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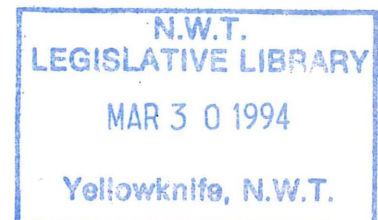
Renewed Partnerships



In response to:

Talking and Working Together

...The final report of the Special Committee on
Health and Social Services



March 23, 1994

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INTRODUCTION

In November 1991, the Legislative Assembly established a Special Committee on Health and Social Services (SCHSS) to examine delivery of health and social services in the Northwest Territories (NWT) and determine how residents felt about these services.

People told the Special Committee, amongst other things, that they wanted a system that was more responsive to their needs, reflected the culture of the communities and gave them greater control at the local level. They said that government departments needed to cooperate and communicate with one another; that frontline workers needed more support; and that confidentiality of patient and client information needed to be respected. Additional concerns were expressed about specialist services in communities; the important role of volunteer organizations; the expectation that public officials act as role models and that family violence be eliminated. It was felt that midwifery should be part of community care and that mental health issues and services should receive greater attention and government support. Increased community-based services should be available for people with physical disabilities along with greater access to appropriate housing and respite care.

Residents also expressed concern about the increased presence, detection and treatment of cancer; the need to raise awareness of this health issue and others such as AIDS/HIV, Fetal Alcohol Syndrome, Fetal Alcohol Effects, alcohol and drug dependency and other addictions, and especially, the need to educate the young. People of the Northwest Territories also told the Special Committee that they believed the present income support benefits and rules are inadequate and need to be renewed.

The Special Committee on Health and Social Services tabled its Final Report on November 18, 1993. Fifteen general recommendations were provided. Thirty-two specific recommendations were made with implications for the entire government, and in particular, the Departments of Justice, Education, Culture and Employment, Health and Social Services.

OVERVIEW

The Report of the Special Committee on Health and Social Services identified a wide range of problems and recommended a variety of solutions. In preparing a response to the Report, it was necessary to involve staff from the Departments of Education, Culture and Employment, Health, Social Services, Justice, Safety and Public Services, the Northwest Territories Housing Corporation, the Department of Personnel and the Financial Management Board Secretariat. It is clear that our social programs impact on the mandates of almost all departments across the government.

The government's response to the Report was developed within the context of the following initiatives:

Amalgamation of the Departments of Health and Social Services

The Report emphasized the need for many linkages between the Health and Social Services programs. Amalgamation of the two departments will facilitate the development and implementation of health and social policy.

Effective April 1, 1995, the Departments of Health and Social Services will be combined to form a new organization. Consolidation into one department under the leadership of one Minister will make it possible to streamline the delivery of services and enhance communications.

Income Security Reform

The Government has made a decision to implement a program of income security reform rationalizing income support programs available to all residents of the NWT. The reform initiative will place a high priority on the transfer of responsibility and authority to the communities to deliver social programs. Linkages will be established between all government departments who provide any form of income support to residents.

Social Assistance, currently under the mandate of the Department of Social Services, will be transferred to the Department of Education, Culture and Employment by April 1, 1995. This will allow social workers to focus their energies on developmental activities such as community mental health and child welfare services.

OVERVIEW

Concerns were expressed by the Special Committee on Health and Social Services about income support levels. The appropriateness of some forms of income support will be dealt with as part of the overall Income Security Reform Initiative. The existing system of income support will be restructured between September 1994 and March 1995 with reform work concluding in 1995-96. This process will be implemented in conjunction with the national effort to reform all forms of income support, principally the Canada Assistance Plan and the Unemployment Insurance System.

Family Law Renewal

The Special Committee on Health and Social Services identified serious concerns in the area of child welfare. These issues were also identified in the Family Law Review Report, completed in 1992. This independent review contained 256 recommendations impacting on policy, procedures, and legislation in the Departments of Social Services and Justice.

Discussion papers have been distributed to obtain public input on potential changes to the family law system. Given the magnitude of the proposed changes, both departments will need at least two years to fully implement changes, starting in the Fall of 1994.

Violence

The Special Committee on Health and Social Services recommendations on violence impact on several Government departments. A coordinated violence strategy will be developed according to a timetable designed to allow minimal disruption to existing services.

Community Transfer

Transfer of authority to communities is a critical component of many of the proposed activities. It is only when communities take responsibility for their problems, and work in partnership with the Government to find resolutions that real change can occur.

OVERVIEW

These initiatives will have a major impact on all social programs and services. The government recognizes the need for change, but is also committed to the continuing operation of existing programs until alternatives can be established. Therefore, the timetable for renewal will be carefully planned to avoid disruption of services.

The actual responses to the 32 specific recommendations are arranged around nine major themes which reflect the current priorities of the Government and the concerns expressed by the Special Committee. These include:

- Partnerships in Government
- Partnerships in Service Delivery
- Learning from Traditional Knowledge
- Strengthening the Family
- Income Security Reform
- Helping Victims of Violence
- Treating and Preventing Addictions
- Supporting Frontline Workers
- Changing Attitudes/Behaviours

In addition to the Final Report recommendations, seven recommendations from Interim Reports were adopted by the Legislative Assembly. Action taken on these interim recommendations is summarized at the end of this report.

The 15 general recommendations made by the Special Committee on Health and Social Services provided the framework for the Government's response. All but two of the general recommendations have been addressed in the main body of this document. Specific responses to these two recommendations are:

1. *"The use of specialists should be reviewed. We must ensure that our communities are receiving the greatest benefit from this expertise."*

The government agrees with this recommendation. Each of the health regions has established an annual schedule of visiting health specialists, based on need and the availability of complementary services.

