



Brief submitted by the
Fédération de la santé et des services sociaux (FSSS-CSN)

To the Public Inquiry Commission on Relations between Indigenous Peoples and
Certain Public Services in Québec: listening, reconciliation and progress

**Challenges and Perspectives Regarding Health and Social Services
Provided to Indigenous People in Northern Québec**

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Introduction

The Fédération de la santé et des services sociaux (FSSS), an affiliate of the Confédération des syndicats nationaux (CSN), wishes to thank the Public Inquiry Commission on Relations between Indigenous Peoples and Certain Public Services in Québec for the invitation to contribute to its work.

The FSSS-CSN is a recognized force in Québec's labour-union movement. This federation has over 110,000 members, 80% of them women. It is present throughout Québec, both in the public sector (hospitals, clinics, rehabilitation centres, long-term care centres, and youth centres) and in the private sector (early childhood centres, home daycare centres, ambulance services, intermediate and family-type resources, private and religious shelters, and community agencies).

Ever since it was founded, the FSSS-CSN has worked to promote a society that is fairer, more democratic and more unified. Its members and its affiliated unions are committed to promoting a public system that provides universal, free, high-quality health and social services to all.

Along with the CSN's other federations of labour unions, the FSSS-CSN supports the UN Declaration on the Rights of Indigenous Peoples adopted by the United Nations General Assembly in 2007. The FSSS contributed to the adoption of a resolution by the CSN's 63rd Congress, in 2011, by establishing a working group on Indigenous realities "[translation] so as to better support and coordinate union efforts, in collaboration with these communities, to fight exclusion, racism, sexism, poverty, deteriorating health, dropping out of school, and discrimination in employment, in access to education and in society in general, in a context in which economic development does not always take Indigenous people's social needs and ancestral traditions into account".

The gaps between Indigenous people and non-Indigenous people when it comes to health and psychosocial wellness are well known and well documented in numerous respects, including chronic diseases such as diabetes, incidence of illness and injury, infant mortality, reproductive health, addictions, mental health, suicide and life expectancy. As the FSSS-CSN observes in the present brief, the unavailability of *appropriate* health and social services definitely constitutes one of the main factors explaining this gap.

The members of the FSSS-CSN interact with Indigenous colleagues and Indigenous service users in all 18 of the regions into which Québec is divided for purposes of delivering health and social services. But this brief focuses more specifically on three of these regions in northern Québec where the presence of Indigenous service providers and users is greatest: Nunavik, Nord-du-Québec and Les Terres-Cries-de-la-Baie-James.

The objectives of this brief are as follows:

- to share our experience and report some facts regarding the gaps in the health and social services offered to Indigenous people in Québec, by region and territory;

- to help identify the possible causes of the systemic discrimination that may exist with regard to Indigenous people in the public services in question;
- to make recommendations concerning the sustainable, effective, practical corrective measures that the government and Indigenous authorities should take in the delivery of these services;
- to identify approaches to improving the relations between Indigenous people and certain public services in Québec;
- to guide the thinking of the Commission's members in developing and drafting their own recommendations;
- to identify the limitations and constraints that the government of Québec might face in implementing one or more of these recommendations.

To protect the anonymity of the staff members, who preferred not to testify directly at the Commission's hearings, we interviewed 10 people, including both Indigenous and non-Indigenous people, who shared their observations and suggestions with us. Appendix 1 of this brief contains a summary of each of the interviews that we conducted, while Appendix 2 contains the analytical framework that we used to analyze the material gathered in these interviews.

None of these interviews dealt specifically with the delivery of child and youth protection services. Many other members of FSSS-CSN unions have already expressed their observations, concerns and suggestions on this subject, on numerous occasions and to a variety of bodies, including the Québec commission on human rights and youth rights (CDPDJ), and the FSSS-CSN suggests that the Commission instead consult the relevant reports.¹¹ These reports, as well as the testimony that we gathered in the interviews, have contributed greatly to the FSSS-CSN's internal discussions and to the preparation of the recommendations that we make in this brief.

¹ CDPDJ, Rapport d'enquête sur les services de protection de la jeunesse en Abitibi-Témiscamingue, October 2001.
CDPDJ, Rapport, conclusions d'enquête et recommandations sur les services de protection offerts aux enfants algonquins dans les communautés du lac Simon, de Pikogan et du Grand Lac Victoria (Kitcisakik), January 2003.
CDPDJ, Nunavik: Report, conclusions of the investigation and recommendations: Investigation into child and youth protection services in Ungava Bay and Hudson Bay, April 2007.
CDPDJ, Nunavik. Follow-up report on the recommendations of the investigation into youth protection services in Ungava Bay and Hudson Bay, June 2010.
CDPDJ, Conclusions d'enquête, enquête sur l'application de la Loi sur la protection de la jeunesse par le Centre de protection et de réadaptation de la Côte-Nord, 2013.

Relationships with room for improvement

Non-Indigenous managers

Several of the interviews showed that some non-Indigenous (mainly White) managers who do not always have prior experience in the North or with members of Indigenous communities are assigned major responsibilities. As a result, according to our members, they make inadequate or questionable decisions when their authority is questioned by Indigenous and non-Indigenous staff, and they show little consideration or recognition of the expertise of Indigenous employees.

In addition, it goes without saying that working relationships are affected by important cultural differences regarding the pace of work, attendance at work and methods of collaboration, as well as of communication and the ability to understand each other—including each other's history and culture.

How come, they can put someone in charge when this person has no experience working with my people. He tells me to do this and that. To work this way or that way...but he doesn't know! I know my people. I know my culture. His way will not work! It will make things worst. And I know that he will try to get rid of me if I question his ways!²

Managers from the South seem ill prepared for the specific realities of northern Québec and ill trained in several respects, such as managing human resources in a multicultural context and managing material resources in a context of scarcity. Some of these managers have no knowledge of the history of Québec's Indigenous people and the dynamics that this history can create in a work environment.

