

Ktunaxa/Kinbasket Child & Family Social Sector - 2004 Annual Report

Annual General Meeting

July 12, 2004

Akisqnuq First Nation (Windermere, BC)



"Finding Your Grandparents - Finding Yourself!"



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Dan Joe & Pete Andrew



A very special thank you...
"Hunaqanakni?ni"

Thank you both for all your hard work
in getting Child & Family Services
moved to the new office location.
We appreciate all you do for us!

From all the staff of the Child & Family Services and Ktunaxa Social Sector

Thanks to our Board Members who attend the meetings to keep our programs up and running...

Chief & Council + Kootenay Region Métis Association + Child & Family Board Members:

<ul style="list-style-type: none"> • St. Mary's Indian Band <ul style="list-style-type: none"> - Cheryl Casimer - Robert Williams 	<ul style="list-style-type: none"> • Shuswap Indian Band <ul style="list-style-type: none"> - Paul Sam - Clarise Stevens
<ul style="list-style-type: none"> • Lower Kootenay Indian Band <ul style="list-style-type: none"> - Chris Luke - Denise Louie 	<ul style="list-style-type: none"> • Columbia Lake Indian Band <ul style="list-style-type: none"> - Mary Jimmy - Beatrice Stevens
<ul style="list-style-type: none"> • Tobacco Plains Indian Band <ul style="list-style-type: none"> - Zoe Gravelle - Dan Gravelle 	<ul style="list-style-type: none"> • Kootenay Region Métis Association <ul style="list-style-type: none"> - Mike Paradis - Karen Langan

Elder's Advisory Representation (Appointed by Communities):

<ul style="list-style-type: none"> • St. Mary's Indian Band <ul style="list-style-type: none"> - Annie Capilo 	<ul style="list-style-type: none"> • Shuswap Indian Band <ul style="list-style-type: none"> - Paul Sam
<ul style="list-style-type: none"> • Lower Kootenay Indian Band <ul style="list-style-type: none"> - Arlene Teasley 	<ul style="list-style-type: none"> • Columbia Lake Indian Band <ul style="list-style-type: none"> - Christine Jimmy
<ul style="list-style-type: none"> • Tobacco Plains Indian Band <ul style="list-style-type: none"> - Mary Mahseelah 	<ul style="list-style-type: none"> • Kootenay Region Métis Association <ul style="list-style-type: none"> - Marilyn Taylor

Ktunaxa Kinbasket Child and Family Services applauds the partnership that has been developed between the Ktunaxa Nation and the Métis Nation (Kootenay Region Métis Association – KRMA) in the planning for and delivery of Child and Family Services. Over the past year Kootenay Region Métis Association has moved to the forefront in the delivery of Child and Family Services. Two new programs that KRMA is providing that will benefit all Aboriginal Children, Families and Communities are:

- Métis Social Work Position – reviewing and supporting the cultural planning for Métis children in care with goals of a cultural understanding, reconnection and where possible reuniting, and
- Aboriginal Genealogist – reviewing and completing genealogies and Nation information for Aboriginal children in care.

Heidi Hebditch is the Métis Social Worker Position and Carmelle Lambert is the Genealogist.

Additional Kootenay Region Métis Association in partnership with Ktunaxa Kinbasket Child and Family Services and the West Kootenay Urban Aboriginal Community will be working together to deliver an Aboriginal Mentorship Program.

Ktunaxa Kinbasket Child and Family Services is providing some family support, guardianship and child protection services to Métis children and families and will be providing further such services as the transition from the Ministry of Children and Family Development continues. Ktunaxa Kinbasket Child and Family Services wishes to thank Karen Langan and all the staff and leadership of Kootenay Region Métis Association for their commitment with our partnership to deliver the best services possible to Aboriginal children and their families.

Also, thank you to all other elders and attendees of our meetings who contribute their valuable time and effort. We appreciate your input and presence at these meetings!

Ktunaxa Nation Social Sector Board

Terms of Reference, Values and Principles



Background:

The Ktunaxa Nation is in the process of re-defining their jurisdiction within the Social Sector and the *Social Sector Board* will assist with the transition into the governance structures defined through treaty. It is agreed that a commitment to long-term community development planning, the directing of resources to family growth plans and the continued renewal of energy is part of the Social Sector Board's responsibility in meeting the shared goal of strong, healthy citizens and communities, reinforced by our Nation Vision Statement:

STRONG, HEALTHY CITIZENS AND COMMUNITIES speaking our languages and celebrating who we are and our history in our ancestral homelands, working together, managing our lands and resources, as a self-sufficient, self-governing Nation.

Social Values & Beliefs

We believe in and live by the following social values and beliefs:

1. Commitment to responsibility for self, family, elders, children and each other.
2. Positive growth as individuals, as families, and as a Nation.
3. Acceptance of unique strengths and limitations of each individual.
4. Sharing, working together, positive encouragement, and supporting one another.
5. Respect for opinions of other people and individual identity.
6. Honesty.
7. Empathy.
8. Accountability.
9. Adaptability and flexibility.
10. Mistakes are chances to grow.
11. Balance in mental, physical, emotional, spiritual, and economic well being.
12. Safety and security at all levels (personal, community, Nation, global).
13. We support each other on our different paths (and not demand that others be on our path).
14. We trust ourselves and others.
15. We respect people's perceptions and feelings as part of growth.
16. We accept positive criticism.
17. We take responsibility for sharing criticism directly and positively with people rather than behind their backs (constructive dialogue rather than rumours).

The following principles will guide operation of services in our Social Sector:

1. All citizens of the Nation should have equitable access to services and to participation in governance of the Social Sector.
2. People should not be excluded from services because they reside on or off of a reserve, or because they are Status or non-Status.
3. Some services will be available to all Aboriginal people on the Ktunaxa Traditional Territory.
4. The emphasis will be on having activities and services operated at the local level.
5. The Social Sector Board will support Nation-level planning and coordination of services.
6. Services will be coordinated and integrated at community and Tribal levels.
7. Services will continuously develop, based on evidence of what works.

We will strive to achieve the following outcomes:

1. Increase connection with our traditional knowledge and language.
2. Increase our involvement in family and community.
3. Maximize our health and well-being through all stages of life and all aspects; mental, physical, emotional and spiritual.
4. Build and use our knowledge and skills.
 - a. Create a skilled workforce.
 - b. Protect and rejuvenate our traditional knowledge and language.
 - c. Strengthen our families.
 - d. Re-build our communities.
5. Increase ambition and reduce addiction by creating cultural, social, educational and economic opportunities for all young people.

To achieve these outcomes, we will:

1. Create meaningful roles for all citizens regardless of capacity.
2. Create healthy recreational/social activities and sites, including, but not limited to:
 - a. Opportunities for young people to have fun, socialize, and participate in healthy adventures (especially in evening hours).
 - b. Introducing young people to hobbies and other creative or constructive activities to reduce boredom.
 - c. Visiting elders.
3. Create opportunities for young people to see and experience employment and education options.
4. Increase individual and organizational capacity, including ability for effective and efficient communication.
5. Build upon people's strengths to minimize their barriers.
6. Challenge people to set and reach their own goals; to be accountable.
7. Use mentorship and coaching, and assist people in recognizing their own potential.
8. Stay current in use of technology.

Social Sector Board Purpose and Mandate

The Ktunaxa Nation Social Sector Board will provide direction in the development and governance of the various human services operated by the Ktunaxa Nation and Kinbasket People at the community and tribal levels. The Board's mandate will include planning and coordination for the delivery of culturally appropriate services in the areas of: child and family; education; employment; health; housing; justice; social development; training; youth and Elders. The Board will work cooperatively with all other Ktunaxa Nation Sectors (Traditional Knowledge and Language, Economic Investment, Land Protection and Management) in working towards the Nation's Vision.

Functions of the Board

The functions of the Social Sector Board will be to:

1. Provide direction on how the services can support movement toward the Nation's Vision;
2. Provide direction on how to maximize service effectiveness and efficiency;
3. Ensure that Nation members have opportunities for input into the development and operation of services;
4. Oversee service planning, management, and evaluation;
5. Provide input to hiring and annual performance reviews of members of the Social Sector management team.

The Board will not be involved in the details of program operations.

Membership

The Social Sector Board will have 12 members, inclusive of one Elder representative and one youth representative. It will also promote Board Member transitions, with trainees participating in board development activities so that they will be ready to be appointed if a vacancy arises.