The Department of Social Services has also begun the process of reviewing the function of their specialists. Psychologist positions have been decentralized from headquarters to most regions. These positions form the nucleus of a professional team skilled in community mental health and crisis intervention. It is important to take into account the need for specialists to work as part of a team with access to fellow professionals if they are to be effective.

2. *"Efforts must be made to develop more community-based mental health services. The government should consider undertaking a pilot project in a given community."*

Work has begun in this area. A pilot project utilizing a team approach involving local residents is planned for implementation in the fiscal year 1994/95. Six communities in the Inuvik region propose pooling available resources to enable placement of a professional level mental health specialist in each community. These specialists will draw on their combined expertise to provide a full range of mental health services in all six communities.

The Report of the Special Committee on Health and Social Services has provided the government with advice on the renewal of our Health and Social Services systems. The organizational changes that are proposed in response to the report would be the most comprehensive seen in the Government in the last ten years. The planning, consultation and training required to make this a reality will stretch the resources of the affected departments. However, the principle underlying the restructuring is that the existing level of service must not be compromised. While an initial investment will be required, the expectation is that, over time, service delivery will be more efficient, effective and economical, thus contributing to an improved quality of life for northerners.

OVERVIEW

This response represents a commitment by the Government to a cohesive and coordinated strategy for the renewal of Health and Social Services programs in the Northwest Territories. The involvement of the public is essential, in addition to the cooperative efforts of all government departments and agencies.

PARTNERSHIPS IN GOVERNMENT

RECOMMENDATION 1

"AMALGAMATION OF THE DEPARTMENTS OF HEALTH AND SOCIAL SERVICES SHOULD PROCEED IMMEDIATELY. THE FIRST STEP IN THIS PROCESS SHOULD BE THE DESIGNATION OF ONE MINISTER RESPONSIBLE FOR BOTH DEPARTMENTS BY MARCH 31, 1994."

RESPONSE:

- The Departments of Health and Social Services will be combined to form a new organization effective April 1, 1995.
- An implementation plan for consolidation of the departments will be developed by September 15, 1994.
- It is anticipated that true consolidation will be an on-going process over a period of three (3) to five (5) years as programs and services are gradually integrated. In all likelihood there will be reductions in the cost of service delivery over the long term. However, additional costs will be incurred in the short term to complete the planning and analytical work for the transfer.

RECOMMENDATION 2

"THE LEVEL OF COOPERATION AND INFORMATION SHARING BETWEEN ALL GOVERNMENT DEPARTMENTS INVOLVED IN THE DELIVERY OF HEALTH AND SOCIAL SERVICES MUST IMPROVE, AND THE GOVERNMENT SHOULD REPORT TO THE 1994 FALL SESSION OF THE LEGISLATIVE ASSEMBLY ON MEASURES TAKEN TO ACHIEVE THIS."

RESPONSE:

- This recommendation is supported by the Government and a number of initiatives are underway which reflect efforts to improve communication between departments.
- The Government has initiated several measures to ensure that the level of cooperation and information sharing between departments is improved.
- A Ministerial Memorandum of Agreement between the departments of Health, Social Services, and Education, Culture and Employment has been signed, and a Tri-Ministerial Committee established at the Deputy Minister level to ensure cooperation and smooth information exchange. A sub-agreement on early intervention services to children is being prepared, and terms of reference are being developed for sub-agreements on services to the elders and handicapped. Further protocols will be developed to cover a number of program areas, in conjunction with all concerned departments.
- Other initiatives which reflect the Government's commitment to working together include the joint Health/Social Services referral procedure for alcohol and drug clients, the Child Sexual Abuse Protocol which included a number of Federal and Territorial Departments, and the Income Security Reform initiative. There are also several Federal/Territorial Agreements in place designed to ensure communication and sharing of resources.

PARTNERSHIPS IN GOVERNMENT

- The proposal for a comprehensive Informatics Strategy will be completed in early 1994 which would enhance communication both between government departments, and between the Government of the Northwest Territories and community governments and agencies.
- A Memorandum of Agreement on information sharing on employable Social Assistance recipients has been entered into by the Departments of Social Services and Education, Culture and Employment and the Federal Department of Human Resource Development. Internally, a Ministerial Memorandum of Agreement between the Departments of Social Services and Education, Culture and Employment will be finalized by June 30, 1994 to share similar information.
- The most significant initiatives which will affect the sharing of information are the proposed changes in program structure within Health, Education, Culture and Employment, and Social Services. These changes will bring about a better alignment of programs and facilitate communication, both within Government and amongst Government departments and their clients.

RECOMMENDATION 28

"INTERDEPARTMENTAL AGREEMENTS MUST BE PUT IN PLACE QUICKLY TO ENSURE THAT EARLY INTERVENTION SERVICES ARE AVAILABLE RIGHT AWAY. DUE TO THE URGENCY OF THIS MATTER, A REPORT MUST BE PROVIDED TO THE LEGISLATIVE ASSEMBLY DURING THE 1994 WINTER SESSION."

RESPONSE:

- The Government recognizes the urgency of this issue and is taking steps to provide intervention services. Failure to provide intervention at an early stage of a child development can result in long-term problems and the need for expensive, long-term care.
- To address this situation, the Departments of Health, Social Services and Education, Culture and Employment are developing a protocol on early intervention services (see Recommendation 2).
- Models will be developed for pilot projects for early intervention in schools in two regions of the Northwest Territories. These models will be tested during the 1994/95 school year. Depending upon the success of the pilots, full implementation will be scheduled for 1995/96.
- In August 1993, the Department of Health signed a protocol agreement with the federal government to provide \$2.7 million over five years to NWT communities under the Community Action component of the "Brighter Futures" program. In addition the Federal Government will be working with First Nations and Inuit regional or community organizations to provide funding for fiscal year 1994/95 in the amount of \$1.5 million in the Northwest Territories. It is hoped that communities that have direct access and control of these funds will use the dollars to address early childhood concerns. This federal program supports preventative programs for young children. It is anticipated that some of this money can be directed to early intervention programs.

