



# **Project Piwaseha**

## **FINAL EVALUATION REPORT**

**March 31, 2011**

**Algonquin Nation Programs and  
Services Secretariat (ANPSS)**



## **Executive Summary**

The Algonquin Nation Programs and Services Secretariat received AHTF funding for an adaptation project to develop and provide cultural awareness training to professional staff and health workers in CSSS establishments under the Agence de santé et de services Sociaux (ASSS) de l'Abitibi-Témiscamingue, and other health and social services establishments which service the three Algonquin communities of Timiskaming, Wolf Lake and Barrier Lake, members of the tribal council.

The training program was very successful in part due to the acquired knowledge and experience of the program developer who is the Coordinator of First Nations Services at the First Peoples Pavillon at the University of Quebec in Abitibi-Témiscamingue (UQAT), as well as the ANPSS project coordinator. In addition, the assistance of the Advisory Working Group was very instrumental in the program success, as well as the administrative support provided by UQAT.

There were 356 persons who received the cultural awareness training. Many had not been exposed to this type of information before, even within the Quebec education system. Awareness and capacity building took place in all of the training sessions, and all of the comments were favorable.

In addition, this project has the potential to also benefit other Algonquin communities, both Anglophone and Francophone, in the surrounding area who receive services from these health establishments, as well as the aboriginal clients of the Friendship Center in Val D'Or.

However, at this point in time, it is difficult to determine the extent to which cultural awareness as designed within the training program has happened. The participants have a better cultural understanding of their clients, but it is not possible to say if they will adjust their professional practices accordingly, or to determine the extent to which services will be adapted as a result.



There was an excellent collaboration among the program partners which included all of the partners and the participating communities. Seeking and securing the support of the Directors-general of the ASSS and the respective CSSS increased the potential for success for this project. In addition, the Advisory Working Group had a sitting representative from the ASSS. The University (UQAT) provided technical and administrative support to the project.

The quality of communication between the communities, organizations and the implicated provincial services participating was excellent. The AHTF project provided minutes for all meetings of the Advisory Working Group, written information to the ASSS/CSSS, a power point presentation to the ASSS/CSSS directors, a press conference to launch the training, and promotional brochures and posters to advertise the training in the workplaces.

One of the important lessons that this project taught the Advisory Working Group was the general lack of cultural information among health workers and professionals on Aboriginal Peoples and their history. There is a significant lack of detailed facts and historical information in the education system which feeds the proliferation of stereotypes and negative imagery.

The project did reach its objectives which was to develop an appropriate cultural training, and to work together to build a basis for an active partnership. The participants need time to incorporate the notions and information from the training. It is only possible to evaluate the effects of this type of training on the adaptation of services in the long term



## Table of Contents

<b>Executive Summary .....</b>	<b>2</b>
<b>1. Introduction .....</b>	<b>6</b>
1.1 AHTF .....	6
1.2 Background .....	7
1.3 Overview of ANPSS Project .....	7
<b>2. Methodology .....</b>	<b>11</b>
2.1 Objectives .....	11
2.2 Activities .....	11
2.3 Methodology .....	12
2.5 Challenges.....	12
<b>3. Training Program .....</b>	<b>13</b>
3.1 Training Design .....	13
3.2 Objectives of Training Program .....	15
3.3 Content.....	15
3.4 Training Brochure.....	15
3.5 Training Sessions .....	16
3.6 Trainer.....	17
3.7 Participant Evaluation .....	17
3.7.1 Questions and Answers.....	17
3.7.2 Participant Evaluations .....	20
3.6.3 Follow-up by Trainer .....	20
<b>4. Findings .....</b>	<b>21</b>
4.1 Outcomes.....	21
4.2 Adaptation of Health Services .....	21
4.3 Capacity Building/Awareness of Project Partners .....	22
4.4 Sustainability .....	22
4.5 Challenges, Constraints and Barriers.....	22
4.6 Collaboration Communication and Cooperation.....	23



