while at the same time preserving cultural stories and heritage.

Gwich'in Healing Program, Fort McPherson

The mission statement of the Gwich'in Healing Program is to encourage and support people to initiate and continue the healing process that will enable them to take control of their own lives. The Gwich'in Healing Program includes the Tl'oondih Healing Camp. The Camp is a safe place in which people can work on their personal development and growth. It consists of nine small cabins and a kitchen and dining facility.

The Gwich'in Healing Program is designed to be delivered in two levels and is unique in Canada in that the initial level involves a back-to-the-land approach. The Healing Program encourages and supports the individual to confront, move through, and heal from their spiritual crisis.

Phase I is primarily a treatment and education component which will be held at Tl'oondih. Phase II of the program revolves around after-care in the client's home community. The Tl'oondih Program is delivered in three phases with the first week used as an introductory and orientation phase that includes traditional and on the land activities, and the beginning of a physical activity program. The next four weeks of the program focus on addiction education and training. The final week of the program is used for coping skills for re-entry into the community. An After Care Program will be designed to complement each client's personal needs, and may include such things as the 12 Step Program, group meetings, training, education, etc. The Gwich'in Healing Program is open to any person who wishes to lead a clean and sober life and begin the process of emotional, spiritual and physical healing. The program received funding from the federal government's Building Healthy Communities and their land claim settlement.

Healing Program, Dene Cultural Institute, Hay River Reserve

A few years ago, the Dene Cultural Institute began developing a Healing Program. The program includes sections on Aboriginal awareness, personal development, team building, family dynamics, sexual abuse, spousal abuse and grieving. The Healing Program, or specific parts of it, are made available to groups or communities at their request. In the summer of 1994, for example, members of the Deh Cho First Nations participated in three days of healing workshops delivered by Aboriginal facilitators with the Dene Cultural Institute. Participants, including Tribal Council members, focused on issues like the need for healthy leaders and the importance of a strong role for culture in achieving health. The project is funded partly through the GNWT and the federal government.

Interagency Team, Yellowknife

The Yellowknife Interagency Team (Departments of Education, Culture and Employment, and Health and Social Services, RCMP and the Status of Women) has conducted several interagency team building workshops in the Keewatin, Beaufort-Delta, Sahtu and the Baffin Regions. The main purpose of the Interagency Team workshops is to develop a common vision of interagency collaboration with communities. The main goal is to develop better communications with various agencies: learning how to assist each other in an interagency way. The workshops help reinforce trust among the professionals, enabling them to deal with confidential issues. The main focus is the care, welfare, safety and security of all those in the community, including the caregivers.

Kamatsiaqtut, the Baffin Crisis Line, Iqaluit

A crisis line is partly funded by the Department of Health and Social Services and through local fundraising and donations. The telephone line has been active for a few years now. It is open every night, seven days a week, from nine o'clock in the evening to midnight. It is totally staffed by volunteers. It serves the whole Baffin Region and Nunavik with a 1-800 telephone number. Approximately 50 volunteers keep the line **open**.

Lifeskills Project, Native Women's Association, Yellowknife

The objectives of the Lifeskills Project is to help women, men and youth to develop their self-confidence and personal identity, and to teach the basic skills to improve their lives. The Native Women's Association of the NWT is committed to assisting Aboriginal people in overcoming some of the negative impacts brought by alcohol, drugs, residential schools and cultural change among others through training and educational programs.

The project lasts seven weeks and is offered to Aboriginal women and men at no cost. The Native Women's Association received funding from a private charitable organization and the Department of Indian and Northern Affairs. The Lifeskills Project is divided into three sections: Lifeskills, Parenting and Healing. In the Lifeskills component, participants deal with addictions, co-dependency, family violence, self-esteem, self-care, and stress management. In the Parenting section, participants address the issue of blending traditional and more modern methods of parenting, taking responsibility for children's development and growth, the

relationship to nature in raising children, to explore the relationship between how participants were raised and how they are raising their children. Finally, in the Healing section of the project, participants look at conflict resolution, couple healing, anger management, addiction and family violence. **Many of the graduates of the Lifeskills Project have said that they felt: increased self-esteem, better communication skills, a greater sense of worth, better parenting and relationship skills, an ability to recognize dysfunctional behaviour and have developed positive responses.**

Mental Health Pilot Project, Inuvik

The Inuvik Mental Health Pilot Project is an excellent example of what can be achieved when regional groups work together with community and territorial governments and pool resources. The project was initially developed by regional and community groups in Inuvik during the summer and fall of 1993. It proposed that a Mental Health Worker position be established in each of six communities. The six communities are Fort McPherson, Fort Good Hope, Fort Norman, Déline, Sachs Harbour and Tsiigehtchic. The Mental Health Worker in the community is available for one-on-one counseling, but also plays an important role in bringing other services in the community together. An evaluation strategy is now being developed to review the impact of this pilot at the end of the three years. The Inuvik Mental Health Project is another project where interagency collaboration goes a long way towards achieving wellness for individuals and communities.

Mental Health Strategy, Baffin Region

The Department of Health and Social

Services is working with-communities to develop a plan to help solve some of the social problems in the communities of the Baffin Region. The idea is to provide coordination, training and community development in communities, so that the Department is a resource to the community, not the primary care provider. For example, in Sanikiluaq, a group of ten women counselors are seeing clients referred from the nursing stations and elsewhere. In Pangnirtung, Pond Inlet and Resolute Bay, other groups are undertaking similar projects.