PARTNERSHIPS IN SERVICE DELIVERY

RECOMMENDATION 3

"GREATER AUTHORITY SHOULD BE TRANSFERRED TO REGIONAL HEALTH BOARDS."

RESPONSE:

- The development of a Memorandum of Understanding (MOU) outlining roles, responsibilities and authorities was a priority for the Department of Health, health and hospital boards, and the Northwest Territories Health Care Association (NWTCA) during the fiscal year 1993/94. On February 2, 1994 the Minister distributed a preliminary draft of the MOU to the stakeholders and requested that comments be provided at the next meeting scheduled for April 1994 in Taloyoak.
- Completion of the MOU is anticipated by December 1994.

RECOMMENDATION 4

"LOCAL HEALTH AND SOCIAL SERVICE COMMITTEES MUST BE RECOGNIZED AS ESSENTIAL TO THE DELIVERY OF THESE PROGRAMS. THE DEVELOPMENT OF LOCAL COMMITTEES SHOULD BE ENCOURAGED AND PROGRESS SHOULD BE REPORTED TO THE LEGISLATIVE ASSEMBLY DURING EACH BUDGET SESSION."

RESPONSE:

- One of the key elements of any strategy to deal with the solution to social problems is having communities take on responsibility for identifying and dealing with problems. The community transfer initiative is seen as a way to give communities the control of programs that is needed to tailor them for local solutions.
- The Department of Social Services is currently working proactively to support communities interested in assuming greater responsibility for social programs through the Community Transfer Initiative.
- Many communities currently have interagency or health committees in place, while community social service committees play a variety of roles in different communities. Family violence shelters and alcohol and drug programs are also run by local committees.
- The Family Law Review response proposes the establishment of child welfare committees to resolve child protection and adoption issues. This allows for local decision making in determining how to resolve child protection issues and adoptions.
- The Departments of Health and Social Services will jointly encourage the development of health and social services committees as part of the formal structure of municipal government when individual communities are ready for this. In the meantime, established organizations and interagency groups will be encouraged to take the lead on local health and social service issues.

RECOMMENDATION 11

"AN INDEPENDENT REVIEW OF THE MEDICAL AIR TRANSPORTATION PROGRAM IS REQUIRED IMMEDIATELY. THE RESULTS SHOULD BE PRESENTED TO THE 1994 FALL SESSION OF THE LEGISLATIVE ASSEMBLY."

RESPONSE:

Review and revision of the Medical Travel Program is underway as a result of an internal study by the Department of Health. The Department will involve health and hospital boards, medical and other professional groups, air carriers and others in the review of any changes flowing from the study. Initially these will focus on the development of new standards for air carriers and for medevac personnel.

The Government will also be considering:

- the amendment of policies for medical and non-medical escorts;
- the amendment of medical travel administrative procedures requiring prior approval of medical travel;
- the expanded application of the "Nearest Centre Policy;"
- the expanded advanced scheduling of medical travel;
- the coordination of GNWT employee medical travel.

RECOMMENDATION 12

"COMMUNITIES SHOULD BE ENCOURAGED AND ASSISTED IN DEVELOPING THEIR OWN MEDICAL GROUND TRANSPORTATION SERVICES."

RESPONSE:

- Revisions to the Medical Travel Program, which will include provision of ground transportation services by communities, are in progress (See Recommendation 11).

RECOMMENDATION 13

"THE DEPARTMENT OF HEALTH SHOULD ENCOURAGE REGIONAL HEALTH BOARDS TO EXAMINE HOW HEALTH CENTRE CLINIC SCHEDULES COULD BETTER MEET THE NEEDS OF THE COMMUNITY."

RESPONSE:

- The Department of Health and regional health boards will collaborate on this issue. Discussions will be held to explore mutually agreeable solutions where communities wish to modify clinic hours.

RECOMMENDATION 18

"A GOVERNMENT CONTACT PERSON ON PROGRAMS FOR ELDERS SHOULD BE DESIGNATED AND PROVIDED WITH A 1-800 TELEPHONE LINE SO THAT ELDERS HAVE DIRECT ACCESS TO A SOURCE OF INFORMATION AND HELP."

RESPONSE:

- In addition to providing an information service a 1-800 number could serve as a help line for elder abuse, and a referral agency.
- The Departments of Health and Social Services are currently working towards the amalgamation of programs for elders as part of the consolidation of the two Departments. When the Departments are combined in April 1995, it may be feasible to establish a toll free number due to the volume of programs being delivered from one location. In the meantime, seniors will be advised through media advertising that the Program Coordinator will accept collect calls at 1- 403-920-3485.
- Options for a single 1-800 number include:
 - having each regional office administer the 1-800 number so that elders and their families can obtain information about services; or
 - having seniors administer this information in their regions. This would enable elders to take responsibility for themselves, help one another, and ensure a response in their own language.

LEARNING FROM TRADITIONAL KNOWLEDGE

RECOMMENDATION 6

"TRADITIONAL HEALING METHODS MUST BE RECOGNIZED, FUNDED BY GOVERNMENT AND INCORPORATED INTO OUR SYSTEM OF HEALTH AND SOCIAL SERVICES."