4.7	Effectiveness of Partnerships .....	23
4.8	Partnership in Delivery and Design .....	24
4.9	Planned Activities and Outside Influences .....	24
4.10	Lessons Learned .....	24
<b>4.</b>	<b>Summary and Recommendations .....</b>	<b>26</b>
4.1	Summary of Findings .....	26
4.2	Recommendations .....	27
<b>5.</b>	<b>References .....</b>	<b>29</b>



## 1. Introduction

### 1.1 AHTF

The Aboriginal Health Transition Fund (AHTF) was a five-year initiative (2004 to 2010) to improve the integration of Federal, Provincial and Territorial funded health systems, adapt existing health programs and services to serve better the needs of Aboriginal peoples (First Nations, Inuit and Métis), improve access to health services, and increase the participation of Aboriginal peoples in the design, delivery, and evaluation of health programs and services. Due to delays in the project implementation in Quebec, Health Canada extended the AHTF projects until March 2011.

The AHTF provides transitional funding to Provincial and Territorial governments and First Nations, Inuit and Métis organizations and communities in three areas:

- **Integration** - to support First Nations and Inuit communities to improve the coordination and integration between provincial and territorial health systems and health systems within First Nations and Inuit communities;
- **Adaptation** - to support provincial and territorial governments to adapt their existing health programs to the unique needs of all Aboriginal peoples including those in urban and Métis settlements and communities; and
- **Pan-Canadian** - to support cross-jurisdictional integration and adaptation initiatives in three streams: First Nations, Inuit and Métis; capacity funding to national Aboriginal organizations; workshops; evaluation activities; and overall administration of the AHTF.

The Algonquin Nation Programs and Services Secretariat received AHTF funding for an adaptation project to develop and provide cultural sensitivity training to professional staff and health workers in CSSS establishments under the Agence de santé et de services Sociaux (ASSS) de l'Abitibi-Témiscamingue, and other health and social services establishments which service the three Algonquin communities of Timiskaming, Wolf Lake and



Barrier Lake, members of the tribal council. In addition, it was foreseen that this project could benefit other Algonquin communities, both Anglophone and Francophone, in the surrounding area, such as Winneway, Eagle Village, Lac Simon and Pikogan, who receive services from these health establishments.

## **1.2 Background**

The Algonquin Nation Tribal Council services the three communities of Barrier Lake, Timiskaming, and Wolf Lake in varying degrees and capacities according to the direction given by each member community. The Algonquin Nation Tribal Council is a bicameral organization consisting of the Algonquin Nation Secretariat and the Algonquin Nation Programs and Services Secretariat.

### **Algonquin Nation Secretariat**

The Algonquin Nation Secretariat (ANS) is the political arm of the Tribal Council. Its mandate is to provide advisory services relating to Lands & Resources, Policies, and political developments.

### **Algonquin Nation Programs and Services Secretariat**

The Algonquin Nation Programs and Services Secretariat (ANPSS) is, as the name states, the service arm of the Tribal Council. Its mandate is to provide our member communities with support services.

## **1.3 Overview of ANPSS Project**

The Health Coordinator, Donna McBride, with the approval of the Council of Chiefs, planned, developed and implemented the Aboriginal Health Transition Fund Adaptation Project for ANPSS.

The AHTF project was to develop a cultural training program for health and social workers to address cultural differences which have caused barriers for the Algonquin communities in Abitibi-Témiscamingue in accessing culturally appropriate health services. The barriers and constraints associated with



cultural differences in world view with non-aboriginals are frequently referred to in the literature.

First Nations have a culture, history, social organization and way of life different from those of Quebec or Canadian Society. However, such differences are not taken into account by the existing health and social-service delivery system (FNQLHSSC, 2007). The experience of many Aboriginal People with the mainstream health care system has been negative, often due to cultural differences. Frequently, cultural differences and the inability of health providers to appropriately address these differences have contributed to high rates of non-compliance, reluctance to visit mainstream health facilities even when service is needed, and feelings of fear, disrespect and alienation (NAHO 2003).