Recommendations

1. When considering non-Indigenous candidates for management positions in the North, give preference to those who have prior experience in Indigenous communities or other intercultural job experience, and provide them with an orientation session.
2. Introduce additional, mandatory professional training for all non-Indigenous managers and employees so that they acquire:
 - a basic knowledge of Indigenous history, culture, health and social practices, as well as of the physical and material environment of the regions in question;
 - skills in communication, intercultural collaboration and conflict prevention and resolution;
 - attitudes that include an awareness of cultural biases and behaviours that are, as much as possible, free of prejudice, discrimination and racism.

² Interview 1

Indigenous managers

A very high proportion of the Inuit population have no certificate, diploma or degree: 64.6%, compared with 40.6% for First Nations. The proportion of university graduates among First Nations and Inuit is 6.3% (nearly two thirds of them women), which is three times lower than among the population as a whole (18.6%). A very high percentage of First Nations and Inuit people age 15 to 24 (63.7%) have no secondary school diploma.³ This low educational attainment of Indigenous people limits their access to college and university training. In addition, the trauma related to residential schools causes education at all levels to be perceived as an instrument of cultural and linguistic assimilation, which works against success in school.

The interviews revealed that our members often regard accelerated and complementary training programs as being of poor quality or insufficient to meet their needs. For all of these social and historical reasons, many Indigenous managers and professionals who have received inadequate training nevertheless find themselves in positions of authority:

Our own people are oppressing us. They are oppressive and they will be put in position where they will oppress others. I have sympathy for that, as a worker I understand, I have compassion. But as a person, I feel oppressed. When you are in this dichotomy, it is hard to protect yourself.⁴

This interview points to another important issue: the Indigenous “glass ceiling”. The idea here is that when Indigenous managers who do not have much formal education are put in charge of Indigenous employees who have more education, these managers feel insecure and therefore obstruct their employees’ progress within the organization to protect their own positions.

Recommendations

3. Help to prepare Indigenous managers through mentoring and additional continuing education, such as the Cree succession program.
4. Improve the quality and accessibility of accelerated additional professional training by establishing more partnerships and providing more useful experiences, such as the summer school for Indigenous women offered by the Université du Québec à Montréal in partnership with Quebec Native Women Inc.
5. Improve primary and secondary education in the North, encourage Indigenous children to succeed in school and increase the number of Indigenous people who have access to higher education.
6. Implement a process for evaluating and recognizing the skills that Indigenous people have acquired in the workplace or elsewhere, so that they can access professional training and college and university education.

³ MTESS, Ministerial Strategy for Labour Market Integration of First Nations and Inuit People, 2017

⁴ Interview 3

7. Retain Indigenous people working in Québec's health and social services system and increase their numbers, in accordance with the recommendations of the First Nations and Inuit Labour Market Advisory Committee.⁵

The consultants are

Consultants who have been in their positions through several contracts are monopolizing valuable resources that could be put to better use.

In some programs you see consultants in charge of themselves. No accountability nothing to deliver, no evaluation [...] All the money gets syphoned off by them she says it's like bees to a honey pot.⁶

The causes of these practices are manifold and may be due in particular to the government's refusal to create permanent positions and to prejudices regarding Indigenous people who could be hired and coached until they had obtained permanent positions.

Recommendations

8. Limit short-term contracts and the number of renewals allowed.
9. Encourage the creation of a position whenever a contract is renewed for an extended period of more than one year.
10. Ensure that consultants are supervised and evaluated at all times.
11. Invest in the creation of permanent positions.

Professional dissonance

The professional dissonance experienced by many workers seems to be caused by the gap between, on the one hand, academic training, regulated professional standards and ministerial program standards and targets and, on the other hand, Indigenous culture, work pace and local constraints.

You begin to realise that you are imposing a point of view, which would be unacceptable in the South. When you are in the South, you are advocating. In the North, you are imposing a model.⁷

⁵ First Nations and Inuit Labour Market Advisory Committee (FNILMAC), First Nation and Inuit Position on the Parallels Between Training and Job Market Needs: A Contribution to the Development of Quebec. Position paper presented to the Commission des partenaires du marché du travail and the Quebec ministries of employment and education, June 3, 2011.

⁶ Interview 7

⁷ *Ibid.*

This dissonance, combined with the confusion of roles and responsibilities, the excessive workload and interference in the work of health and social service professionals (such as social workers, occupational therapists, psychologists, speech-language pathologists and physiotherapists) reduces the quality of service and increases the risks — both for service users (such as risks of suicide or of being the victims of medical or professional errors) and for professionals (such as risks of burnout, depression and quitting their jobs). The professional standards are ill-suited to the context of the North, and so is the New Public Administration model.

[translation] I tried everything to preserve my rationality and my professional independence, but I couldn't take it any more. It was too hard. I had to quit or I was going to go crazy!⁸

In addition to this dissonance, several other problems make it extremely difficult to attract and retain personnel in the North, in particular:

- a major lack of preparation, support, mentoring and supervision when they come from the South;
- a lack of understanding of the role of health professionals (such as social workers, occupational therapists, psychologists, and physiotherapists) among managers and members of the interdisciplinary team (physicians, nurses, etc.);
- a lack of specific protocols for practice in Indigenous and remote communities;
- a work pace, standards and targets from the South, imposed by the Ministry in the North.

Because it was mentioned so many times, we must also point out that patients constantly complain about the high turnover of staff. This turnover taints the way workers from the South are perceived—as opportunists who have come to take advantage of the working conditions offered in the North.

They think that the new social worker comes in so she will get some money for her new condo that she will get in two years time!⁹

In the majority of cases, this perception is false. We will discuss this issue further in the next section, concerning staff retention.

Recommendations

12. Institutions of higher learning, the MSSS (ministry of health and social services) and the professional orders (regulatory bodies) concerned must develop their programs and standards together with Indigenous authorities and professionals and in accordance with community needs and local capacities.