The communities will encourage the striking of a balance within the Board structure, of people of different ages, genders, and family roles and people with knowledge of the various types of services.

Qualifications

Members of the Board will have the following qualifications:

- Strong listening and speaking skills;
- Literacy (written & oral) skills that permit active participation in Board functions;
- Ability to participate in consensus decision making;
- Knowledge of human services;
- Positive community role model;
- Demonstrated commitment to serving the community and the Ktunaxa Nation.

To avoid conflict of interest, potential Board members must declare all interests in employment and volunteer roles in order for their community to declare whether a conflict of interest exists. It is recommended that members of the Board not be current employees within the Social Sector, at either the community or Nation level, however this will remain at the communities' discretion.

Duties of Board Members

Members of the Social Sector Board will commit to:

- Actively participating in the professional development and other learning activities necessary to build required skills and knowledge for this role;
- Providing written and verbal reports to Chief and Council in the member's community, on an agreed upon basis;
- Collecting and report on community input on specific questions from time to time as required by the Social Sector Board;
- Reading and reviewing materials as required by the Social Sector Board;
- Attending and actively participating in all Social Sector Board meetings, unless unable to do so for health reasons (in which case notification must be given);
- Attending and actively participating in Social Sector Board planning workshops, and other events as agreed to;
- Participating in hiring and annual reviews of Social Sector management team members.

Selection and Board Development Process

There will be four stages in selection of Social Sector Board members and development of their ability to do the job well.

Stage 1: Recruitment

- The KKTC and the five Bands advertise to recruit people for the available Social Sector Board positions. There will be twelve positions, inclusive of an Elder Representative and a Youth Representative.
- KKTC and Bands co-host orientation meetings in each of the five communities.
- Interested applicants completed required application forms.
- Band collects applications.
- Chief and Council review applications and approve nominations for training and next stage of community selection of Board members.

Stage 2: Initial Knowledge and Skill Building

- Prospective Board members participate in workshops on consensus decision-making conflict resolution, board liability and other key areas. They also read background materials and undergo any background checks that may be required by law.

Stage 3: Board Member Selection

- Community members review the mix of prospective Board members, consider the records of individual participation in the learning activities, and make a recommendation for final selection of Board members and potential trainees. Each community will select, through a public meeting, their two Social Sector Board members, based on the approved qualifications. In addition, they will appoint one of the members selected by each community to be a trainee.

Stage 4: Additional Building of Knowledge, Skills, and Team

- Board Members and trainees participate in growth activities to build their strength as a team and their knowledge and skills. These activities occur at the beginning of their term and annually thereafter.

Accountability

Members of the Social Sector Board will be accountable to the Nation citizens, through the Chief and Council of each Band, through their community communication structures and directly through the Tribal Council Social Sector Board activities. Procedures for Citizen input and appeal will be clearly defined and easily accessible.

Evaluation

The Social Sector Board will coordinate and document annual performance reviews of the Board as a whole and of each Board member, with opportunities for input from community members, Chief and Council, Board members, and senior Social Sector staff.

Termination

In the event of serious performance problems, a Board member may be terminated by receiving a resolution of Chief and Council endorsed by the Social Sector Board.

Amendment of Terms of Reference

The Tribal Council Board will approve any changes to the Terms of Reference of the Social Sector Board.

Selection and Duties of Chair

The Social Sector Board will select one of its members to be Chair. If the Board is unable to make this selection, the Tribal Council Board will appoint the Chair. The duties of the Chair will include facilitation of Social Sector Board meetings and other duties as defined by the Board.

Time Commitment and Remuneration

Social Sector Board members will commit to serving in that role for five-year terms. Initially, 50% of members will be appointed for 2.5 years.

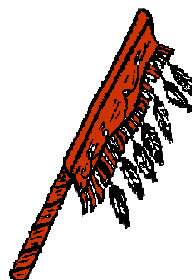
Board members will receive an honorarium in accordance with an annually approved budget and will be reimbursement for approved travel expenses. Tribal Council Board will determine a standard honorarium amount and will approve travel reimbursement policy.

Decision Making

The Social Sector Board will make decisions by consensus. In practice, this means that all those participating in a meeting indicate that they consent and can live with the proposed decision. Decisions may be made in face-to-face meetings or conference calls.

External Liaisons

Partner agencies will be asked to designate a Social Sector Board Liaison. These Liaison people will serve as communication links, provide input to annual planning processes, and assist in developing effective partnerships, upon invitation from the Social Sector Board.



Leah Paintednose



AGM REPORT - 2004

Ki'su'k kyukyit

My name is Leah Paintednose and I am the Executive Assistant of the Ktunaxa Kinbasket Social Sector which includes Health and Child & Family Services.

It has been a very busy time for all of us this last little while, with our move to our new building, setting up and organizing ourselves, but it is all coming together and the new building, which is the old 'Aqam Care home facility, is fantastic.

We encourage staff from other offices and Nation members to come and visit us, we will be having an open house in September and hope to see everyone there, stay tuned for further details....

Taxas.

Debbie Whitehead



**Ktunaxa/Kinbasket Social Sector
Administration Report
Annual General Meeting
July 12, 2004**

Ki?su?k kyukyit Everyone:

GENERAL:

As most of you know that we have taken over the Aqam Home as our new office. We will be having an open house in September; please watch for the advertisement of this great event. Also any one wanting to use the kitchen, hold meetings or have gatherings, please feel free to use the facility (with some notice).

My responsibilities as Director are to manage staff and oversee all the operations of the Social Sector. This includes recruiting staff, overseeing 26 staff administratively and ensuring all contract requirements with funding agencies are fulfilled. I am also responsible for networking with all social agencies and departments involved with the Social Sector.

In March of this year the Chiefs of all five communities signed off a Resolution that supports the Ktunaxa/Kinbasket Child and Family Services Agency being the governing body for all Aboriginal Children, who are currently in care, child protection and family support. As a result of this resolution, the Social

Investment/Child and Family Services Sector has been working hard in developing and implementing the Aboriginal Services Team into our current structure. As some of you know, we have interviewed and seconded 6 employees from MCFD to be part of our team. We are still waiting to second a Mental Health Worker and hopefully this process will be complete in the next couple of weeks. All seconded staff joined our team with an aboriginal case load.

REPORT FORMAT:

As was originally planned, my role as Director is one of overseeing the effectiveness of our professional staff and their interface with community, while managing our resources efficiently. We are attempting to put as much human resources into the communities as possible. I will be relying on the program area managers to ensure that the day to day activities are being fulfilled and the needs of the Citizens are being met.

Managers from the different departments will be reporting to you on different program sectors that they are responsible for this year. We (the team) are still re-assigning duties and checking functions of staff at both the community and tribal level, to make sure everyone is being utilized according to their best skill and ability. Reports will be provided in each activity area.

Team Supervisors: Bart Knudsgaard, Delegation Coordinator
Eva Coles-Hillary, Family Support Coordinator
Karen Bailey-Romanko, Head Start Coordinator
Lynette Wray, Chip Coordinator Supervisor
Kathy Clarke, Nursing Supervisor
Velma Hogan, Aboriginal Liaison Interior Health (new position)

ADMINISTRATION:

The budgets of the two departments are jointly managed but accounted for separately so that we can report out to our funding agencies according to their requirements. Over the last couple of months, I have been busy trying to adjust to the change within the new structure and meet the requirements of reporting to different funding agencies.

Over the next few months I will continue to meet with the program managers and communities to ensure that we are all working together in meeting the needs of our Citizens and community members. Our goal is to bring resources directly to the family units, through family growth plans, which consider all aspects of an individual or family.

EXTERNAL PARTNERSHIPS/GOVERNANCE:

Gwen continues to represent the Regional Authorities in Health and Child and Family and will do and update this Annual General meeting on the current activities.

An all Chiefs meeting was held in April. The 3 day meeting with the Chiefs and Councils focused on the development and implementation of Delegation 15 policies (Child Protection) and what they would look like in every community. This meeting was well attended. One of the outcomes was that there would be an interim board made up of Leadership to represent Child in Family over the next 6 months until we have had a smooth transition and understanding of what Child Protection means. The Leadership also agreed that it is their responsibility to lead and promote family healing, especially in areas such as sexual abuse.

COMMUNITY CARE:

General:

Rapid changes in the health care environment, with continuous technologic advances, increasing severity of illness, budget constraints, and the expanding need of health related knowledge, have greatly increased the responsibilities facing the Ktunaxa Nation health care professionals.