Therefore, the objectives of this project were to provide health care professionals and other Centre de santé et des services sociaux (CSSS) staff with the opportunity to become knowledgeable about the cultural differences of Algonquin Peoples. As well as, to achieve a true partnership based on mutual respect and understanding between First Nations and their health care service providers.

The Algonquin Nations Programs and Services Secretariat partnered with the Université du Québec-en-Abitibi-Témiscamingue (UQAT) in the development of the training for health care workers and professionals. In addition, the project also partnered with:

- ASSS de l’Abitibi-Témiscamingue
- CSSS Lac-Témiscamingue
- CSSS Les Eskers de l’Abitibi
- CSSS de la Vallée-de-l’Or
- CSSS de Témiscamingue et Kipawa

Each of these partners provided a letter of support for the project signed by their respective directors-general, and participated on the Advisory Working Group. The Advisory Working Group supervised the project, and was composed of 12 members from various backgrounds within the health and social services sector (organizations and communities services) as well as





some professionals from services/organizations that were impacted by this project.

The mandate of the Advisory Working Group was to review and comment on the various drafts of the training program, as well as to participate in the training pilot. The roles and responsibilities of the Advisory Working Group were: to advice, share expertise and provide the necessary feedback on the development and use of teaching materials related to training.

The Members of the Advisory Working Group included:

- ASSSAT: Annie Vienney (Development, Planning and Research Agent)
- ANPSS: Mary Peluso (Hospital Liaison CSSS du Lac Témiscamingue),
- Val-d'Or Native Friendship Centre : Nathalie Larose (Support Worker ),
- Centre Normand (Val-d'Or): Véronic Bédard-Mianscum (Intervention Worker),
- Lac Simon: Jeannette Brazeau-Papatie (Elder),
- Pikogan: Tom Mapachee (Elder),
- Cree Patient Services CSSS Val-d'Or: Mary Semple Longchap (Social Worker),
- UQAT: Carole Désilets (Professor/Researcher Health Sciences Department),
- Timiskaming First Nation Health Centre: Marielle Beaulac (Nurse in Charge),
- Winneway: Martina Mathias (Community Health Representative),
- Wolf Lake: Sonia Young (Health Coordinator)

The addition of the Friendship Center in Val D'Or to the Advisory Working Group was seen as important, as according to the 2006 Census, there are 1,970 Aboriginal people living in Val D'Or, a 24% increase from 2001.

The Algonquin Nation Programs and Services Secretariat received financial support in the amount of 102 881\$ through the Aboriginal Health Transition Fund to cover all of the costs of having UQAT develop and offer a Cultural Sensitivity Training for professional and support staff under the ASSS umbrella.



## Project Piwehsa - Final Evaluation Report

Discussions between First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC), the Ministère de la santé et des services sociaux du Québec (MSSSQ) and Health Canada resulted in extra funding available to project holders. The ANPSS was granted an additional 9 400\$ after submitting an application.



## **2. Methodology**

### **2.1 Objectives**

The general objectives of the evaluation were:

1. To determine if the project did what it said it would do, and the reasons for this.
2. To look at what capacity development has occurred as a result of the project activities.
3. To determine the extent to which cultural and gender considerations were incorporated.
4. To look at how the adaptation of existing services will favour the continuum of health services for the Algonquin communities.
5. To determine the extent and strength of the collaboration between the project partners.
6. To determine what lessons were drawn from the program experience, including those that may be applicable to future programming. What were the reasons why some things worked well and others didn't?

### **2.2 Activities**

The evaluation process required that the consultant:

- Reviewed documents on file including minutes of meetings
- Became familiar with the project to date
- Attended meetings as required including the pilot training session
- Collected on-going data as project continued based on the evaluation questions
- Developed evaluation tools for review and approval based on evaluation questions
- Conducted assessments using tools
- Collected and analyzed data from assessments
- Prepared draft evaluation report for review and comment
- Presented report to Project Working Group
- Made adjustments and finalized Evaluation Report
- Remained available for follow-up, as necessary.