⁸ Interview 3

⁹ Interview 7

13. In the workplace, create pairings between Indigenous and non-Indigenous professionals, identify mentors and facilitate mentoring of new arrivals, and establish a telephone-based professional and technical assistance service.
14. Develop protocols specifying the roles and responsibilities of the various members of interdisciplinary teams, the parameters for possible collaborations with Indigenous elders and healers and the mechanisms for ensuring that people in fact receive the services that they need and to which they are entitled.
15. Given the limited number of professionals, ensure that when they go on leave for more than two weeks, someone replaces them.
16. Adjust work schedules to the seasons and to traditional hunting and fishing activities.
17. Provide long-term funding to Indigenous centres dedicated to treating physical, mental, emotional and spiritual health problems, and refer users to these centres when they so desire.

Staff retention

We will not repeat what we stated above, but wish to stress that retention of staff from the South constitutes an issue for maintaining the quality and continuity of the services provided to Indigenous people, as well as for the cohesiveness of the work teams. The interviews that we conducted showed that other factors also play an important role in the problems with attracting and retaining staff—in particular, a lack of efforts by employers and host communities to help new arrivals fit in and a lack of services for their families.

[translation] People too often forget that we have a life up there. That we come with our children and our spouses. No one helps us to fit in. We find ourselves totally alone. And as far as our kids are concerned, forget about it! There's no way for them to access a quality education in French. It's obvious that as soon as your kid reaches school age, you're out of here!¹⁰

Recommendations

18. Plan days to welcome new arrivals and immersion and intercultural exchange activities, including a tour of the community, visits, and meetings about Indigenous practices and important sites for food, traditional healing, and so on.
19. Pair each employee newly arrived from the South with someone in the same work unit, preferably an Indigenous person.
20. Improve access to health care and medication near the workplace.
21. Facilitate access to quality education in French for employees' children.
22. Provide a job-search support service for employees' spouses.

¹⁰ Interview 6

Bureaucracy

Both the services provided to users and the well-being of the professionals who provide these services are affected by bureaucratic obstacles and delays created by the decision-makers (for example, the long wait for the implementation of Optilab, which never happened in the end). In addition to these obstacles mentioned by the unionized employees whom we interviewed, the problems include poor management of resources, too much work in “silos”, duplication of effort, poor collaboration between Indigenous and non-Indigenous decision-makers, and high turnover among managers.

[translation] The agreements on service corridors took a very long time to put in place, because the Cree council’s reputation preceded it. It was a nightmare!¹¹

Recommendations

23. Speed up the delivery of equipment (such as scanners, X-ray machines, ECGs, and panorex) to ensure greater self-sufficiency and better service.
24. Improve the service corridors and increase the professional autonomy of the people who are working in the North and are familiar with its needs and realities.

Employment equity

The interviews revealed that Indigenous employees feel that they do not enjoy the same rights as non-Indigenous employees in the health and social services system and that in fact they do not seem to do so. According to the union activist in particular, there is a very persistent belief that the rules are not the same for everyone and that the law does not apply in the same way to everybody.

The unions struggle to familiarize people with the collective agreement and to see that it is followed. They perceive inequities in the benefits provided in the collective agreement (such as whether or not housing is provided). They also note that the territory that they have to service is far too large for the limited number of days of union leave that the collective agreement allows, especially since communications among employers, union representatives and union advisors (for example, by cell phone and Internet) are very difficult.

Recommendations

25. Implement mechanisms to facilitate the holding of union orientation meetings for all new employees.
26. Provide more days of union leave in the collective agreement for unions in the North, in light of the distances that have to be travelled and the technological limitations that have to be dealt with.

¹¹ Interview 4

27. Provide all required union services to members in the North, in particular by going to meet with them regularly and proactively.
28. Aim for equal treatment when the collective agreement is renewed, in particular by tying certain benefits to the positions or the duties rather than to the employees' origin.

Work in silos

On several occasions, the people who participated in this study stressed the lack of cooperation among various public entities, such as schools and community agencies, as well as within other health and social service institutions where communication and transfer of information are very difficult, despite the service corridors.

Users often have to be transported to the South and transferred from one service to another and cope with structures that are not very sensitive to or familiar with their realities. Users sometimes complain about the apparent lack of empathy among employees in public institutions, even though that can be explained by their workload and their unfamiliarity with the users' realities.

Recommendations

29. Provide for the implementation of protocols, in particular for transfers between institutions and regions.
30. Ensure that confidentiality rules are followed when information is conveyed.
31. Implement a strategy for making health and social services employees in the South better informed about and more sensitive to Indigenous people's specific realities.
32. Increase the number of positions in the public sector to facilitate access to interpreters.

Conclusion

Solutions are available to correct the current inequities and meet Indigenous people's needs with regard to health and psycho-social well-being. But the implementation of these solutions is constantly deferred, for various reasons.

First of all, the organization of public-sector health and social services is currently subject to numerous constraints, most of which have been aggravated rather than ameliorated by the most recent reforms. In addition to staff shortages and cumbersome bureaucracy, the organizational culture of the various services, institutions and community organizations works against their embracing a shared mission and delivering a continuum of services to the public.

The many players in the realm of higher education would benefit from better coordination to make their institutions more accessible to Indigenous students and graduate a greater number of Indigenous health professionals. Also, as regards employment-related training and continuing education, the Ministerial Strategy for Labour Market Integration of First Nations and Inuit People, adopted in 2017, should be implemented rapidly.

Québec institutions display tremendous resistance to recognizing Western civilization's specific characteristics and inherent limitations when it comes to practicing health science, professions and public management. Hence, as long as certain normative and ethical dogmas go unquestioned, it will be hard to introduce a more inclusive, flexible vision based on concepts such as harm reduction, traditional knowledge, and spiritual practices.

Lastly, it is also very hard to get people to recognize the existence of neo-colonial practices that foster systemic discrimination. Although in the past it may have been possible to justify some degree of inequality among regions on the basis of financial resources and demographics, that is no longer the case, especially in light of the efforts that have to be made to achieve social justice and reconciliation.

Despite the constraints mentioned above, there are no insurmountable obstacles to taking the steps that need to be taken. Québec has a large budget surplus and all the expertise it needs to take them. We see a growing sensitivity to the rights of Indigenous people and growing demands for justice with respect to these rights. All that is missing is the political will and the adoption of an interministerial action plan to rectify the situation and tackle all of the determinants of Indigenous people's health.

