



GWVIII

Gathering Wisdom *for a Shared Journey* VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER BC

LEARNING FROM THE PAST PLANNING FOR THE FUTURE

SUMMARY REPORT





GWVIII

Gathering Wisdom *for a Shared Journey* VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER, BC

LEARNING FROM THE PAST PLANNING FOR THE FUTURE

SUMMARY REPORT

NOVEMBER 30 - DECEMBER 2, 2016

SHERATON WALL CENTRE
COAST SALISH TERRITORY
VANCOUVER, BC

A PUBLICATION OF
First Nations Health Council

501-100 Park Royal South
Coast Salish Territory
West Vancouver, BC
V7T 1A2

Phone: 604-693-6500
Facsimile: 604-913-2081
Toll-free: 1-866-913-0033



FIRST NATIONS HEALTH COUNCIL

info@fnhc.ca

CONTENTS

OBJECTIVES OF GATHERING WISDOM VIII	1
DAY 1 NOVEMBER 30 , 2016	2
Welcome to Coast Salish Territory	3
Honouring our Shared Journey in Health.....	3
Establishing the First Nations Health Authority and the First Nation Perspective on Wellness	4
Towards a Ten-Year Population Health and Wellness Agenda	5
Remarks from the Regional Chief.....	6
Advancing the Shared Vision	7
Citxw Nlaka'pamux Assembly Youth Leadership Program.....	8
Partnership with BC First Nations to Improve Health and Wellness Outcomes.....	8
Implementing the Memorandum of Understanding: A Shared Agenda for Health and Wellness	9
Informing the Strategy.....	10
Fentanyl Overdose Crisis in the Province of BC.....	11
Summary of Discussions and Next Steps.....	11
DAY 2 DECEMBER 1 , 2016	12
Teachings and Traditions.....	13
Honouring Cliff Atleo Sr.	13
Keynote Address.....	14
Children and Family Services.....	16
Justice and Public Safety	18
Education and Post Secondary Education	20
Summary of Discussions and Next Steps.....	23
DAY 3 December 3 , 2016	24
Regional Caucus Sessions	25
Closing Reflections from Regional Witnesses and Living Markers	25
Next Steps: Building Consensus Through Communication and Community Engagement	27
Closing Comments and Next Steps	27
Conclusion.....	28
EVALUATION	29
Forum Highlights	33
Opportunities to Improve Process and Outcomes.....	34
ACRONYM LIST	36

We thank the Chiefs, Leaders, Elders, Health Directors, and Caregivers who attended *Gathering Wisdom for a Shared Journey VIII*.

We thank-you for taking time to contribute to this important conversation. Your wisdom and advice will guide us as we work together to achieve the shared vision of healthy, self-determining and vibrant First Nations children, families and communities.

FIRST NATIONS HEALTH COUNCIL





} GW VIII

Gathering Wisdom for a Shared Journey VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER BC

The theme of Gathering Wisdom for a Shared Journey (GWSJ) VIII was “Learning from the Past and Planning for the Future”. The theme recognizes that the social determinants of health are not a new concept to Indigenous peoples. Each Nation has stories, teachings and traditions that speak to a holistic concept of health – a concept that reflects the connection between physical, mental, spiritual and emotional dimensions of wellbeing. It is important to reflect on these teachings, values and traditions in charting the course for the next step of this health journey.

A key feature of GWSJ VIII was the opportunity for dialogue in the fall of 2016. The FNHC and the Province of BC embarked on a two-year process of engagement and planning with First Nations in each of the regions. At each Regional Caucus session, senior representatives from the Ministries responsible for children and family services, education, justice and public safety, engaged First Nations on key priorities and initiatives. Through these sessions, First Nations leaders and health leads shared perspectives, priorities and solutions.

GWSJ VIII flowed from these discussions and featured presentations from Deputy Ministers from each of the Ministries that attended the fall 2016 Regional Caucus sessions. It was important for Deputy Ministers to reflect back and confirm what was heard. GWSJ VIII also provided an opportunity for First Nations leaders to provide feedback to each Ministry for the preparation of plans and budgets for the years ahead.

These Proceedings provide a synopsis of GWSJ VIII, including narrative summaries of plenary presentations and discussions.



GWVIII

Gathering Wisdom for a Shared Journey VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER BC

DAY 1 NOVEMBER 30, 2016

Gathering Wisdom for a Shared Journey



WELCOME TO COAST SALISH TERRITORY

CHIEF IAN CAMPBELL, Squamish Nation

“I commend the work of the Health Council and everyone in this room for their continued commitment to effect positive change.”

Chief Ian Campbell, Squamish Nation, welcomed Delegates to the Gathering with a welcome song. The Coastal Wolf Pack performed traditional Coast Salish dances and drumming to open the Gathering.



HONOURING OUR SHARED JOURNEY IN HEALTH

WILLIE CHARLIE, First Nations Health Council

“On our journey of health, we need to pick up a paddle and paddle in the same direction. There are going to be a lot of undercurrents and weather conditions that are going to sometimes impact our progress. In order to be successful, we need to pick up our paddles.”

Mr. Charlie commented that we must never forget the journey of the First Nations people. While the journey can be challenging, First Nations are now taking on more responsibility and solving issues directly themselves.

CLIFF ATLEO SR., Interim Elder Advisor, First Nations Health Council

“I get excited because I see tremendous potential for change. I get excited because now we are in charge. We create the policies. We create the change for the betterment of our people.”

Mr. Atleo remarked on the lessons that can be learned from pre-contact times. First Nations have always known the importance of looking after things, to take only what is needed and to look after each other. First Nations must work together to turn the page of colonialism and to return to the wisdom of pre-contact times. A time before First Nations became dependent on others for their wellbeing. The key to moving forward with change is good communication, in order that all First Nations can embrace the change for the good of their people.

ESTABLISHING THE FIRST NATIONS HEALTH AUTHORITY AND THE FIRST NATION PERSPECTIVE ON WELLNESS

LYDIA HWITSUM, Board Chair, First Nations Health Authority

“There were those that cast doubt on our ability to manage our affairs. But three years in, we’ve made many gains. We have created our own health governance structure, based on a First Nations perspective of health and well being.”

Ms. Hwitsum reported on the recent milestone in having the provincial government recognize that First Nations people are entitled to the same level and quality of health care as all British Columbians. She referenced the development of the FNHA multi-year health plan, noting that the goals of the plan are to enhance First Nations health governance; champion the BC First Nations’ perspective on health and wellness; advance excellence in programs and services; and operate as an efficient, effective and excellent First Nations health organization.

JOE GALLAGHER, Chief Executive Officer, First Nations Health Authority

“This work is the largest movement toward self-determination for First Nations people in British Columbia and Canada.”

Mr. Gallagher commented on the importance of maintaining the collaborative support of the First Nations partners to turn the page on colonialism together. There are unprecedented opportunities being presented to First Nations people as a result of the report of the Truth and Reconciliation Commission (TRC); the adoption of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP); and the Federal Government’s commitment to a renewed, Nation-to-Nation relationship with Indigenous Peoples, based on recognition, rights, respect, co-operation and partnership. Mr. Gallagher noted that the work of the FNHA could contribute to breathing life into some of the TRC Calls for Action.