## **2.3 Methodology**

The methodologies for the evaluation included:

- Review of project minutes, documents and other information
- Participation during the training development stages.
- Review of training plan and adjustments
- Monitoring of interactions of Working Group
- Interviews/surveys of project partners and collaborators
- Analysis of the Participant Evaluations from the 12 training sessions.

## **2.5 Challenges**

Some of the challenges faced by the evaluator included:

- Delays in the start-up of the training with funding received late, the Pandemic, and a 3-month absence of the trainer meant that there was not sufficient time after the sessions were completed to monitor if the training was applied in the workplace as had been planned.
- The participant evaluations were designed by UQAT and required written feedback which created difficulties in analyzing handwriting.
- The 356 participant evaluations were two pages in length and with the exception of one table, required responses in sentence form. This required an enormous amount of time to summarize.
- The number of trainings held and the distance to be travelled meant that the evaluator was not able to attend all of the 12 training sessions that were held.



### **3. Training Program**

#### **3.1 Training Design**

The contract for the training development was given to the University of Quebec in Abitibi-Témiscamingue (UQAT) for the expertise they had developed within the framework of their Program in Aboriginal Studies. The program developer, Janet Mark, who was recommended for the project, had previously developed an 80 hour program for university credit, and works as Coordinator for First Nations Services at the First Peoples Pavillon (UQAT).

This AHTF training was planned to be about 6 hours, and to be specific to Algonquin Culture, while including other elements such as the impact of residential schooling, culturally appropriate health care, cultural safety and social determinants of health.

The Advisory Working Group worked with the developer on the content of the training program based on the following principles:

- To put ourselves in the employee's place as they take the training.
- Training content must appeal to all sectors within the CSSS establishments.
- Use interaction, exchange, action, reflection, fun, simple and interesting text.
- Training content should be developed from the experience, comments and suggestions of the Working Group.
- Teaching formulas used should include: 1) exposé, 2) discussions and group exercises in small groups and large sharing group 3) scenarios, and 4) DVD presentation.
- The goal is to foster a climate of active participation starting with the experiences of the participants.

The training was designed specifically for the:

- CSSS Management and Administrative staff; and
- Front Line Primary Health Care Providers, including and not necessarily limited to: Doctors; Occupational Therapists; Social Workers; Physiotherapists; Nurses, Public Health Nurses;



Nutritionists; Mental Health Professionals; technicians, and support staff.

The name for the project "Piwaseha" was given by an Algonquin Elder from Winneway and means the first light (of the morning at dawn). After meetings to discuss the contents, modifications made, a final review and presentation of training program was made to the Advisory Committee and Evaluator which approved the final version.

A training calendar was set and a promotional brochure was developed and published. A Press Conference was planned for June 21, 2010 at the First Peoples Pavilion at UQAT in Val D'Or with the Directors-general of the ASSS and CSSS as well as the Grand Chief of the Algonquin Nation Tribal Council.

Combined efforts by support staff of the University and the Tribal Council provided administrative support for the Training program development through the assistance of Chantal Gervais (UQAT). Ms. Gervais used her experience to assist with translation, minutes and preparation of training binders/material, as well as taking registrations. Lorri Hamelin (ANPSS) did graphics, design and development of the promotional training brochure and posters including training venue logistics.

The press conference, and providing administrative coordination and support for each of the training sessions, was a collective effort between ANPSS and UQAT. Chief Arden McBride of Timiskaming First Nation participated in the press conference and addressed the media on behalf of the Algonquin Nation Programs and Services Secretariat, as well as, Vincent Rousson, Director at UQAT Val-d'Or Campus, Centre d'études supérieures Lucien-Cliche.

Due to budget cuts that were announced in the provincial network, the health establishments were not able to cover the costs of replacements for the number of workers as originally planned. All 12 training sessions still took place; however we did not have the maximum of 40 participants in each.