In order to fulfill these responsibilities, planning and documentation of care are essential to satisfy client needs and meet legal obligations.

While the entire field of health care is changing, nowhere are these changes occurring at a more rapid rate than in the Home Care arena. Here, home support personnel offer direct assistance to both Ktunaxa clients and families that are facing illness or injury. The responsibility for coordinating this care requires planning and documentation that clearly identifies problems and interventions, as well as short and long term health care planning for individuals and families.

The Ktunaxa/Kinbasket Home & Community Care Program assists its four communities financially to assure that these responsibilities are implemented in their respective communities.

The main strength that the Nation's Home & Community Care Program has is the dedicated employees (including nation health staff) who show a strong desire to meet the needs of the clients in their communities. Each community, St. Mary's, Lower Kootenay, Columbia Lake and Tobacco Plains has been able to recruit community workers who meet the educational requirements. The communities have updated the skill level of all the Home Support staff.

Each community has developed some policies and procedures and practices that are quite similar. Differences may occur in the area of orientation, documentation, staff development and supervision, as each community is responsible for their program once funding is transferred.

The Ktunaxa/Kinbasket Tribal Council staff acts as a support, both financially and professionally to each of the communities' programs.

Overall the communities are meeting the needs of the clients, some in different ways than others due to location, size and staffing. All communities have either integrated the Adult In Home Care offered by INAC with Home & Community Care Program or have kept the duties related to each program separate.

Personnel

There are two levels of Home Support Workers in the communities, that being HSW1 and HSW11. A staff member at HSW1 (Adult In Home Care) performs household tasks such as cleaning, laundry and meal preparation. Elder maintenance falls into this category. A HSW11 has been trained to provide personal care. Home Care Nurses provide medical follow-up care.

The Home Support Workers in each community are supervised by a registered nurse. There are current job descriptions for each position.

Identification of Strengths, weakness and Duplications

One of the greatest strengths in each of the communities is the staff. This is true of KKTC Managers, who have a strong desire to meet the needs of those requiring home support, to the dedicated employees.

There is an awareness and collaboration of other community resources and a willingness to refer to other programs to work together to meet the needs of clients. There is a strong bond of cultural respect in all communities.

Family Involvement

In all communities family first is the key element of this program. Families are made aware that each program is there to offer support to those families that care for their Elderly or incapacitated family members.

Goals of the program are stressed and the top priority in all is to teach clients and or their other family members to manage their healthcare as independently as possible.

Individual Communities

At this time there are approximately 60 open files within the Ktunaxa Nation for clients that receive a vast range of services. There are clients with minor surgery, whom only need temporary care, and then there are those that are chronic and palliative, with such conditions as Cancer, Pheo tumors, heart disease, diabetes, respiratory and cardiac.

HEAD START:

There was a proposal submitted to Health Canada on behalf of the 4 communities for head start dollars. The KKTC was successful in obtaining dollars to provide head start programming. Karen Bailey-Romanko is the Coordinator for this program and she is currently working closely with the communities to develop their individual programs. KBR will provide an update to you at the AGM. Employees employed under this proposal are employees of the communities each with variable activities. The funding that we received this year went to start up, with some minor renovation work and equipment purchases for the 4 communities and personnel.

TOBACCO CONTROL STRATEGY:

All five of the KKTC communities received funding for the Tobacco Control program. The format for the Communities this year was by proposal submission.

ABORIGINAL DIABETES STRATEGY:

KKTC received again for this program area, as in the past. Funding is primarily used to cover part of the wages of Kathy Clarke. Funds were also used to host prevention and awareness activities and to purchase promotional materials for Citizens.

DRINKING WATER:

These dollars are flow through directly to the communities.

FIRST NATIONS INUIT HEALTH INFORMATION SYSTEM:

The dollars received for program area are used for Lisa Capilo's wages. This program will be undergoing changes by Health Canada and this will likely be the final year for Data Entry funds. Maureen Clark from Health Canada indicated that the funds will likely move into Data Management rather than just data entry.

CAPITAL FUNDS FOR AQAM HOME:

The KKTC received capital dollars that assist in preparing facilities to provide the Nation's Home & Community Care Program. Originally these funds were to be used for renovations to part of the care home. Due to the unforeseen circumstances of St. Mary's Band having to close the home down, this money should have been sent back. However; in discussions with the bands and the way that the services delivery for the Home and Community Care program has been delivered this year the communities wanted to either add on to existing offices or add a wing on to a new structure. The dollars were divided amongst the 4 communities to provide better service structure for community care as it is delivered at the community level.

COMMUNITY DEVELOPMENT & POPULATION HEALTH:

This process is still under way as we continue to work with the Integrated Social Sector Data Base. The system will meet the complex needs under our self-government. This is

the third year that we have been in development as work has been proceeding as funding is found from various sources. Gwen continues to be the lead in this area. She has recently presented to ADM's and Director Generals from Indian Affairs and is hopeful that additional funding will be provided from the Minister's level to complete the project. The work to date has brought together information from federal and provincial health and education data bases into one, person-centered environment.

INTERIOR HEALTH ABORIGINAL LIAISON:

In early May the KKTC and Interior Health signed a contract for a part time position for an Aboriginal Liaison for the East Kootenay Operating Area of Interior Health. This position was posted and interviews were held. The successful candidate was Velma Hogan. Velma will be responsible for implementing the East Kootenay Aboriginal Health & Wellness Plan developed last year. She will attend IHA meetings and report to both the Aboriginal Health & Wellness Advisory Committee and also to Kelly Madigan, IHA Manager responsible for her position, in addition to reporting to me as Director responsible for health programs for the KKTC.

This wraps up my report for this year. Should you have any questions or concerns please contact me at any time to discuss any issues that you may have.

Have a great summer

Texas

Debbie Whitehead

Bart Knudsgaard



Ktunaxa Kinbasket Child and Family Services Delegated Services Coordinator

What a Year:

It seems that I was just writing my report for last years Annual General Meeting. This has been a year of major growth for Ktunaxa Kinbasket Child and Family Services. When I came to KKCFS my role was to support KKCFS in building capacity to resume the responsibility for the care and protection of the children of your Nation. Resume is a key word as your Nation carried this responsibility generation after generation. As you know too well it was the likes of residential schools and child welfare scoops that have impacted many families' in the care, nurturing and protection of your children. I have been honoured, humbled, and touched in my work with KKCFS. You have taught me the importance of identity and community. If KKCFS can support children growing up with a strong sense of self (identity) and if community support parents and children I believe the next generation of children will grow up without needing to know what a social worker is and will see agencies such as KKCFS as a place that promotes wellness and healthy families, not as a place that intervenes for child protection.

Consultation with the Aboriginal Communities of the Kootenays:

I co-facilitated a consultation process with Aboriginal Peoples of the Kootenays regarding the provision of child and family services. Michele Duncan, a Metis woman was my co-facilitator. A consultation summary was created and is available for your review. This consultation was part of the consultation process lead by the Aboriginal Peoples Family Accord. This Accord is the planning board for the transition of Aboriginal services from the Ministry of Children and Family Development to Aboriginal Organizations. As a result of this consultation process a Kootenay Aboriginal Advisory Group was created that meets monthly at Ya ʻqan nuʻkiy. If you are interested in participating in the Advisory Group, all are welcome.

Partnerships Amongst Nations and Leadership:

KKCFS has been working with the Chiefs and Councils to establish the path for KKCFS's development. The leadership of this Nation has supported KKCFS entering into partnerships with the Metis Nation to ensure all Aboriginal children in the Ktunaxa Territory are cared for and supported. We have learned that a united Aboriginal community is a force to not to be reckoned with, that government pays attention when all Aboriginal peoples are working to achieve common goals. The leadership of Ktunaxa, Kinbasket, and Metis peoples have had many days of meetings to review the work of Ktunaxa Kinbasket Child and Family Services and to provide direction for our next steps. I am been honoured to work with such committed leaders who have high standards for the care of all the children.

Treaty:

The leadership has directed that all development and work undertaken at KKCFS must be consistent with the Ktunaxa Nation's treaty interests. The key interests are:

- Responsibility for all family and child services on Ktunaxa Lands,
- Responsibility for family and child services to all Ktunaxa Nation members, and
- Responsibility for all family and child services to Aboriginal peoples in the Ktunaxa Territory.