Mr. Gallagher reported that work is now underway, through the partnership with the Provincial Health Officer, to reset the original seven First Nations health indicators that were established by the Province to wellness indicators.

“Ultimately, we are trying to bring together the best of both worlds of health and wellness.”

TOWARDS A TEN-YEAR POPULATION HEALTH AND WELLNESS AGENDA

DR. EVAN ADAMS, Chief Medical Officer, First Nations Health Authority
DR. PERRY KENDALL, Provincial Health Officer, Ministry of Health

"It is time for us to declare a vision for our next ten years, to transform First Nations health in this province. These indicators are firmly based on the First Nations' perspective of wellness ... This is meant to focus on wellness outcomes, not just sickness and disease. It brings attention to the fact that many of us are well. Many at home and out of home that have successes and we should explore and celebrate that."

DR. EVAN ADAMS, CHIEF MEDICAL OFFICER, FNHA

"We are closing gaps because of the resilience, capacity, and strength of the First Nations people in BC."

DR. PERRY KENDALL, PROVINCIAL HEALTH OFFICER, MINISTRY OF HEALTH



Drs. Adams and Kendall reported that they have been working collaboratively to respond to Mr. Gallagher's challenge to establish a set of indicators to measure First Nations health. The partnership between the FNHA Chief Medical Officer and the Provincial Health Officer is one that is based on trust and respect.

While there have been significant achievements in the original seven First Nations health indicators in existence at the time of the Transformative Change Accord, particularly the reduction in the rates of diabetes and youth suicides, there is still much more to be done.

They noted that this is a milestone moment in setting a new course to transform First Nations health over the next ten years and one that puts health on every Nation's agenda. The development of renewed indicators will support and inform policy, initiatives and approaches at various levels (community, Nation, within and across sectors and levels of government). The fifteen new indicators will support the FNHA's vision of healthy, self-determining and vibrant First Nations children, families and communities.

The renewed set of indicators was developed through the two-eyed seeing model championed by Elder Albert Marshall, Mi'kmaq Nation, which advocates "learning to see from one eye with the strengths of Indigenous knowledge and ways knowing; and from the other eye with the strengths of West-

ern knowledge and ways of knowing; and learning to use both eyes together for the benefit of all."

Drs. Adams and Kendall reviewed the process and considerations used to develop the renewed indicators including the framework for understanding the social determinants of health; addressing the structural origins of the inequity of health outcomes; building on First Nations legacy of resilience; and shifting the paradigm from sickness to wellness and from deficits to strengths. The focus will be on wellness outcomes, as opposed to "health" or disease/illness outcomes, and on exploring and celebrating the sources of strength and resilience of First Nations people.

Drs. Adams and Kendall reviewed the renewed population health and wellness indicators framework and the fifteen indicators in the areas of:

- Social, cultural, economic, environmental
- Land, family, Nations, community
- Mental, physical, spiritual, emotional
- Health and wellness outcomes
- Health systems.

The indicators establish knowledge and a system of measurement and reporting that reflects the First Nations' perspective of wellness to measure progress over the next ten years.

REMARKS FROM THE REGIONAL CHIEF

REGIONAL CHIEF SHANE GOTTFRIEDSON, BC Assembly of First Nations

“One of the things that is killing our people is poverty. Our young men and women want jobs. They want to pay the bills, support their partners and their children. They want to create a better quality of life.”

The Regional Chief recognized the appropriateness of the theme of the Gathering, “Learning from the Past and Planning for the Future”. The achievement of the vision of healthy, self-determining, and vibrant BC First Nations children, families, and communities requires First Nations to both plan and learn from the lessons of the ancestors and Elders.

The social determinants of health are the social factors that impact the health of the people and communities. Poverty is a challenge for First Nations people. Young people want jobs to support their families and to create a better quality of life. A housing crisis exists in many communities. Indigenous rights are being criminalized and people do not have access to traditional foods and diets. First Nations must work to keep families together; to learn lessons from sports on how to win and to accept defeat gracefully; and to give children a good education to allow them to succeed in life.

“As we move forward to work to build stronger and sustainable communities, we look for strong relationships with the Provincial Government, to create real change. Our people want change and want to be included in the decision-making process”

On November 4, 2015, Prime Minister Trudeau set out Indigenous issues and the renewal of the relationship between Canada and Indigenous peoples, as a priority for his new government. First Nations must stand together to work with BC and Canada to reconcile Aboriginal title and treaty rights and to move forward on the remaining issues. However, economic development cannot succeed without the social agenda. First Nations leaders must move forward to build stronger communities in collaboration with the Provincial and Federal Governments to achieve real change for their people. By instilling traditional teachings and cultures to build healthy communities and people, Nations will emerge stronger.

ADVANCING THE SHARED VISION OF HEALTHY, SELF-DETERMINING AND VIBRANT FIRST NATIONS CHILDREN, FAMILIES AND COMMUNITIES

GRAND CHIEF DOUG KELLY, Chair, First Nations Health Council

“All the pieces of unfinished business are part of the social determinants of health. Social determinants are all about children.”

The Grand Chief acknowledged FNHC members who are undertaking hard work on behalf of the First Nations people of BC.

The Chiefs have exercised incredible wisdom at previous Gathering Wisdom forums in creating the FNHA and giving it the responsibility to deliver services that were previously delivered by Health Canada and to transform the delivery of the First Nations health system. The Collaboration Committee, with representation from the FNHA, FNHDA and the FNHC, is addressing the programs and services that still need to be changed.

The FNHC has always talked about moving from a focus on sickness to a focus on wellness. The health and wellness indicators reflect this shift but also recognize the progress made in the areas measured by the original indicators, including suicide and diabetes incidence rates. The further reduction of suicide rates is one of the most important issues to be addressed.

Children are the centre of the framework for understanding the social determinants of health. First Nations’ traditions, and

the health and education systems all have an impact on children. Poverty often results in neglect and the separation of children from their families. The government policy of investing millions of dollars into removing children does not make sense.

The First Nations of BC have transformed health governance and now there are no decisions being made about BC First Nations without First Nations. The FNHC is involved in discussions at the federal, provincial, and health authority levels. This is a model that incorporates the concept of reciprocal accountability and which can be used to address the issues in housing, justice, public safety and children and family.

The work of the FNHC and FNHA has advanced to a point where work can now begin on the social determinants of health. In March, the Government of BC and the FNHC entered into a Ten-Year Social Determinants Strategy: Memorandum of Understanding (2016) (MoU). This started with an initial six-month engagement process. The objective of the engagement was to identify and agree upon a set of action items for health, children, justice and education that will result in real changes.

“The Ministry Service Plans inform the budget process. You have an opportunity to influence the Ministry Service Plans that will be put into place next fiscal year.”