### **3.2 Objectives of Training Program**

The objectives of the training program were established to be:

1. Have a better understanding of the past and the realities of today to better intervene;
2. Be able to demonstrate more openness and acceptance towards cultural differences;
3. To have an understanding of the various obstacles that hinder communication and relationships with Aboriginal people;
4. To recognize the impact of negative perceptions by society on the self-esteem of Aboriginal people;
5. To consider own cultural values and reflect on the Aboriginal identity in intercultural relations;
6. To be able to compare own culture and that of Aboriginal people.

### **3.3 Content**

The content of the training included:

- Warm-up activities: "For you, a Native is..." and "Test your Aboriginal Knowledge".
- Some history and information (Indian act policy of assimilation, the foundations of this policy, residential schools, native language, terminology, etc.).
- Presentation of a documentary, "After Residential Schools: Rebuilding what we are " (Wabanok Production for APTN).
- Personal and professional awareness.
- Scenarios: Discussions and exchanges.
- Information Capsule: How can I get in and establish a relationship of trust? What to do? How to be?
- Additional resources (website, texts, DVD's legacy of Indian residential schools in Quebec, Fact and Fiction, Quebec First nation maps, etc.).

### **3.4 Training Brochure**

A training brochure which included the training schedule and location was published and distributed to all of the health and social services establishments in the area:



As well promotional posters (13"x19") displaying the training project were distributed.

### 3.5 Training Sessions

The following table provides an overview of the dates, location and number of participants for the 12 training sessions.

<b>DATES</b>	<b>TRAINING LOCATIONS</b>	<b>PARTICIPANTS</b>
September 9th	Val d'Or /UQAT	25
September 14th	Kipawa /Eagle Village Community Center	41
September 23rd	Senneterre / Motel Senabi	23
September 28th	Ville-Marie /La Bannik	41
October 6th	Val d'Or / UQAT	35
October 13th	Amos/ Atmosphere	19
October 19th	Ville-Marie /	36
October 21st	Malartic / Le Tremplin	21
October 27th	Amos / Atmosphere	18
November 2nd	Amos / Atmosphere	40
November 10th	Val d'Or/UQAT	41
December 10th	Val d'Or /UQAT	16
Total number of participants:		356





### **3.6 Trainer**

The University (UQAT) agreed to have the program developer, Ms. Janet Mark, Coordinator First Nations Services, First Peoples Pavilion, UQAT deliver the initial training programs. It was hoped to have someone from the Algonquin communities shadow the training to take over from Ms. Mark. However, the ANPSS was not able to find a bilingual replacement. Ms. Mark will take time off as needed to deliver future training workshops on a private contract until the ANPSS can find a suitable bilingual trainer.

### **3.7 Participant Evaluation**

The following section provides a short summary of the participant feedback from the evaluation forms completed after each training session.

#### **3.7.1 Questions and Answers**

##### **A. What identifies a native person?"**

- 92% of the respondents identified a native person as someone with a different culture and history.
- 52% indicated that native people were the first/original habitants of Canada and North America.

Some of the other most frequent answers included: people who possess different values and practice different ways of living (such as hunting/fishing), who are close to nature, who face many social problems such as drug and alcohol abuse, and those who live on reserves.

The Advisory Committee and the trainer were quite surprised that today there is still such limited and inaccurate information on First Nations even among health professionals.

##### **B. What did I learn today that I can use/apply in my workplace...?"**

Overall, 100% of the respondents indicated that they acquired a better understanding of native culture and history in general, which included knowledge of past and current issues. Others specified such learning as:



- To respect the "rhythm" of the client more and take the time to listen and ask questions;
- To not stereotype, hold prejudices, or label/categorize;
- To be more sensitive and adapt according to each individual client (some may have social issues or may be facing repercussions of residential schools and a traumatic past).

### **C. "What aspects of the workshop did you appreciate most?"**

The video on residential schools had a strong impact on the group, 100% liked and appreciated the video. Also many favoured learning the history aspects, or group discussions and activities, and there was stated an overall appreciation for the workshop itself.

