



# Solutions adapted to the First Nations and Inuit communities to support the application of Bill 21

## Report of the Committee on the Application of Bill 21 in Aboriginal Communities

**2016**

This report represents the opinion of the members of the Committee on the Application of Bill 21 in Aboriginal Communities, and its content is the sole responsibility of its authors.

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- 2- Gouvernement du Québec
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**Letter from the Co-chairs to the Ministers**  
(Translation)



Quebec, September 29, 2016

**ORIGINAL SIGNED**

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Mr. Geoffrey Kelley  
Minister responsible for Native Affairs  
900, place d'Youville, 5<sup>e</sup> étage  
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Dear Ministers,

The Committee on the Application of Bill 21 in Aboriginal Communities completed its deliberations in September 2016 and prepared a report that presents the issues raised by the application of the Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations, Bill 21, the possible solutions and some recommendations on the solutions to be implemented in order for the Aboriginal communities to benefit from the guarantees of the professional system provided through Bill 21.

This mandate that you conferred upon us last January inspired an exemplary commitment and mobilization on the part of the Committee members. Openness, welcome, respect, innovation and understanding were the hallmarks of the discussions, in the quest for solutions adapted to the realities experienced by members of the First Nations and Inuit communities.

As a result, in spite of the very short timelines established – and which were respected – some promising consensus-based and culturally relevant solutions were identified. These solutions are in keeping with the government's recently reiterated obligations toward these communities. The participation of representatives from the First Nations and Inuit regional health and social services organizations and of the First Nations of Québec and Labrador Health and Social Services Commission throughout the process was certainly a major factor of success.

The implementation of the solutions recommended by the Committee should also involve the participation of all the stakeholders concerned: Aboriginal communities, professional orders, and ministries and agencies of the Gouvernement du Québec. In certain cases, for development and implementation purposes, input will be needed from colleges and universities, from organizations involved in training, and from the federal government, in view of its responsibilities toward Aboriginal communities.

All organizations designated by the mandate and represented in the Committee have indicated their support for the recommendations of this report.

We wish to emphasize the importance of considering the recommendations as a whole, as a coherent set rather than as a series of independent measures. Moreover, the efforts needed to implement them will require a strong commitment from the government authorities, as well as sufficient and foreseeable financial support throughout the duration of the work. Indeed, such a project cannot be carried out in the space of a few months, and time will be required to achieve the desired results.

We respectfully submit this report, the fruit of a collaborative effort and of a well-informed reflection process, hoping that it will give rise to the implementation of solutions that will assist the First Nations and Inuit communities in the application of Bill 21.

Yours very sincerely,

Vice-president  
Office des professions du Québec

Associate Secretary  
Secrétariat aux affaires autochtones

Christiane Gagnon

Patrick Brunelle

Co-chairs of the Committee on the Application of Bill 21 in Aboriginal Communities

Encl.

## Summary

The Committee on the Application of Bill 21 in Aboriginal Communities was mandated in January 2016 by the Minister of Justice and Minister responsible for the Administration of legislation respecting the professions, and by the Minister responsible for Native Affairs, to:

- Document the issues raised by the implementation of Bill 21 and the issues underlying the problems involved in its application within Aboriginal communities;
- Identify possible solutions that could enable the implementation of the principles that Bill 21 aims to uphold, by ensuring the protection of the public in a manner consistent with the provisions contained in legislation respecting the professions;
- Submit a report and recommendations regarding possible solutions to the two ministers.

The Committee, which included members of Aboriginal organizations, of professional orders and of ministries and agencies of the Gouvernement du Québec, representing the main communities and authorities involved in the implementation of Bill 21, confirmed the presence of substantial needs in First Nations and Inuit (FNI) communities in the areas of mental health and social services, clarified the issues and problems involved in the application of Bill 21 and recommended possible solutions that are both promising and consistent with the principles of Bill 21, as well as with the expectations and aspirations of the FNI.

The deliberations of the Committee focused more particularly on the activities newly reserved under Bill 21 applying to the fields of practice of social workers and psychoeducators. In addition, although the information-gathering efforts were aimed toward several sectors in which Bill 21 applies, they confirmed the significance of the problems in the youth protection and rehabilitation sectors, although the Committee could not draw any conclusions on the situation of the other sectors, specifically the school, early childhood and employability sectors.

The Committee's recommendations constitute a coherent whole and must be considered together. Their implementation will require sustained work over a period of several years.

## Recommendations

***To increase the number of First Nations and Inuit (FNI) workers authorized to perform activities reserved under Bill 21:***

- 1) Develop adapted measures for qualifying training and for recognition and upgrading of skills, intended for FNI workers to gain access to the practice of activities reserved under Bill 21.
- 2) Set up regulatory mechanisms to enable professional orders to recognize skills and progressively authorize the practice of reserved activities.
- 3) Implement incentive measures as part of the employment conditions.

***To support the application of Bill 21 in FNI communities:***

- 4) Implement measures for the attraction and retention of professionals belonging to professional orders.
- 5) Facilitate the practice of English-speaking professionals in Anglophone Aboriginal communities.
- 6) Recognize the acquired knowledge and skills of workers already practicing or working in FNI communities.
- 7) List the intervention and evaluation tools suitable to the FNI context.

***To ensure implementation of the recommendations:***

- 8) Create a Steering Committee to oversee the implementation.
- 9) Create a multi-year fund for the implementation of the recommendations.

The subsequent work to implement the recommendations will require contributions from many authorities, Aboriginal organizations, professional orders, ministries and agencies of the Gouvernement du Québec, colleges and universities, as well as from the federal government authorities concerned, in certain cases. Annual reporting to the government will ensure the efficient conduct of the implementation work.

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## Foreword

Legislation respecting the professions, and the related regulations, apply throughout the territory of Québec. The provisions of Bill 21, the *Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations*, are no exception to this rule. However, it may prove more complex to administer certain laws and regulations in the Aboriginal context, owing to the specific realities of the communities (geographic location, lack of trained personnel, problems of staff recruitment and retention, etc.).

Mental health services and social services are provided and financed according to formulas that may vary greatly from one Aboriginal community to another.

The “Agreement” communities, which signed the James Bay and Northern Québec Agreement in 1975 – the Inuit and the Cree – and the Northeastern Québec Agreement in 1978 – the Naskapi – are responsible for the administration of health services and social services in their lands through the administration of the Act Respecting Health Services and Social Services, the Youth Protection Act and the Act Respecting Health Services and Social Services for Cree Native Persons, and the financing of the services comes essentially from the Gouvernement du Québec.

In the so-called “non-agreement” communities, which are under the jurisdiction of the Government of Canada, under the Indian Act, the administration is usually entrusted to the Band Councils and the financing comes from the federal government<sup>1</sup>. Pursuant to section 91 of the Constitution Act, 1867, “Indians” and the lands reserved for them come under the exclusive legislative authority of the federal government. For this reason, the latter has historically taken responsibility for the provision and financing of health services and social services for the members of First Nations living on “Indian Reserves” or in “Indian settlements”.

In 1876, the Canadian Parliament passed the Indian Act, which consolidated the various previous pieces of legislation pertaining to “Indians”. This Act was amended several times, particularly in 1951 with the introduction of section 88, which provided that provincial laws of general application are applicable to “Indians” present there, insofar as such laws do not interfere with any federal act, with any regulation passed by a Band Council or with any treaty.

In order to mitigate the various issues and obstacles faced by Aboriginal people, the Committee on the Application of Bill 21 in Aboriginal Communities (The Committee) decided to carry out its work based on an overall view of the situation, without any *a priori* distinction in these respects, and to focus first and foremost on identifying possible solutions to the needs of the communities, even if this meant later adjusting the development and implementation of these solutions if necessary. This approach seemed to be more promising in leading to innovative solutions, by avoiding limitations imposed by administrative parameters.

However, for the later implementation of the solutions recommended by the Committee, particular attention will have to be paid to the adjustments and adaptations required for the different communities, taking into account their responsibilities in terms of service delivery and the source of financing.

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1. For further information on this subject, see the websites of the ministère de la Santé et des Services sociaux: <http://www.msss.gouv.qc.ca/>, of the ministère de l'Éducation et de l'Enseignement supérieur: <http://www.education.gouv.qc.ca/> and of the Secrétariat aux affaires autochtones: <http://www.saa.gouv.qc.ca/>.

## Introduction

The mandate to identify the issues involved in the application of Bill 21, the *Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations*, in Aboriginal communities, and to recommend solutions, was conferred by the Minister of Justice and Minister responsible for the administration of legislation respecting the professions, and by the Minister responsible for Native Affairs, in January 2016. The context in which the Committee on the Application of Bill 21 in Aboriginal Communities began its deliberations could only further confirm the importance of its mandate.

The report submitted by the Truth and Reconciliation Commission of Canada<sup>2</sup>, in December 2015, also made reference to the needs of Aboriginal communities in the areas of child protection, justice, health, education and culture. The recommendations, which are 94 in number, some 30 of which apply to the provinces and to the territories of Canada, include in particular measures to foster the well-being of children and the training of professionals to work with the Aboriginal population.

Article 23 of the United Nations Declaration on Indigenous Peoples stipulates that “Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions<sup>3</sup>”

Autonomy, self-determination and governance in the areas of health and social services have positive impacts on the health of populations. The current problems with the application of Bill 21 threaten to cause service interruptions and to hamper the development and integration of culturally appropriate practices.

Current events have also contributed to reminding us how urgent it is to increase the availability of services and care in the field of mental health and human relations in the communities of the First Nations and of the Inuit<sup>4</sup>.

The substantial needs in the areas of health and social services in Aboriginal communities demanded a reflection process on how to respect the essence of Bill 21, while taking into account the realities specific to the Aboriginal milieu.

## Bill 21

The mechanisms of the professional system aim to provide guarantees of competence, integrity and accountability when using the services of professionals who are members of an order. Bill 21 was passed in 2009, and implemented in 2012, to ensure that very vulnerable people might benefit from these guarantees when they receive certain services in the field of mental health and human relations.

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2. Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada: McGill – Queen’s University Press, 2015.

3. <http://www.unesco.org/new/en/indigenous-peoples/related-info/undrip/>.

4. The formulation “Aboriginal communities” as well as the acronym FNI (First Nations and Inuit) are also used in this report to simplify the text.

It should be noted that Bill 21 reserves a certain limited number of activities that involve a high risk of harm, and whose complexity demands that only those workers possessing the required skills should be able to practice them. In the field of mental health and human relations, the vulnerability of the people toward whom these activities are directed, as well as certain specific contexts, such as adoption or youth protection, are other factors that justify reserving some activities for authorized professionals.

Most of the activities reserved by Bill 21 are designated as “shared” by several professions, and must thus be interpreted according to the field of practice of each profession. Hence, for example, when an assessment activity is reserved to a social worker and a psychoeducator, the former will assess the social functioning, whereas the latter will assess adjustment problems and the capacity to adjust. This sharing does not mean that the professionals are interchangeable<sup>5</sup>.

### **The quest for solutions: combined efforts are required**

Despite the setting up of numerous mechanisms<sup>6</sup> to prepare and assist with the coming into force of Bill 21, these changes have resulted in “significant consequences to the organization of services for the First Nations<sup>7</sup>” and for the Inuit of Québec.

Discussions and deliberations have been conducted following the coming into effect of Bill 21, in order to find solutions to maintain accessibility of services provided by competent workers and to avoid an interruption of services, particularly in FNI communities. The ministère de la Santé et des Services sociaux (MSSS), the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (OTSTCFQ), the Ordre des psychoéducateurs et psychoéducatrices du Québec (OPPQ), the Cree Board of Health and Social Services of James Bay (CBHSSJB), the First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC), the Nunavik Regional Board of Health and Social Services (NRBHSS) and the Conseil de la Nation Atikamekw (CNA) participated in these deliberations. Some temporary and partial solutions were identified, some of which have been implemented, but it became clear that the problems involved exceeded the mandate and the capacity for action of the professional orders and of the organizations providing the services: an interdepartmental and intersector effort was required, in which it was essential for FNI representatives to be involved.

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5. See section 3 of the Guide explicatif du PL 21, December 2013, for more details: [http://www.opq.gouv.qc.ca/fileadmin/documents/Systeme\\_professionnel/Guide\\_explicatif\\_decembre\\_2013.pdf](http://www.opq.gouv.qc.ca/fileadmin/documents/Systeme_professionnel/Guide_explicatif_decembre_2013.pdf).

6. These have included: information meetings with employers’ associations, a coordinating committee to prepare for the coming into force, the setting up of registers of vested rights by the OTSTCFQ, the OPPQ and the Ordre des conseillers et conseillères d’orientation du Québec (OCCOQ) under the provision introduced by Bill 21 to avoid service interruptions, an explanatory guide and a network of contacts to assist with the coming into force. For more details, see the website of the Office des professions [www.opq.gouv.qc.ca/](http://www.opq.gouv.qc.ca/).

7. AFNQL and FNQLHSSC, Brief on Bill 10, 2014, p. 4.

## **The Committee on the Application of Bill 21 in Aboriginal Communities**

This report, submitted to the ministers at the conclusion of the Committee's deliberations, begins by describing problems and issues arising from the coming into force of Bill 21 in Aboriginal communities. A second part focuses on an inventory of possible solutions aiming to respond to the main issues and problems identified. The examination of this inventory enabled the members of the Committee to identify the most promising solutions, which are the focus of recommendations, along with the conditions for their implementation.

# 1. The Committee on the Application of Bill 21 in Aboriginal Communities

## 1.1. Terms of reference of the Committee

On October 14, 2015, Stéphanie Vallée, Québec Minister of Justice and Minister responsible for the Administration of legislation respecting the professions and Geoffrey Kelley, Minister responsible for Native Affairs, announced the setting up of a working group tasked to provide support to Aboriginal communities in the application of the Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations (Bill 21), which was to become the *Committee on the Application of Bill 21 in Aboriginal Communities*.

The mandate given to the Committee by the two ministers (Annex 1) was to document the situation and identify possible solutions, and was to be in keeping with the government's objective of providing all citizens of Québec with the guarantees of competence, integrity and accountability provided by the professional system.

More specifically, the Committee was given the responsibility to:

- document the issues raised by the implementation of Bill 21 and the issues underlying the problems involved in its application within Aboriginal communities;
- identify possible solutions that could enable the implementation of the principles that Bill 21 aims to uphold, by ensuring the protection of the public in a manner consistent with the provisions contained in legislation respecting the professions;
- submit a report and recommendations regarding possible solutions to the Minister of Justice and Minister responsible for the Administration of legislation respecting the professions and to the Minister responsible for Native Affairs.

The terms of reference also specify that based on the principles recognized by the Gouvernement du Québec, which constitute the foundation of governmental action toward Aboriginal people, it was justified to identify specific solutions and mechanisms for the administration of Bill 21 within Aboriginal communities. The approaches to be identified by the Committee should be consistent with the provisions set out in legislation respecting the professions.

## 1.2. Committee membership

The Vice-President of the Office des professions du Québec (OPQ), Christiane Gagnon, and the Associate Secretary of the Secrétariat aux affaires autochtones (SAA), Patrick Brunelle, have been appointed to co-chair the Committee.

For their part, representatives of the Nunavik Regional Board of Health and Social Services (NRBHSS), of the Cree Board of Health and Social Services of James Bay (CBHSSJB), of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC), of the Naskapi CLSC, of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (OTSTCFQ), of the Ordre des psychoéducateurs et des psychoéducatrices du Québec

(OPPQ), as well as those of the ministère de la Santé et des Services sociaux (MSSS) and the ministère de l'Éducation et de l'Enseignement supérieur (MEES) were invited to participate in the work of the Committee.

Committee membership list:

### **Co-chairs**

- **Dr. Christiane Gagnon**, vice-president  
Office des professions
- **Mr. Patrick Brunelle**, associate secretary  
Secrétariat aux affaires autochtones

### **Members**

#### ***First Nations of Québec and Labrador Health and Social Services Commission***

- **Mr. Richard Gray**, social services manager
- **Ms. Marie Noël Collin**, child and family services advisor

#### ***Cree Board of Health and Social Services of James Bay***

- **Mr. Robert Auclair**, Director of youth protection
- **Ms. Adelina Feo**, Assistant Executive Director Pimuchteheu, interim, Director of Professional Services – Allied Health
- **Mr. Gilles Cloutier**, consultant

#### ***Ministère de l'Éducation et de l'Enseignement supérieur***

- **Ms. Anne-Marie Lepage**, assistant deputy minister
- **Mr. Jean-François Giguère**, coordinator of complementary educational services

#### ***Ministère de la Santé et des Services sociaux***

- **Mr. Luc Castonguay**, assistant deputy minister

#### ***Ordre des psychoéducateurs et psychoéducatrices du Québec***

- **Mr. Denis Leclerc**, president
- **Ms. Dominique Trudel**, personnel development and support coordinator

***Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec***

- **Ms. Guylaine Ouimette**, president (beginning in the summer of 2016)
- **Mr. Claude Leblond**, former president (until the summer of 2016)
- **Me. Richard Silver**, legal advisor

***Nunavik Regional Board of Health and Social Services***

- **Mr. Yoan Girard**, Director of Planning and Programming
- **Mr. Jean-Étienne Bégin**, Regional Manager of Human Resources Development
- **Ms. Vanessa Legault**, Training and Career Advancement Officer

***CLSC Naskapi***

- **Mr. Keith Leclaire**, Director General

**Committee Secretariat**

- **Ms. Hélène Dubois**, Special advisor, Office des professions
- **Ms. Nadine Marcotte**, Research Officer, Office des professions
- **Ms. Julie Martel**, Aboriginal Affairs Advisor,  
Secrétariat aux affaires autochtones

The Committee also benefited from the contribution of the following people:

- Ms. Johanne Rhains, MSSS
- Ms. Nathalie Morin, MEES
- Mr. Martin Rhéaume, MSSS
- Ms. Edna Mameanskun, CLSC Naskapi
- Ms. Marie Galarneau, OTSTCFQ
- Ms. Renée Verville, OPPQ
- Mr. André Lebon, Consultant, NRBHSS

The conducting of the Committee's deliberations has been entrusted jointly to the Office des professions du Québec (the OPQ) and to the Secrétariat aux affaires autochtones (SAA). A Committee secretariat, composed of a special advisor, who was brought in by the OPQ, one research officer from the OPQ and one relations advisor from the SAA, has taken care of coordinating the deliberations. The Committee has also been able to rely on the contribution of personnel from the OPQ for the preparation and logistics of document exchanges and of the meetings.

### **1.3. Process established by the Committee members**

Given its composition with representatives of the different organizations mentioned above, it was agreed that this Committee should be a forum for discussion, for the pooling of ideas and for decision-making. The Committee had the role of setting the directions and deciding on the scope

of the work to be done. It should be noted that the Committee members were called upon to express themselves in the quality of experts, in the context of the meetings, without necessarily representing the official positions of their respective authorities; the latter would be more formally consulted at the stage of preparing the report.

