

Tri-First Nations Nakawe (Saulteaux) Healing Project



The Project

- The development of a traditional Nakawe (Saulteaux) Response to address the fundamental issues which led to the tragic deaths of two little girls on the Yellow Quill First Nation”.
- Collaboration by three Nakawe communities that are connected by kinship, language, culture, ceremony, traditions and history





Fishing Lake First Nation

- South eastern Saskatchewan, 11 kilometers east and 3.5 kilometers south of Wadena
- Total registered population of 1609 with 29% living on reserve
- 33% speak mother tongue





Kinistin Sauteaux Nation

- South eastern Saskatchewan, 39 kilometers southeast of Melfort.
- Total registered population of 926 with 36% living on reserve
- 46% speak mother tongue





Yellow Quill First Nation

- South eastern Saskatchewan, eight (8) kilometers east of Rose Valley.
- Total registered population of 2673 with 32% living on reserve
- 48% speak mother tongue



- **June 2008:** Task Force was established, dialogue on how to proceed, and ceremonies were held.
- **July 2008:** formal Terms of Reference, scope of work and preliminary budget; job duties, work plan, and subsequent ratification by the Tri-Saulteaux Chiefs.
- **August to November 2008:** Project Coordinator ontracted; initial work completed – literature review, environmental scan, consultations – proposal presented to Tri-Saulteaux Chiefs.
- **November 24, 2008:** submission for Nakawewi-Kagikwewigamig Teaching Lodge to Charter Representatives.



History

- **January 2008:** Within one week of the tragic freezing deaths of Santana and Kaydance Pauchay, offers of support came from FNIH, INAC, First Nations leaders and provincial ministers to develop a response to prevent tragedies in future.
- **February 2008:** collaboration between the Saulteaux First Nations in the development of traditional “Saulteaux Response”
- **March 2008:** initial meeting of interested Charter Parties, verbal commitment from funding sources and Tri-Saulteaux Chiefs met to discuss how to complete work.
- **April 2008:** written commitment from FNIH to provide financial resources to assist the three parties to formulate a Task Force to realize the recommended “Response”.



- **May 22, 2009:** proposal submission to FNIH and Sask Health – Aboriginal Health Transition Fund – Tri- First Nations Saulteaux Family Healing Project.
- Phase II: conversion of the Cultural Framework concept to sound program design and implementation plan



“Saulteaux Response”

What we heard

- For the Saulteaux people...by the Saulteaux people...
- We need a model that begins with the Saulteaux world view... programs and services must be grounded in the Saulteaux language, culture, traditions, customs, values and teachings as a means of preventing and intervening in problems and issues facing the communities.
- Preservation of ones traditional language is essential to the preservation of ones culture. We need to strengthen language and culture through the use of Elders, ceremonialists and knowledge keepers
- Direct involvement of the Saulteaux people in assessing needs and the provision of services is essential



- We must provide adequate and quality programs and services closer to home, they must be long term in nature, and these programs and services must be built upon the Saulteaux values and cultural principles.
- The “Response” must include a comprehensive system of services that addresses the intellectual, spiritual, emotional and physical needs of individuals and families through Saulteaux teachings.
- The “Response” must be holistic and wholistic, and must actively engage the individual, family and community in healing.
- Engage all partners – Elders, service providers, community, the Task Force and all levels of government
- Care needs to be provided by individuals who know the language, culture and traditions.
- Provide opportunities for Youth voice and engagement in programming, recreation and activities



Comprehensive System of Services

1. **Language/culture program:** programs and services delivered based on Nakawe teachings
2. **Prevention and Early Intervention:** systemic plan or program to address the needs and services for children, youth, young families, and includes elements of education/awareness, organized programs and activities, innovative, life skills, parenting
3. **Screening, Assessment and referral services:** Individual/family can enter through any door; Referral to specialized services, elder services, ceremonialists.



4. **Detoxification services:** Traditional and medical
5. **Intensive Family treatment:** need for family based interventions, supports, and programs (intensive inpatient/residential treatment, prevention and intervention programs, kinship and traditional roles, outpatient and aftercare services)
6. **Aftercare/Recovery program:** long-term supports
7. **Support groups:** age-specific, gender, family, issue specific
8. **Counseling and mental health services:** Individual, family , group, gender, age specific, issue based services
9. **Outpatient services** – aftercare, crisis intervention/debriefing, therapy, self-esteem workshops, life skills, job training and readiness, elders program



Successes

- Governance: collaboration, unity, willingness, regular meetings to monitor progress, oversee and guide progress
- Establishment of the Tri-Saulteaux Task Force (advisory body)
- Community and grass roots engagement was immediate
- Consultation with children/youth, service providers and general public, Elders,
- Solution focused recommendations
- Recommendations and identification of a comprehensive system of care (what it would look like, program elements, needs identification,..)
- Meeting requirements for Phase One funding was timely



Challenges and Limitations

- Ability to retain a skilled professional with language, culture and traditions (communication, interpreter services)
- Research/data collection: lack of community level qualitative data; lack of detailed, program specific recommendations; lack of best practice research;
- Funding challenges – shortfalls; need for sustainable, timely support – funding was received later than anticipated
- Problems overwhelming – focus is crisis oriented, high workloads, stressful working conditions, unforeseen crisis at community level
- Human resources: changing leadership, loss of members on Advisory body, staff turnover, skilled professionals who know the language, culture and traditions.



Key unmet and emerging needs

- the development and implementation of recommendations entail enhanced collaboration among community service providers, the various levels of government and several departments in each level
- we need to move out of the program silos and work collaboratively at all levels
- Number of service providers at community level is not sufficient to meet the need
- Need for further research and more comprehensive consultation prior to formalizing a project design



Phase II

- November 2010: proposal submission to FNIH and Sask Health – Aboriginal Health Transition Fund – Tri- First Nations Saulteaux Family Healing Project for Phase II: conversion of the Saulteaux Cultural Framework concept to sound program design and implementation plan
- Application to roll-over of funding in this fiscal year to complete Phase II
- Challenges and limitations encountered and recognition of the key and unmet emerging needs that resulted in time lines being moved back and delay to start time of Phase II of the project.
- Major goal of Phase II is to finalize the design of the ‘Saulteaux Response’ and the concept of a “Nakawewi-Kagikwewigamig Lodge” family treatment center development through consultation and discussion with cultural expertise and to identify best practice, program design and adapt and incorporate into the project



Work in progress

- Advisory group continues to meet to monitor progress
- Preliminary report (literature review/scan and consultations – examine best and innovative practices in family treatment, family therapy, etc. and existing frameworks and models relevant to First Nations
- Communication and evaluation plan are being developed



Next Steps

- Dialogue sessions/consultation with service providers based on draft document to stimulate thinking on the issue (purpose is to provide meaningful input into the draft Saulteaux Response and program design; consultation to ensure a consolidated and wholistic Saulteaux approach
- Validate the “Saulteaux Response” and program design
- Describe and define approach, identify key implementation requirements and put forward recommendations to the Tri-Saulteaux Chiefs
- Secure funding to properly advance the Saulteaux agenda
- Ensure continued engagement in project from all levels of government



Questions