### **D. "What aspects of the workshop did you least appreciate?"**

67% of the respondents indicated that they were completely satisfied with the workshop. However there were a number of issues that were not favoured by the respondents.

- About half felt that too much time was spent on role-playing, and that the time could have been spent on other things.
- The temperature in the room was either too hot or too cold.
- Some indicated that there should have been more statistical information or a link between local regions.
- A few also mentioned that the presentation was specific to only FN people, when the issues discussed are everywhere in Canada with other cultural groups.

### **E. "What aspects from this workshop would you like to see in another workshop?"**

The suggestions included:

- Taking a holistic approach to the training.
- Include information on their history, culture, spirituality and traditions.
- Comparing and analyzing the advantages and disadvantages of their culture, and going in-depth for the different groups from different regions of Canada.



- Take a look at their “realities” and on-going effects of their past and residential schools.

#### **F. “As of now...?”(After the workshop, any changes)**

A lot of the respondents indicated they left the workshop with a more open-mind on current native issues and people. Some revealed wanting to work on removing stereotypes and prejudices, and to be more empathetic to their needs and traditional ways of life. Others said they wanted to share their new learning with others and would recommend the workshop.

#### **G. Reasons for being there**

A majority (70%) of the respondents stated that they were there out of interest, while only a small percentage stated that they were there out of obligation, or because of a recommendation to attend.

#### **H. Any Other Comments**

Other comments provided on the evaluation sheets included:

- “I felt that there was too much importance placed on the effort to remove prejudices and that it will not be achieved in the role-playing situations...”
- Lot of comments were politically correct...
- Like to have training on how to intervene with First Nations people...
- Would be good to hold the training in Friendship Centers...
- Would like to go deeper into culture, values, etc...
- Training should be given in school boards...
- More on history and discussion on reasons behind many of their social problems...
- Repeat the training in different sectors; this would benefit more workers...”



### 3.7.2 Participant Evaluations

The following table shows that although the level of satisfaction was very good in most cases, there were some areas (highlighted in yellow) where the level of satisfaction was lower, and which should be addressed in subsequent trainings. These include time and content, usefulness of documentation in the workplace, and actual use of content in workplace.

<b>Objectives, content, facilitator, logistics, learning....</b> (1 is not satisfied at all and 4 is completely satisfied)	
1-The objectives were clear and precise.	83% were very satisfied
2-The objectives were reached.	74% were very satisfied
3- The time provided was sufficient.	55% were very satisfied
4-The content of the seminar met my expectations.	56% were very satisfied
5-The documentation provided will be useful in my work.	59% were very satisfied
6- The facilitator was familiar with the content.	88% were very satisfied
7-The facilitator presented the content very well.	88% were very satisfied
8-The facilitator interacted well with the group.	79% were very satisfied
9-The local and set-up was adequate.	69% were very satisfied
10-The schedule was appropriate.	76% were very satisfied
11-The general climate was agreeable.	79% were very satisfied
12- I understood and integrated the majority of the content using the training activities.	70% were very satisfied
13-The reflections of the day will be useful in my interventions.	63% were very satisfied
14-I will recommend this training to all my colleagues in the CSSS.	77% were very satisfied

### 3.7.3 Follow-up by Trainer

After each training session was completed, the trainer reviewed the evaluation forms to ensure that the training was meeting the needs of the participants. After the first two sessions, the trainer/developer, Janet Mark, worked with project coordinator, Donna McBride, to make a few changes to



some of the content and the agenda of the workshops to include the suggestions and comments from the participants.

## **4. Findings**

This section refers to the overall findings of the project in regards to the stated AHTF objectives.

### **4.1 Outcomes**

The ANPSS Project did achieve its objectives in the short term as shown by:

- The 356 persons that attended the 12 training sessions
- The comments on the participant evaluations completed after each of the 12 training sessions

Although the project did not receive the number of participants that was originally planned, due to circumstances beyond its control, the project did very well, with some of the 12 workshops having just over 40 participants. The comments from the participants show that capacity building and awareness were developed.