Whichever party takes power after the October 2018 elections, the next government will have to pay close attention to the Commission's report and, together with all of the stakeholders concerned (including Indigenous authorities, community groups, and public service unions), develop a decisive plan that at last makes it possible to achieve tangible, measurable change.

Appendix 1

Summaries of Interviews Conducted

Interview 1: Planning, Programming and Research Officer

This Indigenous PPRO identified numerous problems. She has held a regional position since last July. But what was most striking was the concerns that she raised about her immediate supervisor.

In her view, it is a big problem that non-Indigenous managers who have no experience with Indigenous people are assigned such important positions as quality assurance for professional services.

“How come, they can put someone in charge when this person has no experience working with my people. He tells me to do this and that. To work this way or that way... but he doesn't know! I know my people, I know my culture. His way will not work! It will make things worst. And I know that he will try to get rid of me if I question his ways!”

She returned frequently to the fact that her expertise was not really taken into consideration, and that her superior asked her to provide reports in ways that were completely disconnected from realities in the field. “Especially when we touch on the curatorship problems, it's even more complicated you know! We don't really use curatorship, it's not part of our culture.”

She understands that in her managers' minds, her role is supposed to be the same as in the South, but that is not really the case. The program that she works in has to be adapted to the realities and pace of Indigenous life. She finds that everything goes too fast and that it is hard for her to follow all that is being asked of her. She has to comply with the ministry's standards. Although her position has just been created, she has to follow the same standards and the same program as everywhere else in Québec. Even so, she does not really complain, because she is afraid of losing her job.

She is grateful to all the non-Indigenous staff who come to work in the villages. She recognizes that the majority of them are well intentioned and try to fit in.

She really likes telling her life story to the workers from the South. She was sent to a residential school when she was younger and thinks that people should know this history so that they can really understand the setting in which they have decided to come work. She wonders whether they should take some training in this history once they have been hired.

Despite everything, she likes her work and her colleagues a lot. But most of all, she likes working with her people to provide them with quality services.

Interview 2: Social Worker – Prenatal and Early Childhood (Age 0 – 9) Services

This non-Indigenous social worker summarizes her experience as interesting, full of challenges and very stimulating. She quit her job because of the working conditions. She complained that she had been hired as a social worker but had not been able to practice her profession properly. She had also had trouble in dealing with the “power trips” of several members of management. According to her, they did not properly understand her role as a social worker.

Workload and work team

Even though she was hired to work in a specific program, management asked her to add clients from other programs to her caseload, which made it too heavy.

She felt very alone. She did not receive any clinical support or even any ordinary support from management, but that did not stop them from interfering with her work. Her job made her very anxious, because she did not feel that she was part of a team. Also, the lack of clarity in everyone’s respective roles always made every situation more difficult.

When multidisciplinary meetings were held, they were run by the administrative staff. She had the impression that the local, Indigenous employees did not have space to express themselves and felt helpless and overwhelmed. They confirmed this impression when they told her how they felt.

DPJ (Québec youth protection authority)

Even though monthly meetings were scheduled between her department and the youth protection authority, these meetings were never held. She had personally sent this authority reports about several children who might require protection, only later to find these reports languishing in office drawers, unprocessed. She then informed the Director of Professional Services and Quality Assurance, because she could not condone such practices and could not quit her job without saying something.

Lack of protocols

The lack of protocols concerning emergencies created significant risks of homicide or suicide for the employees, the clients themselves, and anyone else who might be present in the clinic when a crisis arose. Also, during the few crises that did occur, the administrative staff appeared on the scene and ordered people what to do. These events caused confusion in job roles and in managing emotions.

Conclusion

She says she tried to do everything she could to maintain her rationality and her professional independence. Despite everything, she quit, saying that she had done her best to adjust her interventions so as to respect the community’s cultural values. But she said that she had to explain the role of a social worker to her colleagues, her managers and the public numerous times. She quit so as to respect her professional needs. For the community’s well-being and for the sake of the public and the regional strategic plan, she recommends that mechanisms be created to ensure that people receive the services that they need.

Interview 3: Human Relations Officer - All Programs

Holding a Master's in social work from a Ontario university, she specialised in social work practice in northern communities. She was born and raised in Ontario by indigenous parents but she decided to go up North to work and live.

She mentions that it is very hard to see herself and her colleagues outside of the oppressed minority group. Especially because their relationship with the non-indigenous mainstream world never stops.

Indigenous glass ceiling

She believes that there are two types of indigenous people: educated indigenous (who learned the formal mainstream way) and non-educated (informally educated). In her organisation, the managers, for the most part, are indigenous. She believes that a glass ceiling dynamic is created when you have an indigenous manager who does not have the formal education vs an employee who has had formal education. In terms of advancement and promotion, it is as if there was a glass ceiling. It feels like the educated indigenous person is a threat to the non-educated. So, to preserve themselves, the bosses enables them to get certain position in the organisation, because they fear them.

“Our own people are oppressing us. They are oppressive and they will be put in position where they will oppress others. I have sympathy for that, as a worker I understand, I have compassion. But as a person, I feel oppressed. When you are in this dichotomy, it is hard to protect yourself.” She believes that the glass ceiling was created by their own experience of being oppressed.

It should not matter if the person is white or not. What is important is to have a healthy manager. Someone who has worked through his or her own trauma. A person who has gone through the same things but who has not worked them out should not be there.

Services to the population

“I am grateful that we have the union that protects me as an employee. But we are supposed to be here for the people. Who protects the people? To improve services it takes an association that protects the client.”

“When you look at our experience of absenteeism, lateness, etc. It affects the people. It is as if we did not care. When you look at the non-educated managers... It's a poor future for the client.”

“The government is always going to be white mainstream. They decide policies and programs, it would be wise to have some kind of advisory capacity. Can you analyse this by-law? Are we denying rights? Are we promoting justice? Is it benefiting all?”

“They hire these southern-based consultants who have their foreign concepts. Realities are not the same as the southern realities. The proposed program is not working.”

”Does Quebec even really care? When you look at how they educate the natives who will become social workers, it is terrible. It was never accredited. When I was teaching there, I was astonished by the papers. The poor quality of the exams. When I looked at the program, I found no intro to psychology and sociology! Social work is built on that. They don't have the basics – they don't have intro to youth protection work!”