Grand Chief Kelly expressed appreciation for the respectful dialogue that occurred during the Regional Caucus sessions this fall that were attended by the Deputy Ministers. GWSJ VIII will provide an opportunity to build on those discussions and will feature presentations from the provincial Ministries. The Ministries have proposed changes to Ministry Service Plans, to respond to the input received during the Regional Caucuses.



CITXW NLAKA'PAMUX ASSEMBLY YOUTH LEADERSHIP PROGRAM

Kristy Henkes, Communications and Youth Engagement Coordinator, introduced the Citxw Nlaka'pamux Assembly Youth Leadership Program which offers workshops on governance, entrepreneurship and multi-media and arts. Gathering Wisdom participants were invited to view a screening of a film on bullying and suicide that was created as a result of the multi-media and arts workshop.

"Our youth developed something amazingly powerful." CHIEF DAVID WALKEM, COOK'S FERRY INDIAN BAND

PARTNERSHIP WITH BC FIRST NATIONS TO IMPROVE HEALTH AND WELLNESS OUTCOMES

HONOURABLE JOHN RUSTAD, Minister of Aboriginal Relations and Reconciliation

"We know that we have to look forward and to look for ways to move forward. To take words and change them into action."

Minister Rustad commented that other provinces look to the BC health model as one to replicate.

The Minister noted that there are many factors that impact whether a family experiences health or ill health. Many Ministries are responsible for these factors and the Ministry of Aboriginal Relations and Reconciliation (MARR) is responsible for overseeing the implementation of the MoU. The Province has signed the MoU in recognition of the fact that health and wellness cannot be compartmentalized; that there are fundamental shifts occurring; and that there is a need for better strategies to work together.

The Province will work with the FNHC toward a ten-year strategy. The process will encompass dialogue with First Nations to determine what is working and what is not working, and to use the input gathered to inform annual Ministry Service Plans.

There were many common themes expressed during the Regional Caucus sessions. Minister Rustad remarked on the actions being taken by the Province to address many of the themes.

Minister Rustad emphasized that the welfare of children is the most important job for families, communities and government. He acknowledged and commended Grand Chief Edward John's recently released Report on Indigenous Child Welfare in British Columbia. He added that the Province supports the recommendations contained in the report, and

the Ministry of Children and Family Development (MCFD) is currently costing the recommendations. Initial efforts to implement nearly half the recommendations are underway: eight require legislative changes; and seven require cooperation from the Federal Government. The implementation of the recommendations will result in fundamental changes, including a shift from child apprehension to intervention.

"The MoU is a recognition that we cannot compartmentalize health and wellness."

In closing, Minister Rustad remarked on the need to work together on issues of economics, health and supporting children and families. The Province is committed to working in partnership with the FNHC to make those changes.



The Citxw Nlaka'pamux Assembly Youth Leadership Program

IMPLEMENTING THE MEMORANDUM OF UNDERSTANDING: A SHARED AGENDA FOR HEALTH AND WELLNESS

STEPHEN BROWN, Deputy Minister, Ministry of Health

"We felt that by making the actions part of our Service Plans, there can be no ambiguity on what we are committing ourselves to do."

Deputy Minister Brown reported that the Ministry of Health would be willing use the established BC First Nations Engagement and Approvals Pathway that was utilized to achieve consensus on a ten-year social determinants of health strategy. The immediate areas of focus will be child and family wellbeing, child welfare, education and justice.

Deputy Minister Brown reviewed the next steps required to support the implementation of the MoU, including:

- Implementing an initial six-month engagement process
- Identifying and agreeing upon a potential first set of pragmatic, effective, responsive and culturally appropriate actions in the immediate areas of focus
- Using feedback from Chiefs and leaders at the Gathering to inform the development of Ministry Service Plans
- Establishing clear outcomes and measures, and track and report on progress

He reviewed the feedback received during the Regional Caucus sessions:

- Ministries and services need to complement one another and work together to address common issues
- Increase First Nations decision-making, control and capacity, including Chiefs and leaders, as early in the process as possible
- Mental health and wellness initiatives need to support healing from intergenerational trauma
- Children and youth are the priority across all sectors
- Relationship building at the local level
- Flexible funding and accountability
- The services offered need to be delivered in culturally safe and respectful environments

Deputy Minister Brown emphasized the commitment of the Province to the MoU and to support action on the key themes emerging from the Regional Caucuses. The Province has proposed that the focus of the first year be on supporting the goal of keeping First Nations families together, when safe to do so, and permanency.

INFORMING THE STRATEGY

The Delegates provided comments on opportunities, suggestions for inclusion in the ten-year strategy, and recommended areas of focus, including the following highlights:

- Respond to the immediate needs of children by implementing the 2016 ruling of the *Canadian Human Rights Tribunal* on the equitable provision of child and family services without further delay
- Provide the resources required to support children in a meaningful manner. For example, providing a portion of the resource revenues from Forests and Range Agreements to communities
- Reconstruct families damaged from contact with non-Aboriginals, the *Indian Act*, and the residential schools' system
- Include definitions of "social determinants of health"
- Address all issues simultaneously as they are all inter-related
- Ensure that the minimum safety net and the access to health services are available to all isolated communities, before embarking on the broad subject of social determinants of health

"It's important for us, as leaders, to bring forward concerns that impact our community."

"If we don't reconstruct the families, then what good are we in areas of economic development, education and in all the other issues we face?"

"I don't want to be an advisor. I want to be a partner."

FENTANYL OVERDOSE CRISIS IN THE PROVINCE OF BC

DR. EVAN ADAMS, Chief Medical Officer, First Nations Health Authority

DR. SHANNON WATERS, Aboriginal Health Physician Advisor to the Provincial Health Officer,
Ministry of Health

“We are carrying a heavier burden as First Nations people, than other British Columbians.”

DR. EVAN ADAMS, CHIEF MEDICAL OFFICER, FNHA

Dr. Waters acknowledged the great concern around the current fentanyl overdose crisis and advised that efforts are being made to collect specific data on First Nations to better assess the magnitude of the problem and the appropriate response.

Dr. Adams commented that the FNHA and the Provincial Health Officer would welcome ideas from communities on how they are dealing with the fentanyl overdose crisis in their communities.

SUMMARY OF DISCUSSIONS AND NEXT STEPS

GRAND CHIEF DOUG KELLY, Chair, First Nations Health Council

NICK CHOWDHURY, First Nations Health Council

“Our job was to sit and listen. So, every one of us was sitting and listening. Your dialogue informed us. Your dialogue gave us a deeper understanding of the work that we need to do.”

GRAND CHIEF DOUG KELLY, CHAIR, FNHC

Grand Chief Kelly and Mr. Chowdhury summarized the discussions and responded to some of the concerns and questions expressed by Delegates.

Grand Chief Kelly expressed his belief that the process that was used to support health transformation will also work for social determinants. The setting of priorities cannot be done at a province-wide level; it must be done within the regions. The role of the FNHC is to create the opportunity and to provide support to the communities to do the work they have identified as being important.