RESPONSE:

- It is necessary to define traditional healing methods and how these should be incorporated into health and social services. Preliminary information suggests that communities are having some difficulties explaining traditional healing practices. In addition, identifying and confirming competent practitioners of traditional healing may be problematic.
- The pilot birthing project in Rankin Inlet focuses on integrating traditional with modern midwifery practices (see Recommendation 7).
- Efforts are now underway to recognize the value of traditional methods for healing. These are reflected in treatment programs being developed for alcohol and drug treatment centres. Funds are also provided to community programs that recognize the importance of supporting traditional healing methods. Traditional healing methods form part of the four-year training program for shelter workers. The Department of Social Services presently funds visits to traditional healers for eligible social assistance clients.
- The Dene Cultural Institute, in partnership with the Department of Social Services and the Federal Government, will implement a pilot project for 1994/95. The project will involve the establishment of a mobile healing team consisting of aboriginal employees of the Institute. The team will be available to all Western Arctic Dene communities which require spiritual and emotional healing.

LEARNING FROM TRADITIONAL KNOWLEDGE

- The Interdepartmental Working Committee on Traditional Knowledge will be asked to consider traditional healing as they review ways for the government to incorporate traditional knowledge in its programs and services. Traditional healing methods are included as part of the Arctic College training programs for community health representatives, alcohol and drug workers, social workers, nurses and the Advanced Nursing Inservice Training Program.

RECOMMENDATION 7

"WOMEN SHOULD BE ABLE TO MAKE AN INFORMED CHOICE ABOUT WHERE THEY WISH TO DELIVER THEIR BABIES. LEGISLATION SHOULD BE DEVELOPED TO RECOGNIZE MIDWIFERY WITHIN THE HEALTH CARE SYSTEM."

RESPONSE:

- The issues around birthing are multiple, but the primary concern must be the safety of the mother and infant. As a means of ascertaining the desirability of expanded midwifery programs in the small communities of the NWT, the Department of Health is supporting a pilot project in Rankin Inlet.
- This project attempts to integrate elements of traditional with modern midwifery practice. Prenatal care is provided to all pregnant women, but only those women who are assessed as "low risk" are eligible for delivery in the community.
- The project will be evaluated to assess the following elements:
 - the safety of the mother and infant;
 - acceptance and satisfaction of mother, partner, family and community;
 - the costs compared with earlier service arrangements;
 - the contribution of the traditional midwife or maternity worker;
 - the nature, extent of required initial and continuing training; and,
 - the degree of success in integrating the project into existing health center programs.
- Expansion of midwifery is dependent on the outcome of the evaluation.

FINAL RECOMMENDATION 31

"LAND-BASED PROGRAMS FOR THE TREATMENT OF PEOPLE WITH ADDICTIONS, AND AS AN ALTERNATIVE TO IMPRISONMENT, MUST BE ESTABLISHED."

RESPONSE:

- The Government is prepared to review options for land-based programs and has begun to implement them for both correctional and treatment purposes.
- A pilot solvent abuse project for youth from across the Northwest Territories began in February 1994 at Northern Addiction Services in Yellowknife. Plans include two ten-day land-based programs (See Recommendation 29). Treatment centres in the North are being encouraged to explore various treatment alternatives, including land-based programs.
- There are presently three land-based open custody contracts, all for young offenders, near Iqaluit, Fort Good Hope and Aklavik. Although none of these camps have programs dealing with addictions specifically, they are all based on the benefits available to aboriginal offenders when they are given access to traditional knowledge and can acquire skills from elders and hunters. Consideration will be given to extending these programs for the custody of non-violent adult offenders.
- Departments of Justice and Social Services will continue to explore the feasibility of land-based alternatives to conventional programming.

STRENGTHENING THE FAMILY

RECOMMENDATION 20

"RESPITE CARE SHOULD BE AVAILABLE FOR THOSE WHO CARE FOR OTHERS IN THE HOME. A PLAN FOR SUCH A PROGRAM SHOULD BE INCLUDED IN THE GOVERNMENT'S 1995/96 BUDGET."

RESPONSE:

- In response to a request from the NWT Council for Disabled Persons (fall 1992/93), a joint Health and Social Services planning committee was established to review activities in other provincial and territorial jurisdictions, and to prepare a departmental policy for both Health and Social Services on respite care. This work is now in progress.
- Respite Care will be identified as part of the 1995-96 budget.

RECOMMENDATION 26

"THE RECOMMENDATIONS OF THE FAMILY LAW REVIEW MUST BE IMPLEMENTED QUICKLY. THE NEW LEGISLATIVE FRAMEWORK SHOULD BE PRESENTED TO THE LEGISLATIVE ASSEMBLY BY MARCH 31, 1994."

RESPONSE:

- The Departments of Justice and Social Services are circulating, for consultation, documents detailing proposals for action in response to the Family Law Review Report. Following this consultation process, it is the intention of the Government to proceed with the drafting of legislation and policy changes.
- The recommendations of the Family Law Review were far reaching. They involve extensive changes to policy and introduction of three new major pieces of legislation which will be presented as a package in the 1995 winter session of the Legislative Assembly.

RECOMMENDATION 27

"NEW AND MORE PRACTICAL CRITERIA GOVERNING THE SELECTION, DEVELOPMENT, AND MONITORING OF FOSTER HOMES MUST BE DEVELOPED."