Interview 4: Technical Coordinator, Medical Imaging

Before working for this employer, this non-Indigenous coordinator had worked in an Indigenous community for seven years. He had not found it too hard to fit in, because, according to him, this community was more “Americanized”. He prefers to work in the community so that he can feel that he is providing human services. The work pace is slower and better suited to the needs of the population. Unlike in the South, he does not feel that he is treating people like numbers. He says that for the end of his career, it is ideal, but that new graduates should not stay too long if they want to be able to go back to work in the South.

When it comes to his colleagues, though, things are different. There are no Indigenous employees in his department, but he sees that in the other programs, collaboration between the Indigenous and non-Indigenous employees is difficult. There is clearly a culture clash. The work pace is not the same. The Indigenous employees do not follow the work schedules and often come in late (or what we consider late). The patients are also often “no-shows” for appointments. He describes this attitude as “casual”. For example, it can take months before patients get their health insurance cards made.

The teamwork is in silos. The programs were put in place to copy models from the South, but that does not work. As a result, there is a lot of duplication of effort. In one sense, this has been a good thing, because it has created a lot of jobs for Indigenous people. But that does not reduce the number of patients who show up at the clinic.

In his view, the biggest factor causing problems is the slowness of the bureaucracy. He says that the wrong people are making the wrong decisions. The big problem is still poor management of resources. The managers are constantly being replaced, and this turnover has a big impact on delays in decision-making. In addition, Indigenous people are put in key positions, and even if they have the necessary training, they do not have the necessary management backgrounds. In fact, service to the public is delayed. “[translation] The agreements on service corridors took a very long time to put in place, because the Cree council’s reputation preceded it. It was a nightmare!”

He and his colleagues were hired too soon, before the clinic had even opened. He waited about two and a half years before it was opened, and was told that the money was being used elsewhere (to deal with mildew, for example). When the clinic finally opened, it took another two and a half years before the radiology unit opened. During this time, the team sat there twiddling its thumbs. They were able to perform minor examinations such as ECGs, and panorex, for dentistry. But the rest of the time, they were just running around in circles. He felt useless, which seriously affected his mental health.

Some ideas for solutions

- Why redo the health insurance card every four years? The people do not have the money and do not have the required documents.
- Improve the service corridors. Why go to Amos and Val-d’Or when it’s closer to go to Chibougamau?
- More scanning and radiology equipment would make us more self-sufficient and reduce frustration. We know how to deal with the people.

Interview 5: Union activist

The interviewee is an activist who has been active in her local union for several years.

She said that the organization is unique, but since it operates under the national collective agreement, it is nonetheless similar to other Integrated University Health and Social Services Centres (CIUSSs). She believes that one of the advantages of having a union in the North is that it provides a framework.

However, it is difficult to have a dynamic union because of the size of the territory. What is more, internet has only been available in all villages for two years. In hundreds of more remote communities, the only methods of communication are telephone and fax. Cellular telephone signals do not even come through. And, like everywhere, it can be hard to motivate members. Loyalty to the union varies from one person to the next, but there is a very persistent belief that the rules are not the same and that the law does not apply in the same way.

For example, in her union, there is no occupational health and safety committee, even though the collective agreement calls for one. It is very hard to apply the collective agreement. People have a strong sense that they are in a different category. For example, there is the challenge with union leave. They have the same problems and constraints as their counterparts in the South, but they are not treated the same way.

Even though they have not been affected by Bill 10, they still face the same realities. They would have liked to have had the same adjustments as other CIUSSs.

“In addition, each document must be translated into two languages—and sometimes three! It takes a crazy amount of time! We don’t have union leave for that!”

Where relations with Indigenous workers are concerned, she describes what sounds like a wall between the two: “the law for the Whites and the law for the Indigenous people.” This sometimes gives the impression that they do not have the same rights, a situation that forces the union to meet with members and explain their rights to them.

Possible actions:

- Create an onboarding period for new employees.
- Ensure the same services are provided in the North as in the South.
- Treat everyone the same way.

Interview 6: Immigrant nurse

This nurse is someone who immigrated to Canada and has been working in the Terres-Cries-de-la-Baie-James communities since 2014.

She finds working in the North very enriching, as it gives her a strong sense of being immersed in another culture. Sometimes she even feels like she isn't in Québec anymore. In her view, that's why it is important to have had one or several intercultural experiences before going to the North.

She also believes that working in the North is easier for her and other immigrants. "Because you don't carry the same history as Quebecers. The perceptions related to the Indigenous peoples' traumatic history are not the same."

When she speaks to her Québécois colleagues, she realizes that they don't have the same sense of integration and welcome. This poses a problem when offering healthcare services and a more serious problem when dealing with psychological or psycho-social issues. It's even harder.

The biggest obstacle to connecting with patients is language. It is very difficult to offer quality and confidential care when communicating through an interpreter. In addition, those who do not speak English or French tend to be the most vulnerable, such as children and the elderly. Distances are another obstacle. "We are well equipped in our community, but unfortunately access to care is not the same everywhere. Our patients have to travel quite a bit in order to receive care."

In the North, relationships are very important. She says it makes a big difference for things such as controlling a patient's diabetes. If the patient-nurse relationship is good, then it works well; otherwise, it is very hard to have an impact on someone's life. "In the North, you really need three types of abilities: theoretical knowledge, hands-on skills and people skills."

The highest priority action: Promote staff retention to ensure uninterrupted care.

She finds that, all too often, we forget that non-Indigenous people have to make a life there. Nothing has been put in place to help them integrate into the community, a situation that hinders staff retention.

Here are a few examples:

- Access to health care and medication. Community workers must travel several hundred kilometres to get medication or receive medical care. If you want to see a dentist to have your teeth cleaned, you have to do it when you are away on business or vacation.
- Access to quality education in French.
- Finding a job for your spouse.