GWVIII

Gathering Wisdom *for a Shared Journey* VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER BC

DAY 2

DECEMBER 1, 2016

TEACHINGS AND TRADITIONS

SHANE POINTE, Elder, Musqueam Nation

"We need to spend part of our days in prayer asking for help to help our relatives. I need, we need, you need – a helping hand to stand up in a good way to keep moving forward."

Shane Pointe offered a traditional song to start Day Two.

He then reflected on the Coast Salish word "Naut'sa mawt", meaning that all First Nations people are of one heart and one mind, regardless of culture or ceremony. First Nations people are at a crucial moment where healing is of the utmost importance. The Delegates, as with the great medicine men and women of the past, must listen in order to gather the wisdom to help their people to heal and to lift their hearts, minds and health.

HONOURING CLIFF ATLEO SR.

"The "lhqulutun" (anchor) holds us in place." – ELDER SHANE POINTE, MUSQUEAM NATION

Shane Pointe and the FNHC members blanketed the FNHC's Interim Elder Cliff Atleo Sr. in recognition of his constant strength as an anchor to the FNHC since its inception. The Coast Salish name of "Lhqulutun", meaning anchor, was bestowed upon Cliff Atleo Sr.

"We struggle to erase the past. On the path we are taking, it is never easy to make change, but it will benefit our future generations." CLIFF ATLEO, SR., INTERIM ELDER ADVISOR, FNHC



KEYNOTE ADDRESS

TERRY CROSS, Founder, National Indian Child Welfare Association

Mr. Cross began by reviewing the successive elements of colonization: taking away the land, energy and food; disrupting leadership and governance; taking away the worldview, language, spirituality and healing; and finally, taking away the children. This was all accomplished through the Indian residential school system. The symptoms of post-colonialism are intergenerational trauma; lateral oppression and violence, internalized racism, identity politics; dismembered social norms; adverse childhood experiences; and blaming the victim. A colonial society based on a culture of greed eats at the heart of those who know the right way to live. He noted that there is no doubt that First Nations people are the survivors of cultural genocide.

“Trauma on a daily basis, whether it is in the form of loss of language or life skills, creates symptoms resulting in the post-colonial society of today. The dynamics created by the colonial history still reverberate with us.”

The post-colonial reality faced by First Nations people includes racial inequity in economic security, health, education and social conditions; disproportionate representation in systems, particularly children in care related to poverty, poor housing, poor education, untreated mental health issues and caregiver substance misuse; poor outcomes for children in government care; and barriers to self-determination. There is much that is out of the control of First Nations people, but the violence against each other and allowing children to be removed from our communities can be stopped. The removal of a child deepens and hardens the trauma from a home where violence and substance abuse is experienced.

“We have to embrace what hurts. You’ve got to own your own stuff in order to solve this.”

Mr. Cross stated that the basic principle of state/provincial child protection assumes the family has the tools to ensure the safety and wellbeing of the child. The state steps in when the family fails to provide for the safety and wellbeing of the child. It expects the family to engage in the system and removes the child,

making the assumption that the system is the better parent.

Mr. Cross reviewed the Touchstones (RWV) Model where the tribe steps in when the family fails to ensure the safety and wellbeing of the child. It assumes the family (with support) is the better parent.

“Colonization dismembered our culture, our people, and our families. Our job is Re-membering.” THEDA NEWBREAST, BLACKFEET, NATIVE WELLNESS INSTITUTE

He shared the success story of the Village of Kwigillingok, Alaska, where a child protection team was formed to handle the community's own child welfare issues and where the placement of a child outside of the community has not occurred in over eight years. The village has tapped into the basic teaching of treating one another with love, generosity, gratitude, kindness and courage. It takes courage to remind people of the standard that must be met in the care of children.



Keynote Speaker Terry Cross, National Indian Child Welfare Association

“They created the child protection team; they didn’t want to wait for bruises or abandonment. When they hear of a problem they knock on the door, and the first question is, ‘Is everybody all right?’”

Mr. Cross reviewed the Western and Pacific Child Welfare Implementation Center (WPIC) project undertaken in Alaska. Managers and tribal leaders established a standard on how to approach child welfare and protection, with safety at the core. The project included development and implementation of eight core elements and tribal in-home services. Mr. Cross reviewed the graphic representation of the System of Care In-Home Service Model.

The Tribal In-Home Service Model (TIHSM) has been used in other applications and is a system of care approach, not a program. It is a philosophy of how care should be delivered with a spectrum of effective, community-based services and support for children and youth. Its principles are that of being family-driven, youth guided, culturally competent, community based and comprehensive. It aligns with the Indigenous thought relational worldview of a balanced connection between context, mind, spirit and body.

In order to achieve systems change, the essential elements of the environmental, infrastructure, mission and resources must be addressed. Most of the resources required to implement the systems change are the human resources of leadership, family and youth, staffing and training. It must be respectful of ancestral wisdom. Mr. Cross emphasized that if the vision is inconsistent with cultural integrity, it is not progress; it is the continuation of colonization.

Mr. Cross reviewed the five keys to change: leadership/commitment; stakeholder involvement; building capacity/infrastructure; environment; and vision and values. To change the system, the energy for the internal struggle and trauma must be stopped and the energy must flow outwards. Everyone must pull together. It is critical to reject the colonial lie that the colonizers have the answer, when the answers are in within peoples hearts and minds. He reminded the Delegates that if they are to decolonize themselves and deal with the social determinants of health that are making First Nations peoples, they must stop the self-generated trauma.

“To accomplish systems change you have to address the issues by using Indigenous thought to change systems. Failure is the continuation of colonization.” TERRY CROSS

CHILDREN AND FAMILY SERVICES

REPORT BACK FROM REGIONAL CAUCUSES AND MINISTRY SERVICE PLAN FOR 2017/18 – 2019/20

LORI WANAMAKER, Deputy Minister, Ministry of Children and Family Development

“Our intention is to work with communities and Nations. We recognize that the wisdom we need resides in your communities. You will guide our improvements and investments in the child care system.”

Deputy Minister Wanamaker acknowledged that the current system does not work for Aboriginal children. The goal of the Ministry of Children and Family Development (MCFD) is to have no Aboriginal children in care, and for all to be at home with their families. Many of the Ministry's plans are consistent with the recommendations contained in Grand Chief Edward John's Report on Indigenous Child Welfare in British Columbia.