RESPONSE:

- The role of foster parents in providing safe, caring homes for children at risk is a critical component of the child welfare program. The Department of Social Services will review criteria governing selection, development and monitoring of foster homes. Although a training budget for foster parents already exists, the Department will work in the coming year to ensure that foster parents receive more training. An updated foster parent manual will also be completed by August of 1994. This will provide a guide for foster parents and provide information and direction.
- The Family Law Review discussion paper proposes that child welfare responsibility be transferred to those communities that wish to take on this responsibility. Communities will then have the ability to develop their own policies for selecting foster homes within minimum standards set by the Department of Social Services.

INCOME SECURITY REFORM

RECOMMENDATION 14

"REGULATIONS MUST BE CHANGED TO ALLOW PEOPLE ON SOCIAL ASSISTANCE TO RECEIVE A GREATER PORTION OF MONEY EARNED THROUGH ECONOMIC ACTIVITY."

RECOMMENDATION 15

"A MONEY AND BUDGET MANAGEMENT PROGRAM SHOULD BE DEVELOPED AND MADE AVAILABLE TO LONG TERM SOCIAL ASSISTANCE RECIPIENTS."

RECOMMENDATION 21

"THE ADEQUACY OF INCOME SUPPORT PAYMENTS TO ELDERS SHOULD BE REVIEWED, AND THE GOVERNMENT OF CANADA MUST BE PRESSURED TO CONDUCT A SIMILAR REVIEW OF ITS OWN PROGRAM PAYMENTS ."

RECOMMENDATION 22

"THE FUEL SUBSIDY PROGRAM SHOULD BE REVIEWED AND AMENDED AS REQUIRED. THE PROGRAM OBJECTIVES AND PURPOSE SHOULD BE EFFECTIVELY COMMUNICATED."

RECOMMENDATION 24

"MEASURES TO ESTABLISH IN-SCHOOL AND WORKPLACE CHILD CARE SERVICES FOR YOUNG PARENTS SHOULD BE ENCOURAGED AND SUPPORTED."

RECOMMENDATION 25

"A PERMANENT CHILD CARE POLICY MUST BE ESTABLISHED."

RESPONSE:

The Government has identified the need to make significant changes in the way income support is provided in the NWT. Consequently, a review of income security programs is currently underway in a number of departments. This review will result in far ranging recommendations that will affect all aspects of income support. Some of these recommendations will be brought forward to the Fall session of the Legislative Assembly. Others will be finalized in conjunction with the changes implemented by the Federal Government to programs such as Unemployment Insurance and the Canada Assistance Plan.

- It is recognized that the current earnings exemptions may discourage clients from remaining in jobs. Therefore, by September 1, 1994 a regulation change will be made to increase the amount of earned income that can be retained by social assistance recipients. Presently, recipients are allowed to retain \$50 (single) and \$100 (with dependants) per month of earned income. This will increase to a minimum of \$95 and \$190 per month respectively.
- The departments of Education Culture and Employment and Social Services are also developing training and work preparation programs for social assistance recipients as part of the overall initiative. Arctic College is developing the Northern Skills Development Program which will ultimately create 500 new training opportunities per year for residents. The training includes coursework on lifeskills and money and budget management. These courses will be provided to all social assistance recipients who wish to participate.
- The determination of a fair and reasonable income for all residents will be the foundation for all reform efforts. Ensuring that elders have an adequate income will be a major goal of an Income Support System.
- The Government of Canada is now reviewing Income Support payments for all Canadians as part of the national Income Security Reform initiative. They have responsibility for old age security and guaranteed income supplements and the outcome of their review will have major implications for elders in the NWT.

INCOME SECURITY REFORM

- The fuel subsidy program is being reviewed under Income Security Reform along with all other subsidies and services. It is expected that the program will be needs based in the future.
- The current child day care program provides support directly to low income parents or parents who are students. Facilities providing child care services to students in senior secondary schools have been developed within (or close to) the senior secondary schools in Rae-Edzo, Inuvik, Arviat, Fort Smith and Hay River. Wherever possible, new facilities will include space for child care services for both college and senior secondary students.
- Consultation with business, industry and unions will be undertaken to explore the viability of implementing workplace child care services.
- A child care policy is essential to the success of reform efforts. Work is currently underway to develop a comprehensive early childhood care and development program which will include a range of services for families including parenting workshops. It will also include training for early childhood care and development workers.
- Education Culture and Employment is considering:
 - proposals for subsidy rates for low income families and students for 1994/95;
 - program options such as preschool programs, day care centres, family day homes, toy lending libraries, resource centres, child development centres and parenting workshops.

HELPING VICTIMS OF VIOLENCE

RECOMMENDATION 8

"A POLICY OF "ZERO TOLERANCE" TOWARD VIOLENCE MUST BE ADOPTED BY THE GOVERNMENT AND WIDELY PUBLICIZED."

RECOMMENDATION 9

"HOUSING AND FAMILY VIOLENCE PROGRAMS MUST BE REVIEWED TO ENSURE THAT THE OFFENDER, RATHER THAN THE VICTIM, SUFFERS THE CONSEQUENCES OF DOMESTIC VIOLENCE."

RECOMMENDATION 10

"EVERY EFFORT SHOULD BE MADE TO ASSIST VICTIMS OF DOMESTIC VIOLENCE TO REBUILD THEIR LIVES IN THEIR OWN COMMUNITIES."

RESPONSE:

- A successful strategy is only possible with commitment from community leaders and all branches of government. As long as communities are prepared to accept violence as a norm, women and children will be at risk. Communities, as well as government, must accept and enforce the "zero tolerance" position if violence is to be stopped.
- The Legislative Assembly passed a motion proposing "zero tolerance" for violence on February 10, 1994.
- Further to the paper tabled by the Minister of Justice, the Departments of Health, Social Services, Justice and Education Culture and Employment are developing a violence strategy which will support "zero tolerance". It will include a public awareness campaign and will be finalized by October 1994.
- Community councils are encouraged to adopt a similar motion to guide programs and practices in communities. This process has started in some communities in the Western Arctic.