Netlikmeot Anakavik Producers, Taloyoak

In 1993, the women of Taloyoak worked with the Department of Economic Development and Tourism to open the Netlikmeot Anakavik Producers. This is a craft centre based in the community that produces toys, articles of clothing and other hand made items to sell. Over the past year, they have entered into contracts with distributors to market their goods. At the factory, women can be seen sitting on chairs, at tables or on the floor leading productive lives and contributing to their families' welfare. The children of these women also inhabit the work area, so that the work environment has been running in a manner that allows women to meet family obligations, while having other ways to contribute to the wealth and welfare of their community.

**“ Personal Skills Development,
Fort Simpson**

In the winter of 1994, a population of teen girls were identified as having some 'personal difficulties and family problems that affected their school performance. The Departments of Education, Culture and Employment, Health and Social' Services and the Youth Alcohol and Drug

Counselor worked collaboratively to design a Personal Skills Development course. These 13 young women now meet weekly with various projects and issues to work on. This program is a core credit course and funding is provided through the Department of Health and Social Services.

Pre-Natal Nutrition Program, Arviat

The Pre-Natal Nutrition Program encourages pregnant women to be more aware about the effects of food, cigarettes and alcohol on their health. Pregnant women also learn to cook meals-while being a part of a support group. The program is a cooperative effort of a number of community groups: Moms and Tots, Mikilaaq Centre (affiliated with the Catholic Church), the school and the nursing station. High school students, who are studying food services, volunteer to go into homes to demonstrate to women how to bake healthy food, such as bread, for example. The organizers would like to eventually extend the program to people on social assistance and' show them how to cook healthy meals on a small budget.

Small Steps Project, Arviat

The Arviat Small Steps Project is an early intervention program for pre-school children who have been identified as being at risk because of physical, mental or learning disabilities. The development of pre-school aged children was identified as a concern with the community. The project is funded through the Brighter Futures initiative of the federal government. The hamlet provides administrative support. The project is located in the school and takes referrals from the nursing station and Social Worker. The project has two staff members who interview parents and assess the child in the home and at the centre. High school students volunteer their time for play therapy and get credit towards their graduation requirements.

Starquest Projects, Fort Smith and Hay River

The Department of Health and Social Services and the South Slave Divisional Board of Education have started two pilot projects in Fort Smith and Hay River. The purpose is to provide a short-term, alternative program for any student who is exhibiting extreme behavioral difficulties. Objectives are to communicate to parents and the student the severity of the student's behaviour problems and to provide respite for the teacher and the classmates of the student. The pilot projects will run until the end of June 1995, at which time they will be evaluated.

Young Warriors, Fort Smith

The community responded quickly when a group of adolescents were found to be abusing solvents. A meeting was called immediately and was facilitated by a psychologist and included the parents, children, the Department of Health and Social Services, Alcohol and Drug Counselors, RCMP and concerned community members. A plan of action was formulated at the meeting with input from all participants. The group of youths meet weekly with an Alcohol and Drug Counselor. A parent supervises sport activities in the Uncle Gabe's Friendship Centre gymnasium twice weekly and the group puts on the occasional dance.

Youth Group, Déline

The Déline Youth Group is a project which started in August 1994. Funding is provided by the federal government through the Brighter Futures initiative. One coordinator was hired. The coordinator plans and implements community-based projects in collaboration with the youth and various local organizations and interested individuals. The project emphasizes prevention and early intervention for youths in Déline. Activities offered through the project include a pre-school program where young children go to the school three times a week. They integrate with the students in the school. This makes them realize that the school is a safe place to be. They sing songs, take walks and learn their ABCS. There is also a Bible Study Group which meets three times a week in the Drop-In Centre. This is for youths aged 13 to 18. The Drop-In Centre is open for youths under the age of 24 years old and is open from six o'clock to midnight everyday of the week and until two in the morning

on week ends. There are a number of volunteer activities being offered in Déline which complement the project. These include helping Elders with chores, helping daycare staff and developing workshop materials and art work.

Youth Leadership, Cambridge Bay

Recreation is a preventive measure contributing to community wellness. In Cambridge Bay, Recreation Leaders from the Department of Municipal and Community Affairs worked with the school to help develop leadership skills in the youth and to promote the benefits of healthy, active living through an intramural program. Over 150 students participated in the program this year. The skills they learned were put to good use in special events being held in the community. The Sport and Recreation Division of the Department of Municipal and Community Affairs provides training and resources to the communities to assist them in carrying out community programs.

APPENDIX VI

Regional Superintendents Department of Health and Social Services

Baffin Region

Regional Superintendent
Department of Health and
Social Services

BAG 1000

IQALUIT NT X0A OHO

Phone: (819) 979-5131

Fax: (819) 979-6748

Inuvik Region

Regional Superintendent
Department of Health and
Social Services

BAG #1

INUVIK NT X0E OTO

Phone: (403) 979-7222

Fax: (403) 979-3821

Fort Simpson Region

Regional Superintendent
Department of Health and
Social Services

FORT SIMPSON NT X0E ONO

Phone: (403) 695-3815

Fax: (403) 695-2920

Fort Smith Region

Regional Superintendent
Department of Health and
Social Services

P.O. BOX 390

FORT SMITH NT X0E OPO

Phone: (403) 872-7232

Fax: (403) 872-3502

Keewatin Region

Regional Superintendent
Department of Health and
Social Services

P.O. BOX 180

BAKER LAKE NT X0C OAO

Phone: (819) 793-2813

Fax: (819) 793-2541

Kitikmeot Region

Acting Regional Superintendent
Department of Health and
Social Services

COPPERMINE NT X0E OEO

Phone: (403) 982-7261

Fax: (403) 982-5613

Yellowknife Region

Acting Regional Superintendent
Department of Health and
Social Services

P.O. BOX 608

YELLOWKNIFE NT X1A 2N5

Phone: (403) 873-7276

Fax: (403) 873-0289