All work that KKCFS does must support the above interests.

Transition to Governance as an Interim Measure:

Given the:

- partnership formed with the Kootenay Region Metis Association,
- Ktunaxa Nation's Treaty Interests, and
- Province of British Columbia's commitment to the transition of Aboriginal Child and Family Services to Aboriginal Organizations,

KKCFS has been working towards the transition of government services to work under KKCFS. KKCFS is guided by Aboriginal Operational and Practice Standards and Indicators. This process will be ongoing over the next two to three years. Currently all social work services to Aboriginal children and families in the Cranbrook and Kimberley area have transferred to KKCFS. In the fall transition planning will occur for the other areas of the East Kootenays.

Our Elders:

The Elders have been key to the development of KKCFS to date. KKCFS has an Elders's Advisory Committee which has shared wisdom with the staff of KKCFS. This wisdom has guided our work. This committee has recently grown to include Elder representation from the Metis community.

In addition to this committee Elders have been active in attending gatherings for children in care and other cultural events for these children. Many of these children had never met their Elders. We are proud to report that many of these children look forward to seeing their Elders and going to these gatherings.

Where will KKCFS be located:

KKCFS is working toward three service delivery locations and will work with the Kootenay Region Metis Association as the fourth service delivery site. These sites will be at:

- Yaq'an nu'kiy
- 'Aqam
- 'Akisq'uk
- Kootenay Region Metis Association - Cranbrook

We will have staff in all these locations. Some staff will be based at 'Aqam and provide services to all communities.

Social Work Services:

My role with KKCFS has now grown to include the responsibility of overseeing the social work staff at KKCFS. We have a team of staff at KKCFS that includes support workers, community workers, and social workers. The social workers at KKCFS are:

- Julie Birdstone, Kinship Care
- Kim Dick, Kinship Care
- Jackie Brown
- Dan Politi
- Gerry Vandenbrink
- Lorill Love
- Adam Calvert

These social workers provide a range of services from family support to guardianship of children in care to child protection to approval of kinship (foster) care homes.

Conclusion:

As I said at the beginning of my report this year has been very busy. Now that services are being transitioning from government, we have the challenge ahead of how to shift these services from intervening in families at risk to supporting families to prevent children from being put at risk. I look forward to this challenge and your involvement in making these services as helpful as possible.

The coffee pot is always on. Come for a cup of coffee and meet our staff. It is the relationships that we develop along our paths that will lead us to a better place.

Texas
Bart Knudsgaard

Eva Coles-Hiliary



Ktunaxa Kinbasket Child and Family Services Family Support and Prevention Programs

Greetings to all. This year has been very busy and exciting for our organization. We have grown and our programs have grown too. In this report I would like to outline briefly the staff we have working with us and highlight some of the programs we have offered and are looking forward to offering.

Currently we operate our support programs with approximately 12 staff throughout the nation. They offer a wide variety of skill and education with backgrounds that include special education, child and youth care worker, and specialties in early childhood, cultural knowledge and most importantly life experience.

In any given month our work with individuals or through groups impacts over 100 clients. We continue to take our guidance in matters of family life from our Elder's Advisory. It has been an honour to listen to their stories and teachings.

Below are some of the programs and work that we are involved with:

Individual and Family Work: Ktunaxa/Kinbasket Child and Family Services has always had a reputation of quality work with individual families and this will continue to be our focus into the future. The majority of our work comes by self-referral. This means that a family can identify their own needs for support and receive options for support of this.

Youth Programs: Young people are the leaders of tomorrow. We believe in their strengths and see that becoming an adult during these times can be a tough road. Some of the programs that we have offered for youth in the past year are the Tool Time Program

(LKB and St Mary's), TEAM, and we will be hosting Rediscovery Youth Camp this summer.

Parenting Groups: When the need arises and there are a group of interested parents we have sponsored parenting programs. These have been for both Moms and Dads. We endeavor to make the programs culturally sensitive and appropriate to the subjects being discussed. Our staff will be involved in communities where Headstart programs are being established as a resource when needed.

Children' Groups: This past year we piloted a children's group that focussed on abuse, relationships and feelings. Based on the feedback from this program we intend to offer it again in the fall.

Early Intervention (Support for Young Families): This program is in its second year. It has been very successful and well received by new parents in the east and west Kootenays. This is the first service that Ktunaxa Kinbasket Child and Family Services has offered in the West Kootenays.

This program offers support in the way of education, referrals, baby baskets for newborns and home visits. Our staff are part of an early childhood network that keeps them up to date on the latest trends in prenatal/postnatal as well as the development of preschool children.

Reconnection Services: Over this past year we have been part of a growing number of reunions between families. This is very rewarding work that takes a lot of time, effort and attention to all parties involved. We would like to see this part of our work grow in the future.

This program also keeps our children in care connected to their biological families. We are making as many efforts as possible to strengthen the bonds and communications between foster parents and children's natural families. We offer gatherings four times per year where foster children and all their loved ones can get together. This year our summer gathering will take place during the AGM in the form of a Powwow for children and their families. All are welcome. Regalia making has been sponsored in three communities so that all children can have the opportunity to participate in the festivities.

Advocacy and Referrals: It is very important to us that all people have the opportunity to make changes in their lives in a way that they are most comfortable with. We offer information and referrals to any services in a client's community that will be helpful for their life plan.

The Future: Our increased caseload will require us to expand our support services. In the fall we will be announcing our line-up for programs, groups and workshops. We will be focussing in on programs that offer intensive in-home support to parents, supports for foster parents and culturally relevant parenting.

We are committed to **strong, healthy families, together.**

Thank you. Texas

Eva Coles Hillary

Coordinator of Family Support and Prevention Programs

Kathy Clarke



Community Health Nurse Report for AGM, 2004

This year has been a busy one of change and adjustment, especially in the Health Department of KKTC. *My priorities have been the mandated programs by Health Canada.* These include:

1. **IMMUNIZATION.** The basic immunization schedule for BC has been expanded this year to include for babies Hepatitis B (3 shots), Pneumococcal (3 shots) & Meningococcal (1 shot). Children not eligible for the new baby programs will receive Hep B and Meningococcal in Grade 6. Parents usually bring their children to the Health Office or Band Office however when necessary I will do home visits for immunizations.

In the Fall I offered Influenza & Pneumococcal immunizations for adults as well as other immunizations as requested, such as Tetanus/Diphtheria, Hep A & B. Education about immunization and disease prevention is also an important aspect of my job as CHN. Contact tracking and counseling, in case of disease outbreak (for example, STDs, Beaver Fever etc) is also my responsibility as the nurse.

I am responsible for managing and safely storing biologicals (immunization materials), reporting statistics & documenting pertinent information for each client.

2. **TUBERCULOSIS SCREENING.** This year there have also been changes in the annual Aboriginal Tuberculosis Screening Program. I have been directed by BC Communicable Disease Control, TB Division to screen children in Grades 1 & 6, all health care workers, all new health staff, people with chronic conditions & Band employees. Follow-up chest x-rays are requisitioned for those people who have tested positive for the TB germ in the past. Screening is ongoing in the four Ktunaxa communities for this group of people as well as for general screening upon request.

3. **PERINATAL PROGRAM.** This includes providing support and education to pregnant women, post-natal follow-up, infant & toddler health. I work together with Carol Bossio & the Infant Development Program, as well as being available as requested by the Head Start Program.

4. **FN HOME & COMMUNITY CARE PROGRAM.** I have been acting as Supervisor to the home support workers & supplying direction and support where needed. I help set up services as required by individual community members, mainly in Tobacco Plains, Lower Kootenay and Akisqnuq.

OPTIONAL PROGRAMS

5. HEALTH PROMOTION & ILLNESS/INJURY PREVENTION.

These programs are flexible & based on community needs. This past year I have continued to focus on Diabetes Education both in the communities and in the two on-reserve primary schools. Support for diabetics is ongoing. Healthy nutrition & smoking cessation are also important issues that continue to be addressed.

ʔAqamnik School offered monthly family dinners where I, & sometimes the children helped teach about healthy living. We had a Walk for Diabetes Education on May 26th at St. Mary's. I am available for ʔAqamnik Daycare as well. I offer health education sessions at Ya qan nuʔkiy School over the year.

KKTC Health is a member of the FN Tobacco Coalition that promotes smoking cessation and education around tobacco. We also received \$500 from Interior Health to promote smoke free homes & cars with the "Kids Need Breathing Space" Program. Lisa Capilo & I coordinate these two programs. We try to keep the community representatives motivated and up to date with resources.