The Committee members also had to ensure that their respective organizations would provide all the necessary information and documentation needed for the conduct of the deliberations and also, as needed, would participate in working sub-groups, assigned to prepare documentation, analyses or certain proposals required in carrying out the mandate. However, the Committee members preferred not to delegate these responsibilities to working sub-groups, and decided to carry out these tasks themselves by seeking, when necessary, the collaboration of their colleagues or of representatives of other organizations liable to contribute to the progress of the Committee's work.

The other professional orders concerned by Bill 21 that were not members of the Committee were invited to comment and make proposals during information gathering activities that formed part of the Committee's work.

#### **1.4. Working procedures**

In order for the Committee to be able to carry through with the completion of its mandate, the work procedures were planned on the basis of three distinct steps, namely:

**Step 1** – *Documentation of the problems and issues*

**Step 2** – *Identification of possible general or specific solutions*

**Step 3** – *Preparation of the draft report by the Committee secretariat and consultation of the member organizations*

In order to fulfill the objectives in connection with these three steps, various kinds of work had to be done in order to gather the required information, to collect data and to prepare the documentation to be presented to the Committee. To accomplish this, the participants in these activities and the secretariat organized work sessions, sometimes by telephone, or carried out email exchanges to share, discuss and organize the information according to the comments received. The Committee's work plan is appended to this report in Annex 2.

An extranet site dedicated to the Committee was also made available to the members in order for them to be able to refer at all times to the working documents and to the various documentary sources that supported the Committee's discussions.

The members met in plenary committee four times, and two working sessions were also held. The first meeting took place on February 24, 2016, and the deliberations were completed only seven months later, on September 8, 2016, at a meeting during which the members approved the report to be submitted to the ministers.

Finally, it should be mentioned that in the course of their mandate, more precisely on June 27 and 28, 2016, the Committee members were invited to visit and hold their third meeting in the communities of Whapmagoostui and Kuujjuarapik by the CBHSSJB and the NRBHSS. According to the two organizations, this environment, shared between a Cree community and an Inuit village,



in fact represented a choice location at which to express their concerns regarding the realities of FNI communities. The Committee members who traveled to this location were able to observe, on site and in person, realities with which a number of them had not previously been familiar, and were also able to witness certain concrete obstacles and issues linked with the application of Bill 21 in an Aboriginal context. For example, the visit brought to light specific aspects of the organization of health and social services and youth protection in these communities.

## 2. Identification of the underlying problems and issues

### *Selection of the reserved activities to be examined*

The Committee's information gathering focused on the activities newly reserved under Bill 21, because the requirement from now on to be a member of a professional order to practice these activities has created particular problems in Aboriginal communities.

The work and discussions held since the entry into force of Bill 21 in 2012 had been more particularly focused on the problems encountered regarding activities reserved to social workers and psychoeducators in the youth protection sector, where substantial problems were encountered. The Committee nevertheless agreed to gather information on all of these activities, while approaching those authorities more specifically involved in mental health services and social services.

It should be pointed out that the activities involving the assessment of mental disorders, delayed mental development and neuropsychological disorders, and the aspects surrounding the reserve of psychotherapy, were not considered for the purposes of the Committee's deliberations. Additional work would be required in order to obtain a complete portrait of the problems of application of all the activities reserved under Bill 21, in particular relating to psychotherapy and to activities on which the Committee's information gathering and deliberations did not focus explicitly, or sufficiently.

It should also be noted that the Committee's conclusions and recommendations apply only to reserved activities that come under the fields of practice of social workers and psychoeducators.

The following is the list of reserved activities that were identified in the Committee's information gathering process:

- Assess a person suffering from a mental or neuropsychological disorder attested by the diagnosis or evaluation of an authorized professional;
- Assess a person further to a decision of the director of youth protection or of a tribunal made under the Youth Protection Act;
- Assess an adolescent further to a decision of a tribunal made under the Youth Criminal Justice Act;
- Determine the intervention plan for a person who suffers from a mental disorder or exhibits suicidal tendencies and who resides in a facility run by an institution operating a rehabilitation centre for young persons with adjustment problems;
- Assess a person with regard to child custody and access rights;
- Assess a person who wishes to adopt a child;
- Undertake the psychosocial assessment of a person with regard to the protective supervision of a person of full age or with regard to a mandate given in anticipation of the mandator's incapacity;
- Assess a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act;

- Assess a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment and rehabilitation services required;
- Make decisions as to the use of restraint measures in accordance with the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons.

### ***Information gathering***

A template used for information gathering, presented in Annex 3, was developed by the Committee, with the aim of gathering as much information as possible on the intervention contexts, the needs and the range of services in the various communities, as well as the problems raised by the application of the activities reserved under Bill 21 and the issues encountered.

The template includes tables in which to list the number of members of professional orders and other workers entered in the registries of vested rights practicing reserved activities in the various communities.

## **2.1. Findings**

In the course of its work, the Committee had to cope with the same problem as in any other study on the health of Aboriginal people in Canada: the data are rarely available, and are usually not comparable, reliable or up-to-date<sup>8</sup>.

However, the available information and observations converge: the portrait of the state of health of FNI populations reveals significant gaps in comparison to the average for the Québec population, particularly as regards psychological distress and addiction problems. “These disparities are connected with a large number of unfavourable social determinants<sup>9</sup>”, to which is added the inter-generational trauma caused by the acculturation policies of the Indian residential schools.

The information gathering done by the Committee, a summary of which is appended to this report in Annex 4, provided confirmation of this situation.

### **2.1.1. Substantial needs**

Various socioeconomic indicators reflect the scale of the needs of Aboriginal populations.

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8. See MSSS, Mémoire du 18 janvier 2016. P. 26 and FNQLHSSC, Plan de surveillance de l'état de santé, rapport final, June 30, 2010, p. 14.

9. MSSS, Programme national de santé publique 2015-2025, p. 25 (translation).

**Table 1 – Socio-health indicators**

	<b>Non-agreement communities</b>	<b>Eeyou-Istchee (Cree)</b>	<b>Nunavik (Inuit)</b>	<b>Kawawachikamach (Naskapi)</b>	<b>Québec</b>
Population	44,858 <sup>10</sup>	17,236 <sup>11</sup>	12,921 <sup>12</sup>	897 <sup>13</sup>	8,263,600 <sup>14</sup>
Proportion of youth (%)	33.6 <sup>15</sup>	36.4	52.2 <sup>16</sup>	52.3 <sup>17</sup>	18.5
Infant mortality (per 1,000 live births)	6.2 <sup>18</sup>	14.6	24.2 <sup>19</sup>	N-A	4.7
Suicide mortality (per 100,000)	N-A	20.6	122.0 <sup>20</sup>	N-A	14.4
High alcohol consumption (%)	55.2 <sup>21</sup>	28.4	68.0 <sup>22</sup>	N-A	18.0

10. Data drawn from the SAA website (population of residents): <http://www.autochtones.gouv.qc.ca/nations/population.htm>.
11. Data drawn from the SAA website (population of residents): <http://www.autochtones.gouv.qc.ca/nations/population.htm>.
12. ISQ, Population projections (2011-2036) by territory, gender and age year, November 2014.
13. Data drawn from the SAA website (population of residents): <http://www.autochtones.gouv.qc.ca/nations/population.htm>.
14. Statistics Canada. Population estimates. Adapted by the ISQ (September 29, 2015): [http://www.stat.gouv.qc.ca/statistiques/population-demographie/structure/qc\\_1971-20xx.htm](http://www.stat.gouv.qc.ca/statistiques/population-demographie/structure/qc_1971-20xx.htm).
15. FNQLHSSC, Quebec First Nations Regional Health Survey – 2008. “Chapter 1: Sociodemographic Characteristics”, February 2013. P. 15 (proportion of 0-17 years).
16. ISQ, Population projections (2011-2036) by territory, gender and age year, November 2014.
17. Data drawn from the Portrait démographique et sociosanitaire de la population CLSC Naskapi, Agence de développement de réseaux locaux de services de santé et de services sociaux de la Côte-Nord, January 2005.
18. Paré, Isabelle, « Étude: la mortalité infantile est plus élevée dans les communautés autochtones », Le Devoir, November 3, 2015, page 2. The data presented in the table represent the infant mortality rate (death before the age of three years) among Aboriginal people living in reserves in the South.
19. Infant mortality/1,000 live births (2009-2013, INSPQ).
20. NRBHSS, Statistical report of suicide mortality, 2015.
21. FNQLHSSC, *First Nations Regional Health Survey - 2008*. « Chapter 9: alcohol, drugs and gambling », CSSSP-NQL. February 2013, p. 9.
22. NRBHSS, Nunaavik Inuit Health Survey Qanuippitaa? 2004, High alcohol consumption rate (2003).

	<b>Non-agreement communities</b>	<b>Eeyou-Istchee (Cree)</b>	<b>Nunavik (Inuit)</b>	<b>Kawawachikamach (Naskapi)</b>	<b>Québec</b>
Cases reported to Youth Protection	2,327 <sup>23</sup>	2,422	2,137 <sup>24</sup>	N-A	80,540
Rate of cases accepted (%)	44.7 <sup>25</sup>	75.0	69.0 <sup>26</sup>	N-A	40.0
Secondary school graduation after 7 years (%)	36.0 <sup>27</sup>	44.3	17.8 <sup>28</sup>	N-A	72.3

The information gathering process brought to light the fact that the rates of psychological distress and of suicide are higher in FNI communities than in Québec as a whole.

Indeed, the rates of suicide mortality are substantially higher among the Aboriginal population:

- Among Aboriginal men 15-24 years old, the rate is 126 per 100,000, as compared with 24 per 100,000 for Canadian men from the same age group<sup>29</sup>.
- In the case of women in First Nations, the rate of suicide mortality is 35 per 100,000, whereas it is 5 per 100,000 among non-Aboriginal Canadian women<sup>30</sup>.
- Among young First Nations people in Canada, the suicide mortality rate is 5 to 6 times higher than among non-Aboriginal youth<sup>31</sup>.

These populations are also characterized by a low education rate: according to the Québec First Nations Regional Health Survey, more than half of the adult respondents from First Nations did

23. Data drawn from information gathered during the work of the Committee (See the Situation and Issues section provided by the FNQLHSSC [Regional data – Youth protection - Aboriginal]).

24. NRBHSS, Statistical report, Regional Advisory Committee on Youth Services, 2015.

25. Data drawn from information gathered during the work of the Committee (See the documentation on the situation and issues, provided by the FNQLHSSC [Regional data – youth protection – Aboriginal people]).

26. NRBHSS, Statistical report, Regional Advisory Committee on Youth Services, 2015.

27. Data drawn from FNQLHSSC, Quebec First Nations Regional Health Survey – 2008. “Chapter 1: Sociodemographic Characteristics”, February 2013. (Secondary school graduation rate – total population).

28. Secondary school graduation after 7 years (2009-2013, INSPQ).

29. Health Canada, Acting on What We Know : Preventing Youth Suicide in First Nations, p. 23: [http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/\\_suicide/prev\\_youth-jeunes/index-eng.pdf](http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_suicide/prev_youth-jeunes/index-eng.pdf).

30. *Idem*.

31. *Idem*.

not obtain a secondary school diploma<sup>32</sup>, as compared to 25% for the population of Québec according to the 2006 census.

### **2.1.2. A lack of resources**

The organization and delivery of health services and social services differs according to whether it involves agreement or non-agreement aboriginal communities<sup>33</sup>.

#### *Non-agreement communities*

The institutions of the Québec health and social services network are responsible for providing FNI members with complete coverage in terms of care and services when they present themselves, regardless of their status or place of residence.

Today, most of the non-agreement communities in Québec have partially taken charge of the provision of the health services and front-line social services offered in their communities. The Band Councils or Aboriginal Tribal Councils have signed financing agreements for this purpose with Health Canada for the health services, and with Indigenous and Northern Affairs Canada (INAC) for the social services.

The health services provided in most non-agreement communities consist mainly of community health programs focusing on health promotion and disease prevention. Hence, this involves front-line services of the same kind generally provided in a local community services centre (CLSC), particularly in the area of maternal health, infant health, pre-school and school-age health, senior citizens' health and mental health. Nursing care and personalized in-home care are also provided. All of these services are delivered from care stations or health centres located within the communities. They are financed by Health Canada, with the exception of medical care financed by the Régie de l'assurance maladie du Québec.

As regards the social services provided in most non-agreement communities, they come under a set of programs financed by INAC.

#### *Agreement communities*

For the Cree, Inuit and Naskapi agreement communities, it is the MSSS that covers the financing of the health services and social services. The agreements on the provision and financing of health and social services with the CBHSSJB and the NRBHSS determine their parameters. The Inuit and Cree lands in fact constitute two distinct socio-health regions, namely regions 17 and 18, which are administered respectively by the NRBHSS and by the CBHSSJB. As regards the Naskapi community, it has its own CLSC.

The services delivered in the agreement communities are based on the model and the range of services of Québec's health and social services network, with the exception of certain services.

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32. Data drawn from Quebec First Nations Regional Health Survey – 2008. “Chapter 1: Sociodemographic Characteristics”, February 2013. P.26.

33. James Bay and Northern Québec Agreement and Northeastern Québec Agreement.

Furthermore, the agreement communities continue to benefit from financing from the federal government in the area of Aboriginal health, through intergovernmental agreements.

The human resources available, that currently hold recognition from the professional orders to respond to the needs identified, are clearly insufficient, particularly in the area of front-line mental health and youth protection services. The data gathered by the Committee in this regard are presented in Table 2.

**Table 2 – Members of professional orders<sup>34</sup>  
Present in FNI communities**

<b>Nation</b>	<b>Social workers</b>	<b>Nurses</b>	<b>Psychoeducators</b>	<b>Psychologists</b>	<b>Guidance counsellors</b>	<b>Occupational therapists</b>	<b>Sexologists</b>
Abénakis	0	4	–	–	–	–	–
Algonquin	2	31	10	–	–	–	–
Attikamekw	3	45	–	–	–	1	–
Hurons-Wendat	4	10	4	2	1	–	–
Innu	12	88	1	–	3	–	3
Maliseet	–	–	–	–	–	–	–
Mi'gmaq	0	6	–	1	–	–	–
Mohawk	10	12	–	–	1	1	–
Cree	31	186	4	2	3	8	–
Inuit	55	n.a.	15	–	–	1	–
Naskapi	–	–	–	–	–	–	–
<b>Total</b>	<b>117</b>	<b>382</b>	<b>34</b>	<b>5</b>	<b>8</b>	<b>11</b>	<b>3</b>

“A system already running at full capacity constitutes the primary challenge as regards health and social services. The services offered in the region are already overwhelmed, and human and material resources are inadequate and do not allow for meeting the existing demand. The fragile state and high turnover rate among existing teams of professionals, combined with the intercultural environment in which they practice, exert additional pressure on the delivery, continuity and quality of the services offered<sup>35</sup>.” This situation is also a reality for a number of communities in other nations.

34. Compilation of data sent in by the professional orders during the information gathering process. The number of nurses indicated for the Cree Nation was provided by the CBHSSJB. The other professional orders of Bill 21 (physicians, speech therapists/audiologists and criminologists) did not provide any data.

The symbol “–” indicates that the Committee was not able to gather any data.

35. Parnasimautik, Consultation Report on the Consultations Carried out with Nunavik Inuit in 2013, 2014. P. 70.



## 2.2. Principal issues

### 2.2.1. The lack of professional resources who are FNI or who have the cultural skills

Owing to the low number of professionals available in the communities, the coming into force of Bill 21, which has reserved certain activities with a greater risk of harm to members of professional orders, has amplified the impacts of the shortage of resources. The provision of quality services in mental health and human relations requires professional cultural and linguistic skills, to which are added the legislative and regulatory requirements of Québec. In this sense, the presence of professionals from within the Aboriginal communities represents a major issue for taking charge of health services and social services. However, in FNI communities, problems may be encountered by workers from these communities and who reside there, for example if they have to intervene with members of their family or close acquaintances.

#### *The importance of cultural and language skills*

To FNI populations, culture reflects “history, oral stories, songs, language, spiritual practices, traditions and roles in the community<sup>36</sup>”. This also includes the role of elders and a holistic conception of health.

Professional competence on the cultural level takes on particular importance in the field of mental health and human relations. Indeed, “our beliefs, our traditions and our values can have an impact not only on our perceptions of health and illness, but also on our health expectations and choices<sup>37</sup>.”

Considering that the relationship of assistance and social intervention rely mainly on language and culture, “language barriers” may cause harm to members of Aboriginal communities. This has in fact been the subject of recommendations by the Québec Ombudsman<sup>38</sup>. It is difficult for a person to defend his rights and needs when one must express oneself in a language other than one’s own, or when one receives explanations, in another language, of the information with which one is concerned. Thus, for an Aboriginal person, “[e]xplaining that they are innocent, need immediate medical attention or have suicidal thoughts to an officer<sup>39</sup>...” constitutes a substantial challenge. For example, in the case of a social crisis in an Anishnabe community, the available psychologist (an Anglophone) had to work with a bilingual worker (French-English), and with an assistant (Anishnabe-French) to support an elder.

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36. Office of the Provincial Advocate for Children and Youth, Ontario, 2016, *Feathers of Hope – Justice and Juries: a First Nations Youth Action Plan for Justice*, P. 28.

37. Caron, N. *Soigner les patients autochtones : offrir des services appropriés*, Perspectives du Collège Royal, 3, pp. 19-23, 2006. Quoted in Bedon, Peggy, *Pratiques traditionnelles chez les sages-femmes autochtones du Nunavik et programme de formation*. Mémoire présenté à la Faculté des études supérieures en vue de l’obtention du grade de maîtrise en santé communautaire, Département de médecine sociale et préventive, Faculté de médecine, Université de Montréal, December 2008. 128 p. (translation).

38. Québec Ombudsman, *Special Report by the Québec Ombudsman – Detention conditions, administration of justice and crime prevention in Nunavik*, Québec, February 2016.

39. *Ibid*, p 45.

According to the Regional First Nations Health Survey, 67.2% of children, 63% of teenagers and 67% of adults speak a First Nations language on a daily basis<sup>40</sup>.

In the Anglophone communities and those nearby, access to English-speaking professional resources and services in English are issues<sup>41</sup>.

Providing quality services in mental health and human relations requires professional knowledge and skills, as well as knowledge and skills relating to culture and language.

### ***The need to culturally adapt the intervention and assessment tools and professional practices***

It has been observed that there are few clinical tools that have been developed and scientifically validated for professional practice in FNI communities. Yet it would be worthwhile, for example, to adjust the practice of assessing “normalcy” in all its manifestations of daily life reflecting the ways and culture of the community<sup>42</sup>. For example, parental authority is generally not exclusively limited to the biological parents among Aboriginal people. This characteristic should be taken into consideration in the clinical tools that can be used to assess the situation, and to intervene with these people.

### ***Problems of access to training to become a member of a professional order***

Few individuals from FNI communities become members of professional orders, sometimes through choice, and sometimes because the conditions to gain access to the required training are too difficult.