HELPING VICTIMS OF VIOLENCE

- The Department of Social Services' Family Violence Prevention Program will continue to provide support to the victims of family violence through counselling support, safe homes and women's shelters. A number of Government departments, working with the RCMP and the Status of Women Council, are running a series of training sessions across the NWT. These workshops are designed to encourage community based, interagency responses to violence.
- The Departments of Social Services, Justice, Personnel and the Northwest Territories Housing Corporation have established a working committee to review the way departmental programs are delivered to ensure that they support victims of family violence. This working committee will develop proposals to be included in the government's overall strategy to support victims of family violence.
- Social housing and GNWT staff housing programs are being reviewed to find ways to better meet victims' housing needs. This includes a review of legal mechanisms for protecting victims' tenancy and property rights. The Housing Corporation and Social Services will work jointly to expand the existing network of safe homes in communities.
- Safe Homes are in place in some communities to assist victims of domestic violence and their children to remain in the community during the period immediately after a domestic violence incident. Expansion of the network of safe houses in communities will be an important element of any strategy in this area.
- Shelters and Transition Houses are still available in each region to protect women and children who are not safe in their communities. Women in shelters are given counselling to improve their self-esteem and to help them consider alternatives to their current lifestyles. Shelter workers receive training to help women make informed decisions, while not interfering with those decisions.
- The Department of Justice will encourage Crown Counsel and the RCMP to ask Justices of the Peace and judges to put offenders on undertakings to leave the community or prohibit contact with the victims as a condition of release from custody before trial.

HELPING VICTIMS OF VIOLENCE

- Where a court orders an offender to leave a community as part of a sentence or undertaking, or where an offender offers to go for treatment, Social Services will pay for the travel and expenses if the offender qualifies for Social Assistance.
- The Government will propose implementation of the Family Law Review Report recommendation giving courts the power to make orders giving the victim of family violence and the children exclusive possession of the family home. Wherever possible Justices of the peace will be used to ensure emergency decisions are made quickly in the community.
- Support of victims will be part of the Government's overall strategy on violence.

PREVENTING AND TREATING ADDICTIONS

RECOMMENDATION 30

"LOCAL MEASURES TO REDUCE THE FLOW OF ALCOHOL AND ILLEGAL DRUGS INTO OUR COMMUNITIES MUST BE ACTIVELY SUPPORTED."

RESPONSE:

- The Government agrees on the need to empower communities to better address substance abuse and addiction. While the RCMP, the Liquor Licensing Board, the NWT Liquor Commission and local authorities all share responsibility for various aspects of controlling the availability of alcohol and other drugs, solutions work best when all sectors of the community work together.
- Existing provisions in the Territorial *Liquor Act* currently allow communities to hold plebiscites that establish local measures aimed at controlling the availability and use of alcohol. These "local options" provisions of the *Liquor Act* have been reviewed and amended on an ongoing basis to ensure that they allow for flexible and creative approaches to enforcing community control systems. Many communities across the NWT have taken advantage of these provisions to restrict or ban the consumption of alcohol within their boundaries.
- In recognition of the importance of effective liquor control, the Minister of Safety and Public Services has announced that a comprehensive review of the *Liquor Act* will be carried out. This review will allow groups and individuals across the Northwest Territories to identify ways in which local control over alcohol can be strengthened. It will also provide a framework for discussing ways to halt the sale and distribution of illegal liquor. This activity will lead to the introduction of much improved liquor control legislation early in the term of the 13th Legislative Assembly.

PREVENTING AND TREATING ADDICTIONS

- This legislation will be effective only when communities take control themselves and if leaders at all levels demonstrate their commitment to ending the flow of alcohol and drugs.

RECOMMENDATION 32

"LOCAL INITIATIVES TO REDUCE THE NEGATIVE EFFECTS OF GAMBLING ON THE COMMUNITY MUST BE SUPPORTED."

RESPONSE:

- The negative effects of gambling on communities, while largely undocumented, are considered to be a major social problem in the north. The need for additional research on the actual impact of gambling on social programs is identified in the "Final Report of Review on Legal Gambling in the NWT" completed in February 1993.
- The Department of Safety and Public Services currently has the responsibility for licensing bingos, raffles, casinos and Nevada tickets.
- The Regulations of the *Lotteries Act*, while limiting the number of licences available to an organization, do not limit the number of organizations applying for licences. It may be possible, however, for a community to impose a quota on gambling activities, permitted in its community, as there is a section in the Regulations which allows the Minister to consult with a municipal council, settlement council or band council before issuing a licence.
- Under the Community Transfer Initiative, two municipal councils have requested that the authority to regulate and licence lottery schemes be transferred to them. Under this delegation, municipal councils could control the number of bingos, the amount of prizes offered, and other areas pertaining to lotteries in their respective communities.
- Under the existing legislation, therefore, there are several ways for local authorities to reduce the amount of legal gambling. The Government will work with local authorities to help them implement the mechanics already in place. As with other forms of addiction, legislation by itself cannot solve the problems.

SUPPORTING FRONT-LINE WORKERS

RECOMMENDATION 5

"AN EFFECTIVE CROSS-CULTURAL TRAINING PROGRAM MUST BE ESTABLISHED AND MADE COMPULSORY FOR ALL NEW FRONTLINE WORKERS, AND FOR THOSE WORKING IN CROSS-CULTURAL SITUATIONS."