The four Ktunaxa communities have requested specific educational sessions, depending on their needs, such as women's issues, nutrition, Alzheimers Disease, cancer, diabetes etc. I offer 1:1 counseling for support or information and advocacy for clients when necessary. I do blood pressure and blood sugar testing both at gatherings and by request. The mammography mobile van visited the KKTC office for screening again last Fall and hope to have the van screen at Akisqnuq as well next Fall.

Most Thursdays I am at Akisqnuq Health Resource Centre. In February Dr. Shannon Page from Invermere started offering medical services at Akisqnuq on Thursday afternoons. This has been a huge success, one that I wish could be extended to all Ktunaxa reserves. We continue to work on that dream.

I receive nursing consultation from Interior Health however Health Canada also offers some support to me, mostly through the First Nations Nurses Conference each winter. Policies, procedures, updates on diseases and immunizations come from BC Communicable Disease Control via email almost daily. This past year I completed my Bachelor of Science in Nursing, a requirement of Community Health Nursing. This was done by distance through UVIC over the past few years. I previously had my nursing diploma from BCIT. Next I will be completing the course to allow me to offer the Emergency Contraceptive Pill and my re-certification for immunization A communicable disease control is due this December.

I am happy to now be a part of the Social Sector Team in the ʔAqam Home (though sad that our Elders are no longer here.) I have a bright new office with a room for baby care & immunizations. I enjoy my busy, challenging work & learn much from the Ktunaxa people. Thank you.

Kattin

Lisa Capilo



Report for AGM 2004

My name is Lisa Capilo; I maintain the First Nation and Inuit Health Information System. I have been in this role for the past three years. This year I have gone back to school to complete the Applied Business Technology Program. Currently working full time for the summer, and beginning in the fall once a week to do my work practicum.

Duties involve collection and input of past/present health information into the H.I.S., to promote and assist people to become users of the system. I cooperate with various health agencies with respect to data collection. I also participate in any training involved with the F.N.I. Health Information System.

With extra time, I lend office support to the Community Health Nurse when required. I continue to assist in building awareness of the Tobacco Reduction Strategy Program, and maintenance of health resources.

I have gained meaningful work experience at the Ktunaxa/Kinbasket Tribal Council-Health Department, and look forward to more opportunities to work with First Nations.

Thank you,
Lisa Capilo

June Forsythe



Reconnection – Ktunaxa/Kinbasket Child and Family Services Society

My name is June Forsythe, daughter of Angeline Whitehead and Ben Walkley. I am a member of the St. Mary's Band. My position at Child and Family is the Reconnection Worker. I had the opportunity of working alongside Agnes McCoy before her retirement from KKCFSS in February 2004.

Child and Family acknowledge that there is no resource more vital to the continued existence and integrity of First Nation people than our children. The goal of the Reconnection position is to follow the natural law in keeping children and families connected to their cultural roots, natural parents, extended family and community. We promote this philosophy and also the inclusion of our foster parents and families. We receive guidance regarding the families we work with from the Child and Family Elder's Advisory quarterly meetings.

Some of the work Reconnection has been involved in this past year:

- Children's gatherings at St. Mary's Arbor and Delta St. Eugene.
- Family reunification, support and assistance to people who have been separated from family by adoption or foster care.
- Assisting families with regalia making.
- Cit nana (Children Who Witness Abuse) and Women's Group.
- Tooltime (Building Healthy Relationships Youth Group) – Lower Kootenay and St. Mary's.

One of the most rewarding areas of my position has been witnessing the children reconnect and reunite relations with their parents, grandparents, siblings and community.

Carol Bossio



Early Intervention Coordinator / Family Support Worker

Hello,

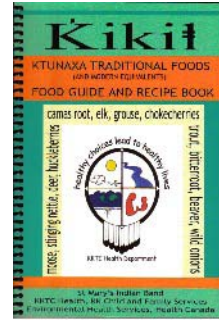
My name is Carol Bossio and I am the Early Intervention Coordinator/Family Support Worker for the Ktunaxa/Kinbasket Child & Family Services.

The Early Intervention program provides services to all Aboriginal families with children 0-6 years, living in the East and West Kootenays, on and off reserve. The core elements to the Early Intervention program ensure that all Aboriginal families have the support and services needed for the wellness of the family unit. The program provides the following:

- Promote healthy children through supporting parent(s) by bringing skills to the home.
- Facilitate meetings or teachings with families to support traditional practices.
- Pre-natal care information in preparation for birth of child-home visits after birth of child- partnership with on reserve Community Health Nurse to support immunization and nutritional needs, etc.
- Assist parent(s) in promoting wellness of their children through medical, dental, speech, language, hearing and optical follow through.
- Develop strategies to meet the nutritional needs of child
- Support parent(s) to access specialized services necessary for proper early childhood development
- Provide information on developmental ages and stages of child
- Bridge the gap and partnership with service providers and support networks off reserve.

Since June of 2002, the program has developed the following projects:

- Gift Baskets for new baby & mom (Celebration of Life). The baskets include: baby blanket, moccasins, pouch, K.K. CD, K.i.C. nursery rhymes, home made baby powder, & diaper rash creme.
- Cook book: given to all community members
- Gatherings in the East & West Kootenays
- Advisory committee meetings every 2 months. Service providers from Cranbrook attend.
- Speech &. Language Pathologists provide service to the ?Aqamnik School & Daycare.



I look forward to continuing my work with the Early Intervention program and supporting families in a positive manner.

Thanks

Jennifer Sebastian



Early Intervention / Family Support Worker

Ki'su'k Kyukyit

I have had the pleasure of working for Ktunaxa Kinbasket Child and Family since June 2003. I started here shortly after moving from Vancouver Island in March 2003 with my husband Troy. I began my time here as an Early Intervention Worker and am now working in both family support and early intervention. Over the course of this past year, I have worked with 10 families. Currently, I am working with five families, offering various degrees of support and services. Working for the nation has allowed me the opportunity to meet many of the amazing people who live and work within Ktunaxa Kinbasket territory.

For more information on the early intervention program, please see either Carol Bossio or myself.

Dan Politi



Social Work Involvement at KKCFS

1. Intake has been centralized through me. Format has been developed to make efficient communication with Supervisors through electronic transfers; to cover off accountability issues; and to meet standards for any audit which may occur.
2. I have done short-term counseling with adults, youth and children.
3. I am a Guardianship worker for a complex out of province case
4. I am a Level 13 worker with Level 15 to be completed in the near future. I will be involved in Child Protection matters.

Personal History:

1. Worked with severely disabled youth and adults living independently in a home setting
2. Worked with Street Kids of which 80% were First Nations
3. Worked with Prostitutes and Other Women for Equal Rights (POWER) as sister organization to Street Kids and Youth (SKY)
4. Worked as a counselor in a women's shelter for their children and any woman who wanted to work with a male
5. Worked as a Province of Manitoba Certified School Clinician in a Metis Community with high levels of incest and all forms of abuse

Moved to Cranbrook in mid-November when I was fortunate enough to be invited to work with KKCFS

Lorill Love



Hello. My name is Lorill Love. I am happy to be one of the new members of Ktunaxa Kinbasket Child & Family Services. I come with twenty years experience as a Child Care Counsellor, Family Support Worker and Social Worker. I come with an appreciation of Aboriginal people and their culture, having completed a degree in Archaeology. I also believe in supporting families, working with community, and keeping children safe and connected. My family and I have lived in this area since 1991. I look forward to meeting and getting to know all of you. Thank you for this opportunity.

Yours truly,
Lorill Love

Lynette Wray



Community Healing and Intervention Program (CHIP): Coordinator's Report **KKTC Social Sector AGM--July 12, 2004**

On behalf of the staff of the Community Healing and Intervention Program (CHIP), I would like to take a moment to celebrate the many opportunities and challenges that the past year has offered. It continues to be an honour to work with all of CHIP's community partners as we strive to address the issues related to prenatal exposure to alcohol. The following information is a summary of CHIP's activities during the 2003-2004 fiscal year.

Texas.