Whereas in Québec more than one quarter of non-Aboriginal people hold a university degree, this percentage drops to a little less than 10% for the members of Aboriginal communities, and stands at only 2% among Aboriginal people living on reserves<sup>43</sup>.

Thus the gap to be filled to obtain a bachelor’s or master’s degree opening the way to a permit from a professional order is very substantial, and may be difficult to fill through refresher training programs or within a reasonable time frame.

Aboriginal people who are interested in continuing their studies must generally leave their community, and enter a program of study in which the teaching methods and references are not very well adapted to their realities and cultures, in addition to being most often delivered in a language other than their first language, or even their second language (English).

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40. FNQLHSSC, Quebec First Nations Regional Health Survey – 2008. “Chapter 1: Sociodemographic Characteristics”, February 2013. P. 29.

41. Chamberlain, Amy, Expanding and Building our Partnership to Improve Access, Report of the Coalition of English Speaking First Nations Communities of Quebec, October 2013 (<http://www.cssspnql.com/docs/default-source/centre-de-documentation/hsif-final-report-english-version-printed-may.pdf?sfvrsn=2>).

42. On this subject, see Fournier, Tracy, Les déterminants sociaux de la santé en milieu autochtone, 2e partie, Bulletin de l’OTSTCFQ, no. 127, autumn 2015, p. 9. (translation).

43. These data are not necessarily representative of all the communities, because they depend on the participation and on the validity of the sampling used for the information gathering.

*The shrinking of the number of workers with vested rights*

Certain FNI or non-Aboriginal workers, who could practice their activities without being members of professional orders prior to the coming into force of Bill 21, have been able to make use of the vested rights provision. Their contribution has thus been important, in view of the scarcity of human resources who are members of professional orders in the FNI communities. However, their number is liable to shrink on account of job changes, non-renewal, departures on retirement and problems related to maintaining vested rights, including access to continuing training.

**Table 3 – Reserved activities authorized for holders of vested rights in FNI communities<sup>44</sup>**

	Activities reserved by Bill 21 <sup>45</sup>									
	Activity 4	Activity 5	Activity 6	Activity 7	Activity 8	Activity 9	Activity 10	Activity 11	Activity 12	Activity 13
Atikamekw	0	41	35	22	5	7	0	0	0	6
Innu	5	12	4	5	1	1	7	0	2	2
Mi'gmaq	0	2	1	2	0	0	0	0	0	0
Mohawk	20	11	6	1	1	1	1	1	2	1
Cree	21	27	32	12	0	0	7	3	0	1
Inuit	15	37	28	38	0	23	5	0	0	3
Director of Youth Protection/Provincial Director	0	49	49	0	6	7	0	0	0	0
<b>Total</b>	<b>61</b>	<b>179</b>	<b>155</b>	<b>80</b>	<b>13</b>	<b>39</b>	<b>20</b>	<b>4</b>	<b>4</b>	<b>13</b>

**Note:** The cumulative number of activities may not necessarily correspond to the number of persons entered in the registry of the orders, since the same person may exercise more than one activity.

*Problems of access to continuing training*

The members of professional orders, as well as the holders of vested rights, must fulfill continuing training requirements in order to maintain their right to exercise. However, the holders of vested rights, do not have access to the continuing training programs provided by professional orders to their members.

44. Data compiled based on entries in the registry of vested rights of the OTSTCFQ, the OPPQ and the OCCOQ.

45. Refer to the note on Table 3 of Annex 4 for the wording of the reserved activities.

These problems of access to continuing training come in addition to the high staff turnover rate and to the departure of some vested rights holders. In Anglophone communities, these problems are accentuated since continuing training activities in English are even less available.

Furthermore, when communities develop relevant training activities applicable to the realities of Aboriginal practice and in English, they must cover the costs in order to have them recognized by the professional orders<sup>46</sup>.

### **2.2.2. Problems of recruitment and retention of non-Aboriginal professionals**

Recruitment of non-Aboriginal professionals is not without difficulties.

#### ***Financial constraints***

Certain agreement communities face constraints arising from the working conditions negotiated under the collective agreements to implement specific measures of attraction, financial incentives or other measures.

In the case of the non-agreement communities, to offer better working conditions, they would have to draw on other budgets granted by the federal government, already earmarked for specific and high-priority needs.

#### ***A lack of preparation and cultural skills***

Non-Aboriginal professionals who go to work in the communities face particular challenges, especially in adapting to the conditions and to the work environment, to the problems of communication due to language (Aboriginal first language or even English as a second language) or to a lack of knowledge of the culture and reality of these communities. Occupational and territorial isolation can cause distress among these professionals, who find themselves far from colleagues of the same profession and from their natural support network.

#### ***A high turnover rate***

Thus, the average length of a stay in the community for a professional staff member is 18 months<sup>47</sup>, which is barely enough time to begin to adapt and to establish a certain relationship of trust with the community members. In the case of service loans from the health and social services network in the agreement communities, the absence of a guarantee of returning to one's job after a lengthy stay in the community contributes to this rate.

The impact of a high turnover rate among workers goes well beyond the administrative headaches: it becomes almost impossible to ensure the continuity of the interventions, the consistency of services suffers as a result, and these interruptions lead to deficiencies. Also, the effect on the morale and motivation of the staff on-site and of the clientele is harmful.

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46. This situation applies to the OTSTCFQ under the application of its regulation on mandatory continuing training for its members. This situation does not apply to the OPPQ.

47. MARTIN, Howard G., *Staff Retention in Nunavik – A Study of Youth Protection Staff Recruited Between September 2009 and May 2012*, NBHSS, March 2013 p. 3.

### *The additional burden of clinical supervision*

Several communities receive interns, and most of them state that the burden of supervision is heavy, especially since it is considered preferable for the supervision to be done in the community rather than at a distance.

### *The requirements of the Charter of the French Language*

The requirement to speak French stands as an obstacle to the provision of services in certain Aboriginal communities where French is not in use.

In summary, the requirements of the Charter of the French Language relating to the professions are as follows<sup>48</sup>:

- Section 35 of the Charter of the French Language provides that the professional orders can only issue permits to persons whose knowledge of French is appropriate to the practice of their profession.
- Unless a person is deemed to have this knowledge according to the conditions set out in the Charter of the French Language, or holds an equivalent certificate, the person must obtain the certificate attesting to having passed the French language examination provided by the Office québécois de la langue française (OQLF).
- In certain cases, a person may obtain a permit without having fulfilled the language-related requirements:
  - ✓ A temporary permit valid for one year, renewable a maximum of three times by the OQLF if justified by the public interest, and subject to the person sitting annually for the French language examination;
  - ✓ A restricted permit if the person is already authorized to practice his profession in another province or country, provided that the person is practicing for a single employer and does not have to deal with the public<sup>49</sup>;
  - ✓ A permit by exception if the person resides or has previously resided in an Aboriginal community, valid only for the practice of his profession in a reserve, in a settlement in which an Aboriginal community lives or on category 1 or category 1-N lands.

In many communities, the fact that a non-Aboriginal professional is required to live in the community to benefit from the exception appears to be an obstacle that is hardly justifiable. This is particularly the case, but not exclusively so, in the communities that are near the borders of Ontario and New Brunswick.

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48. This summary has no legal value. Refer to section 35 of the Charter of the French Language (<http://legisque-bec.gouv.qc.ca/en/ShowDoc/cs/C-11>) for the precise wording of the applicable provisions.

49. Because it involves not dealing with the public, this category of restricted permit does not represent an applicable option for the Committee's work.

### **2.2.3. Geographic remoteness**

In Québec, nine non-agreement FNI communities and 15 agreement communities are considered isolated, i.e. served only by regular air transport, and four are semi-isolated, being more than 90 km from road access to medical services.

Remoteness causes additional problems in obtaining mental health and human relations services: delays, substantial and costly travel to unfamiliar regions, etc. This is of particular concern for certain communities of Northern Québec, notwithstanding the possibilities of transportation to hospitals in urban centres for the most specialized services.

### **2.3. Observations on the scope of the deliberations**

The information gathering process carried out by the Committee aimed particularly toward the activities reserved to psychoeducators and social workers, particularly in the context of youth protection services, where the seriousness of the situation was already known. The information gathering template nevertheless included the other activities newly reserved by Bill 21. The organizations and authorities consulted by the Committee did not provide data on a number of these activities, but they did confirm the overwhelming significance for the Aboriginal communities of the problems and issues relating to reserved activities in youth protection services, rehabilitation, mental health and drug addiction.

However, it should be noted that the enforcement of the activities newly reserved under Bill 21 also concerns other sectors, including the school system, the childcare centres and the sector of orientation and employability. The Committee has not concluded that these areas are free of the problems connected with the application of Bill 21.

Through the information gathering process, it was thus not possible to obtain data on the number of students with specific needs for which the reserved activity “Assess a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act” could be necessary.

No indication of problems relating to the activity “Assess a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment and rehabilitation services required” was noted through the Committee’s information gathering process. Considering that the daycare centres and other organizations liable to provide information in this regard were not all directly consulted, the Committee does not draw any conclusion in the respect.

The employability sector was not subject to consultation by the Committee. The Ordre des conseillers et conseillères d’orientation du Québec indicated that it had not received any questions nor noted any information or concerns regarding Bill 21 with respect to the activities reserved for its members, either in this sector or in the school sector. The Committee also does not draw any conclusion from this.

With respect to the activity “Make decisions as to the use of restraint measures in accordance with the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons”, the members of the Committee consider that the information gathering process does not enable them to draw any conclusion either in this case.

### **3. Identifying possible solutions**

The portrait of the issues presented in section 2 clearly confirms the seriousness and complexity of the situation in FNI communities and the relevance of the principles of the administration of Bill 21. However, the solutions cannot be simple or universal, nor can they all be rapidly implemented. These solutions must also be in keeping with a systemic vision to enable them to be lasting and of high quality.

The guide setting out the parameters for the presentation of the possible solutions appears in Annex 5. Suggestions from the other professional orders subject to Bill 21 were also sought and taken into account. A review of the literature was also carried out in order to complete the inventory of solutions to be submitted to the Committee's examination.

A consolidation of the possible solutions compiled to respond to the findings on the issues is appended to this report in Annex 6.

Following an examination of the possible solutions compiled, the Committee agreed that to respect the principles of quality provided in Bill 21 and to respond to the major issue of the lack of professionally, culturally and linguistically qualified resources in the communities to practice the activities reserved under Bill 21, a variety of solutions should be considered, some of them temporary and others more permanent. It also appeared necessary to consider some of these solutions to be interconnected and to form an overall project, rather than a series of unrelated proposals.

#### **3.1. Training members of FNI communities to practice reserved activities**

It appeared that solutions involving the training of FNI community members should be considered as a priority. Indeed the Committee considers that in response to the shortage of qualified staff, adapted training programs leading to the qualification of Aboriginal workers would improve access to services<sup>50</sup>.

Also, greater autonomy of the FNI communities in the area of professional resources strengthens the assurance of lasting services in the long term.

##### **3.1.1. Access to training programs**

The Committee examined various measures aiming to increase FNI student enrolment in training programs leading to membership in professional orders, and to support them in their progress and in succeeding. The promotion of the professions in the field of mental health and human relations, the reserving of places for Aboriginal students and other incentives appeared interesting, but given its mandate, the Committee did not make any recommendation in this regard.

Indeed, it should be recalled that in addition to the substantial gap to be filled to reach the education level needed to enrol in university-level study programs, the necessity of leaving the community constitutes a major roadblock. Problems in adjusting to the way of life outside their communities,

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50. See also the recommendation of Report no. 1 of the Standing Senate Committee on Social Affairs, Science and Technology, *Mental Health, Mental Illness and Addiction*, Ottawa, November 2004, pp. 180-181 and recommendation 23 i of the Truth and Reconciliation Commission, *op.cit.*



the language barrier (with the studies taking place in the student's second or even third language), the lack of references and of Aboriginal vocabulary to correspond to certain medical, psychological or other terms, the set-up of the study programs which are mainly based on theoretical learning and the fact that they miss their community are among the reasons why many Aboriginal students do not complete the programs in which they are enrolled.

Distance learning, particularly through on-line training, could offer advantages in comparison to this aspect of distancing oneself from the community. This method of learning does present additional challenges in terms of organization, autonomy and motivation for people participating, to name only a few<sup>51</sup>. However, the Committee took note of many initiatives under way in this regard<sup>52</sup>.

### **3.1.2. Training programs suitable to the Aboriginal contexts and realities**

To begin with, the Committee emphasized the importance of having any adaptation of the programs or methods of learning lead to standards of professional quality comparable to those of the university programs opening the way to permits to practice from the professional orders.

The Committee identified the following as the main factors that could facilitate the training of FNI professionals:

- learning in the field as a complement to classroom or distance teaching, associated with a system of mentorship, twinning or preceptorship;
- respect for the culture and ways of the community;
- a philosophy of teaching and training adjusted in terms of, for example greater flexibility regarding the length of the training, or more applied learning than theoretical.

The approach adopted by the Ordre des sages-femmes du Québec for the training program for Inuit midwives<sup>53</sup> took into account these factors and the success obtained encourages the Committee to consider that this format could inspire the development of other programs.

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51. Conseil supérieur de l'éducation, *La formation à distance dans les universités québécoises : un potentiel à optimiser. Avis au ministre de l'Éducation, de l'Enseignement supérieur et de la Recherche* June 2015, chap. 2

52. McGill, RUIS, Martin Aboriginal Education Initiative, etc.

53. The Ordre des sages-femmes du Québec placed priority on developing adapted training instead of using section 12 of its incorporating statute, which allows an Aboriginal person who is not a member of the Order to practice certain reserved acts on the lands defined in the agreement, when an agreement to this effect is made between the government and an Aboriginal nation, according to the conditions set out therein.

### **The training program for Inuit midwives**

“The Inuulitsivik Midwifery Education Programme provides on the job academic and clinical education for Inuit women in their own communities. The programme uses a modularized competency-based curriculum consistent with clinical content of southern midwifery education programmes and adapted for northern realities and an expanded scope of practice. The curriculum puts an emphasis on ways of learning appropriate to Inuit culture, emergency management and the midwives’ community health role, especially in areas of sexual health and STD’s, well woman and well baby care<sup>54</sup>”.

#### **3.1.3. The acquisition and progressive recognition of skills**

This training approach could be more suitable for the members of FNI communities, insofar as it makes it possible to “ [...] take into account not only the needs of people, but also their aspirations, their interests, their skills and their acquired knowledge, as well as the social, cultural and economic context in which they live<sup>55</sup>. » The inclusion of practical learning would sustain interest and encourage completion.

#### **An example of learning through practice in the FNI setting**

Vanessa is a young Inuit aged 25, who has been accompanying a social worker present in the community of Kuujjuarapik for 3 months. She took a 3-month training program at the John Abbot College, which she found very difficult because of the distance from her family and the fact that the learning was done primarily in the classroom and through readings. The social worker greatly appreciated Vanessa’s contribution, whether to better understand the situations faced by people in the community, to assist in the social worker’s smooth interaction with the people and for the assistance that Vanessa is increasingly able to provide. Vanessa would like to be able to intervene more with the social worker, but is not considering going back to study. However she would be interested in a program that would enable her to stay in her community and that would place considerable emphasis on practice.

#### ***Defining professional and cultural skills***

One prerequisite to the setting up of training programs embodying the progressive recognition of professional skills is to clearly define the latter, as well as the cultural skills that must be connected with them. The development of mechanisms for the recognition of acquired learning is also required.

Admission criteria that take into account work experience in the area of mental health and social services, or that require candidates to maintain their employment with an organization that provides the services relating to the training, must also be provided for.

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54. EPOO, Brenda, Vicki Van Wagner, “Bringing Birth Back to the Community: Midwifery in the Inuit Villages of Nunavik”, ICM 27th Congress, Brisbane, Australia. July 2005. P. 3.

55. Conseil supérieur de l’éducation, Mémoire présenté dans le cadre de la consultation publique en matière de lutte contre la pauvreté et l’exclusion sociale, January 2016, p.7 (translation).

It would also be appropriate to develop, on the one hand, a form of recognition to confirm the acquisition of skills and, on the other hand, incentives in the working conditions to take them into account.

### *Adaptation of regulatory mechanisms by the professional orders*

A training project based on the progressive acquisition and recognition of skills must be complemented by the development of regulatory mechanisms by the professional orders in order for the professional skills acquired to be gradually recognized. These mechanisms should also be adapted to the practice of reserved activities adjusted in terms of supervision and autonomy.

This would therefore involve training activities leading to recognition and qualification.

## **3.2. Mitigating the shortage of professional resources**

The Committee examined possible solutions to assist in avoiding service interruptions in the area of mental health and human relations among Aboriginal populations.

### **3.2.1. Broaden the scope of the exemption to Section 35 of the Charter of the French Language**

The Committee observed that the residential requirement set out in the Regulation authorizing the professional orders to make an exception to Section 35 of the Charter of the French Language (see Annex 7) can hardly be applied in communities where there is a shortage of housing. In addition, certain professionals who could benefit from this exception do not necessarily wish to move into the community with their families, but only to be able to practice there.

From this viewpoint, the Committee agrees that the residency condition set out in this regulation should be extended to the place of work or the professional domicile.

### **3.2.2. Fostering the attraction and retention of non-Aboriginal professionals**

Various solutions were raised by the Committee to foster the attraction and retention of non-Aboriginal professionals or those coming from other FNI communities:

#### *Adapting the working conditions*

Incentives and flexibility in the working conditions such as adapted work schedules, job descriptions that take into account the complexity of the work in the communities, the granting of special leave, a guarantee of job reinstatement after returning from a stay in the community, mechanisms for work time adjustment or job sharing represent as many adjustments that are liable to attract and retain professionals in the agreement communities. In these communities, some of these conditions are set by collective agreements, and others are under the purview of the MSSS.

In the non-agreement communities, it is generally the Band Councils that set these types of conditions in accordance with the financing that they have available.

### ***Support for intern supervision***

The work overload caused by the supervision of interns is not always taken into account in professional working conditions, particularly in non-agreement communities. Various approaches could be explored: paid internships in collaboration with the Band Councils and educational institutions; application of the model of paid summer employees, etc.

Given the importance of supervision for the quality of services, for the intern's knowledge acquisition and for his eventual entry into the work setting, this activity should be given formal recognition.

### ***Improvements to continuing training***

Access to compulsory continuing training constitutes a major issue both for professionals who are members of an order, and for those holding vested rights.

Giving vested rights holders who are practicing in FNI communities access to continuing training provided by the orders, offering more continuing training activities in English and optimizing access to training created by the communities and recognized by the professional orders are other approaches to be considered. For example, once the continuing training developed by a community has been recognized by a professional order, a partnership between the community and the professional order could be concluded, and the training activities made available to other communities, which would make it possible to amortize the costs of development and recognition.

### **3.2.3. Optimizing the use of information technology**

The Committee emphasized that the government initiatives in the field of information technology are such as to improve the accessibility of certain services, particularly for isolated communities.