Staff retention will continue to be an issue as long as these aspects are not addressed. The difference in salary does not make it worthwhile to live in the North if your spouse does not have work and if you have to travel 100 kilometres in each direction to bring your child to school in the nearest French-speaking village. Workers need to be able to make a life there. They need to be properly integrated, along with their spouse and children.

Interview 7: External Psycho-social consultant

This external consultant has worked many years with Inuit and Cree populations in an urban setting. She also helped set up a BSW. She finished her career as an external consultant for about 10 years.

She has mixed feelings about her experience. “Sometimes you wanna tear your hair out. Especially when there is a culture clash.”

She believes that it gets even harder for social workers since they receive a training that focuses on empowering communities. The fact that they are professionals and members of a professional order, they have to answer to norms. When they arrive in the North and are put in charge of case management or clinical supervision, they have to impose a rhythm to provide the expected quality services to the patients.

She found it is easier to work with indigenous population in the South because the social worker is in-between. His role is to make sure that the services are adapted. Whereas in the North it is completely different. “You begin to realise that you are imposing a point of view, which would be unacceptable in the South. When you are in the South, you are advocating. In the North, you impose a model.”

In addition, she points out that even if indigenous names are given to the different programs that are implemented, they remain southern programs and southern approaches that are copied and pasted in the North – and according to her, it doesn’t work. “If we take the example of casework, it doesn’t work but we keep imposing it. Maybe it is just not the right approach. All these programs are implemented but we are not listening to the people ideas.”

She believes that bringing southern professional up North is a huge issue for many reasons. One of them is the rhythm that it imposes on the community and the team members. “When the social worker leaves every 8 weeks for a month, the client feels like they are not really there. It makes it hard to engage in a follow up.” The turnover does not help either because all the new professionals bring a new way of working and then leave. Then, it starts all over again with a new worker.

She also points out that the visiting consultants are a big issue. “In some programs you see consultants in charge of themselves. No accountability, nothing to deliver, no evaluation.” She believes that there is a place for consultants but it has to be short term and evaluated. If it is lasting years, it has to become a permanent job. She believes there is no point in having full time consultants who are expensive and taking the place of a regular worker. “All the money gets syphoned off by them, she says, it’s like bees to a honey pot.”

Possible actions:

- Less pushing and special treatments.
- Having more equality – maybe houses should come with specific positions, if you have the professional qualification.

Interview 8: Social worker for Indigenous people receiving services in Montréal

This social worker held her position in Montréal for several years. She also spent a few years working in the North. She describes the experience as both enriching and discouraging.

Her role was to welcome and assist community members coming to the city to receive various physical and mental health care services. She had access to translation services as needed and met with people wherever they received care.

She says her role seemed to make a big difference for patients. Her experience in the North, her knowledge of a few words in their language, and her familiarity with their cultural customs were small things that made patients feel more at ease. She felt that she played an important role in the lives of patients, who generally feel a lot of pressure and stress when they come to the city to receive physical and mental healthcare services.

“For example, consider a mother who has just given birth to a premature baby. She has to stay with the baby until he is ready to leave the hospital, even though she already has six children at home. Who will take care of them? My role was to lower her stress levels and help her find solutions. When you get there, you see that it provides relief for the mother, who can immediately tell that you are familiar with her culture and you know how it works.”

She says her experience was discouraging, particularly where collaboration between public services was concerned.

“Whether it is with youth protection services, a hospital or another agency, it’s always complicated. It’s as if the rules are different everywhere. In addition, people don’t even know who you are or why you’re there, but once they understand what your role is, they are really happy that you’re there.”

She suggests the following possible actions:

- Ensure there are many positions like hers, with a list of on-call personnel to replace her when she goes on vacation.
- Implement protocols and procedures, and share them with other players.
- Improve communications with service corridors.
- Improve access to interpreters in urban service centres.
- Provide basic training for staff working in centres frequently accessed by Indigenous people (e.g., the Glen site).

Appendix 2: Analysis table of the issues affecting health and social services in northern Québec

	Obvious problems for Indigenous people	Probable causes (source of discrimination)	Corrective measures (in the services)	Potential impacts and improvements (for Indigenous people)	Limitations and constraints (implementation)
1.	<p>Non-Indigenous (mainly White) managers, who do not always have prior experience in the North or with members of Indigenous communities, are assigned major responsibilities, which results in:</p> <ul style="list-style-type: none"> - They make inappropriate or questionable decisions; - Their authority is often questioned by Indigenous and non-Indigenous staff; - They show little consideration or recognition of the expertise of Indigenous employees. <p>In addition, working relationships are affected by cultural differences regarding the pace of work, attendance at work, methods of collaboration and communication, and the ability to understand the traumatic history of the Indigenous people.</p>	<p>Managers from the South seem ill prepared for the specific realities of northern Québec and ill trained in several respects, such as managing human resources in a multicultural context and managing material resources in a context of scarcity.</p> <p>Most managers from the South are unfamiliar with the history of the Indigenous people or their relationships with Whites, their culture, their experiences within the network, etc.</p> <p>Prejudice against Indigenous people persists, especially among Whites who do not stay in the North for long. In addition, past experiences and trauma lead to prejudice among Indigenous people.</p> <p>Other problems include a lack of intercultural savvy and language skills (French, English and Indigenous languages) among White and Indigenous community members.</p>	<p>When considering non-Indigenous candidates, make it a requirement to have prior experience in Indigenous communities or other intercultural job experience.</p> <p>Introduce additional, mandatory professional training for all non-Indigenous managers and employees working in Indigenous communities so that they acquire:</p> <ul style="list-style-type: none"> - A basic knowledge of Indigenous history, culture, health and social practices, as well as the physical and material environment of the regions in question; - Skills in communication, intercultural collaboration, conflict prevention and resolution; - Attitudes that include an awareness of cultural biases and behaviours that are, as much as possible, free of prejudice, discrimination and racism. <p>Make multi-generational trauma training mandatory for all health and social services employees (White and Indigenous).</p>	<p>Better decisions benefiting employees and Indigenous people using the system.</p> <p>Less harm caused by non-Indigenous managers' cultural biases (preconceived notions, discrimination, racism).</p> <p>Improved professional relationships between non-Indigenous managers and Indigenous employees.</p> <p>Improved image projected by managers, which would have a direct impact on non-Indigenous employees (managers are role models).</p>	<p>There are no insurmountable obstacles to taking these steps. Québec has a large budget surplus and all the expertise it needs to take them.</p>