Lynette Wray, CHIP Coordinator

CHIP's mandate is as follows:

- To prevent prenatal exposure to alcohol
- To provide culturally sensitive, holistic services to support Aboriginal children (birth to 12 years) and Aboriginal youth (13 to 29 years) who are affected by Fetal Alcohol Spectrum Disorder (FASD) and who live in the East Kootenay region
- In terms of CHIP's mandate:
 - "Aboriginal" refers to individuals who self-identify as being Inuit, Metis, or First Nations
 - "The East Kootenay region" refers to the on-reserve communities of Shuswap, Akisqnuq First Nation, St. Mary's, Tobacco Plains, and Lower Kootenay, as well as the urban communities of Golden, Invermere, Windermere, Canal Flats, Kimberley, Cranbrook, Jaffray, Fernie, Sparwood, Elkford, and Creston

CHIP's Philosophy--CHIP is based on a three-part philosophy

- health promotion
- community development
- "hope and potential" (i.e. there is hope and potential for individuals, families and communities who are affected by FASD)

CHIP's History:

- CHIP started in 1992 and was originally designed to be a 5-year pilot project
- CHIP is one of the pioneering programs in Canada working on FASD with Aboriginal communities

CHIP's Funding & Administration:

- CHIP receives its main funding from the Interior Health Authority, Aboriginal Health Services
- CHIP is administered by the Ktunaxa Kinbasket Tribal Council

CHIP Client Statistics, 2003-2004 Fiscal Year:

- Total number of clients: 136

<ul style="list-style-type: none"> • Client Age Group (averages for the year): <ul style="list-style-type: none"> ○ 40% children ○ 30% youth ○ 30% adults 	<ul style="list-style-type: none"> • Client Residency (averages for the year): <ul style="list-style-type: none"> ○ 29% On-Reserve ○ 71% Off-Reserve
<ul style="list-style-type: none"> • Client Gender (averages for the year): <ul style="list-style-type: none"> ○ 44% Female ○ 56% Male 	<ul style="list-style-type: none"> • Client Geographic Distribution (averages for the year) <ul style="list-style-type: none"> ○ 14% Fernie & area ○ 39% Creston & area ○ 43% Cranbrook & area ○ 4% Invermere & area
<ul style="list-style-type: none"> • Client Ethnicity (averages for the year): <ul style="list-style-type: none"> ○ 82% Aboriginal ○ 4% Metis ○ 14% Non-Aboriginal 	

CHIP Educational Events Statistics:

- 3 CHIP FASD Newsletters produced
 - Distributed to a total of 770 contacts
- 5 CHIP workshop series delivered (i.e. 15 hours per workshop series)
 - 1 series in Golden, 1 series in Fernie, 2 series at St. Mary's, 1 series in Cranbrook (KEY program)
 - Delivered to a total of approximately 45 participants
- 43 other educational events including workshops, information tables, International FASD Awareness Day activities etc.:

- Delivered to a total of 4787 contacts

CHIP’s successes:

- Excellent collaboration between CHIP and KKCFS resulting in a steady increase in the number of formal assessments and diagnoses re: FASD
- Excellent collaboration between CHIP and the schools in the region (i.e. School Districts #6, #8, & #5, as well as Yaqan Nukiy School & Aqamnik School) to develop effective Individual Education Plans for school-age clients who are affected by FASD
- Very positive collaboration between CHIP and the Aboriginal Education staff throughout the region who continue to provide effective preventative information re: FASD (i.e. the Teratogenic Effects Presentation)
- FASD warning sign bylaws in several communities throughout the East Kootenay region
- Excellent FASD resource library accessible throughout the East Kootenay region via the College of the Rockies Library
- Strong FASD network throughout the East Kootenay region
- Development of a high-quality, comprehensive 15-hour FASD workshop series

The CHIP Staff:

- The CHIP staff is a knowledgeable, diverse, and caring group of people. Their dedication to their work in the field of FASD is a key factor in CHIP’s successes.
- The CHIP staff includes:
 - Jason Louie, Community Support Worker, Lower Kootenay Band (full-time)
 - John Barnes, Youth Worker, Cranbrook (full-time)
 - Joyce Rhodda, Early Intervention Planner, Invermere & area (part-time)
 - Sue Bannatyne, Early Intervention Planner, Fernie & area (part-time)
 - Eleine Gordon, Early Intervention Planner, Cranbrook-Creston (part-time)
 - Lynnette Wray, Coordinator, East Kootenay region (part-time)



Jason



Eleine



Sue



John



Joyce

Gwen Phillips

Report to Nation – Aboriginal Peoples Family Accord

I have continued to represent the Ktunaxa Nation and Kinbasket People's interests in the regionalization process for the Ministry of Children and Family Development, as a member of the Aboriginal Peoples Family Accord (APFA); one of the five regional planning tables established by the Ministry. The interests of the governing First Nations of the Interior region, in addition to the Métis and Urban Aboriginal people's interests, collectively form the voice of the APFA. Unity amongst aboriginal people is one of the primary values of this Committee. Although we as the APFA are the most progressive of the five Aboriginal planning tables, we are continually held back by the province. Newsletters are distributed widely to provide community members with direct updates of the APFA's progress and to help explain the issues that we are facing.



The overall goal of the regionalization process is to transfer programs and services for aboriginal families from the Ministry to these five regional aboriginal authorities, but the Ministry has shown very little commitment to this even though it was their process to begin with. The biggest challenge is brought on by the fact that the government has cut back the funding available for aboriginal service delivery by nearly two thirds. Without adequate funding the APFA cannot assist the communities in building capacity to provide child and family services to meet their local needs.

The following points have been developed by the APFA to illustrate the issues that we are facing as First Nations and Aboriginal governments, attempting to deal with the provincial government in a fair and respectful manner.

- The Ministry's system is not working for Aboriginal People; we account for 45 percent of the children in care, but only make up eight percent of B.C.'s youth population (0-18 years); we accounted for 35 percent of the children in care in 1995.
- The government needs to adequately fund the regionalization process. A 66 percent funding cut will virtually halt community participation in this process and result in little or no improvement in services to Aboriginal People.
- The APFA, along with Chiefs from throughout the Interior, met with Minister Christy Clark in Williams Lake on June 10, on the second anniversary of the signing of the Tsawwassen Accord, and warned the Minister of the frustration Aboriginal People are feeling about not being adequately funded. The Minister announced that she will be reallocating funds that would otherwise be used for community consultation, to add a new position to her senior staff to assist her Ministry with the transition. This was strongly objected to by the Ktunaxa Nation representative.

- The government has proposed to provide the APFA with a base budget of \$320,000 per year to consult with more than 75 bands, tribal councils, friendship centres and Metis Nation associations to build a service delivery plan and gain the capacity to receive the transferred services. There are more than 35,000 Aboriginal People within the Interior, according to a 2001 census. The combined budget of \$395,000, which includes travel, works out to about \$11 per Aboriginal person within the Interior. The APFA members are at the table as volunteers; each Nation is providing the funds to have their interests represented at this planning table.
- The Aboriginal Peoples Family Accord has outlined a three-year comprehensive work-plan to move the Interior towards managing its own child welfare.
- Our service delivery plan is a result of consulting the communities on how child welfare can be better managed within the four service delivery zones. The Nations can provide services that are respectful of their local culture and conditions. The service delivery plan is an evolving document and requires on-going community consultation. The Ktunaxa Kinbasket Child and Family Services Society is fully respected and engaged in the APFA process.
- The Interior drafted the Tsawwassen Accord and have always taken a leadership role, like opposing the Sage Report and its call for a blending authority with both Aboriginal and non-Aboriginal representation. We stress Aboriginal issues are unique and our participation must be separate from the non-Aboriginal side.
- The government started this process and we've followed through on our commitment, by completing a service delivery plan and outlining a comprehensive three-year work-plan. Now it's time for government to live up to their commitment and help improve outcomes for Aboriginal children.
- We must reclaim our inherent right for jurisdiction over our children.
- Not fixing the current Aboriginal child welfare problem will end up costing taxpayers, cost the Aboriginal communities with their loss of children to the system and come at a cost to Aboriginal-Provincial Government relations. There are no quick fixes.
- The APFA board of directors has indicated that the Interior will likely walk away from this process if the proposed budget is not brought up to a level that will permit the planning process and eventual service delivery to unfold in a manner that keeps their Nation's interests (the interests of their children) in the forefront.

The APFA has been meeting on approximately a monthly basis as the planning has unfolded, however due to budget restrictions, this schedule may change. As a representative of the Ktunaxa Nation and Kinbasket People's interests at this table, I have continually reminded everyone that it is our inherent right that we are protecting by being part of this planning process; we are not 'buying into' their system. I am there to ensure that the current resources are not eroded to a level that will jeopardize the health and wellbeing of our children in care, as we transfer services to our Nation's authority.