#### ***Professional interventions at a distance***

The use of information technologies – telehealth, telemedicine, e-health, – constitute a widely used solution, but one that has limitations. These are connected with the delivery of professional services – for example reserved assessments generally require personal contact and direct interaction – and with infrastructure issues such as limited bandwidth, equipment, technical support, etc.

The Committee supports initiatives aiming to improve the conditions allowing increased use of information technologies to ensure the delivery of professional services of quality in the shortest possible time periods.

#### ***Online training***

Improving the computer technology infrastructure would also have a positive effect on access to online training, which would be particularly relevant for continuing training activities, the format and duration of which are suitable to this method.

### **3.3. Greater consideration placed on Aboriginal culture**

#### **3.3.1. Improving the cultural skills of professionals**

When non-Aboriginal professionals take up jobs in the FNI communities, cultural awareness training, mentorship to guide them in social skills and coaching in the course of their employment would have a twofold effect, both in terms of enabling the services provided to be more suitable, and also by facilitating adjustment to a new environment.

The Committee also considers that the deployment of strategies to interest professionals in working in Aboriginal territory, for example through awareness-building in the context of initial training or through actions on the part of the professional orders, would foster their recruitment. This would make it possible to arrive in the field with a general idea of Aboriginal realities and would constitute a form of preparation for job-entry training.

#### **3.3.2. Adaptation of tools and interventions**

The Committee noted that many tools and practices have been adapted by various Aboriginal organizations. Unfortunately, there is no directory or mechanism for the exchange of information that would inform people about the work accomplished, which would avoid duplications. The Committee considers that the creation of a directory should be considered as a priority, before the development of new tools.

For example, the Committee found the application of Jordan's principle<sup>56</sup> and of the Gladue principles interesting, particularly as experienced in the youth protection area<sup>57</sup>:

- The Jordan principle is a principle that places priority on the interests of the child. It applies to disputes involving payments between the federal and provincial governments regarding services to First Nations children. These children are often left waiting for services that they desperately need, or are refused services that are provided to other children because there is a dispute between the two levels of government as to who must cover the costs. This can apply to education services or those in health, daycare, recreation, culture and language. The Jordan principle provides that the government that was contacted first pays for the service and requests a reimbursement from the other government later in order that the child not be tragically caught up in a bureaucratic tangle.
- The Gladue principles refer to “special considerations” under the criminal code that every judge must take into account when the liberty of an Aboriginal person is at stake, particularly in setting a sentence and for interim release. This principle, which comes from the decision of the Supreme Court of Canada in the matter of R v. Gladue in 1999, stipulates

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56. On this subject, see First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada), 2016, CHRT 1. <https://fncaringsociety.com/jordans-principle>.

57. The Gladue principles do not apply per se in youth protection, but rather in criminal law. However, it is possible to apply them by analogy, as was done by one judge in the matter of X (in the situation of), 2002, R.D.F. 759.

that judges must take into account the circumstances of Aboriginal offenders in determining the sentence for a criminal offence<sup>58</sup>.

The Committee discussed initiatives under negotiation to establish a particular system of youth protection for Aboriginal people, as allowed under section 37.5 of the Youth Protection Act (YPA). In the context of such an agreement, a community, a group of communities, a nation represented by all of its councils or, in the absence of such councils, any other Aboriginal group, may take charge of all or part of the youth protection services and adapt these services to the needs of its members. Essentially, the agreement has the effect of conferring upon Aboriginal persons or authorities all or part of the responsibilities normally given to the Director of Youth Protection, including the responsibilities given to the Provincial Director concerning the enforcement of the Youth Criminal Justice Act (YCJA). The responsibilities thus conferred are exercised with full authority and independently, and the agreement may also provide guidelines for exercising the responsibilities conferred that are different from those set out in the YPA. The goal of this type of agreement is to enable Aboriginal communities to adapt the social interventions relating to the enforcement of the YPA and the YCJA to their realities. The communities have a fundamental role to play with respect to the protection of their children. With an agreement of this kind, they may assume greater responsibilities and thus play a front-line role to the benefit of their children and of future generations<sup>59</sup>.

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58. <http://faitsdedroit.ca/glossary#Gladue>. (translation).

59. Guidelines for establishing a special youth protection program for Native people, MSSS, 2016.

## 4. Recommendations on the solutions to be implemented

The Committee's recommendations must be considered as a complete set: forming a coherent whole, the implementation of the recommended solutions promises to produce results in accordance with the principles of Bill 21 and to fulfill the expectations and aspirations of the FNI.

### 4.1. Guiding principles

The Committee noted the following guiding principles in support of its recommendations:

- **Openness** toward building on the foundation of the elements already in place, in the respect of FNI cultures and in reciprocal trust;
- **Adaptations and adjustments** of the solutions according to the realities of the different communities and according to the contexts, taking into account the level of knowledge and of enhancing practices and methods;
- **Recognition of FNI communities** as key stakeholders in their development in collaboration with the professional orders, the ministries and organizations of the Gouvernement du Québec and the other authorities concerned, including the federal government, if applicable.

### 4.2. To increase the number of FNI workers authorized to practice activities reserved under Bill 21

The Committee considers that the most promising and long-lasting solution to facilitate the application of Bill 21 within FNI communities would be to ensure that the members of these communities have access to training to allow them to practice reserved activities and eventually to join the professional orders if they continue their training to the point of obtaining the required university degree.

However, given the contexts described above, a large proportion of the academic training programs currently in place do not fully respond to the needs, aspirations and interests of the members of these communities.

An examination of the various solutions has led to the conclusion that it is necessary to rely on the acquired knowledge, to adapt the learning methods, to adjust the administration of professional regulations and to support all of these measures by adapting the working conditions.

#### **Recommendation 1**

**Develop special measures for qualifying training and for recognition and upgrading of skills, intended for FNI workers to gain access to the practice of activities reserved under Bill 21**

Parameters:

- Development of training projects (in steps or levels), in collaboration with the professional orders, MEES, the organizations responsible for services in FNI communities (CBHSSJB, NRBHSS, CLSC Naskapi, Band Councils), the FNQLHSSC, as well as the Aboriginal and non-Aboriginal training organizations and educational institutions<sup>60</sup>;
- Identification of the professional skills and activities covered (work to be done concomitantly with the development of the training programs);
- Recognition of FNI cultural skills (customs, practices and values);
- Coaching in the workplace in the form of twinning or preceptorship (the Inuit Midwifery training model) leading to the recognition of skills through equivalency.

Considerations:

- A common initial basis for the acquisition of skills for social workers and psychoeducators, in connection with the reserved activities involved and the related skills connected with the fields of practice of these professions;
- The possibility of continuing toward training to qualify for practice in social work or psychoeducation, according to a CSD-BAC type formula, for example, leading to full membership in a professional order<sup>61</sup>;
- Involvement of MEES in recognition of acquired competencies and in the methods of delivery of the training (in steps or in levels), as well as for the eligibility criteria and conditions for these types of training;
- The importance of supervision for the quality of services, the acquisition of skills by the intern and his eventual integration into the working environment;
- The FNQLHSSC, the CBHSSJB, the NRBHSS and the CLSC Naskapi should be brought in to participate in the context of the sub-committee work;
- The creation of a “training hub”, a college and university level learning forum based in certain territories, is to be considered.

## **Recommendation 2**

**Set up regulatory mechanisms to enable professional orders to recognize skills and progressively authorize the practice of reserved activities**

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60. This could include, without being limited to, cégeps, universities, First Nations development and workforce training centres, the Institut Tshakapesh, the First Nations Human Resources Development Council of Québec, the Kiuna Institution, the First Nations Education Council, the Kativik School Board, and the Cree School Board.

61. It should be noted that the degrees leading to a permit with the l'Ordre des psychoéducateurs et psychoéducatrices du Québec are at the Master's level.



Parameters:

- Development of admissions mechanisms by equivalence, based on skills and adapted to the training projects (Recommendation 1);
- Adoption of authorization mechanisms (of the 94 *h* type<sup>62</sup>), adapted to the conditions provided for in the training projects (Recommendation 1).

Consideration:

- The adaptations and amendments to professional regulations are subject to the usual provisions for consultation and approval provided by the professional system.

**Recommendation 3**

**Include incentive measures as part of the working conditions**

Parameter:

- In the health and social services network of Québec, create admission conditions specific to jobs (in connection with the territory of practice and the cultural skills) to enable recognition and progress of workers in their education, as well as in the gradual acquisition of skills and of autonomy.

Considerations:

- In the institutions of the health and social services networks in the agreement communities, the admission conditions specific to jobs are subject to the approval of MSSS;
- In the non-agreement communities, it is generally under the purview of the Band Councils and their institutions to decide upon the job admission conditions, titles and working conditions, whereas the financing is under the purview of the federal government.

**4.3. To support the application of Bill 21 in FNI communities**

Pending the coming into effect of recommendations 1 and 2, and until the communities have more FNI workers qualified to practice the activities under Bill 21, the Committee identified various measures to support the application of Bill 21.

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62. Such a regulation under paragraph 94 *h* of the Professional Code would enable a professional order to authorize non-members of the order to exercise certain activities reserved to members of the order according to conditions and guidelines that it would determine.

#### **Recommendation 4**

##### **Implement measures for the attraction and retention of professionals who are members of an order**

###### Parameters:

- Promotion campaign for jobs to be filled (website, set up a network, etc.);
- Implement attraction and retention measures for the hiring of experienced professionals who are members of the orders concerned, to coach and train FNI workers in the framework of a coaching mechanism for training, to be developed;
- Adaptations to the scheduling, job descriptions, leave, work time arrangements, job sharing, etc.;
- Guarantees for job reinstatement after a long stay in an agreement community;
- Support for the supervision of interns (incentives, recognition, reduced work load, etc.).

###### Considerations:

- In the health and social services institutions within the agreement communities, these measures are handled through collective agreements and by MSSS;
- Collaboration agreements between FNI communities and the CISSSSs and CIUSSSSs could facilitate secondments of experienced professionals;
- In the non-agreement communities, these measures are generally handled by the Band Councils and through their institutions according to the financing rules applicable to areas of shared jurisdiction.

#### **Recommendation 5**

##### **Facilitate the practice of English-speaking professionals in Anglophone Aboriginal communities**

The Committee considers that it would be appropriate to facilitate the bringing in of English-speaking professionals to communities where the second language is English. Indeed, the Committee observed that the condition that one must reside or have resided in the community in order for the exception to section 35 of the Charter of the French Language to apply is too restrictive.

###### Parameters:

- Optimize the application of the exception to section 35 of the Charter of the French Language;
- Broaden the concept of residency to include that of professional domicile with respect to the exception to section 35 of the Charter of the French Language.

Considerations:

- Involvement of the Office québécois de la langue française and obtaining the necessary government approval;
- Complete the measures through the creation, recognition and translation of continuing training programs.

**Recommendation 6**

**Recognize the acquired knowledge and skills of workers already practicing or working within FNI communities**

Parameters:

- Identification by the employer organizations of the workers interested and suitable to undertake a training process to acquire qualifying skills;
- A recognition mechanism to be developed in collaboration with the professional orders and employer organizations;
- Adoption of an authorization mechanism under paragraph 94 *h* of the Professional Code (Recommendation 2);
- Setting up of a registry separate from that of vested rights;
- Develop a monitoring and follow-up mechanism within the workplaces, of the “watchdog committee” type, in collaboration with the professional orders and in the respect of their responsibilities and of the communities’ autonomy.

Considerations:

- This exercise to be done on a priority basis, particularly to prepare for departure on retirement of those holding vested rights;
- Budgetary issues could result (for example, limits on the available financing), since those persons identified could benefit from salary increases;
- Problems of application in non-agreement communities.

**Recommendation 7**

**Make a list of intervention and evaluation tools suitable to the FNI context**

Parameters:

- Collaboration with FNI organizations and working environments, with universities, etc., in order to compile a list of existing intervention tools;
- Create a single window.

Consideration:

- These activities would make it possible to identify the needs that cannot be fulfilled by the existing tools, and to take the appropriate measures.

#### **4.4. To ensure implementation of the recommendations**

To ensure the implementation of the recommendations that will be adopted by the government, the Committee recommends that a Follow-up Committee be created by the government and that funding be set aside to finance the work required for the implementation of these recommendations.

#### **Recommendation 8**

##### **Setting up of a Steering Committee to oversee the implementation**

This body, which could include the same organizations as the current Committee, will take care of mobilizing all the stakeholders involved in the implementation: government ministries and agencies, professional orders, FNI organizations, college and university sectors, and the federal government as needed.

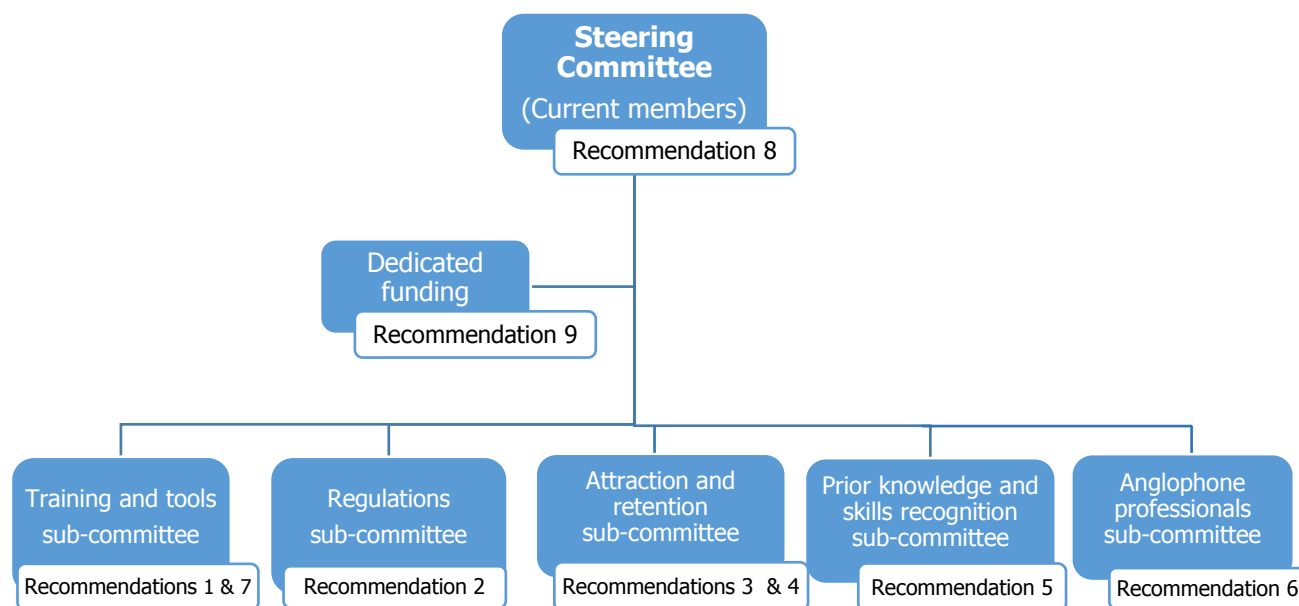
Terms of reference:

- To provide follow-up of the advancement of the work to implement the recommendations;
- To report annually to the government on the state of progress of the work;
- To form sub-committees to carry out the development work on certain recommendations;
- To allocate financing for the work of the sub-committees according to the budgetary conditions and rules for the fund created for this purpose by the government (Recommendation 9);
- To formulate recommendations to the government on the means to be adopted as needed.

The development of certain of the recommendations to be implemented would be entrusted to sub-committees which, depending on the work requirements, would include representatives of the Follow-up Committee member organizations, as well as stakeholders from other ministries, government agencies, FNI organizations, colleges and universities and the Government of Canada. The ministries, agencies and organizations involved in the work of the sub-committees will be accountable and closely involved in the annual reporting to the government.

Figure 1, below, provides an illustration of the organization required for the implementation and follow-up work.

**Figure 1 – Structure for the implementation and follow-up of the recommendations**



**Recommendation 9**

**Create a multi-year fund for the implementation of the recommendations**

The implementation of the recommendations will require additional investments that will have to be sustained and foreseeable to ensure the continuity of the work over the coming years. A preliminary partial evaluation was done by the Committee and is presented in Table 4 below. This evaluation is based on the following assumptions:

- The development, implementation and follow-up of the recommended measures will require additional resources being made available (outside expertise and financial resources);
- The contribution of staff from the various member organizations of the Steering Committee for the different aspects of the implementation is not included, only the additional amounts required are taken into account;
- Where possible, recurrence and indexing of expenditures was estimated;
- The expenses of the Steering Committee are covered from within the budgets of the member organizations;
- It was not possible to evaluate or formally identify many other expense items required for the implementation of the recommendations: the amounts indicated therefore represent a minimum.

**Table 4 – Summary of the estimates for additional funding required for the implementation of the recommendations (in millions of dollars)**

<b>Recommendation</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>	<b>Year 7</b>
1 and 7	0.6	2.0	1.7	1.7	1.7	1.8	1.8
2	0.1	–	–	–	–	–	–
3	N-A	N-A	N-A	N-A	N-A	N-A	N-A
4	1.9	1.9	1.9	1.9	2.0	2.0	2.0
5	0.1	–	–	–	–	–	–
6	0.3	0.3	0.3	0.3	0.3	0.3	0.3
8	–	–	–	–	–	–	–
9	N-A	N-A	N-A	N-A	N-A	N-A	N-A
<b>Partial total</b>	<b>3.0</b>	<b>4.2</b>	<b>3.9</b>	<b>3.9</b>	<b>4.0</b>	<b>4.1</b>	<b>4.1</b>

The allocation of the financing of the work and projects will be coordinated by the Steering Committee, which will approve the budgets of the sub-committees and the disbursements will be made according to the work conducted by the sub-committees.

**Financing criteria:**

- Activities to be in accordance with the objectives and parameters of the recommendations;
- Design and execution of the work in partnership with the FNI communities;
- Deployment in collaboration with the FNI communities;
- When appropriate, the contribution of the Government of Canada will be taken into account.

**Work eligible for financing:**

- Work by outside consultants;
- Loans of service;
- Other (to be specified).

#### **4.5. Involvement of the federal government**

Responsibility for delivery and financing of health and social services to Aboriginal people involves different levels of government, depending on the nature of the services provided and depending on the place of residence – an agreement community, a non-agreement community or outside the community.

The contribution of the federal government bodies concerned is essential to the implementation of several of the Committee's recommendations in non-agreement communities.

## Conclusion

At the conclusion of its deliberations aiming to draw a portrait of the situation and to identify the issues and problems relating to the application of Bill 21 in Aboriginal communities the Committee, on the Application of Bill 21 in First Nations and Inuit Communities presents consensus-based solutions that are culturally appropriate to the realities experienced by the members of these populations.

Although it was marked by difficulties in obtaining complete, comparable or reliable data, the information gathering process made it possible to draw a revealing portrait that confirms the situation of the First Nations and Inuit of Québec in the areas of mental health and social services, and documents the problems that they face in the application of Bill 21, the *Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations*.