	Obvious problems for Indigenous people	Probable causes (source of discrimination)	Corrective measures (in the services)	Potential impacts and improvements (for Indigenous people)	Limitations and constraints (implementation)
2.	<p>Many Indigenous managers and professionals have insufficient training, are insecure and hold up the deployment of skilled, university-educated Indigenous people (glass ceiling).</p>	<p>A very high proportion (64.6%) of the Inuit population have no certificate, diploma or degree compared with 40.6% for First Nations. The proportion of university graduates among First Nations and Inuit is 6.3% (nearly two thirds of them women), which is three times lower than among the population as a whole (18.6%). A very high percentage (63.7%) of First Nations and Inuit people age 15 to 24 have no secondary school diploma. The low educational attainment of Indigenous people limits their access to college and university training.</p> <p>The trauma related to residential schools causes education at all levels to be perceived as an instrument of cultural and linguistic assimilation, which works against success in school.</p> <p>Accelerated and complementary training programs are of poor quality or insufficient to meet needs.</p>	<p>Help to prepare Indigenous managers through mentoring and additional continuing education, such as the Cree succession program.</p> <p>Improve the quality and accessibility of accelerated additional professional training by establishing more partnerships and providing more useful experiences, such as the summer school for Indigenous women offered by the Université du Québec à Montréal in partnership with Québec Native Women Inc.</p> <p>Improve primary and secondary education in the North, encourage Indigenous children to succeed in school and increase the number of Indigenous people who have access to higher education.</p> <p>Implement a process for evaluating and recognizing the skills and experience that Indigenous people have acquired in the workplace or elsewhere, so that they can access professional training and college and university education.</p> <p>Retain Indigenous people working in Québec's health and social services system and increase their numbers, in accordance with the recommendations of the First Nations and Inuit Labour Market Advisory Committee.</p>	<p>Increased interest among Indigenous youth in training for careers in healthcare and social services.</p> <p>Greater interest in management positions among Indigenous professionals.</p> <p>Improved healthcare and social services offered by Indigenous professionals and managers.</p> <p>Better alignment between the services offered and the needs of local communities.</p>	<p>A mechanism would be required to coordinate the various stakeholders (federal, provincial, Indigenous, private foundations, universities) involved in education and professional training.</p> <p>Workforce development strategies, professional training programs and professional development courses could have a much stronger impact if: there was greater collaboration between federal, provincial and Indigenous authorities; and if there was a fast and effective implementation of the Ministerial Strategy for Labour Market Integration of First Nations and Inuit People, which was adopted by Québec in 2017.</p>

	Obvious problems for Indigenous people	Probable causes (source of discrimination)	Corrective measures (in the services)	Potential impacts and improvements (for Indigenous people)	Limitations and constraints (implementation)
3.	<p>Consultants who have been in their positions through several contracts are monopolizing valuable resources that could be put to better use.</p>	<p>The causes of these practices are manifold and may be due to:</p> <p>The government’s refusal to create permanent positions;</p> <p>Prejudices regarding Indigenous people who could be hired and mentored until they obtained permanent positions.</p>	<p>Limit short-term contracts and the number of renewals allowed.</p> <p>Create a position whenever a contract is renewed for an extended period of more than one year.</p> <p>Supervise and assess consultants.</p> <p>Invest in the creation of permanent positions.</p>	<p>These measures would promote training and hiring Indigenous people for permanent positions.</p>	<p>The constraints are definitely bureaucratic and could probably be overcome with a little political will.</p>
4.	<p>The professional dissonance caused by the gap between, on the one hand, academic training, regulated professional standards and ministerial program standards and targets and, on the other hand, Indigenous culture, work pace and local constraints. Dissonance, combined with the confusion of roles and responsibilities, the excessive workload and interference in the work of health and social service professionals (such as social workers, occupational therapists, psychologists, speech-language pathologists and physiotherapists) reduces service quality and increases risks — both for service users (such as risks of suicide or of being the victims of medical or professional errors) and for professionals (such as risks of</p>	<p>Professional standards are ill-suited to the context of the North, and so is the New Public Administration model, which is applied indiscriminately in the North and South.</p> <p>A lack of preparation, support, mentoring and supervision for professionals from the South who feel unsure of themselves.</p> <p>A lack of understanding of the role of health professionals (such as social workers, occupational therapists, psychologists, and physiotherapists) among managers and members of the interdisciplinary team (physicians, nurses, etc.).</p> <p>A lack of specific protocols for practice in Indigenous and remote communities.</p>	<p>The concerned institutions of higher learning, the MSSS (ministry of health and social services) and the professional orders (regulatory bodies) must develop their programs and standards together with Indigenous authorities and professionals, in accordance with community needs and local capacities.</p> <p>In the workplace, create pairings between Indigenous and non-Indigenous professionals, identify mentors and facilitate mentoring of new arrivals, and establish a telephone-based professional and technical assistance service.</p> <p>Develop protocols specifying the roles and responsibilities of the various members of interdisciplinary teams, the parameters for possible collaborations with Indigenous elders</p>	<p>Standards and protocols that are better suited to the reality of the North would make it possible to offer suitable services without fear of reprisal, instead of promoting service interruptions or denied service.</p> <p>By ensuring service continuity, these measures could help improve various health indicators among Indigenous people — and even save lives.</p> <p>Providing better support to professionals would promote employee retention, enabling them to gradually improve their skills.</p> <p>Respecting the local pace of life and cultural practices, as well as recognizing Indigenous healing practices, would create a climate that is more likely to foster trust,</p>	<p>Québec institutions display tremendous resistance to recognizing Western civilization’s specific characteristics and inherent limitations when it comes to practicing health science, professions and public management.</p> <p>As long as certain normative and ethical dogmas go unquestioned, it will be hard to introduce a more inclusive, flexible vision based on concepts such as harm reduction, traditional knowledge, and spiritual practices.</p> <p>It is also very hard to get people to recognize the existence of neo-colonial practices that foster systemic discrimination.</p>