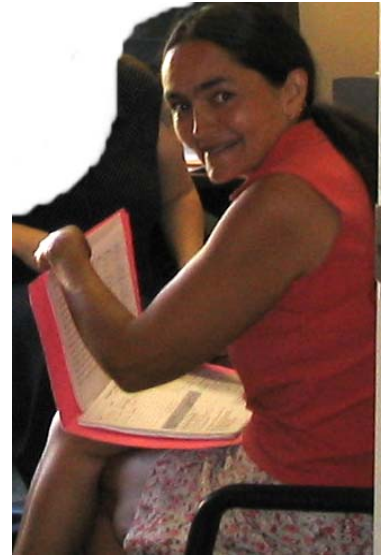
Gwen Phillips...

Report No.2

Interior Health Authority – Aboriginal Health and Wellness Advisory Committee - Committee Member Report to Ktunaxa Nation

The following vision statement was developed by the Aboriginal Health and Wellness Advisory Committee (AHWAC) to guide its work:

Creating a respectful, trusting, responsible partnership between Aboriginal People and Interior Health to support the development of a holistic health and wellness system which is responsive to the needs of the Aboriginal Community.



The Nations that make up the AHWAC are: Okanagan, Secwepemc, Ktunaxa, Nlaka’Pamux, St’Wixt, Slt’atl’imx, Carrier, Tsilqot’in, Métis, and the Urban Aboriginal Interests are represented by Friendship Centres. The main function of AHWAC Volunteers is to help the IHA understand the needs of their Aboriginal clients and the communities from which they come, and to identify strategies to begin addressing these needs. The Committee meets approximately every second month.

The AHWAC submitted a three-year plan to the IHA Board who adopted it and are now working to implement the strategies identified therein. Each of the four operating areas of the IHA, including the East Kootenay, has identified resources for the position of Aboriginal Liaison. Locally, the hiring process has been completed and the EK IHA Aboriginal Liaison will be responsible for implementing the regional plan that was developed last year, with resources provided by IHA. The Ktunaxa Nation will host the IHA Liaison position, in order to coordinate these services with the existing health and child and family wellness services provided throughout the East Kootenay. The West Kootenay and other IHA regions have had an Aboriginal Liaison position in place for some time now. The EK position was slow in coming, due to changes within senior management locally as Linda Basran resigned her position due to health reasons.

The EK Aboriginal Liaison’s position is only a part-time role and must provide services across the East Kootenay to all Aboriginal people. This is a big challenge and IHA has agreed to review the role periodically to ensure that adequate resources are available and that the resources are being used most efficiently.

At the AHWAC level, the funding that is made available to the communities may be allocated based on a formula in future. The IHA is attempting to provide equitable distribution to the many constituent groups within their region, providing services to Aboriginal peoples. The funding that the KKTC communities receive from IHA’s Health Improvement Program has been based on a proposal process in the past.

The IHA AHWAC will continue to formalize partnerships wherever possible to increase the capacity to provide culturally appropriate services to their Aboriginal clients. The Committee will ensure that the broader IHA-wide Health and Wellness Plan is

implemented, at the same time as they undertake, with the assistance of the regional Liaisons, the establishment of sub-regional (operating area), multi-year plans, based on local/community needs. This way the communities can assist in establishing priorities that are considerate of the environmental realities and potential impacts.

IHA Resources...

Current health resources divided amongst provincial ministries and federal departments which makes it difficult to deliver services at the community level. IHA receives some funding for broader regional services such as the CHIP program and the funding for Addiction Services such as Round Lake, in addition to the Aboriginal Health Improvement Funding. Some funding has been transferred to IHA with contract terms attached. IHA is now reviewing the allocation of all funding under its authority to ensure that resources are aligned with identified community/local priority needs. Coordinating activities to improve efficiencies and increase investment outcomes is an overall goal. The Ktunaxa Nation's Community Healing and Intervention Program is subject to this review.

The following is a brief explanation of the funding that IHA provides to Aboriginal Programs and Services:

Aboriginal Health Improvement Program:

- Three year initiative – funding from Ministry to IHA.
- AHWA Committee guide expenditure with a desire to increase investment outcomes and improve equity in distribution of resources.
- \$775,000 available annually.
- Activities funded this past year included community development initiatives, planning, capacity building and improving accountability. An investment in the KKTC Integrated Data base project was received.

Health Services Contracts...

- Ministry of Health Services established contracts with various agencies for the delivery of health services to Aboriginal people; many multi-year.
- Funding and contracts transferred to IHA from Ministry of Health Services during past year total approximately \$900,000.
- Includes funding for Mental Health Support workers, Sexual Abuse Programs and FAS/E Healing and Intervention Programs...
- Reviewing 'fit' of contracts and deliverables with community priorities and delivery principles.

Addictions Contracts...

- These resources and contracts transferred to IHA from MCFD.
- Majority of resources for the provision of addictions treatment programs and out-patient support.
- Funding approximately \$1.2 million annually.
- Some agencies reliant solely or heavily upon IHA support.
- Working with agencies to review their contracts and ensure 'fit' with Aboriginal Health Priorities.



Kitki·kiçit̓ kamnintik (Aboriginal Head Start Program)

Ki'su'k Kyukyit

We are pleased to announce that the Aboriginal Head Start program is now underway in four communities.

What is Head Start?

Kitki·kiçit̓ kamnintik (Head Start) is about children and our responsibility to do the best for them. Kitki·kiçit̓ kamnintik aims to enhance child development and school readiness of First Nations children (ages 0 to 6) by providing a holistic program encompassing the emotional, spiritual, physical and intellectual needs of children for life-long learning. The Ktunaxa collaboration program aims to work within the community involving children, their families, Elders and community resources to offer a program which includes the following Aboriginal Head Start components:

Component 1 - Culture and Language

Provide children with a positive sense of themselves as First Nations children and enhance the process of culture and language revival and retention.

Component 2 - Education

Support and encourage each First Nations child to enjoy life-long learning; encourage initiative, enthusiasm, self esteem and motivation for future learning.

Component 3 - Health Promotion

Empower parents, guardians, caregivers and others to take actions that contribute to holistic health, promoting self-care and cooperation in addressing health concerns and the creation of formal and informal social support networks.

Component 4 - Nutrition

Ensure that children's nutritional needs are met and raise awareness of the importance of nutrition.

Component 5 - Parent & Family Involvement

Support parents and family as the primary teachers of children, empower parents to grow as role models for children, and encourage understanding of the children as they progress through the program.

Component 6 - Social Support

Empower parents to access assistance and services that will help them be active participants in their children's lives and in their communities.

Earlier this year, several of the communities started their *Kitki ·kiçit̓ kamnintik* (Head Start) programs. In mid-February, Karen Bailey-Romanko took on the half time role as the Program Planner. Since this date, the Head Start staff from each community have met and shared resources and ideas. As well, the group went to the TUS Language Authority Group who assisted us to find the appropriate title for our program - *Kitki ·kiçit̓ kamnintik*.

Currently the community staff are busy working with community members to find the program delivery that will meet the needs of the children and families in each community.

Tobacco Plains – submitted by Linda Gravelle – Program Coordinator

Tobacco Plains Head Start Program will be doing some summer activities with the children. Hopefully we can talk an Elder into coming with us to identify plants on a nature walk. We will also visit other areas of the Reserve. We will try to combine our activities with other events that will be happening this summer. Interviews with parents on and off Reserve are being done to enable us to develop a program that meets the needs of both the parent and the child. Hopefully our new building will be done by September or we will have to use another space to start holding regularly scheduled activities at least twice per week. I would like the regular activities to coincide with the start of school for the older students.

Lower Kootenay – submitted by Cathy Chlopecki

Arlene Teasley

We at the Lower Kootenay Band are looking forward to a fun summer and the opening of our Head Start place (Yellow House) on reserve. We hope to be opening the third week of July. We have lucked out with obtaining two computers for moms to use onsite which were donated by the local Kootenay Employment Services and we are also getting some pre-school equipment from an elementary school in town that has closed. We are still in the process of having a community supper to get the community as a whole to come out for an evening and find out all about Head Start. We have joined with the Aboriginal Child Care Society to obtain the Cedar Boxes (First Nations curriculum materials) which they will send to you on the bus. Our first one will be on Animals and the Environment and should be here on our opening day. That's our update so far.