However, we were not able to determine if the awareness and capacity building resulted in actual changes in the work place, and the adaptation of existing programs provided to First Nations clients. The intermediate and long term objectives regarding adaptation can only be measured in the future and will be reached only if the cultural training is repeated and continued beyond the scope of this project.

### **4.2 Adaptation of Health Services**

Although the AHTF project will not see changes immediately, the professionals will incorporate the information into their practice progressively. The participants need time to incorporate the notions and information from the training. It is only possible to evaluate the effects of such a type of training on the adaptation of services in the long term. There is a lot of staff turnover in provincial institutions and there has to be a



mechanism to ensure that cultural training is provided to new staff as part of their orientation.

### **4.3 Capacity Building/Awareness of Project Partners**

Exchanges took place between representatives of the steering committee to discuss problems encountered by both in regards to lack of First Nations cultural understanding. Capacity building also took place in convincing the directors (ASSS & CSSS) that it was important for them to send their workers to this type of training. Information exchanges about cultural perceptions of health and family, and the realities of urban life for those used to living in a community took place among the partners of the Advisory Working Group.

### **4.4 Sustainability**

The training program and materials is fully developed and ready to go should anyone wish to purchase the training. Funding is always an issue for sustainability. The CSSS directors stated verbally that they would like to have more of their staff follow the training next year, however with all the cuts to health and social services will cultural training, it is difficult to say if this will continue to be a priority for them.

It was suggested that there be a follow-up to the first session in the fall of 2011 or the spring of 2012 to be certain that personnel are continuing to develop their knowledge of the realities of First Nations. There was a recommendation from the provincial partners for a phase 2 to the training that will go further in developing an understanding of the culture.

### **4.5 Challenges, Constraints and Barriers**

Some of the reported challenges and constraints for this project included:

- Funding agreements received late resulted in project timelines not being met. Cannot move forward without funding.
- Trying to work around each partner's schedule and workload and still keep on project moving at a steady pace.



- Pre and post Pandemic work often resulted in cancellation of meetings with CSSS directors.
- Unforeseen 3-month leave of absence for the key developer in project.
- Cuts in finances for CSSS meant that fewer workers could receive the training than originally planned.

#### **4.6 Collaboration Communication and Cooperation**

Collaboration between the partners was very good. The biggest challenge for the coordinator was working around everyone's schedule while managing to keep project moving forward. Challenge for most members was finding the time to participate with other members when they were available.

The communication was very well done, keeping everyone in contact and up to date using e-mail, telephone conference calls and face to face meetings. Everyone was open and ready to share their opinion. The meetings were well prepared, well coordinated and everyone was provided with the pertinent documentation. The work undertaken by Donna McBride, Janet Mark and the team from L'UQAT and ANPSS was remarkable.

#### **4.7 Effectiveness of Partnerships**

The support received from the provincial partner, the Agence de Santé et des Services Sociaux de l'Abitibi-Témiscamingue, was instrumental in promoting the training project and forming relations with the CSSS Direction. The partnerships were very effective.

All of the persons and communities involved in the Advisory Working Group wanted to use the training program as a way to promote a more global vision of the barriers associated with the realities. The ones that participated on this committee made this project a success.



#### **4.8 Partnership in Delivery and Design**

All members had the opportunity to make suggestions, bring their ideas forth and have their voice heard on final project decisions. All of the partners participated in those decisions but the principal work of creation and development was done by Donna McBride (ANPSS) and Janet Mark (UQAT).

The training project was excellent, but in addition there were changes made based on the recommendations and comments of the participants, and it was adapted for each of the CSSS territories where it was given. There was an opportunity provided for everyone to give inputs on the project.

#### **4.9 Planned Activities and Outside Influences**

The first training has been planned to be given exclusively to all of the directors of the region, but unfortunately, the pandemic and a backlog of work made this impossible to schedule. The pandemic affected everyone's workload.

In addition, the provincial budget cuts announced at the same time as the training was launched affected the number of persons that could be trained. The provincial partners were not able to release any additional staff above those that was trained, so the number of sessions was reduced to twelve.