The solutions recommended by the Committee to support the Aboriginal communities in the application of Bill 21 form a coherent set. They must therefore be considered as a whole. Their implementation will require the sustained commitment and involvement of all the stakeholders concerned: Aboriginal community organizations, professional orders, ministries and agencies of the Gouvernement du Québec, college and university level educational institutions, and organizations involved in training. The active contribution of the Canadian government bodies concerned, in view of the federal responsibilities toward non-agreement Aboriginal communities, will also be required in certain cases.

It will be essential to have a strong commitment on the part of government authorities, together with sustained financial support that is foreseeable and sufficient for the entire duration of the development and implementation work for the solutions. The creation of the multi-year fund, the follow-up by the Steering Committee and the annual reporting to the government will ensure that the efforts of all stakeholders concerned will be maintained, and that appropriate, fruitful and lasting solutions will be brought in to support the First Nations and Inuit communities in the application of Bill 21.

The adaptation of the recommendations and their application to the activities reserved under Bill 21 to professionals other than social workers and psychoeducators, and the assessment of the situation in areas other than those examined by the Committee, including the school environment, early childhood and employability, could require additional work.



# Annexes

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## ANNEX 1 – Ministerial mandate

(Translation)



Quebec, January 18<sup>th</sup>, 2016

Ms. Marie-José Thomas  
Associate Secretary General  
Secrétariat aux affaires autochtones  
905, avenue Honoré-Mercier, 1<sup>er</sup> étage  
Québec (Québec) G1R 5M6

Mr. Jean Paul Dutrisac, president  
Office des professions du Québec  
800, place D'Youville, 10<sup>e</sup> étage  
Québec (Québec) G1R 5Z3

**Re: Mandate concerning the application of Bill 21 in Aboriginal communities**

Dear Madam, Dear Sir,

Last October 14, during our visit to Northern Québec, we announced the creation of a working committee assigned to support Aboriginal communities in the application of Bill 21 (the Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations).

Indeed, the application of Bill 21 poses substantial challenges for the organization of services in mental health and human relations within these communities.

Thus far, only partial and temporary arrangements have been made to avoid service interruptions. It is now important to identify more complete and lasting solutions in order that these communities may benefit from the guarantees of competence, integrity and accountability of the professional system provided through Bill 21, on the same footing as all citizens of Québec.

In this context, the Office des professions du Québec and the Secrétariat aux affaires autochtones are mandated to co-chair a Committee with membership from the ministries and agencies concerned, along with representatives of Aboriginal organizations, to document the situation and identify possible solutions.

The following groups will be represented: the Nunavik Regional Health and Social Services Board, the Cree Board of Health and Social Services of James Bay, the First Nations of Québec and Labrador Health and Social Services Commission, the ministère de la Santé et des Services sociaux, the ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, as well as the Ordre des psychoéducatrices et psychoéducateurs du Québec and the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec.

More specifically, the terms of reference consist in:

- documenting the issues raised by the implementation of Bill 21 and the set of problems underlying the difficulties of its application in Aboriginal communities;
- identifying possible solutions that could enable the implementation of the principles that Bill 21 aims to uphold, while ensuring the protection of the public in a manner consistent with the provisions set out in the legislation pertaining to the professions;
- submitting a report and recommendations regarding possible solutions to the Minister of Justice and Minister responsible for the administration of legislation respecting the professions, and to the Minister responsible for Native Affairs.

The Committee's report is expected before the end of the summer of 2016.

It should be emphasized that the results depend on the commitment and contribution of the various stakeholders involved in the application of Bill 21 "in the field". More specifically, the representatives of the Aboriginal communities play a central role in identifying the issues and the problems, as well as promising solutions, in collaboration with the organizations and ministries involved.

Yours very sincerely,

Minister of Justice and Minister  
responsible for the administration of  
legislation respecting the professions

Minister responsible for Native Affairs

Stéphanie Vallée

Geoffrey Kelley

c. c. Dr. Gaétan Barrette, Minister of Health and Social Services  
Mr. François Blais, Minister of Education, Higher Education and Research

## ANNEX 2 – Work plan of the Committee

Step	Actions planned	Responsibilities and collaborations	Timeline	Status
<b>Commencement of work</b>			<b>Early 2016</b>	
Ministerial mandate	<ul style="list-style-type: none"> <li>- Letter from the Minister of Justice and from the Minister responsible for Native Affairs</li> <li>- Mandate given to the OPQ and the SAA</li> </ul>		January 18	√
Preparations for the first meeting	<ul style="list-style-type: none"> <li>- Notice of meeting</li> <li>- Documentation</li> </ul>	OPQ and SAA Secretariat	January 28 February 17	√ √
First meeting of the Committee in Montréal	<ul style="list-style-type: none"> <li>- Terms of reference</li> <li>- Presentations</li> <li>- Schedule and work plan for step 1</li> </ul>	Co-chairs and members	February 24	√
Follow-up of the Committee's first meeting	<ul style="list-style-type: none"> <li>- Invitation of the Naskapi community</li> </ul>	Co-chairs	March	√
<b>Step 1: Documentation of the situation and identification of the issues</b>			<b>Winter 2016</b>	
Organization of the work	<ul style="list-style-type: none"> <li>- Collecting template</li> <li>- Consultation of other orders under Bill 21</li> </ul>	Secretariat/members	March 7	√
		Secretariat	March 8	√
Work	<ul style="list-style-type: none"> <li>- Identification of difficulties, issues and problems</li> </ul>	Members and Participants	March 24	√
Results of the work	<ul style="list-style-type: none"> <li>- Analysis / compilation</li> <li>- Consultation</li> </ul>	Secretariat	April 6	√
		Participants	April 13	√
Preparations for the second meeting	<ul style="list-style-type: none"> <li>- Notice of meeting</li> <li>- Documentation</li> </ul>	Secretariat	April 21	√
Committee meeting Québec City and Montréal (videoconference)	<ul style="list-style-type: none"> <li>- Orientations and work plan for step 2</li> </ul>	Co-chairs and members	April 28	√
<b>Step 2: Identification of possible solutions</b>			<b>Spring 2016</b>	
Organization of work	<ul style="list-style-type: none"> <li>- Guide to solutions</li> <li>- Invitation to the work session</li> </ul>	Secretariat/members	May 4	√
		Secretariat	May 9	√

<b>Step</b>	<b>Actions planned</b>	<b>Responsibilities and collaborations</b>	<b>Timeline</b>	<b>Status</b>
Identification of possible solutions	<ul style="list-style-type: none"> <li>- Possible solutions</li> <li>- Review of the literature</li> </ul>	Participants Secretariat	May 17 May 17	√ √
Work on possible solutions	<ul style="list-style-type: none"> <li>- Work session: Examination of possible solutions, directions</li> </ul>	Members	June 9	√
Preparations for the third meeting	<ul style="list-style-type: none"> <li>- Invitation for June 28</li> <li>- Notice of meeting and documentation</li> </ul>	NRHSSB and CBHSSJB Secretariat	May 13 June 21	√ √
Meeting of the Committee in Kuujjuaraapik-Whapmagoostui	<ul style="list-style-type: none"> <li>- Recommendations</li> <li>- Outline of report</li> <li>- Additional work</li> </ul>	Co-chairs and members	June 28	√
<b>Step 3: Recommendations and report to the Ministers</b>			<b>Summer 2016</b>	
Additional work	<ul style="list-style-type: none"> <li>- Work session</li> </ul>	Participants	August 24	√
Writing of the draft report	<ul style="list-style-type: none"> <li>- Send-out to members</li> <li>- Consultation</li> </ul>	Secretariat Members	July 14 August 2	√ √
Revised version of the report	<ul style="list-style-type: none"> <li>- Send-out to members</li> </ul>	Secretariat	September 1	√
Preparations for the final meeting	<ul style="list-style-type: none"> <li>- Notice of meeting</li> <li>- Documents (report)</li> </ul>	Secretariat	September 1	√
Committee meeting in Montréal	<ul style="list-style-type: none"> <li>- Results of the work on recommendations</li> <li>- Discussions on the draft report</li> </ul>	Participants Co-chairs and members	September 8	√
Follow-up of the Committee meeting	<ul style="list-style-type: none"> <li>- Adjustments to report</li> <li>- Consultations with organizations for support</li> </ul>	Secretariat Members	September 12 September	√ √
<b>Final report</b>			<b>September 2016</b>	
	Sending of report to the Ministers	Co-chairs	September	√

## ANNEX 3 – Template used for the information gathering in step 1

TEMPLATE

### Committee on the enforcement of Bill 21 in Aboriginal communities Step 1: Documentation of the situation and issues

<b>Identification</b>
Aboriginal community:
Client group(s) or service(s) targeted*:
Organization :
Resource person(s):
Contact information:
Documents attached:
•
•
•

\* Specify:

- Mental health and human relations services, including:
  - Rehabilitation
  - Mental health
  - Drug addiction
- Services to youth and families, including:
  - Youth protection
  - School system
  - Preschool setting
- Other

#### **1 Description of the context of intervention with the various client groups**

Describe the client groups and services targeted, specifying the reserved activities under Bill 21 that are involved, as well as the responsibilities for the delivery of services or for their financing. If applicable, specify to which regions or communities the context applies.

For example: particular conditions to be reported, applicable conventions or laws, socio-demographic or linguistic characteristics, geographical dispersion, proximity to urban centres, proximity to training centres or agreements with the latter (cégeps or universities), etc.

## **2 Portrait of the need for services**

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For each of the reserved activities under Bill 21, provide a quantitative description using indicators defined according to the client groups, the work environments or services involved.

For example: number and proportion of young people, suicide rate, consumption of drugs or alcohol, statistics available on youth intervention, rate of placement in rehabilitation, etc.

### **Portrait of the supply of services**

For the client groups targeted and for each of the reserved activities, indicate:

- a) A profile of the available human resources – members of professional orders and other workers (for example: number, professional status, acquired rights held);
- b) Available and vacant positions;
- c) Other characteristics of the available human resources (age, education level, qualifications, etc.)
- d) Conditions applying to recruitment (for example: proximity to recruitment pools, turnover rate, mobility, etc.);
- e) Estimate of the anticipated needs in terms of human resources for the coming months or years (specify the period considered).

The attached tables are provided for data collection on the availability of services considered in a) and b):

1. Members of professional orders
2. Other workers

## **3 Problems with enforcement and issues**

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Present the problems encountered in the enforcement of the reserved activities under Bill 21, emphasizing the possible causes and the underlying issues.

For each problem or issue identified, specify which reserved activity(ies), which client group(s) or which service(s) and, if applicable, which community(ies) are involved.

Although not required at this stage of the process, any potential solution may be indicated.



<b>Identification</b>
Aboriginal community:
Client group(s) or service(s):

## Data on the supply of services

### *1. Members of professional orders*

Profession	Total*	Positions filled	Vacant positions
Psychologist			
Social worker			
Marriage and family therapist			
Guidance counsellor			
Psychoeducator			
Occupational therapist			
Nurse			
Physician			
Speech therapist or audiologist			
Sexologist			
Criminologist			

\* This indicates the total number of members of the professional order available, including those on leave/vacation.

For more information on the subject of the reserved activities mentioned in the table on the following page, you may refer to the **Explanatory Guide**:

**2. Other workers**  
(number of persons)

		Reserved activities under Bill 21(**)										Filled positions	Vacant positions
		Activity 4	Activity 5	Activity 6	Activity 7	Activity 8	Activity 9	Activity 10	Activity 11	Activity 12	Activity 13		
<b>Holders of acquired rights</b>	HRO												
	Comm. wkr.												
	Educators												
	Social assist.												
	Soc. ass. tech.												
	Others												
<b>94 h)*</b>	SWT												
<b>Other workers</b>	HRO												
	Comm. wkr.												
	Educators												
	Social assist.												
	Soc. ass. tech.												
	Others												

\* Social work technicians authorized under the Regulations of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec

\*\* **Activities reserved under Bill 21:**

**Activity 4:** Assess a person suffering from a mental or neuropsychological disorder attested by the diagnosis or evaluation of an authorized professional.

**Activity 5:** Assess a person further to a decision of the director of youth protection or of a tribunal made under the Youth Protection Act.

**Activity 6:** Assess an adolescent further to a decision of a tribunal made under the Youth Criminal Justice Act.

**Activity 7:** Determine the intervention plan for a person who suffers from a mental disorder or exhibits suicidal tendencies and who resides in a facility run by an institution operating a rehabilitation centre for young persons with adjustment problems.

**Activity 8:** Assess a person with regard to child custody and access rights.

**Activity 9:** Assess a person who wishes to adopt a child.

**Activity 10:** Undertake the psychosocial assessment of a person with regard to the protective supervision of a person of full age or with regard to a mandate given in anticipation of the mandator's incapacity.

**Activity 11:** Assess a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act.

**Activity 12:** Assess a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment and rehabilitation services required.

**Activity 13:** Make decisions as to the use of restraint measures in accordance with the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons.

## ANNEX 4 – Summary of the information gathered

### 1. CREE NATION

#### *Intervention context*

- Region 18, an administrative region of the ministère de la Santé et des Services sociaux du Québec (MSSS), corresponds to the Cree territory of the Baie-James region. The portion of the Nord-du-Québec region reserved to the Cree Nation is called Eeyou-Istchee and includes 9 communities spread out across this vast territory. Between 2006 and 2012, the population grew on average at a rate of 18.3 per thousand, one of the highest rates in Québec, and 36.4% of the population is under 19 years of age.
- The **Cree Board of Health and Social Services of James Bay** (CBHSSJB) is responsible for the administration of health and social services on the territory. Its mandate is defined by the Act respecting health services and social services for Cree Native persons and its regulations.
- The **Cree School Board** is governed under the Education Act for Cree, Inuit and Naskapi Native Persons. A public agency with special status, it provides instruction in the Cree, French and English languages. The services are provided to the nine Cree communities. The students' first language is Cree, and most have English as their second language.

#### *Overview of the needs*

- Various socioeconomic factors illustrate the situation (see Table 1 – “Socioeconomic Indicators: Nunavik/Eeyou-Istchee” below). These indices of deprivation constitute powerful indicators of the service consumption levels.
  - suicide is the fourth-highest cause of death on Cree territory;
  - co-existing mental health and drug addiction problems are common;
  - in youth protection, 75% of reported cases were accepted, while the rate for Québec is 40%.
- The Aboriginal populations from this region are marked by a heritage of oppression and marginalization. The traumatic historical events, such as Indian residential schools, have contributed to the development of identity-related and cultural problems and, as a result, to an entire range of mental health problems.
- In 2014-2015, 4,267 students were enrolled in the 11 schools of the Cree School Board, and 157 of them manifested specific needs of a scholastic or personal nature (e.g. handicaps, fetal alcohol syndrome, family violence, drug addiction, etc.).

#### *Overview of the available services*

- The CBHSSJB provides general social services, those of the Director of youth protection (foster families, youth protection, young offenders, social emergencies), of rehabilitation (rehabilitation centre and group home), and the front-line services provided in the local Miyupimaatisiun community centres (MCCs), where one can find a medical clinic, social services, dental services and other related types of care (nutrition, physical and occupational therapy), pre-hospital services and space available for the offices of specialists or telehealth services.

- The workers who practice in these clinics may be employed by the Director of youth protection, the rehabilitation services for troubled youth, the first- and second-line services and other regional services. The services provided there are given, in particular, by occupational therapists, psychologists, community workers, health representatives and human relations officers.
- The Cree School Board is required to provide services to handicapped students and students with social maladjustments or learning disabilities (HSSSMLDs); allowances for the supervision of HSSSMLDs are provided for in the budgetary guidelines. One person directs special education and various other positions are provided for, including a special education counsellor. To support HSSSMLDs, the School Board has placed a video online explaining how to proceed with the ministère de l'Éducation et de l'Enseignement supérieur (MEES) individual intervention plan.

### ***Application problems and issues***

According to the CBHSSJB, a reduction in first-line services because of the obligation to strictly enforce the provisions of Bill 21 could contribute to the deterioration of the state of health of certain beneficiaries. Solutions must be put forward to avoid any interruption of service in the youth protection and mental health services provided to the Cree communities. The Cree School Board also considers that the enforcement of Bill 21 could raise some problems.

- ***Preponderance of mental health problems:*** The needs in terms of social services and mental health are glaring in the Cree communities. Mental health problems such as family and social relationship problems, drug addiction problems, violence, anxiety disorders, bereavement, depression, and suicide attempts or ideation are preponderant on the front line.
- ***Shortage of professionals:*** The Cree nation faces a shortage of mental health professionals to fulfill the needs of its population in this area. For example, it should be pointed out that there is only one permanent psychologist working for the entire Cree territory. No call list is currently available.
- ***Staff recruitment and retention:*** The distances to be traveled between communities hamper the mobility of workers. It is difficult to recruit qualified mental health and human relations professionals who are qualified according to the criteria of the South.

The services for students with learning disabilities (ADHD) are sometimes limited, given the difficulty in recruiting and retaining professional staff in the territory. The schools are located in remote areas. Staff recruitment and turnover have been high for a number of years. Waiting lists to benefit from a formal assessment (e.g. in speech therapy) are lengthy. Workers “formally support” students who have specific needs, to intervene early in their schooling.

- ***Staff turnover:*** Nearly one quarter of the positions planned for the CBHSSJB (43 out of 180) are currently vacant, and the staff turnover rate is about 30% per year. Non-Cree professionals generally do not remain in the employment of Aboriginal communities very long, and leave after 18 months on average.
- ***Lack of knowledge of the language, culture and traditions:*** The scarcity of Cree human resources with university-level training recognized by the professional orders represents a crucial issue. The language barrier in the communities of the Cree, who already cannot always easily communicate in their first language, is all the more accentuated

because their second language is English. These problems require an adjustment of practices that must take into account a set of factors (remoteness, language, culture). The Aboriginal communities must be able to have access to culturally relevant services, ideally provided by their peers, who share the same culture, which fosters communication (language) as well as the comprehension of the realities experienced. Aspects of language and culture must be considered as elements of skill indispensable to the quality of services provided, as is advocated by Bill 21. The feeling of being heard and understood in one's own culture and language is essential. This objective may be achieved much more easily by members of the community themselves.

- The relationship of assistance and social intervention relies above all on language and culture.
- Currently there are few scientific tools adapted to the Cree communities.
- These communities hold conceptions that are very different from what is found among the population at large. For example, the concept of family does not have the same meaning there, a fact that should orient the parameters of intervention in this area.
- For these communities, the oral tradition must be preserved in order to foster cultural transmission.

Knowledge of the language, the culture and the social environment plays a vital role, particularly with regard to the accomplishment of reserved activities 4 and 5<sup>63</sup>. The linguistic and cultural barriers also have repercussions on the practice of several other reserved activities (e.g. activities 6, 9, 10 and 11), in the sense that they prevent the workers from building the desirable climate of trust with the beneficiaries in order to induce them to collaborate more closely.

According to the CBHSSJB, the lack of cultural knowledge in exercising a reserved activity also risks leading workers to make decisions that are not appropriate, thereby causing harm to the beneficiaries.

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63. The activities reserved under Bill 21 are presented under table 3 below.