Akisqnuq First Nation – submitted by Roberta Nicholas – Program Facilitator

Glynda Joseph – Program Facilitator

Nashira Margison – Program Coordinator

Community currently underwent a survey to develop a list of resources and find out how the parents would like to see Headstart operate. Total surveys conducted were 22. We are currently focusing in the Family Munaps Celebration that will be held at the end of June. Regalia will be made for all of the children. We have one child who will be

attending Kindergarten in the fall. The child has visited the school and met the teacher. A camp will be coordinated for the end of August to start off the year for Headstart.

?**Aqamnik Community** – submitted by Juanita Eugene – Program Facilitator

Jen Sebastian – Program Coordinator

?**Aqamnik Community** - we have had a wonderful spring start off. We have had many parents and new children coming to the program. We have been very fortunate to be able to utilize the facilities at Steeples School Family Play Centre. We have done lots of different things, including circle time and learning the Ktunaxa names for the ‘puppet buddies’ and some children’s songs. Dads and grandmas have even come to join our group. This summer, we look forward to planting flowers outside of the new Child and Family building. We are very excited that some parents approached the Chief and Council and got permission for our program to use the old health trailer for our meeting place. We look forward to setting it up for the coming year.



Texas!

Jackie Brown



ANNUAL GENERAL REPORT

Hi my name is Jackie Brown.

I have been employed at Ktunaxa Kinbasket for almost 2 years. The time has certainly past by fast.

In the past year Ktunaxa Kinbasket Child and Family has become a Delegated Service allowing the transfer of all Ktunaxa Kinbasket Children In Care to our agency. As a Guardianship worker my goals in the past year were to develop positive relationships with the children, families, extended families, foster parents and the communities. This would enable me to assist the families to develop a stronger sense of belonging with their parents, extended families and the community. Although I have accomplished some of my goals – I will continue to strive on building positive family relationships not only for the Children In Care but also the Nation. I truly am honored to be a part of the Team at Ktunaxa Kinbasket where we value elders, children, families, relationship, and community. I look forward to another new and exciting year.

Larry York



KTUNAXA/KINBASKET CHILD AND FAMILY SERVICES AGM JUSTICE WORKER

The position is new to Child and Family Services as of April 1, 2004. It is the same position that was with St. Mary's Band, but has been expanded to cover the five bands. The office is in the ?Aqam Center with the other Child and Family Services offices. The position has been set up to work with youth and adults in trouble with the law, or have the potential to be in trouble with the law. It is also to provide information about the law and court and to give information to the court, which may help an accused person. The position provides for prevention programs, with a component to connect troubled youth with elders for input for prevention with regard to traditional ways. The position is funded under the Intensive Support and Supervision Program for Youth, and the Ministry of Children and Families, Corrections, for the adult services. The position also works with the various probation offices and police offices. If you need assistance with a criminal matter, probation, parole, or the police, call the office or call me to discuss your situation at (250) 489-4563. I hope to get out to the other communities in the near future.

Adam Calvert



Hello All,

I have learned a lot in the last two weeks I have worked with everyone at Ktunaxa Kinbasket Child and Family Services Society. I learned that there is a lot more to learn. Truly it is an honour to serve families and help them meet their needs. I have had about 14 years experience working in the social services field. I have worked with Haitian Youth involved in gangs in the inner city of Boston Massachusetts, youth and families in the Interior of BC and children and families in the East Kootenay area. It seems that the more I learn about the needs of children, youth, and their parents, the more I appreciate the diverse issues each family or individual faces.

I had my first Ktunaxa language class with Dorothy Alpine. She is very fun to learn from. I enjoy the language and the culture she teaches in the class.

I would love to listen to and learn from the Elders of the Nation I work in and from the clients I work with. May I learn much and better serve the people who I work for and with.

Adam.

Julie Birdstone



Resources Social Worker Kinship Care Program Ktunaxa Kinbasket Child & Family Services

Well, another challenging year has passed within the doors of Ktunaxa Kinbasket Child & Family Services and in the Kinship Care Program. In the month of February, 2004 it was one year that the Ktunaxa Kinbasket Child and Family Services has been managing our own care homes. It was quite exciting to realize that we have had our own children placed in our own care homes for one year and that these placements have been successful. It was also exciting to see the growth and progress that some of our children have made in the past year.

Although it is exciting to look back at our successes with some of the children in our care, another reality hits and that is that we still have a shortage of First Nations foster homes. In a little over one year we have successfully recruited and approved fifteen full time care homes and seven respite care homes. This may seem like a lot of resources but it is not, because there is a constant need for care homes, and with the expansion of services to all First Nations and Metis children their will be even more demand for care homes.

Another major task that KCCFSS has accomplished is that we have reached Level 15 Delegation. All of our Social Workers have been trained to do Child Protection, but we are hoping that this will not be the bulk of our services. We hope that with sufficient family support services, we will be able to provide more preventative services that are proactive instead of reactive.

I would also like to take some time to let our care parents know that we do appreciate them and commend them for their willingness to open their homes and their hearts to our children. We know that we are asking a lot from you when we ask you to take children into your home. It causes big changes in your home to have extra children in your care but there are also big changes in your whole life. We also know that it is not always easy to care for additional children, but we thank you for your commitment to the children in your care!

Gerry VandenBrink



Ki'su'k kyukyit,

I'm Gerry VandenBrink. I am very proud to have recently joined the great team of people at Ktunaxa/Kinbasket Child and Family Services. In the short time that I have been here, I have really enjoyed getting to know a little about the Ktunaxa culture and the people that I'm working with. I believe that this agency has great potential to do incredible work, and that in the following years, it may become a point of pride for the community. I was born in Alberta, but moved to the west coast after graduating from high school (my 20 year school reunion is this summer). I have been with my wife Janet since 1988, and we have one son, Ethan, who is 8 years old. My family and I moved to the Kootenays from Victoria in 2000. We chose to come here because of the beautiful environment and because of the wonderful people. We have not been disappointed. In my free time I enjoy hiking with my dog, coaching my son's soccer team and gardening with my wife. I really look forward to growing and learning with KKCFS and this community in the coming years.

Velma Hogan



Ki'su'k kyukyit,

My name is Velma Hogan and I have recently been appointed to the position of Aboriginal Liaison for Interior Health. This is a part-time position and I want to do the very best job possible for you. I really look forward to your input in regards to health concerns. I will bring your issues forward to the Senior Management table at Interior Health. I extend an open invitation to anyone who would like to call or visit me. I am aware of the many health issues that were brought forward during consultations with the Aboriginal communities. I will meet with Interior Health representatives on an ongoing basis and will represent you in a good way.

I am working with Tobacco Plains on advocating for a rural nursing service. I will do my best to voice your wishes for change in the health care system by advocating for your needs. I will also be available to walk you through the health care system(s) when you have dealings with health care providers and are not aware of how the system works.

I work directly for the Child & Family Department in various capacities on a part-time basis that makes up a full-time job with the Ktunaxa/Kinbasket Child & Family Services. I am available to meet, greet and provide support to the staff and Nation members.

I am a First Nation person from the Ft. McMurray Band (Treaty 8) and grew up with my community. I am familiar with the needs, concerns and history of Aboriginal peoples. I will communicate with you in meetings, gatherings and one on one interaction to let you know what it is happening in the health field and other duties as assigned.

I look forward to meeting you all!

More Staff Photos



Cathy Chlopecki,
Community Health Worker



Dusty Dehart,
Family Support



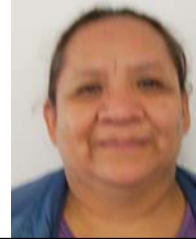
Danny Burgoyne,
Community Health Worker



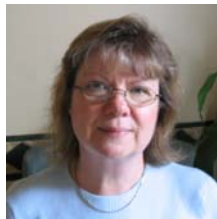
Benita VanSon,
Community Health Worker



Leon Cranebear,
Family Support Worker



Arlene Teasley,
Community Health Worker



Sharon Knight,
Administration



Clarine Capilo,
Administration



Debbie Patrick,
Community Health Worker, SMB



Paula Lemay,
Community Health Worker, SMB



Irena Whitehead,
Community Health, SMB



Herman Alpine,
Family Support Worker



Star Cardinal,
Assistant Reconnect Worker



Mike Leyte,
Family Support, LKB