Deputy Minister Wanamaker highlighted the following themes of the input received during the Regional Caucuses, and plans over the next several years to respond:

- Cultural competency and safety
- Intergenerational trauma and healing
- Accessibility and unique needs
- Relationship building and information sharing
- Flexible funding and accountability

Deputy Minister Wanamaker reviewed the proposed framework for a Multi-Year Action Plan, which may include a focus on:

- Strategic Initiatives – Major Shifts in Policies, Practices and Governance
- Operational Foundation – Required to Achieve Organizational Goals
- Investment Strategy – Strategic Allocation of Resources
- Indigenous Focus – Reconciliation/ Improving Outcomes for Indigenous Children and Families

Moving forward, MCFD will:

- Continue with the Tripartite Table on systemic change (jurisdiction and funding work)
- Attend the next round of FNHC Regional Caucus sessions
- Follow up at the local community level
- Incorporate Grand Chief Edward John's recommendations into the Multi-Year Action Plan
- Engage with First Nations on custom adoption
- Continue consultations and seek input on the Multi-Year Action Plan to finalize it by March 2017

“The impact of intergenerational trauma and healing is fundamental to us moving forward to improve the coordination of services. It highlights why some families find it difficult to navigate complex systems.” LORI WANAMAKER, DEPUTY MINISTER, MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

LEADERSHIP STRATEGY SESSION

The Delegates provided their insights and identified opportunities in the area of children and family services, including the following highlights:

- First Nations must exercise their own authority over child and family services
- The lack of housing in communities needs to be addressed
- Address the abuse of drugs and alcohol
- Make it easier and faster for individuals to be admitted to treatment centres
- There is a need for a separate body to lead the child and family services work for First Nations
- Grand Chief Edward John's recommendations must be implemented immediately to support real changes to the system
- Address the fact that 20% of funding is directed toward apprehension of children
- MCFD should increase its utilization of traditional knowledge keepers and recognize First Nations culture and traditions

“Welfare or hospice-care for children? They are our children. It is not a revenue choice. Ours is for love, theirs is for money.”

“In order for us to move forward we need to address the trauma. Treatment centres are not addressing trauma; they are addressing behaviours.”

JUSTICE AND PUBLIC SAFETY

TRADITIONAL TEACHINGS

MICHAEL HARRIS, Gitxsan Nation

“When we have justice, we have safety.”

Mr. Harris offered a prayer. He spoke about peace, protection and love, as expressed by the First Nations people before contact.

REPORT BACK FROM REGIONAL CAUCUSES AND MINISTRY SERVICE PLAN FOR 2017/18 – 2019/20

RICHARD FYFE, Deputy Minister, Ministry of Justice and Attorney General

MARK SIEBEN, Deputy Minister, Ministry of Public Safety and Solicitor General

“We are all aware of troubling family violence for Aboriginal women. We are committed to healing synergies to break the cycle of abuse.”

RICHARD FYFE, DEPUTY MINISTER, MINISTRY OF JUSTICE AND ATTORNEY GENERAL

“There is a greater respect and appreciation for the people in the context of the communities in which we are working. We look forward to continued engagement with local communities as they identify unique concerns and bring them to our attention.”

MARK SIEBEN, DEPUTY MINISTER, MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL

Deputy Minister Fyfe set the context for the presentation by noting that health and justice are interconnected and there are opportunities to explore collaborative responses to address the issues of family violence, the effect of social stigma on health disparities, and physical health problems as a result of legal issues.



Deputy Ministers Fyfe and Sieben reviewed the following key themes identified at the Regional Caucus sessions:

- Need for a coordinated response to mental health and substance abuse
- Impact of Fetal Alcohol Spectrum Disorder (FASD) on families and communities
- Importance of shared decision-making, especially around children in care
- Need for services to be available in rural and remote communities, as well as in urban areas
- Necessity of cultural safety training

The Ministries of Justice and Attorney General and Public Safety and Solicitor General are coordinating efforts to address the over-representation of Indigenous people in the justice system; improve relationships and advance reconciliation; and support culturally relevant, community-based alternative and/or supports to the formal justice system. The Deputy Ministers reviewed the opportunities and actions to strengthen the relationship with First Nations, including:

- First Nations Court models
- Access to Justice Services in the North and in remote locations
- Indigenous-specific/ culturally relevant family justice program initiatives
- Supporting MCFD to review the child protection system for indigenous peoples
- First Nations policing
- Building and strengthening relationships between First Nations communities/ leaders and BC Corrections at local and provincial levels
- Supporting the National Inquiry on Missing and Murdered Indigenous Women and Girls

LEADERSHIP STRATEGY SESSION

Delegates provided their insights and identified opportunities in the areas of justice and public safety, including the following highlights:

- Clarification is required on whether the Community Tripartite Agreements can be modified to provide for Tribal Police Forces in the communities
- The commitments made in the Transformative Change Accord should be met before moving forward with other areas
- Inform our partners that racial profiling of First Nations people is unacceptable
- The recommendations from the RCMP report on violence against women must be implemented
- Develop a seamless pathway to provide protection to the victims of domestic abuse
- There are strong parallels between child welfare and incarceration
- Indigenous laws must be incorporated into the legal system to resolve the systemic issues

“I am ‘Re-membering’ Coast Salish leaders and care giving; we heard Terry Cross calling us to come together and work together. Come together and commit to work together on justice for children and families. We will create a better place for our children.”

“We want a seamless pathway so we are not creating more barriers to protection or barriers to service delivery. A seamless pathway would be instrumental in moving out of the court system.”

EDUCATION AND POST SECONDARY EDUCATION

REPORT BACK FROM REGIONAL CAUCUSES AND MINISTRY SERVICE PLAN FOR 2017/18 – 2019/20

JENNIFER MCCREA, Assistant Deputy Minister, Ministry of Education

“We will address the racism of low expectations. By August 2017, there will be a plan in place to improve.”

Assistant Deputy Minister McCrea reviewed the following key themes identified at the Regional Caucus sessions:

- All students need to learn about our collective history
- There is a need for more Aboriginal teachers and Aboriginal people on school district boards
- Different teaching styles to meet student learning needs
- Address streaming of First Nations students
- Difficulty experienced by on-reserve students to access extra-curricular activities due to distance and transportation issues

Assistant Deputy Minister McCrea affirmed the Ministry of Education’s objective to change the system to improve experiences for Aboriginal students, and reviewed items to be included in it’s 2017/18 Service Plan, including:

- Improving Aboriginal student outcomes
- Supporting students with Special Education needs
- Improving student mental health
- Integrating the Truth and Reconciliation calls to action

Other Ministry of Education actions include:

- Continue with Curriculum changes for Grades 10-12
- Implement Auditor General recommendations
 - Develop a strategic plan to improve results
 - Addressing the “racism of low expectations”
 - Ensuring accountability focuses on success for Aboriginal students
- Provide guidance and support to School Districts in their work to implement the new curriculum



First Nations Chiefs in attendance were blanketed for pledging their support for the Esk'etemc Commitment Stick initiative to live violence free and a commitment to actively stop violence against Indigenous women and girls.

JEFF VASEY, Assistant Deputy Minister, Ministry of Advanced Education

"We are excited about collaborative problem solving; it comes down to how you deliver the solutions."