**Table 1 – Socioeconomic indicators: Nunavik/Eeyou-Istchee**

Descriptions		Nunavik	Québec	Eeyou-Istchee
Indicators				
Popula-tion-based	Number of youths aged 0-17 <sup>1</sup> (2015)	5,062	1,535,414	6,420
	Youth population rate <sup>1</sup> (2015)	38.6%	18.5%	36.4%
	Average annual growth rate <sup>2</sup> (average from 2010-2015) (ISQ 2015)	21.9/1,000	9.1/1,000	18.3/1,000
	Average annual growth rate <sup>2</sup> among youth aged 0 to 17 (average from 2010-2015) (ISQ 2015)	11.2/1,000	1.5/1,000	9.8/1,000
Socioeco-nomic	Grocery basket/costs	157%	100%	149%
	% population with food insecurity	23.5%	13.1%	27.1%
	Housing requiring major repairs (Statistics Canada, 2011)	34.5%*	7.2%	31.6%*
	Overpopulated housing (Statistics Canada, 2011)	32.1%*	1.3%	19.8%*
Health/Social/Education	Infant mortality/1,000 live births (2009-2013, IN-SPQ)	24.2	4.7	14.6
	Suicide mortality, 2007-2011, total population (IN-SPQ) (Ratios with Qc, calculated at standardized rates)	116.0/100,000 7 X the Québec average	14.4/100,000	20.6/100,000 No significant difference
	Suicide mortality, 0-17 year age group, 2007-2011, total population (INSPQ) (Ratio with Qc, calculated using gross rates)	62.8/100,000 5 X the Québec average	1.4/100,000	Number too small to be reported (total <5 cases)
	Alcohol consumption during pregnancy	44% binge drinking		N/A N/A
	% of smokers aged 12 and + <sup>5</sup> (2003)	77%	25.9%	45.7%
	High alcohol consumption rate <sup>5</sup> (2003)	68%	18%	28.4%
	Unemployment aged 15 and + (Statistics Canada, 2011)	14.1%	7.2%	14.2%
	Secondary school graduation rate after 7 years	17.8%	72.3%	44.3%
	Fertility rate aged 15-19 <sup>7</sup> (2009-2013, INSPQ)	114.2/1,000	9.2/1,000	87.1/1,000
Issues	Number of cases reported	2,326	80,540	2,422
	Number of cases accepted	69%	40%	75%
	SDC/SDNC	51%/49%	40%/60%	N/D
	0-5 years % treated	50%	34%	N/D
	YCJA cases: number	246		N/D
	Abandonment	0.12%	0.13%	0.7%
	Negligence	64%	22.5%	54.1%
	Risk of negligence		13.5%	0.6%
	Psychological Illn./Disord.	14%	13.8%	12.2%
	Sexual abuse	3%	5.7%	2.6%
	Risk of sexual abuse		4.5%	3.3%
	Physical abuse	14%	22.2%	5.7%
	Risk of physical abuse		7.1%	4.6%
	Behavioural problems	4%	10.4%	15.1%
Number of children placed in FHs	383		158	

**Source:** Document sent by the Nunavik Regional Board of Health and Social Services, as part of the information gathering process, p. 7.

## **2. INUIT NATION**

### ***Intervention context***

- The population of Nunavik is divided among 14 communities that are generally separated by large distances over a territory that corresponds to health and social services region 17 of the MSSS. Between 2006 and 2012, Nunavik had an average annual demographic growth rate of 18.8 per thousand, one of the highest rates in Québec. 42.9% of the population is under 19 years of age.
- The ***Nunavik Regional Board of Health and Social Services*** (NRBHSS) has as its overall mission to adapt health and social services programs to the needs of the population and to the realities of the region.
- The ***Kativik School Board*** is governed by the Education Act for Cree, Inuit and Naskapi Native Persons. It enjoys a special language status and can provide instruction in Inuktitut, French and English. The services are provided to the students of the Inuit communities located along the coast of Hudson Bay and Ungava Bay, i.e. to a student body spread over a territory that can be reached only by airplane. The first language of the students is Inuktitut, with English or French as a second or third language.

### ***Overview of the needs***

- The northern Aboriginal communities are among the most underprivileged populations in Québec. The socioeconomic factors that account for this northern reality are the same as those noted in the Cree communities: problems of housing, infant mortality, suicide rates, alcohol consumption rates, graduation rates, unemployment rates, etc. (see Table 1 – “Nunavik/Eeyou-Itschee: Socioeconomic Indicators” above). These indices of deprivation represent powerful indicators of service consumption levels. The needs in terms of health and social services are glaring among the Inuit communities.
- Psychological distress is the foundation underlying a large part of the health-related and social problems in Nunavik. The indicators in the area of youth protection are also indicative of serious problems in families in the northern Aboriginal communities (negligence, physical abuse, behavioural problems, etc.).
- More than half of the students are reported to have specific scholastic or personal needs (problems related to fetal alcohol syndrome, family violence, drug addiction, suicide, etc.).

### ***Overview of the available services***

- Two health centers and CLSC provide services: Director of youth protection (foster families, youth protection, young offenders, social emergencies), rehabilitation services (rehabilitation centre and group home), and front-line services (child-youth-family, mental health, drug addiction, family violence).
- The workers are employees of either the Ungava Tulattavik Health Centre, or the Hudson Bay Inuulitsivik Health Centre. The health centres have the missions of Childcare and Youth Centres (CEPJs), of rehabilitation and of CLSCs. The workers are employed by the Director of youth protection, for the rehabilitation services for troubled youths or for social services.



- The Kativik School Board provides services to ADHD students. Professionals and specialists make sporadic and ad hoc visits to assess the students. Allowances are provided to hire specialized resources for ADHD students, but it is special education/school adaptation technicians or so-called student support workers (student attendants, behaviour technicians) for the most part, who are hired. There are also regional special education counsellors, one social worker and only one psychologist for all of the 14 schools.

### ***Application problems and issues***

According to the NRBHSS, the needs in health-related and social services are glaring among the Inuit communities. Emphasis must be placed on the need to deal with psychosocial problems as a priority. Solutions must be put forward in order to avoid interruptions in services.

- ***Scarcity of resources holding training recognized by the orders:*** The scarcity of human resources with university-level training recognized by the orders represents a crucial issue among the Inuit communities. In general, secondary V is always required for local (Inuit) personnel. However, since the vast majority of the local labour force does not hold this type of diploma, the criteria used for recruitment rely on the degree of motivation to assist one's community, as well as on work experience relevant to the duties.
- ***Absence of college or university training institutions in the territory:*** *There is no cégep or university institution in the territory of Nunavik. Agreements with the John Abbott and Marie-Victorin colleges, located in Montréal, enable Inuit who so desire to pursue post-secondary studies. However, to do so they must leave their community and move to the Montréal region. This results in a cultural, social and geographical shock that discourages many from pursuing college studies.*
- ***A lack of knowledge of language and culture:*** *Few professionals are able to communicate with the beneficiaries in Inuit communities in their first language, or even in their second language, which is English. It is imperative for the service delivery to take into account aspects relating to culture, language and the specific needs of the Inuit communities. It should be noted that the relationship of assistance and social intervention relies primarily on language. The feeling of being heard and understood in one's own language and culture is essential. Thus, the adjustment of practices must take into consideration a set of factors based in particular on remoteness, language and culture. To the NRBHSS, the requirements for skills and integrity must necessarily include aspects of skills in the area of language and culture.*

*The range of services in Inuktitut is very limited, so that diagnostics for students who speak Inuktitut are difficult to establish by professionals who come to Nunavik to assess them.*

- ***Average term of work:*** The average term of work (turnover rate) of youth services workers in Nunavik is 18 months.
- ***Non-adapted intervention tools:*** There are currently few scientific tools adapted to the Inuit communities. These communities have conceptions of things that are very different from those among the southern population. For example, the concept of family does not have the same meaning, and this should guide the intervention parameters in this field.
- ***Professionals with vested rights are departing on retirement:*** The NRBHSS presented projections according to which there will no longer be any holders of vested rights within 2 to 5 years.

- **Staff recruitment and turnover:** *The schools of the Kativik School Board are in a very remote region; the recruitment and turnover of school staff are repeatedly mentioned and the professionals do not remain long enough in the territory to make an accurate and reliable assessment of a student's needs and abilities. Certain professionals, special education teachers or technicians support students with special needs "with the available resources" to intervene early in their schooling.*

### **3. NASKAPI NATION**

#### ***Intervention context***

- The community is located a few kilometres from Schefferville, with the closest urban centre being Sept-Îles, which is 500 km further to the south. It appears to be difficult to communicate by Internet or by videoconference. The community has a population of less than 1,000 people, with a median age of 22 years. The Naskapi language is the language generally spoken by the majority, and English is the second language of a portion of the population.
- The **Naskapi CLSC**, created in 2001, serves the Aboriginal community of Kawawachikamach. It is an autonomous institution, which reports directly to the Minister of Health and Social Services.
- The **Naskapi School** (or Jimmy Sandy Memorial School) is governed by the Education Act for Cree, Inuit and Naskapi Native Persons. Instruction can be provided there in the Naskapi, French and English languages. This school is administratively attached to the Central Québec School Board, but is autonomous on several levels. It has 239 students in primary and secondary school.

#### ***Overview of the needs***

- According to a portrait from 2005<sup>64</sup>, the indicators regarding the state of health of the region where the people of this community live do not show any significant difference compared with Québec as a whole. However, there are considerable mental health and drug addiction problems present in the community.
- A survey of the users of the Naskapi CLSC in the context of the above-mentioned study indicates that over 80% cannot communicate in French.
- In contrast to other Aboriginal communities, suicide is not a predominant problem for the Naskapi.
- MEES is awaiting clarifications on the number of students with special needs.

#### ***Overview of the available services***

- The Naskapi CLSC provides both preventive and curative health and social services, as well as rehabilitation and reintegration services. The use of workers from within the community aims to allow for better understanding between the professional and the person

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64. Agence de développement de réseaux locaux de services de santé et de services sociaux de la Côte-Nord, Portrait démographique et sociosanitaire de la population – CLSC Naskapi, January 2005, 9 p.

consulting. Much work is being done in the area of suicide prevention in the community, which places less pressure on other health care workers.

- At the Naskapi School (Jimmy Sandy Memorial School), administratively attached to the Central Québec School Board, the instruction of the 239 students in primary and secondary school is provided in English. The members of the community who wish to continue their studies turn toward Ontario.
- The budgetary guidelines of the Naskapi School provide resources for students with ADHD to support the school staff in providing special education services suitable to their needs for students with serious disabilities or in need of such services. MEES is awaiting clarifications on the professional resources available and the other services provided.

### ***Application problems and issues***

- ***Lack of knowledge of the language, culture and traditions:*** Knowledge of the language and culture of the community is an essential condition, particularly in the area of mental health. Everything depends on the language: words, whose translation does not capture all the shades of meaning; body language that one must know how to decode. Non-Aboriginal professionals do not possess this skill. On the one hand, will the professional have well understood the problem of the person consulting, and on the other hand, how can one know if the latter has properly understood the recommendations of the professional? A professional who is competent in a city of Québec will not necessarily be so in an Aboriginal community, as regards his or her social and cultural skills.
- ***Problems of access to post-secondary studies:*** *Since post-secondary studies in English are not easily available, the members of the community generally go to Ontario to pursue them. When they return to the community to work as professionals, they must obtain recognition of their degree by the professional order.*
- ***Requirements of the Charter of the French Language:*** Another obstacle encountered by those who have gone to study in Ontario to obtain degrees enabling them to become members of professional orders is that they have difficulty in passing the examination of the Office de la langue française, in a language that they have never used in their community. This situation deprives the community of resources that are nevertheless competent both on a professional level and in terms of the language and culture of the community members.
- ***Staff recruitment and retention:*** The Naskapi School could encounter certain problems in the administration of Bill 21, since it is in a remote region and the recruitment of professional staff constitutes a major issue. The school has problems recruiting staff and retaining them for long periods. The enforcement of Bill 21 could restrict the school's freedom of action, especially when it cannot find any specialized resources in the short term.

## **4. NON-AGREEMENT NATIONS**

The information and data concerning the non-agreement Aboriginal communities were gathered by the ***First Nations of Québec and Labrador Health and Social Services Commission*** (FNQLHSSC).

Table 4 – “Summary of the information gathered from non-agreement communities” at the end of this annex presents a summary by community of the information gathered.

### ***Intervention context***

- The number of mental health workers varies greatly between communities. Work is under way to gather the information provided for in the template, which should become available in the course of 2016-2017.
- The priorities for health care and services are established by the Band Councils. The health plans are approved by Health Canada, which distributes the funds earmarked for the different programs.
- Addiction and mental health services are financed by Health Canada.
- Indigenous and Northern Affairs Canada (INAC) finances youth protection services.
- The ***First Nations Education Council***, a commission of the Assembly of First Nations of Québec and Labrador, is an Aboriginal organization that represents the education interests of 22 Aboriginal communities of the following nations: Algonquin, Abenaki, Atikamekw, Huron-Wendat, Mi'gmaq, Mohawk and Innu. The communities are spread out in different regions of Québec, and some are distant from urban centres. The first language of the students in these communities is usually the Aboriginal language, with French or English as a second language, except for the Huron-Wendat, whose first language is French, and the Abenaki, who have either French or English as a first language.
- The ***Tshakapesh Institute***, a political rights advocacy organization for the Atikamekw and the Innu (language, culture, education), has as its main mandates to assist in the protection and development of the Innu language and to provide educational and administrative support to educational staff. It supports the services provided by 10 Innu band schools. Only one community, Uashat-Maliotenam, is near an urban centre (Sept-Îles). The students generally have Innu as their first language and French as a second language.

### ***Overview of the needs***

- Various indicators illustrate the needs for mental health and social services: suicide rates, the proportion of youth within the communities, and youth protection statistics. This information is summarized in Table 4 – “Summary of the information gathered from non-agreement communities” below.
- Statistics on Aboriginal youth protection services, available on a regional basis rather than for each community, provide an appreciation of how substantial the needs are in this area.
- According to the regional survey ***Enquête régionale sur la santé des Premières Nations de la région du Québec – 2008***, 68.2% of respondents aged 12 years or older consume alcohol, with women and men in similar proportions. The highest proportion of alcohol consumers is in the 18 to 34-year age group: in this age category, men with a household income in either the highest or the lowest bracket reported that they consumed excessively in the highest proportion.
- With respect to drugs, primarily cannabis, cocaine and amphetamines, 37.2% of respondents aged 12 years or older used drugs during the year leading up to the survey. The highest proportion of drug consumers is among the 15 to 34-year age group, with a rate of over 50% (mostly cannabis and cocaine).

- The First Nations Education Council has 26 band schools and 4,721 students in the primary and secondary levels.
- The 10 band schools supported by the Tshakapesh Institute have 1,828 students.

***Overview of the available services***

- The consultation of the non-agreement communities by the FNQLHSSC did not lead to accurate data being found concerning the available services.
- All the communities provide the National Native Alcohol and Drug Abuse Program (NNA-DAP). NNADAP officers, of varied academic backgrounds, are hired by the communities. Some of these officers have an accreditation from the Indigenous Certification Board of Canada. When reserved activities 4 and 10 are required, in the absence of a qualified worker in the community, the person is referred to the provincial network or to private services. The main components of the program are: prevention, detection and early intervention, screening, assessment and recommendation, treatment, transition planning and post-cure programs, performance measurement, research and exchange of knowledge.
- Certain communities provide one or more youth protection services, under agreements with an Integrated Health and Social Services Centre (CISSS) or University Integrated Health and Social Services Centers (CIUSSS). Others refer people to a CISSS or CIUSSS in the region. The Conseil de la Nation Atikamekw (Manawan and Wemotaci) concluded an interim agreement under section 37.5 of the Youth Protection Act and deploys the Système d'intervention d'autorité atikamekw, which also serves Atikamekw Aboriginal families living outside the community (within a defined region). One community of the Mohawk nation (Kahnawake) is taking steps to conclude an agreement under section 37.5.
- In the communities that provide front-line childhood, youth and family services, financed by INAC, a five-year plan of action is developed by the community and revised on a tripartite basis by INAC, the MSSS and the FNQLHSSC.
- One community of the Innu nation (Uashat), the Conseil de la Nation Atikamekw and the Anishnabe community of Kitigan Zibi each have a rehabilitation centre and provide services under the Youth Criminal Justice System.
- Certain communities bring in interns (physicians, social workers, specialized educators and nurses) under agreements with post-secondary teaching institutions.
- The mandate of the First Nations Education Council includes providing consulting services to increase the quality of educational programs and services delivered to First Nations. Services are provided to support the Council's member schools. One program provides access, within their community, to special education services that take into account their cultural specificities. The financing comes from the federal government. Partnerships with MEES facilitate the transition of Aboriginal students to the schools in the Québec school system.
- In the special education sector, the Tshakapesh Institute provides support services to youths with social maladjustments or learning disabilities who have special needs. There is a program that provides access to special education services, taking into account their cultural specificities. The financing comes from the federal government. Partnerships with MEES aim to facilitate the transition of Innu students when they enrol in a school in the Québec education system.

- The Ordre des infirmières et infirmiers du Québec (OIIQ) has raised the lack of professional resources such as social workers, psychoeducators and psychologists in certain non-agreement communities. In several communities, the nurses are the only professionals present, and they have to intervene in situations related to mental disorders and addiction problems, and in crisis situations particularly involving suicide attempts. They often have to refer patients outside the community to receive services from other professionals (particularly social workers, psychologists and psychoeducators). Since the presence of physicians is generally sporadic, consultations by telephone or by videoconferencing are sometimes the solutions used to make up for the absence of a physician.

### ***Application problems and issues***

The FNQLHSSC raised the following problems and issues:

- ***Knowledge of Aboriginal language and culture:*** Because of the scarcity of workers who speak the Aboriginal languages of the non-agreement communities, the services often have to be provided through an interpreter. This may also be the case when the person's second language is English. Certain non-Aboriginal professionals or vested rights holders do not always have the competence to intervene in the First Nations environment. The lack of cultural sensitivity of youth protection workers was mentioned.
- ***Delays in obtaining services due to remoteness:*** *Many communities noted delays in obtaining services not available in their communities. High travel costs were mentioned.*
- ***Problems obtaining services in English:*** Access to psychological or psychosocial assessments in English in the Québec system is a challenge, as is access to medical services in that language, as well as obtaining instructions or follow-up directions in English. To obtain these services in English, certain members of Algonquin communities would travel to Ontario, which is nearby. However, Ontario now refuses to provide these services.
- ***Problems of recruitment and retention:*** Many aspects were mentioned with regard to recruitment and retention problems, particularly for communities far from the recruitment pools. In addition to a shortage of housing within the communities, the difficulty for non-Aboriginal workers to integrate into the communities may in part explain the turnover rate of between one and three years on average. The recruitment of Aboriginal workers also raises problems, particularly for a worker from within the community, due among other things to the concern for a lack of confidentiality and for real or perceived conflicts of interest.
- ***Vested rights holders are leaving for retirement:*** *The solution adopted to avoid service interruptions will gradually lose its effect as the holders of vested rights leave on retirement.*
- ***Difficulty of access to training approved by the professional orders:*** *It is difficult to obtain recognition from the professional orders for certain types of training, or to gain access to the training required to maintain vested rights, whether it is in French, owing to the fact that the institutions of the system do not reserve places for workers from Aboriginal communities, or because these training courses are not available in English. When training in English is available in Ontario, for example, it is not necessarily recognized by the orders.*
- ***Difficulty of access to assessment by a professional:*** The First Nations Education Council states that the professionals of the orders concerned in the school system are

aware of their obligations. The enforcement of Bill 21 may cause certain ethical dilemmas, for example when certain professional resources are difficult to find for a number of distant communities. An assessment is done by other workers (educators, technicians) in order to provide support services as early as possible. For the communities near urban centres, the waiting list is comparable to that of Québec schools.