#### **4.10 Lessons Learned**

Some of the lessons that the Advisory Working Group learned through this project were:

- That there is still lot of work to be done in regards to cultural awareness within health and social service establishments.
- During each of the 12 training sessions, there were participants who knew very little on the Indian residential schools, the Indian Act, the loss of language and much more in regards to First Nations.
- The cultural training was very necessary and should be continued the following year so more and more persons can become aware.





## Project Piwehsa - Final Evaluation Report

- There is a need to find a better method of reaching the participants as a number said that they did not see any information posted even though there was a lot of information sent out.
- The groups, some of which were just over 40, were too large for the type of training. It was suggested to go with a maximum of 20 to allow for more interaction between participants and the trainer.



## 4. Summary and Recommendations

### 4.1 Summary of Findings

The training program was very successful in part due to the acquired knowledge and experience of the program developer who is the Coordinator of First Nations Services at the First Peoples Pavillon at the University of Quebec in Abitibi-Témiscamingue (UQAT), as well as the ANPSS project coordinator. In addition, the assistance of the Advisory Working Group was very instrumental in the program success.

There were 356 persons who received the cultural awareness training. Many had not been exposed to this type of information before, even within the Quebec education system. Awareness and capacity building took place in all of the training sessions, and all of the comments were favorable.

However, at this point in time, it is difficult to determine the extent to which cultural awareness as designed within the training program has happened. The participants have a better cultural understanding of their clients, but it is not possible to say if they will adapt their practices accordingly, or to determine the extent to which services will be adapted as a result.

There was an excellent collaboration among the program partners which included all of the partners and the participating communities. Seeking and securing the support of the Directors-general of the ASSS and the respective CSSS increased the potential for success for this project. In addition, the Advisory Working Group had the *Agente de planification, de programmation et de recherche* from the ASSS sitting at the meetings, which was very beneficial. The University (UQAT) provided technical and administrative support to the project.

The quality of communication between the communities, organizations and the implicated provincial services participating was excellent. The AHTF project provided minutes for all meetings of the Advisory Working Group, written information to the ASSS/CSSS, a power point presentation to the



ASSS/CSSS directors, a press conference to launch the training, and brochures to advertise the training in the workplaces.

One of the important lessons that this project taught the Advisory Working Group was the general lack of cultural information among health workers and professionals on Aboriginal Peoples and their history. There is a significant lack of detailed facts and historical information in the education system which feeds the proliferation of stereotypes and negative imagery.

The project did reach its objectives which was to develop an appropriate cultural training, and to work together to build a basis for an active partnership. The participants need time to incorporate the notions and information from the training. It is only possible to evaluate the effects of this type of training on the adaptation of services in the long term.

## **4.2 Recommendations**

The following recommendations are made based on the outstanding success of this project:

1. AHTF Project should be renewed with additional resources and funding so that the training program can continue to be given to those workers who did not have the opportunity to attend, and a mechanism can be established so the training becomes part of the orientation for new staff.
2. A second training (Part 2) should be designed that will provide the different sector workers with more tools to understand how to intervene effectively with First Nations.
3. A follow-up should be made with those who took the first training in the fall/spring to determine how effective the training continues to be for them, and what adjustments can be made or implemented into the design for part 2.



4. The ASSS/CSSS should continue to give priority to this training, even with budget cuts, as more effective interventions by health and social workers will reduce the morbidity and mortality rates for First Nation clients in the long term.
5. An effective communication strategy should be developed to emphasize the importance of this training for health and social workers.
6. The training program, with possibly some adjustments in orientation or content, should be offered to the school boards servicing these same areas. The school boards are partners to health and social services and are important stepping stones to increasing the level of cultural awareness.
7. The training groups should be limited to a maximum of 20 participants to ensure that everyone has the opportunity to exchange with each other or the facilitator on sensitive issues.



## 5. References

ANPSS (2011). Various project documents, including minutes, updates, training component sheets and power point presentations from 2009 – 2011.

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