Assistant Deputy Minister Vasey reviewed the following advanced education related key themes identified at the Regional Caucus sessions:

- Post-secondary institutions need to develop relationships with First Nations communities
- Better information is needed for parents, including data on progress in post-secondary education
- Importance of education in the community and language programs
- Need to teach about the success in First Nations peoples' resilience to the residential school legacy
- Lack of funding is a barrier
- Leadership/governance programs are appreciated to help the community

Assistant Deputy Minister Vasey reviewed items to be included in the Ministry of Advanced Education's 2017/18 Service Plan, including:

- Providing funding for the development of a First Nations Language Degree to support the revitalization of First Nation languages
- Developing an annual report on participation and outcomes of Aboriginal learners in BC's public post-secondary system

LEADERSHIP STRATEGY SESSION

Delegates provided their insights and identified opportunities in the areas of education and post-secondary education, including the following highlights:

- The commitments in Local Education Agreements (LEA) have not been met and the children graduating from high school do not have the skills necessary to write a post-secondary entrance exam
- The goal for high-school graduation rates should be 98% in ten years
- Provide transportation so that First Nation children can participate in extra-curricular school sports programs
- Provide mental health supports for the victims of bullying in the high schools
- Funding is needed for teachers to deal with children of residential school survivors suffering from post-traumatic stress disorder (PTSD)
- Funding should be provided for each community to have their own First Nation language immersion curriculum
- More support is required for students with disabilities
- The education system should provide special consideration for children of trauma
- LEAs have become a financial transfer; there are no discussions on the inclusion of language and culture in the curriculum
- First Nation teachers should provide guidance on the development of the Aboriginal content in the school curriculum
- The low high-school graduation rate is of grave concern and becomes a health problem

"A child in care should be able to access funding for school."

"Open the doors for post-secondary education for indigenous people."

"It starts at home and we need to take on that responsibility. At one time each and every one of us spoke our language. We are responsible for the health, awareness and education of our children."

SUMMARY OF DISCUSSIONS AND NEXT STEPS

CHIEF MAUREEN CHAPMAN, First Nations Health Council

GWEN PHILLIPS, First Nations Health Council

“The Provincial and Federal Governments need to provide money to restructure families instead of court systems, they need to invest in families.” CHIEF MAUREEN CHAPMAN, FNHC

“Our work is about ‘Re-membering’, rebuilding and bringing historical importance to these days ... The next steps are us deciding what we want to do and informing us about us. Just us.”

GWEN PHILLIPS, FNHC

Chief Chapman and Ms. Phillips summarized the discussions, noting that there is some unfinished business of the FNHC from the original work on health.



GWVIII
Gathering Wisdom *for a Shared Journey* VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER BC

DAY 3 DECEMBER 2, 2016

REGIONAL CAUCUS SESSIONS

On the morning of December 2, 2016, Delegates were invited to meet separately in Regional Caucus Sessions for the North, Interior, Fraser, Vancouver Coastal and Vancouver Island to reflect on the discussions during the Gathering.

CLOSING REFLECTIONS FROM REGIONAL WITNESSES AND LIVING MARKERS

WILLIE CHARLIE, First Nations Health Council

“We heard about the commitment from BC that they’ve opened the door and have committed to listening to all our communities in the Regional Caucus sessions.”

Like the traditional practice in the long house, the Gathering called on *witnesses* from each Region to recognize the good work and share words of recommendation and guidance.

Key observations from the witnesses from each Region included:

- Ongoing accountability is required to enhance health services and the lives of children and family in the process of health transformation
- The lack of services at the local level
- There is political momentum to move forward; some Regions are ready to jump on board while others are still checking out the process and should not be left behind
- There is a need to improve communication, empowerment and resources
- Identifying and obtaining resources will help with understanding processes, defining timelines and structures, and obtaining a clear understanding of the shared destination
- The FNHC’s role in this process needs to be clearer, as does the rationale for referencing the social determinants of health in the health transfer foundational documents
- The FNHC needs to respect Directive #1 (Community-driven, Nation-based) while undertaking this work on the social determinants of health
- Communities have to both instigate and not fear change
- Communication and education are the key to suicide prevention, sexual assaults, substance abuse, and healing traumas
- The need to be honest about where we are as First Nations peoples and to move forward, recognizing that the Indian residential schools system impacts us all

“(Change) has to come from the grass roots; it has to come from the communities.”



Closing remarks from the FNHA Living Markers.

Key reflections from the Living Markers included:

- Advice to the FNHC to stand beside our people when they are willing to tackle difficult issues such as youth suicide
- The conversations and dialogue that occurred during GWSJ VIII about issues that need to be addressed were honest and direct
- Witnessed many Nations standing together in strength
- The full completion of transfer has been challenging and it takes time to change and transform
- This is important work and an opportunity to bring Nations together
- GWSJ VIII has provided an opportunity to create and participate in the development of a ten-year plan to address the social determinants of health.

“We, as a people, know where we’ve come from and we know where we want to be, and it looks different for all our communities.”

“We need to advocate with our people, with two-eyed seeing, and relationships with the people that can help make it right.”

NEXT STEPS: BUILDING CONSENSUS THROUGH COMMUNICATION & COMMUNITY ENGAGEMENT

WILLIE CHARLIE, First Nations Health Council

Mr. Charlie observed that next steps in moving forward will include working collaboratively with the three pillars of the health system - the FNHA, FNHDA and FNHC- and at the regional level to develop a communications plan to address the needs of the diverse audiences.

The Gathering was witness to the commitment from BC Ministries to open the door and to listen to all communities during Regional Caucuses. The FNHC has knocked on Canada's door to start a conversation at the federal level and it seems to have opened.

CLOSING COMMENTS AND NEXT STEPS

GRAND CHIEF DOUG KELLY, Chair, First Nations Health Council

"I am struck by the remarks of Terry Cross about "Re-membering". It is up to leadership to put our Nations back together. It is up to our Chiefs and leaders to lead by example and heal the pain."

Grand Chief Kelly acknowledged that there is some unfinished business from the BC Transformative Change Accord that was signed in 2005. The next step will be to work out the respective responsibilities of the FNLC and the FNHC to make progress on health, housing and economic outcomes. He affirmed that issues such as housing, food sovereignty, development, and other priorities are not being ignored. The FNHC will meet with the numerous federal Government Ministries to discuss these issues. In 2011, the Chiefs told us, "leave no one behind" and the FNHC is determined to do this by focusing on the children.

Grand Chief Kelly urged Chief and leaders to lead by example to heal the pain, and noted that the tasks in "Re-membering" are monumental but not insurmountable. The Gathering learned of a powerful approach in dealing with trauma and family issues implemented in the Village of Kwigillingok, Alaska where a child protection team was established to handle the community's own child welfare issues.