RESPONSE:

- The Government recognizes that all of its employees work in a cross-cultural environment. Therefore, a formal orientation program with cross-cultural training will be mandatory for all new employees within their first six months of employment.
- In addition, all Government departments will be asked to review their on-the-job training programs to ensure that all employees are able to work effectively in a cross-cultural environment.

RECOMMENDATION 16

"FRONTLINE HEALTH AND SOCIAL SERVICE WORKERS SHOULD BE PROVIDED WITH GREATER TRAINING OPPORTUNITIES, AND THE GOVERNMENT SHOULD PRESENT A REPORT ON PROGRESS MADE IN THIS AREA TO THE 1994 FALL SESSION OF THE LEGISLATIVE ASSEMBLY."

RESPONSE:

- The Department of Health will support health and hospital boards to identify the training needs of their frontline workers and to develop creative training opportunities through distance education and self-directed learning packages. Training is currently being done for nursing staff through Advanced Nursing Skills In-Service Program (ANSIP).
- In-service opportunities are provided yearly or regularly to community health representatives, dental therapists, and environmental health officers. As well, regional nursing staff meet once a year to receive in-service on relevant topics. Each NWT health and hospital board has its own development and training budget and program aimed at training, professional development and keeping staff up-to-date.
- The Department of Social Services is developing profiles of all staff to identify their training needs and develop a training strategy. Resources are being reallocated to provide enhanced, regionally based, training opportunities.

RECOMMENDATION 17

"AN EMPLOYEE ASSISTANCE PROGRAM SHOULD BE DEVELOPED, AND MADE AVAILABLE TO HEALTH AND SOCIAL SERVICE FRONTLINE WORKERS."

RESPONSE:

- The Government recognizes the need for an employee assistance program for all staff.
- The Government intends to take a participative approach to addressing this requirement through the involvement of unions, other employers and organizations providing existing support services in this area. The intention will be to look at means by which a program could be delivered which is widely accessible and both supports and takes advantage of existing regional and community resources. With this approach it should be possible to strengthen community based treatment and mental health services to provide support to both staff and the public.
- It is anticipated that several projects could be piloted in 1995-96. The Financial Management Board Secretariat and the Department of Social Services will take the lead on behalf of the Government for this initiative.

CHANGING ATTITUDES/BEHAVIOURS

RECOMMENDATION 19

"A PUBLIC EDUCATION PROGRAM SHOULD BE LAUNCHED TO INFORM PEOPLE THAT ELDER ABUSE IS UNACCEPTABLE, AND TO LET ABUSED ELDERS KNOW WHERE THEY CAN FIND ASSISTANCE."

RESPONSE:

- Public Education is designed to increase awareness on a variety of issues. While it is important and does contribute to a better understanding of issues, public education alone is not effective in changing attitudes and behaviours. Increasing the numbers of positive role models in the community is critical to the success of efforts to deal with health and addictions problems. With regard to violence, communities must be totally intolerant of abuse in any form.
- Given the high incidence of violence in families of the NWT, there is a risk of elder abuse increasing with the aging of the territorial population. This will increase the urgency of addressing the issue. Government and non-government organizations such as Seniors' Societies, the Status of Women Council of the NWT and the NWT Health Care Association must jointly address the issue.
- Abused elders presently receive help through community Social Services offices. Services available include counselling, relocation and emergency social assistance. Community groups are also encouraged to take a more active role in protecting their elders.
- The report of the symposium on elder abuse, sponsored by the National Organization of Seniors which was held October 1993, is also being reviewed for program and policy implications.
- The Government's violence strategy which will be complete by October 1994 will address the issue of elders who are victims of violence. Input from non-government organizations, including the presentations given to the Legislative Assembly on February 10, 1994, will be addressed in the strategy.

RECOMMENDATION 23

"WAYS MUST BE FOUND TO COMMUNICATE MORE EFFECTIVELY WITH YOUNG PEOPLE TO RAISE THEIR AWARENESS OF HEALTH AND SOCIAL ISSUES THAT AFFECT THEM."

RESPONSE:

- A Youth Awareness strategy will be developed by the tri-ministerial committee of Health, Education, Culture and Employment and Social Services taking into account a number of initiatives currently underway. The Department of Health and the regional health and hospital boards are currently piloting many different approaches to overcome this problem.
- Two new approaches are the use of a comic book (Keewatin Regional Health Board) and TV programming on "The Tube." Some regional health and hospital boards are also asking youth to participate in their programs. These "pilots" will be expanded once their impacts are determined.
- The NWT School Health Program is broad ranging, covering topics in mental and emotional well-being, alcohol and other drugs, and family life education, among others. This program, along with the Career and Life Management (CALM) course, is compulsory at the senior secondary level. CALM is a course which provides students with information regarding self-esteem, readiness, career planning, and how to set goals. It also has a 25-hour community service component. However, despite the fact that the School Health Program is recognized internationally for its excellence, there has yet been little actual change in behaviour. The real issue is not communication, but behaviour change.
- The Department of Education, Culture and Employment is also committed to providing more counselling resources in NWT schools to help each student realize his or her full potential through involvement of the student's family, appreciation of the value of an education, regular school attendance and help with individual concerns. Graduates of the School Community Counsellor Training Program have become an integral

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part of the school system. Thirty additional trainees have just begun this program bringing the complement to 68 counsellors by September 1996, at which point, almost every NWT school will have a counsellor.

RECOMMENDATION 29

"MORE EFFECTIVE PUBLIC EDUCATION PROGRAMS MUST BE DEVELOPED WHICH OUTLINE THE DANGERS OF ADDICTION, INCLUDING GAMBLING AND SOLVENT ABUSE."