To the Tshkapesh Institute, as a result of the enforcement of Bill 21, specialized educators cannot do a formal assessment, an activity reserved to members of the professional orders. Well aware of the “fine line between this act and their own interventions”, they gather the data that can be used by professionals to do the assessment. Specialized educators are authorized to implement the interventions and provide the follow-up.

## 5. PROFESSIONAL ORDERS

The data provided by the professional orders participating in the gathering of information on professionals working within the communities of the different Aboriginal nations in Québec are presented in Table 2 – “Members of professional orders in Aboriginal communities”.

**Table 2 – Members of professional orders in Aboriginal communities**

<b>Nation</b>	<b>S.W.</b>	<b>Nurse</b>	<b>Psyed.</b>	<b>Psy.</b>	<b>Guid.C.</b>	<b>Occ. th.</b>	<b>Sexo.</b>
<b>Abenaki</b>	0	4	–		–	–	–
<b>Algonquin</b>	2	31	10		–		–
<b>Attikamekw</b>	3	45	–		–	1	–
<b>Huron-Wendat</b>	4	10	4	2	1	–	–
<b>Innu</b>	12	88	1	–	3	–	3
<b>Maliseet</b>	–	–	–	–	–	–	–
<b>Mi'gmaq</b>	0	6	–	1	–	–	–
<b>Mohawk</b>	10	12	–	–	1	1	–
<b>Cree</b>	31	186	4	2	3	8	–
<b>Inuit</b>	55	n.a.	15	–	–	1	–
<b>Naskapi</b>	–	–	–	–	–	–	–
<b>Total</b>	<b>117</b>	<b>382</b>	<b>34</b>	<b>5</b>	<b>8</b>	<b>11</b>	<b>3</b>

**Sources:** Compilation of the data sent by the professional orders during the information gathering process. The number of nurses indicated for the Cree Nation was provided by the CBHSSJB.

- The information provided by the Ordre des infirmières et infirmiers du Québec comes from the analysis of 13 health centres<sup>65</sup> located in non-agreement communities. These communities have on average 10 **nurses**. In remote or semi-remote areas, they provide services every weekday, 24 hours per day. Staff turnover is high and the nursing positions may remain vacant for long periods. Most of the nurses have college training, and on-the-job training is quite variable.
- The Ordre des ergothérapeutes du Québec states that the very diversified professional practice of the 11 **occupational therapists** involved in the delivery of occupational therapy services in 4 Aboriginal communities is different from that of the majority of members of the Ordre des ergothérapeutes du Québec. The latter, who work in the public system, have a more specific area of practice that functions based on client programs. Thus, in these 4 communities, all age categories benefit from their services, which may cover a wide range: assessment/orientation, functional rehabilitation, suicide prevention, long-term care, home adaptation, age-related disorders, etc.
- The Ordre des conseillers et conseillères d'orientation du Québec states that it was not asked any questions and was not made aware of any concerns about Bill 21 in relation to the activities of **guidance counsellors** (youth, adults, employability, rehabilitation, mental health, organizations), which could be seen as a problem in itself.
- The Ordre professionnel des sexologues du Québec mentioned that the limited number of **sexologists** working in the Aboriginal communities signifies that the assessments reserved for sexologists are not being done by members of the Ordre.

#### **Authorized activities under the “vested rights” provision**

As regards the activities authorized under the “vested rights” provision, a compilation of data concerning Aboriginal communities drawn from the registers of the three orders involved – the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec, the Ordre des psychoéducateurs et psychoéducatrices du Québec and the Ordre des conseillers et conseillères d'orientation du Québec – is presented in Table 3 – “Activities reserved by vested rights holders” below.

It should be noted that during the data gathering process it was not possible to obtain information concerning the activities reserved under Bill 21 that may have been exercised by workers other than the members of professional orders, by holders of vested rights or by social work technicians authorized under the regulations of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec. Certainly no conclusions may be drawn from this lack of information.

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65. These are confidential data from inspection files. The identity of the communities or centres therefore cannot be specified.



**Table 3 – Activities practiced by vested rights holders**

	<b>Activities reserved under Bill 21 (*)</b>									
	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
Attikamekw	0	41	35	22	5	7	0	0	0	6
Innu	5	12	4	5	1	1	7	0	2	2
Mi'gmaq	0	2	1	2	0	0	0	0	0	0
Mohawk	20	11	6	1	1	1	1	1	2	1
Cree	21	27	32	12	0	0	7	3	0	1
Inuit	15	37	28	38	0	23	5	0	0	3
Director Youth Protection/Provincial Director	0	49	49	0	6	7	0	0	0	0
<b>Total</b>	<b>61</b>	<b>179</b>	<b>155</b>	<b>80</b>	<b>13</b>	<b>39</b>	<b>20</b>	<b>4</b>	<b>4</b>	<b>13</b>

**Sources:** Data compiled based on information concerning registrations in the registers of vested rights of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec, the Ordre des psychoéducateurs et psychoéducatrices du Québec and the Ordre des conseillères et conseillers d'orientation du Québec.

**Note:** The cumulative number of activities does not necessarily correspond to the number of persons entered in the registries of the orders, since one person may exercise more than one activity.

(\*) **Activities reserved under Bill 21:**

**Activity 4:** Assess a person suffering from a mental or neuropsychological disorder attested by the diagnosis or evaluation of an authorized professional;

**Activity 5:** Assess a person further to a decision of the director of youth protection or of a tribunal made under the Youth Protection Act

**Activity 6:** Assess an adolescent further to a decision of a tribunal made under the Youth Criminal Justice Act

**Activity 7:** Determine the intervention plan for a person who suffers from a mental disorder or exhibits suicidal tendencies and who resides in a facility run by an institution operating a rehabilitation centre for young persons with adjustment problems;

**Activity 8:** Assess a person with regard to child custody and access rights;

**Activity 9:** Assess a person who wishes to adopt a child;

**Activity 10:** Undertake the psychosocial assessment of a person with regard to the protective supervision of a person of full age or with regard to a mandate given in anticipation of the mandator's incapacity;

**Activity 11:** Assess a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act;

**Activity 12:** Assess a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment and rehabilitation services required;

**Activity 13:** Make decisions as to the use of restraint measures in accordance with the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons.

### ***Application problems and issues***

The professional orders who participated in the information gathering process raised the following problems and issues:

- ***Knowledge of the language and culture:*** *The Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (OTSTCFQ)* raised the fact that in the agreement communities with which they had discussions, few professionals can communicate in the first language of the population. In addition, the second language is often English, a language that is not always mastered by the available professionals.

The Ordre professionnel des sexologues du Québec (OPSQ) stated that a systemic understanding of the culture and language of the Aboriginal communities, of the impacts of the historic traumas and violence on sexual behaviours and sexual development is essential to assessing and intervening competently with the individuals, couples and families.

- ***Problems of recruitment and retention:*** The OTSTCFQ reported a turnover rate of 30% per year, identified by the Aboriginal communities.
- ***The job offers exclude certain professionals:*** The OPSQ reported the case of a sexologist who did not get a job in an Aboriginal community because she was not authorized to perform two reserved activities required at the time of hiring. The OPSQ also mentioned that degrees in sexology are not among the degrees referenced in the job offers for Human Relations Officers in the youth protection services or psychosocial services, whereas sexologists could competently exercise in the context of the problems presented in the communities.
- ***Non-eligibility for the professional orders:*** The OTSTCFQ and the Ordre des psychoéducateurs et psychoéducatrices du Québec contacted the Aboriginal authorities responsible for health and social services as of March 2014 to evaluate the situation concerning eligibility for the orders for workers in place in these communities. It was noted that workers originating from Aboriginal communities are generally not eligible for membership in the orders.

**Table 4 – Summary of the information gathered from non-agreement communities**

Nation	Community	Remoteness zone <sup>66</sup>	Primary language <sup>67</sup>	Population (youth)	Suicide rate <sup>68</sup>	Comments
Abenaki	Odanak	1	F and E	460 (120)	1/379	Near recruitment pools Interns in medicine and nursing A challenge to find Aboriginal workers
	Wôlinak	1	F	175 (45)		
Algonquin	Hunter's Point	n.a.			23/5 459	No template received
	Kebaowek	2	E	285 (80)		Service delays (remoteness, FN language, E)
	Kitcisakik	2	F	340 (180)		Service delays (remoteness and language) Interns accepted
	Kitigan Zibi	1	E	1,395 (495)		1 social services worker speaks Anishnabe and 1 speaks French 4 health services workers speak French and 3 speak English only Challenge: services and training (Ontario) in English Interns in nursing and in medicine
	Lac-Rapide	2	E	766 (157)		Service delays (remoteness, FN language, E)
	Lac Simon	1	F	1,395 (750)		Interns accepted

66. Zone 1: community located near a city  
Zone 2: remote community  
Zone 3: semi-isolated community  
Zone 4: isolated community

67. FN: When over 50% of the community use a First Nations language on a daily basis.  
F: French  
E: English

68. For the period 2000-2011.

<b>Nation</b>	<b>Community</b>	<b>Remoteness zone<sup>66</sup></b>	<b>Primary language<sup>67</sup></b>	<b>Population (youth)</b>	<b>Suicide rate<sup>68</sup></b>	<b>Comments</b>
						Service delays (language)
	Pikogan	1	F	550 (240)		Service delays (language)
	Timiskaming	1	E	550 (190)		2 out of 5 social services workers speak French 4 out of 7 health services workers speak French Ontario denies services to community members Difficult to obtain services in English Interns accepted
	Winneway	2	E	315 (140)		Service delays (remoteness, FN language, E)
<b>Attikamekw</b>	Manawan	2	FN (F)	2,070 (1,065)	52/5,128	80% of social services workers speak Atikamekw Service delays (remoteness) Interns accepted
	Wemotaci	2	FN (F)	1,185 (580)		
	Obedjiwan	3	FN (F)	2,040 (990)		Service delays (remoteness, language) Interns accepted
<b>Huron-Wendat</b>	Wendake	1	F	4,011	4/1,301	Interns accepted No one is on the register of vested rights, all belong to professional orders
<b>Innu</b>	Natashquan	3	FN (F)	2,040 (990)	52/ 11,160	4 out of 9 workers speak Innu Community reorganizing its services Difficult to gain access to training (CISSS and CIUSSS prioritizes their staff) Service delays (remoteness and language) Interns accepted
	Essipit	1	FN (F)	731 (n.a.)		The FNQLHSSC could not reach the community
	Matimekosh-Lac-John	4	FN (F)	565 (230)		Service delays (remoteness and language) High travel costs for patients or users to go to Sept-Îles to obtain services
	Mingan	2	FN (F)	455 (190)		9 out of 19 workers speak Innu

<b>Nation</b>	<b>Community</b>	<b>Remoteness zone<sup>66</sup></b>	<b>Primary language<sup>67</sup></b>	<b>Population (youth)</b>	<b>Suicide rate<sup>68</sup></b>	<b>Comments</b>
						Service delays (remoteness and language) Interns accepted in social work
	Uashat-Maliothenam	1	FN (F)	2,790 (1,180)		40 suicides from 1994 to 2014 1 worker speaks Innu Currently refusing interns as no one has enough experience to supervise them Need for continuing training Service delays (language)
	La Romaine	4	FN (F)	985 (365)		Service delays (remoteness and language) 9 out of 19 social service workers speak Innu No health services workers speak Innu Interns in social work and nursing
	Pessamit	1	FN (F)	2,420 (910)		The FNQLHSSC could not reach the community, which is currently reorganizing its services Service delays (language)
	Pakuashipi	4	FN (F)	364 (n.a.)		Service delays (remoteness and language) 9 out of 19 social service workers speak Innu 3 out of 10 health services workers speak Innu Interns in social work and nursing
	Mashteuiatsh	1	FN (F)	2,195 (715)		Salary conditions below those offered by the Québec system Only 2 workers speak Innu Service delays (language) Interns in nursing, social work or specialized education
<b>Maliseet</b>	Maliseets of Viger	n.a.				No template received
<b>Mi'gmaq</b>	Listuguj	1	FN (E)	1,720 (620)	4/2,564	20 out of 63 health sector employees speak Mi'gmaq Problem of access to continuing training in English to remain on the register or a member of an order

<b>Nation</b>	<b>Community</b>	<b>Remoteness zone<sup>66</sup></b>	<b>Primary language<sup>67</sup></b>	<b>Population (youth)</b>	<b>Suicide rate<sup>68</sup></b>	<b>Comments</b>
						Service delays (FN language and E)
	Gesgapegiag	1	FN (E)	705 (295)		No workers speak Mi'gmaq 3 social services workers speak French Problem of access to continuing training in English Service delays (FN language and E) Order membership or name on registry is not a guarantee of competence in FN community
	Gespeg	n.a.				No template received
<b>Mohawk</b>	Akwesasne	n.a.				No template received
	Kahnawake	1	E	10,861 (n.a.)	9/8,770	Service delays (FN language and E) Training in English not very diversified Wish to obtain certification of their own training programs by professional orders Interns accepted
	Kanesatake	1	FN (E)	2,490 (n.a.)		No social services workers speak Mohawk 1 health services worker speaks Mohawk The language criterion complicates access to professional orders Service delays due to language (FN, E)

**Source:** Compilation of data from documents sent by the The First Nations of Québec and Labrador Health and Social Services Commission during the information gathering process.

## ANNEX 5 – Guide used to compile the solutions in step 2

### GUIDE FOR PROPOSING POSSIBLE SOLUTIONS

#### Committee on the application of Bill 21 in Aboriginal communities Step 2: Inventory of possible solutions

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#### CONTEXT

##### **Reminder: Step 2 of the Committee’s terms of reference**

“The Committee’s terms of reference fit in with the governmental objective of providing all citizens of Québec with guarantees of competency, integrity and accountability provided through the professional system.

*Caveat:* In view of the principles recognized by the Gouvernement du Québec, which constitute the foundation of government action with respect to Aboriginal peoples, it is justified to identify specific solutions and application mechanisms for Bill 21 within Aboriginal communities. The avenues that will be considered by the Committee will have to be consistent with the provisions set out in the legislation applying to the professions...

(...)

- *to identify possible solutions that could enable the implementation of the principles that Bill 21 aims to uphold, while ensuring the protection of the public in a manner consistent with the provisions contained in legislation respecting the professions;”*

##### **Compile the possible solutions**

The compiling of an “inventory” of possible solutions aims to support the Committee’s reflection process in identifying the various means of action required in the short, medium and long term, with the aim of achieving the following goal:

*That the Aboriginal communities be fully able to implement Bill 21 owing to the stable and renewable presence of professionals who, on the one hand, are qualified in terms of professional skills and, on the other hand, possess the cultural, social and language skills proper to the Aboriginal communities in which they work.*

The solutions must be in keeping with the spirit of Bill 21, and be related to the problems and issues identified by the Committee. In particular, they may involve training measures, the delivery of professional services or the legislation or regulations, including those related to the supervision of professionals. They may constitute provisional or permanent arrangements, and be implemented in the shorter or longer term.

This exercise does not aim to provide the finer details of the implementation of the solutions. Those solutions that are accepted by the Committee for the purposes of making recommendations to the Ministers will ultimately have to be the subject of further work in that regard. However, to the extent that indications are available on the means to be adopted, the financing or other aspects, these may be presented if appropriate.

### **ASPECTS TO BE PROVIDED FOR EACH POSSIBLE SOLUTION SUBMITTED**

Description of the measure/solution:

References (Website, document, etc.):

Issue(s) targeted:

Speed of implementation and durability:

- short-term implementation
  - temporary or transitional measure
  - permanent measure
- medium-term implementation
  - temporary or transitional measure
  - permanent measure
- long-term implementation and permanent

Explain how the measure will contribute to achieving the Committee's objective:

Organizations involved (specify for each category):

- Québec government ministries and agencies
- Aboriginal organizations
- community organizations
- federal government
- other

Other clarifications (for example, is it a measure already established in another country or province? What have been the success factors?)