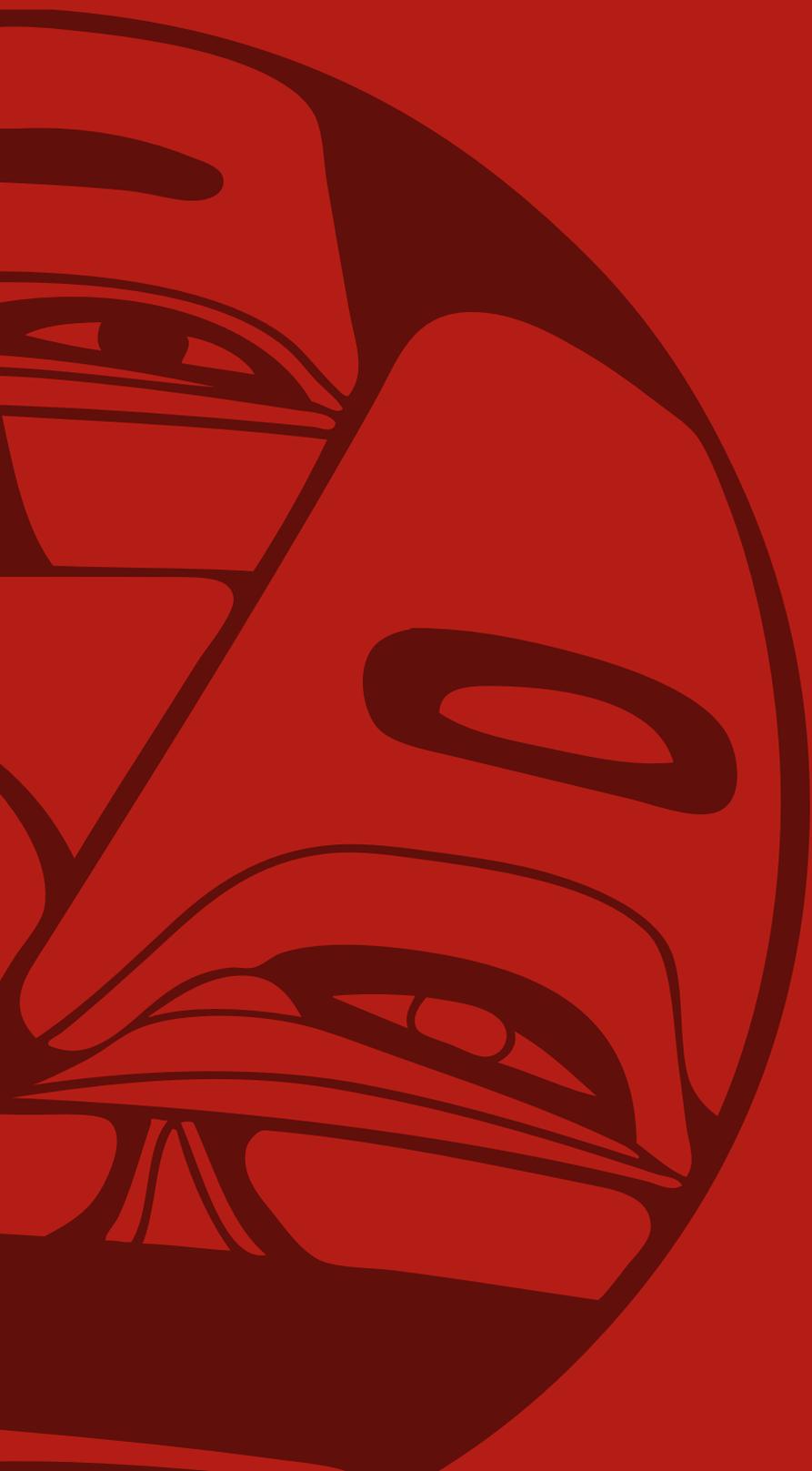
The FNHC will meet with BC Ministers and Deputy Ministers in March 2017 to confirm that there is a common understanding of the input received during the Gathering and to ensure that the right commitments are included in the Ministry Service Plans.

"The Deputy Ministers told us that they want to change the world we live in and they want you to tell them how to do it."



CONCLUSION

Interim Elder Advisor Cliff Atleo Sr. closed Day Three – December 2, 2016 of GWSJ VIII (2016) with ceremonial drumming and a singing circle.



EVALUATION



EVALUATION FEEDBACK AND FORUM RECOMMENDATIONS

146 EVALUATION
FORMS
RECEIVED

51	(34.9%)	CHIEFS, COUNCILLORS OR PROXIES
45	(30.8%)	HEALTH DIRECTORS
36	(24.7%)	HEALTH LEADS
14	(9.6%)	DAA DIRECTORS



53	(36.3%)	INTERIOR
38	(26.0%)	NORTHERN
29	(19.9%)	VANCOUVER ISLAND
19	(13.0%)	FRASER SALISH
7	(4.8%)	VANCOUVER COASTAL

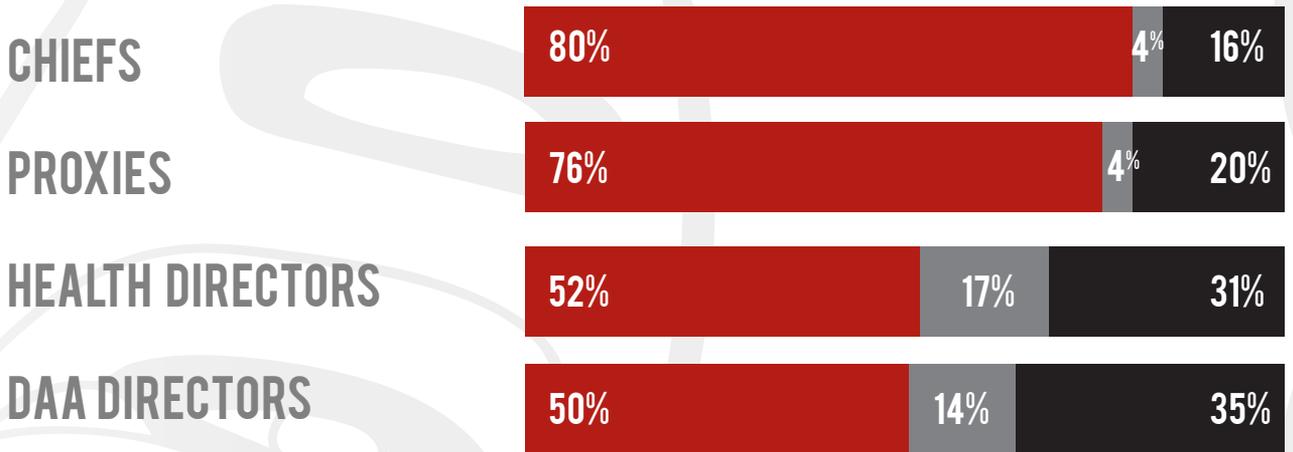


The FNHC is committed to the continuous improvement of processes. This section presents the results of the evaluation feedback and a summary of recommendations to improve the forum.

OVERALL, PARTICIPANTS EXPRESSED SATISFACTION WITH THE FORUM

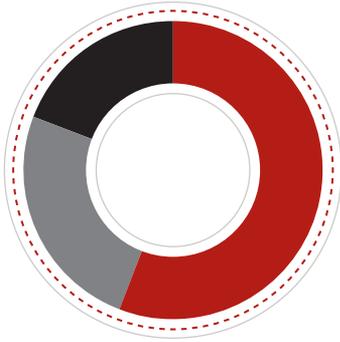


HOWEVER, SATISFACTION WITH THE FORUM DID DIFFER AMONG DELEGATES IN LEADERSHIP AND SERVICE DELIVERY ROLES.