- Every strategy developed by the Government to deal with social and health programs, will include leadership development and efforts to convince communities of the need to encourage role models who will demonstrate a commitment to healthy living and respect for the rights of others.
- The dangers of alcohol and substance addiction are already the subjects of a number of educational programs.
- An ongoing mechanism to educate youth about the dangers of alcohol and drug abuse is the NWT School Health Program (see Recommendation 23).
- An International Solvent Abuse Conference was held in Yellowknife in November 1993 to coincide with National Addictions Awareness Week. A major initiative will take place in 1994 to deal with treatment for solvent abuse problems. A solvent abuse program for youth is being piloted by Northern Addiction Services in Yellowknife. Youth from across the NWT will be treated in this national pilot program.
- While the Department of Safety and Public Services has no mandate regarding public education on the dangers of gambling addiction, it will incorporate the results of studies carried out by the Department of Social Services in the development of a government gaming strategy.
- As well, by encouraging community transfers of lottery regulation and licensing, local control can be more easily imposed and maintained.

**RECOMMENDATIONS ADOPTED BY THE
LEGISLATIVE ASSEMBLY FROM INTERIM REPORTS**

INTERIM REPORT NO. 2	
RECOMMENDATION 1	STATUS
<ul style="list-style-type: none"> • The Committee recommends that the Executive Council consider showing its support to the workshop and conference for caregivers (held April 1993) by providing adequate funding to permit the conference to proceed. 	<ul style="list-style-type: none"> • The Government provided a contribution of \$25,000.
INTERIM REPORT NO. 3	
RECOMMENDATION 1	STATUS
<ul style="list-style-type: none"> • The Special Committee recommends that the government start working together with Health and Social Services staff and clients to hear and make use of their respective ideas on any integration or amalgamation of the two departments. 	<ul style="list-style-type: none"> • Staff of both departments have been involved in preliminary consultation and a number were interviewed by the Special Committee. • Several staff made presentations to the Committee on issues the Committee identified. Consultation with community groups, clients volunteer organizations, as well as staff, will be held as part of the amalgamation process. • The final plan will also take into consideration all community input reported by the Special Committee.

<p>RECOMMENDATION 2</p> <ul style="list-style-type: none"> The Committee recommends that the government review the proposed respite care policy developed by the NWT Council for Disabled Persons and move to implement it. 	<p>STATUS</p> <ul style="list-style-type: none"> This policy has been reviewed by a joint Health and Social Services committee. The departments are working closely with the Council for Disabled Persons on a policy which will be finalized early in the 1994/95 fiscal year for implementation in 1995/96.
<p>RECOMMENDATION 3</p> <ul style="list-style-type: none"> The Committee urges the government to look into a pilot project involving provision of para-professional counselling at the community level. The project must include the provision of ongoing training and support to community caregivers to ensure maximum benefits. An evaluation component needs to be built in to ensure that assessments can be made as to the success of the initiative. 	<p>STATUS</p> <ul style="list-style-type: none"> A pilot project to provide mental health services at the community level is under development for the Inuvik region. The Government is working with community and regional organizations to develop the proposal which is planned for implementation in 1994/95. An evaluation component will be included. A similar project is being developed in the Fort Smith region dealing with community mental health in the region, with psychologists providing ongoing training and advice.
<p>INTERIM REPORT NO. 4</p>	

<p>RECOMMENDATION 1</p> <ul style="list-style-type: none"> We recommend that a regional board of health be established in the Deh Cho region. 	<p>STATUS</p> <ul style="list-style-type: none"> The Government supports the Deh Cho communities in their development of an approach to establishing a Mackenzie regional health board. In the absence of a board of management, a public administrator was appointed with the authority for the management, control, and operation of health services in the Mackenzie at the start of the transfer process. In November 1993, a meeting was held to discuss health services planning for the Fort Simpson area. A committee of stakeholders was formed to steer the overall health planning process. As part of this community development process, the communities will work toward establishing a single health board for the Mackenzie. The Minister of Health has recently met with delegates from the Deh Cho Tribal Council and the Dogrib Tribal Council as a preliminary step to forming a board.
<p>RECOMMENDATION 2</p> <ul style="list-style-type: none"> We recommend the Department of Health undertake a clinical study to determine the number of children affected by Fetal Alcohol Effects & Fetal Alcohol Syndrome in the Deh Cho region. 	<p>STATUS</p> <ul style="list-style-type: none"> The Department of Health has conducted initial research into FAS/FAE, and has reviewed the situation in other jurisdictions. The Government is examining ways and means of improving the data available on FAS/FAE throughout the Northwest Territories.

RECOMMENDATION 3	STATUS
<ul style="list-style-type: none"><li data-bbox="250 279 646 478">• We recommend that the government fund a pilot project to offer community leadership development assistance.	<ul style="list-style-type: none"><li data-bbox="672 279 1425 514">• In 1991, fourteen (14) aboriginal social workers graduated from an intensive ten (10) week child sexual abuse course put on by Arctic College and the Nicola Valley Institute of Technology. The graduates were from communities in all regions. Training included setting up victims' support groups and providing counselling.<li data-bbox="672 552 1425 888">• In March 1993, a training subcommittee of RCMP, Social Services and Health representatives organized a workshop in the Keewatin to teach frontline health, RCMP, social workers, teachers and counsellors how to work cooperatively to provide support to deal with family violence issues in their communities. Persons from the same community were trained to work together to solve violence issues. Evaluation by participants was excellent.<li data-bbox="672 926 1425 993">• A similar project is planned to take place in Inuvik for the Inuvik/Sahtu region.