## ANNEX 6 – Summary of the possible solutions compiled

***N.B. The possible solutions proposed by the Committee members in no way imply any commitment on the part of their organizations.***

Possible solutions	Issue(s) targeted	Implementation	Temporary or permanent
<b>Members of the Committee – First Nations of Québec and Labrador Health and Social Services Commission</b>			
Facilitate the bringing in of interns, particularly Aboriginal people, using financial incentives and distance access to supervisors to ease the burden for the host environment	<ul style="list-style-type: none"> <li>• Scarcity of professional resources</li> <li>• Acquisition of cultural skills for young workers</li> </ul>	ST	P
Develop an individual mentorship program to support new non-Aboriginal workers in the community. The mentor must be Aboriginal (suggestion: an elder)	<ul style="list-style-type: none"> <li>• Lack of knowledge of Aboriginal culture and context</li> <li>• Staff retention</li> </ul>	ST	P
Improve the clinical supervision available in the communities through partnerships with the region's CISSS or CIUSSS or with other communities, through group or individual supervision or co development	<ul style="list-style-type: none"> <li>• Staff turnover and burnout</li> <li>• Improvement, continuing training</li> </ul>	MT	T
List the clinical tools suitable to Aboriginal culture (particularly for assessments) or created by the communities, promote their use and develop new tools as needed	<ul style="list-style-type: none"> <li>• Intervention tools not culturally relevant</li> </ul>	ST	P
Broaden the recognition of continuing training to fulfill the requirements of the orders: <ul style="list-style-type: none"> <li>• Training focusing on Aboriginal culture or intervention in the Aboriginal context;</li> <li>• Training programs in Ontario and New Brunswick;</li> <li>• Training developed by the communities;</li> <li>• Varied types of activities;</li> <li>• Increase the continuing training available in English and online</li> <li>• Reserve places for Aboriginal workers within training programs offered by the CISSSs or CIUSSSs.</li> </ul>	<ul style="list-style-type: none"> <li>• Access to continuing training</li> </ul>	ST	P

<b>Possible solutions</b>	<b>Issue(s) targeted</b>	<b>Implementation</b>	<b>Temporary or permanent</b>
Mandatory training on intervention in the Aboriginal context for non-Aboriginal workers in the community and for CISSS and CIUSSS workers in regions with a greater Aboriginal presence.	<ul style="list-style-type: none"> <li>Lack of cultural skills on the part of non-Aboriginal workers</li> </ul>	ST	P
Content on intervention in the Aboriginal context in training programs for professionals under Bill 21	<ul style="list-style-type: none"> <li>Lack of cultural skills on the part of non-Aboriginal workers</li> </ul>	MT	P
Facilitate Aboriginal enrolment in training programs for professionals under Bill 21: <ul style="list-style-type: none"> <li>Reception, integration and mentorship in the educational institution; places reserved in programs with limited enrolment; distance training;</li> <li>Flexibility for longer internships;</li> <li>Student membership in orders to perform certain reserved acts under supervision;</li> <li>Promote Bill 21 professions toward young Aboriginal people</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of Aboriginal professionals</li> </ul>	LT	P
Adopt measures allowing for training through practice : <ul style="list-style-type: none"> <li>Training programs (bridging or complete) in the field (midwife model);</li> <li>Mentorship;</li> <li>Student membership in orders to perform certain acts under supervision;</li> <li>Financial incentives;</li> <li>Promote the value of Bill 21 professions toward young Aboriginal people.</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of Aboriginal professionals</li> </ul>	LT	P
Support for Aboriginal and non-Aboriginal workers in the community: <ul style="list-style-type: none"> <li>Training recognized by orders;</li> <li>Outside assistance resources;</li> <li>Access to an employee assistance program.</li> </ul>	<ul style="list-style-type: none"> <li>Integration, retention, turnover rate</li> </ul>	MT	P
Isolation premiums or high cost of living premiums for professionals working in remote regions	<ul style="list-style-type: none"> <li>Attraction and retention</li> </ul>	ST	P

Possible solutions	Issue(s) targeted	Implementation	Temporary or permanent
Broaden to social services the ministerial direction aiming to conclude collaboration agreements on mental health and addiction between the Québec network and non-agreement communities.	<ul style="list-style-type: none"> <li>Delays in obtaining services or in the continuum of services</li> </ul>	MT	T or P
<b>Committee members – Cree Board of Health and Social Services of James Bay</b>			
Regulations specific to Aboriginal communities : <ul style="list-style-type: none"> <li>Adopt a regulation allowing employees to perform activities 4, 5, 6, 7, 9, 10 and 12</li> </ul>		ST	T
<ul style="list-style-type: none"> <li>Develop and implement separate reception-orientation-integration programs for new Aboriginal employees and for new non-Aboriginal employees</li> </ul>		ST	T
<ul style="list-style-type: none"> <li>Access to continuing training in English from the Québec order for social workers from Ontario</li> </ul>		ST	T
<ul style="list-style-type: none"> <li>Establish a committee of the CBHSSJB for quality control of psychosocial services (clinical supervision contracts for all employees, audits, standardization of assessment tools, verification of participation in mandatory training)</li> </ul>		MT	
Training plan leading to certification: <ul style="list-style-type: none"> <li>Charlie and PCFI (Psychosocial Children and Family Intervention) training, and training on protection measures</li> <li>Accreditation and delivery of training necessary to ensure improvement of services by CBHSSJB jointly with MEES</li> <li>Develop university-level training jointly by CBHSSJB and MEES, in association with a higher educational institution, according to a practice-based learning model, through clinical internships</li> <li>An institute of higher education on the territory with culturally relevant programs and teaching methods leading to membership in professional orders</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of Aboriginal professionals</li> <li>Lack of services that are culturally relevant and in the Aboriginal language</li> </ul>	ST	T
		MT	P
		MT	
		LT	P

Possible solutions	Issue(s) targeted	Implementation	Temporary or permanent
<ul style="list-style-type: none"> <li>• Training leading to professional order membership (full permit)</li> </ul>		LT	P
<b>Committee members – Nunavik Regional Health and Social Services Board</b>			
Continuing training accredited by Cégep Marie-Victorin: ACS in Communication and the helping relationship <ul style="list-style-type: none"> <li>• The necessary exceptions</li> <li>• Commitment required from health centres for supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of Aboriginal resources</li> </ul>	ST	T
ACS combination leading to a combined college-university diploma (DCS-BA type) <ul style="list-style-type: none"> <li>• Development of other complementary models leading to complete training</li> <li>• Establishment of a satellite cégep in Kuujjuaq in collaboration with cégep Marie-Victorin, MEES and MSSS</li> <li>• Acquisition of a territorial right to practice</li> </ul>		LT	P
<b>Committee members – Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec and Ordre des psychoéducateurs et psychoéducatrices du Québec</b>			
Ease the requirements of the Office québécois de la langue française <ul style="list-style-type: none"> <li>• Broaden the scope of the exception to section 35 of the Charter of the French Language</li> <li>• Restricted permits for Aboriginal communities</li> </ul>	<ul style="list-style-type: none"> <li>• Requirements of the Charter of the French Language</li> </ul>	ST	P
Transitional and temporary authorization mechanisms for workers under 94 h <ul style="list-style-type: none"> <li>• Regulations adapted to the Aboriginal context</li> </ul>	<ul style="list-style-type: none"> <li>• Shortage of professionals</li> </ul>	ST	T
Develop continuing training activities recognized by the orders, with distance accessibility, adapted to the Aboriginal context and in English. Agreements with agencies already in place	<ul style="list-style-type: none"> <li>• Access to continuing training</li> <li>• Remoteness</li> </ul>	MT	P
Develop and implement a culturally and linguistically relevant training program leading to membership in orders (common base between social workers, psychoeducators and criminologists)	<ul style="list-style-type: none"> <li>• Shortage of Aboriginal professionals</li> </ul>	LT	P

<b>Possible solutions</b>	<b>Issue(s) targeted</b>	<b>Implementation</b>	<b>Temporary or permanent</b>
Facilitate access to existing qualifying training for Aboriginal workers	<ul style="list-style-type: none"> <li>Shortage of Aboriginal professionals</li> </ul>	MT	P
<p>Qualification of Aboriginal professionals:</p> <p>Develop a <u>custom training project</u>, enabling Aboriginal workers to develop targeted skills to qualify them for certain reserved activities</p> <ul style="list-style-type: none"> <li>Training in levels with partial and progressive authorizations</li> <li>Coaching by professionals (twinning, mid-wifery model)</li> <li>Common base between social workers, psychoeducators and criminologists</li> <li>Agreement with training organizations already in place</li> </ul> <p>Develop <u>equivalency-based admission mechanisms</u> according to the skills in the custom training project</p> <ul style="list-style-type: none"> <li>As needed, grant regulatory or legal powers to orders to issue restricted permits limited to certain reserved activities in connection with the custom training project</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of Aboriginal professionals</li> <li>Difficulty of access to training to join an order due to the gap to be filled</li> </ul>	MT	T
Develop assessment and intervention tools adapted to the Aboriginal context, in collaboration with the universities already involved	<ul style="list-style-type: none"> <li>Intervention tools not culturally relevant</li> </ul>	MT	P
Validate the relevance of different distance practice modes for the Aboriginal context (work by the CIQ)	<ul style="list-style-type: none"> <li>Delays due to remoteness</li> </ul>	ST	P
<p>Attraction and retention measures:</p> <ul style="list-style-type: none"> <li>Broader job descriptions for non-Aboriginal professionals (consulting role, expertise, supervision, training through twinning)</li> <li>More flexibility in the rules for leave without pay</li> <li>Financial incentives</li> <li>Possibility of "job sharing"</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment and retention problems</li> </ul>	MT	P

Possible solutions	Issue(s) targeted	Implementation	Temporary or permanent
<ul style="list-style-type: none"> <li>• Agreements with the CISSSs or CIUSSSs for job sharing</li> </ul>			
<b>Committee members – Ministère de la Santé et des Services sociaux</b>			
<p>Creation of a working group on employment conditions of Inuit and northern workers to engage in reflection on the issues of staff attraction and retention in the health and social services network in these regions. Terms of reference to be defined and government coordination to be clarified.</p>	<ul style="list-style-type: none"> <li>• Attraction and retention</li> </ul>		
<p>Adaptations and exceptions through agreements with Aboriginal communities (reference to section 12.2 of the Midwives Act)</p>	<ul style="list-style-type: none"> <li>• Shortage of professionals</li> </ul>		
<b>Committee members – Ministère de l'Éducation et de l'Enseignement supérieur</b>			
<p>In connection with activity 4:</p> <ul style="list-style-type: none"> <li>• Ensure optimal use of professionals in the education and the health and social services networks</li> <li>• Distance assessments</li> <li>• Make use of distance professional consultations</li> <li>• Distance training or in the communities, recognized by the orders and adapted to the local language</li> <li>• Training on the Aboriginal context for non-Aboriginal workers in the community</li> <li>• Twinings between professionals member of orders and Aboriginal workers (interventions as a duo)</li> <li>• Development of culturally relevant assessment tools</li> </ul>	<ul style="list-style-type: none"> <li>• Shortage of professionals</li> <li>• Difficulties of access to training</li> <li>• Lack of cultural skills</li> <li>• Tools not culturally relevant</li> </ul>		
<p>In connection with activity 11:</p> <ul style="list-style-type: none"> <li>• Consider the use of exceptions to avoid any prejudice toward students</li> </ul>	<ul style="list-style-type: none"> <li>• Shortage of professionals</li> </ul>		

Possible solutions	Issue(s) targeted	Implementation	Temporary or permanent
<b>Professional orders consulted</b>			
<p><b><i>Collège des médecins du Québec :</i></b></p> <ul style="list-style-type: none"> <li>• A pool of professionals travelling on a statutory, regular and rotating basis, with continuity through electronic media between visits (model developed by RUIS)</li> </ul>	<ul style="list-style-type: none"> <li>• Shortage of professionals</li> </ul>	MT	P
<p><b><i>Ordre des ergothérapeutes du Québec :</i></b></p> <ul style="list-style-type: none"> <li>• Continuing training activity on Aboriginal context for professionals providing services to Aboriginal populations</li> <li>• Aboriginal interpreters designated in the communities to fulfill the needs of non-Aboriginal professionals</li> <li>• Adapt assessment instruments to the characteristics of the Aboriginal population</li> <li>• Workforce plan specific to Aboriginal communities</li> <li>• Make accessible and facilitate use of information technologies for service delivery as well as professional and staff support</li> <li>• Use of Anglophone professionals from other provinces with an exception to section 35 of the Charter of the French Language</li> <li>• Clinical training internships for students completing their training with incentives (study bursaries, guaranteed job, paid internship)</li> <li>• Financial incentives, work schedule arrangements and measures of support and coaching for professionals in Aboriginal communities</li> <li>• Professional supervision of Aboriginal workers trained to perform certain clinical activities</li> <li>• Measures to facilitate enrolment of Aboriginal people in qualifying training programs (bursaries, leave, distance courses)</li> <li>• Support and coaching measures throughout the studies for Aboriginal students</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of cultural and linguistic skills</li> <li>• Intervention tools not adapted</li> <li>• Lack of resources</li> <li>• Attraction and retention</li> <li>• Lack of Aboriginal resources</li> <li>• Requirements of the Charter of the French Language</li> </ul>		

Possible solutions	Issue(s) targeted	Implementation	Temporary or permanent
<ul style="list-style-type: none"> <li>Application of the Regulation authorizing the orders to make exceptions to the enforcement of section 35 of the Charter of the French Language</li> </ul>			
<p><b><i>Ordre des infirmières et infirmiers du Québec.</i></b></p> <ul style="list-style-type: none"> <li>Use of communication tools such as telehealth for distance consultation, for example in crisis situations (reference to pilot projects in non-agreement communities – see FNQLHSSC)</li> <li>Integrate cultural skills development in the training curriculum for health and social services professionals</li> </ul>	<ul style="list-style-type: none"> <li>Lack of resources and delays in obtaining services</li> <li>Lack of cultural skills</li> </ul>	<p>ST and MT</p> <p>MT and LT</p>	<p>P</p>
<p>Ordre professionnel des sexologues du Québec:</p> <ul style="list-style-type: none"> <li>Addition of activities reserved for sexologists (5 and 7)</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of professionals</li> </ul>		<p>P</p>
<b>Review of the literature</b>			
<ul style="list-style-type: none"> <li>Regulations authorizing certain activities under conditions, for example: supervision, enrolment in training.</li> <li>Model of the Regulation respecting optometric assistants</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of professionals</li> </ul>	<p>MT</p>	<p>T</p>
<ul style="list-style-type: none"> <li>First-language workers: accompaniment of non-francophone Aboriginal students in their studies in French</li> <li>Experience in French Guiana</li> </ul>	<ul style="list-style-type: none"> <li>Access to training</li> </ul>	<p>MT</p>	<p>P</p>
<ul style="list-style-type: none"> <li>Set up proximity community health centres adapted to the context of Aboriginal communities</li> <li>Wabano Centre for Aboriginal Health</li> </ul>	<ul style="list-style-type: none"> <li>Lack of cultural skills</li> </ul>	<p>MT</p>	<p>P</p>
<ul style="list-style-type: none"> <li>Reserve spaces for Aboriginal students in training programs leading to membership in professional orders</li> <li>Experiment done by the University of British Columbia Faculty of Medicine</li> </ul>	<ul style="list-style-type: none"> <li>Access to training</li> </ul>	<p>MT</p>	<p>P</p>



<b>Possible solutions</b>	<b>Issue(s) targeted</b>	<b>Implementation</b>	<b>Temporary or permanent</b>
<ul style="list-style-type: none"> <li>• Training for workers intervening with Aboriginal populations</li> <li>• Training provided by the continuing training department of the Université du Québec en Abitibi-Témiscamingue</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of cultural skills</li> </ul>	ST	P
<ul style="list-style-type: none"> <li>• Service officers recruited in the community receive concrete on-the-job training, accompany professionals and support them in their work</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural relevance</li> <li>• Retention</li> </ul>	MT	P
<ul style="list-style-type: none"> <li>• College certificate in Aboriginal social work</li> <li>• University of Regina (Saskatchewan)</li> </ul>	<ul style="list-style-type: none"> <li>• Access to training</li> </ul>	MT	P
<ul style="list-style-type: none"> <li>• Training program for the profession of midwife, adapted to Inuit culture, with conditions of exercise in remote regions and fulfilling the requirements of the order</li> <li>• Ordre des sages-femmes du Québec</li> </ul>	<ul style="list-style-type: none"> <li>• Access to training</li> </ul>	LT	P
<ul style="list-style-type: none"> <li>• Application of the foundations of the "Gladue" principle in youth protection, i.e. taking into account historic prejudices caused to Aboriginal people in Canada to orient decisions to assist a person in avoiding problems with justice or prison</li> <li>• Supreme Court Decision (Gladue - 1999)</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions not culturally relevant</li> </ul>	MT	P
<ul style="list-style-type: none"> <li>• Adapt youth protection services to the Aboriginal realities of Nunavik, for example: inform the community of the service objectives and of the role of the workers, recruit Inuit foster families, create a community liaison position</li> <li>• Recommendation of the Community Involvement Working Committee (1994)</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions not culturally relevant</li> </ul>	MT	P
<ul style="list-style-type: none"> <li>• Use telehealth to provide health services</li> <li>• Opinion of the Commission d'éthique en science et technologie (2014)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of resources</li> </ul>	ST	P

# ANNEX 7 – Regulation to authorize professional orders to make an exception to the application of section 35 of the Charter of the French language

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This document has official status.

chapter C-11, r. 10

## Regulation to authorize professional orders to make an exception to the application of section 35 of the Charter of the French language

Charter of the French language  
(chapter C-11, s. 97)

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C-11, r. 10 / 1 of 2

CHARTER OF THE FRENCH LANGUAGE — EXCEPTION TO THE APPLICATION OF SECTION 35

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1. A professional order referred to in Schedule I to the Professional Code (chapter C-26), or that is constituted in accordance with the Code, is authorized to make an exception to the application of section 35 of the Charter of the French language (chapter C-11), in respect of a person who resides or has resided on a reserve, in a settlement in which a native community lives or on Category I and Category I-N lands within the meaning of the Act respecting the land regime in the James Bay and New Québec territories (chapter R-13.1), provided that

(1) the person declares under oath to the Bureau of the professional order that he resides or has resided on a reserve, in a settlement in which a native community lives or on Category I and Category I-N lands; and

(2) the person, despite the fact that he does not have knowledge of the French language appropriate to the practice of his profession, fulfils all the other terms and conditions for the issue of a permit provided for in the Professional Code and, where applicable, in the Act constituting the professional order.

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O.C. 1374-93, s. 1.

2. Where a person fulfils the conditions provided for in section 1, the Bureau of the professional order shall issue a permit to that person authorizing him to practise the profession or to use the title, as the case may be, only on a reserve, in a settlement in which a native community lives or on Category I and Category I-N lands.

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O.C. 1374-93, s. 2.

3. *(Omitted).*

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O.C. 1374-93, s. 3.

### UPDATES

O.C. 1374-93, 1993 G.O. 2, 5532

S.Q. 1994, c. 40, s. 457

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C-11, r. 10 / 2

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### ***Laws and regulations***

Charter of the French Language (CQLR, chapter C-11)

Civil Code of Québec

Professional Code (CQLR, chapter C-26)

Letters patent constituting the Ordre professionnel des criminologues du Québec (CQLR, chapter C-26, r. 90.1)

Letters patent constituting the Ordre professionnel des sexologues du Québec (CQLR, chapter C-26, r. 222.2)

Education Act (CQLR, chapter I-13.3)

Youth Protection Act (CQLR, chapter P-34.1)

Midwives Act (CQLR, chapter S-0.1)

Act Respecting Health Services and Social Services (CQLR, chapter S-4.2)

Act Respecting Health Services and Social Services for Cree Native Persons (CQLR, chapter S-5)

Youth Criminal Justice Act (S.C. 2002, ch. 1)

Regulation authorizing the professional orders to make an exception to Section 35 of the Charter of the French Language (CQLR, chapter C-11, r. 10)

Regulation respecting professional acts that persons other than midwives may engage in on certain terms and conditions (CQLR, chapitre S-0.1, r. 1)

### ***Websites***

LawFacts – A legal information resource from Legal Aid Ontario: <http://lawfacts.ca/glossary#Gladue>

Government of Canada: <https://www.canada.ca/fr.html>

Institut de la statistique du Québec: <http://www.stat.gouv.qc.ca/>

Institut national de santé publique du Québec: <https://www.inspq.qc.ca/>

Ministère de l'Éducation et de l'Enseignement supérieur: <http://www.education.gouv.qc.ca/>

Ministère de la Santé et des Services sociaux: <http://www.msss.gouv.qc.ca/>

Office des professions du Québec: [www.opq.gouv.qc.ca](http://www.opq.gouv.qc.ca)

United Nations Educational, Scientific and Cultural Organization: <http://fr.unesco.org/>

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Secrétariat aux affaires autochtones: <http://www.saa.gouv.qc.ca/index.asp>

First Nations Child and Family Caring Society of Canada: <https://fncaringsociety.com/jordans-principle>