UNDERSTANDING OF 10-YEAR SOCIAL DETERMINANTS STRATEGY:

A key outcome of the forum was to increase understanding of the ten-year social determinants strategy as proposed by the FNHC. In particular, an outcome was to increase understanding of the linkages between different social sectors and the health sector and the importance of cross-sector collaboration.



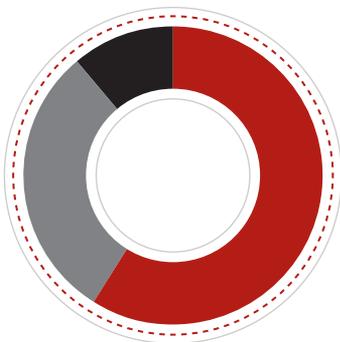
- **56%** of respondents felt that they understand the ten-year social determinants strategy
- **25%** indicated that they were neutral
- **19%** did not understand the plan to create a 10 year social determinants strategy

Some of the written responses indicated there was a lack of clarity on the process of developing the ten year plan, and the separate roles of the First Nations Health Council and the First Nations Health Authority. For example:

- A few attendees expressed concern that the ten-year strategy had already been created without proper consultation with First Nations communities, and that they were being informed of that plan.
- A few attendees were under the impression that the purpose of Gathering Wisdom VIII was to develop or approve the ten-year strategy.
- Some feedback indicated that there is broad support for addressing the social determinants of health, but that it is often an abstract concept that does not easily relate to concrete actions in community.

USEFULNESS OF REGIONAL CAUCUS PRESENTATIONS:

A key purpose of the forum was for Deputy Ministers from the Ministries responsible for children and family development, justice, public safety, health, education and advanced education to report back to First Nations leaders on what was heard in the fall Regional Caucus sessions. These presentations and the resulting discussions would further inform the Ministries as they prepared Ministry Service Plans and Budgets for the next Fiscal Year. Overall, the presentations made by provincial representatives were seen as valuable.



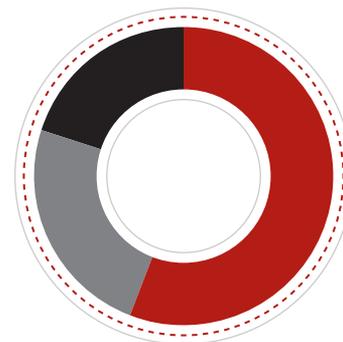
- **59%** either strongly agree or agree that the presentations were useful
- **30%** were neutral
- **11%** either disagreed or strongly disagreed that the presentations were useful

Written responses indicated that those who did not find the presentations from the provincial government useful did not support their involvement in the forum in any capacity. They would have preferred to use that time to discuss the promising practices as developed by First Nations. Of those who found them useful, their comments indicated that smaller breakout sessions with Ministries would be more valuable.

OPPORTUNITIES TO ENGAGE IN DISCUSSION:

- **56%** were satisfied with the opportunity to engage in discussion
- **24%** were neutral
- **20%** were unsatisfied

An important part of the agenda structure was to make time and space available for dialogue. Each presentation was followed by an opportunity for plenary dialogue. Written responses indicated that there were some attendees who believed that there should be more time set aside for discussion, and some who appreciated the 3 minute time limit to keep the conversation moving along. There were several comments asking for shorter presentation time and for more breakout sessions for discussion.



FORUM HIGHLIGHTS

Feedback on the forum was largely positive. The evaluation data shows that 65% of those who filled out the evaluations were satisfied with forum. Importantly, 90% of respondents said they would attend the next Regional Caucus.

The vast majority of the evaluations indicated that the keynote presentation from Terry Cross was the highlight of the event, and it sparked a conversation on structural reforms for First Nations child and family services in BC.

The cultural and ceremonial components were felt to be highly important and inspirational. The dancing, drumming, surprise honouring of Interim Elder Cliff Atleo Sr., and the blanketing of the Chiefs were all noted as highlights of the forum.

Many people also appreciated the Regional Caucus sessions as a means of providing dialogue and feedback on the issues discussed at the forum.

OPPORTUNITIES TO IMPROVE PROCESS AND OUTCOMES

The written responses indicated that the process for developing a ten-year strategy, including the process for developing and approving a plan, must be more clearly communicated. This would help clarify the concrete action areas that a social determinants strategy would address, as well as the respective roles and responsibilities of the communities, service providers, the Regions, federal and provincial governments, and the FNHC.

The evaluations also indicated that there was a lack of clarity among some participants on why a social determinants strategy is needed. It would be helpful to clearly demonstrate how the lack of coordination among federal and provincial governments weakens service delivery.

Many people suggested that there should have been more time for discussions, both in plenary and in regional breakout sessions.

It was recommended that more cultural components be included to break up the presentations from Chiefs and Ministries. Cultural components should also be used to ease stress and to generate a positive atmosphere after contentious dialogue or difficult subject matters.

ACRONYM LIST

The following acronyms are used throughout these proceedings:

CMO	Chief Medical Officer
CAN	Citxw Nlaka'pamux Assembly
DAA	Delegated Aboriginal Agency
FASD	Fetal Alcohol Spectrum Disorder
FNESC	First Nations Education Steering Committee
FNFC	First Nations Fisheries Council
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNLC	First Nations Leadership Council
GWSJ	Gathering Wisdom for a Shared Journey
IAHLA	Indigenous Adult and Higher Learning Association
iFNHA	Interim First Nations Health Authority
LEA	Local Education Agreement
MARR	Ministry of Aboriginal Relations and Reconciliation
MCFD	Ministry of Children and Family Development
MOU	Ten-Year Social Determinants Strategy Memorandum of Understanding (2016)
NADAP	Native Alcohol Drug Abuse Program
PHO	Provincial Health Officer
TFNHP	Tripartite First Nations Health Plan (2007)
TIHSM	Tribal In-Home Service Model
TRC	Truth and Reconciliation Commission
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
WPIC	Western and Pacific Child Welfare Implementation Center



} GWVIII

Gathering Wisdom *for a Shared Journey* VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER BC

GATHERING-WISDOM.CA

A PUBLICATION OF
First Nations Health Council

501-100 Park Royal South
Coast Salish Territory
West Vancouver, BC
V7T 1A2

Phone: 604-693-6500
Facsimile: 604-913-2081
Toll-free: 1-866-913-0033



FIRST NATIONS HEALTH COUNCIL

info@fnhc.ca



} GWVIII

Gathering Wisdom *for a Shared Journey* VIII
NOV 30 - DEC 2, 2016 | COAST SALISH TERRITORY | VANCOUVER BC

GATHERING-WISDOM.CA

A PUBLICATION OF
First Nations Health Council

501-100 Park Royal South
Coast Salish Territory
West Vancouver, BC
V7T 1A2

Phone: 604-693-6500
Facsimile: 604-913-2081
Toll-free: 1-866-913-0033

info@fnhc.ca