Obvious problems for Indigenous people	Probable causes (source of discrimination)	Corrective measures (in the services)	Potential impacts and improvements (for Indigenous people)	Limitations and constraints (implementation)
<p>burnout, depression and quitting their jobs).</p>	<p>A work pace, standards and targets Imposed by the Ministry in the South.</p> <p>Some programs seem to have been adapted, but in fact they are simply copies of programs from the South (e.g., AWASH vs. SIPPE).</p>	<p>and healers, and the mechanisms for ensuring that people receive the services that they need and to which they are entitled.</p> <p>Given the limited number of professionals, ensure that when they go on leave for more than two weeks, someone replaces them.</p> <p>Adjust work schedules to the seasons and to traditional hunting and fishing activities.</p> <p>Provide long-term funding to Indigenous centres dedicated to treating physical, mental, emotional and spiritual health problems, and refer users to these centres when they so desire.</p>	<p>rehabilitation and reconciliation—in keeping with Aboriginal demands.</p>	
<p>5. Retention of staff from the South constitutes an issue for maintaining the quality and continuity of the services provided to Indigenous people, as well as for the cohesiveness of work teams.</p>	<p>A lack of effort by employers and host communities to help new arrivals fit in.</p> <p>A lack of services for employees' families.</p>	<p>Plan new arrival welcome days and immersion/intercultural exchange activities, including a tour of the community, visits, and meetings about Indigenous practices and important sites for food, traditional healing, and so on.</p> <p>Pair each employee newly arrived from the South with someone in the same work unit, preferably an Indigenous person.</p> <p>Improve access to healthcare and medication near the workplace.</p> <p>Improve access to quality</p>	<p>These actions, along with those identified for countering professional dissonance, would lead to better staff retention.</p> <p>Reducing the turnover rate among employees from the South could lead to improved knowledge, decreased prejudices and mutual trust between users, their families, caregivers and healthcare workers. Over the long term, this could have an effect on service quality and the health of Indigenous people.</p>	<p>Local agreements concerning these measures could be struck during the next round of negotiations, if there is political will for it.</p>

	Obvious problems for Indigenous people	Probable causes (source of discrimination)	Corrective measures (in the services)	Potential impacts and improvements (for Indigenous people)	Limitations and constraints (implementation)
			<p>education in French.</p> <p>Provide job search assistance for employees' spouses.</p>		
6.	<p>Both the services provided to users and the well-being of professionals are affected by bureaucratic obstacles and delays created by decision-makers (for example, the long wait for the implementation of Optilab, which never happened in the end).</p>	<p>Poor resource management. Work in silos.</p> <p>Poor collaboration between Indigenous and non-Indigenous decision-makers.</p> <p>High turnover rate among managers.</p>	<p>Speed up the delivery of equipment (such as scanners, X-ray machines, ECGs, and panorex) to ensure greater self-sufficiency and better service.</p> <p>Improve service corridors and increase the professional autonomy of the people who are working in the North and are familiar with its needs and realities.</p>	<p>The quality of services provided to Indigenous users would improve greatly if there were greater regional autonomy with regard to government bureaucracy and to infrastructure in large urban centres.</p>	<p>Although in the past it may have been possible to justify some degree of inequality among regions on the basis of financial resources and demographics, that is no longer the case, especially in light of the efforts that have to be made to achieve social justice and reconciliation.</p>
7.	<p>A perception (often well-founded) that Indigenous employees do not enjoy the same rights as non-Indigenous employees in the health and social services system.</p>	<p>A very persistent belief that the rules are not the same for everyone and that the law does not apply in the same way to everybody.</p> <p>A struggle to familiarize people with the collective agreement and to see that it is followed.</p> <p>Inequities in the benefits provided in the collective agreement (such as whether or not housing is provided).</p> <p>The territory that they have to service is too large for the limited number of days of union leave.</p> <p>Difficult communications (e.g. by cell phone or internet) among employees, union representatives and union advisors.</p>	<p>Plan union orientation meetings for all new employees;</p> <p>Provide more days of union leave in the collective agreement for unions in the North, in light of the distances that have to be travelled;</p> <p>Provide all required union services to members in the North, in particular by meeting with them regularly and proactively.</p> <p>Aim for equal treatment when the collective agreement is renewed, in particular by tying certain benefits to the positions or the duties rather than to the employees' origin.</p>	<p>If Indigenous people had a better understanding of their rights, they would be better able to defend these rights and implement measures to correct inequalities, inequities and injustices.</p>	<p>This type of concern must be included in the mandates assigned to government negotiators when the collective agreement is renewed.</p>

	Obvious problems for Indigenous people	Probable causes (source of discrimination)	Corrective measures (in the services)	Potential impacts and improvements (for Indigenous people)	Limitations and constraints (implementation)
8.	<p>Since various public services are managed centrally and organized in silos, users often have to be transported to the South and transferred from one service to another. They also have to cope with structures that are not very sensitive to or familiar with their realities. Users sometimes complain about the apparent lack of empathy among employees in public institutions, even though that can be explained by their unfamiliarity with the users' realities.</p>	<p>Collaborating with other organizations (e.g., schools, community groups) is challenging.</p> <p>Communicating and sharing information with other health and social services establishments is challenging, despite the service corridors.</p> <p>Excessive workloads, prejudices and language barriers may affect employee attitudes in service centres that are not accustomed to serving Indigenous community members.</p>	<p>Provide for the implementation of protocols, in particular for transfers between institutions and regions.</p> <p>Ensure that confidentiality rules are followed when information is conveyed.</p> <p>Implement a strategy for making health and social services employees in the South better informed about and more sensitive to Indigenous people's specific realities.</p> <p>Increase access to interpreters.</p>	<p>Better handling of user cases, with a more holistic and long-term view, resulting in a positive impact on their physical and mental health.</p>	<p>The organization of public-sector health and social services is currently subject to numerous constraints.</p> <p>The organizational culture of the various services, institutions and community organizations works against their embracing a shared mission and delivering a continuum of services to the public.</p>