

**Record of Decision**

**Pan-Canadian Joint Consortium for School Health  
Management Committee Face-to-Face Meeting  
Toronto, ON April 13-14, 2016**

**Chair: Imelda Arsenault, PE**

**Participants:**

<b>Name</b>	<b>Jurisdiction</b>
Corinne Parker - by telephone	AB
Trish Wolbaum / Flo Woods - by telephone	SK
Ciara Shattuck for Debbie Nelson	MB
Steve Soroko	ON
Nancy Boucher	NB
Kim Barro - by telephone	NS
Imelda Arsenault	PE
Mark Jones	NL
Rita Mueller Sabrina Broadhead	NT
Karen McKinnon	PHAC
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Manager, Cross Sector Engagement
<b>School Health Coordinators' Committee</b>	
Jennifer Munro-Galloway	Co-Chair
<b>Regrets</b>	
Meghan Day / Lisa Dominato	BC
John MacDonald	NU
Cathy Stannard / Gloria Coxford	YT



## Record of Decision

### 1. Welcome and Introductions

Imelda welcomed everyone to the meeting. All present and joining by teleconference introduced themselves.

### 2. Review and Approval of:

- Agenda

The Agenda was approved without change.

- November 4-5 2015 Record of Decision

The November 4-5 2015 Record of Decision was approved without change.

### 3a. Update from Secretariat

In addition to the written update, Katherine provided the following:

- Healthy Learners in School Program, NB: Meeting with dietitians and public health nurses in Moncton, NB: This province is pro-active in using the Healthy School Planner and the Positive Mental Health Toolkit but wanted to work with the Secretariat on improving youth engagement. Katherine and Jo-Ellen provided a morning session on the various sections and the many resources provided in this toolkit. Katherine will also be presenting on the Youth Engagement Toolkit to the AGM of the Canadian Association of Principals (CAP), to be held this July in Saint John, NB.
- Banff Conference on Behavioural Science: Katherine advised the conference was an excellent showcase of presentations and networking, focused on a positive mental health approach to school mental health initiatives. It was also an opportunity to learning about initiatives in individual jurisdictions: Mental Health - ASSIST in ON, the work of Stan Kutcher in NS, and that of Bill Morrison and Patti Peterson in NB.

### 3b. Update from School Health Coordinators' Committee

Jennifer discussed plans for the SHCC face-to-face meeting in Montreal in May; the School Health Coordinators are looking forward to being in Quebec and to welcoming Liane Comeau who will present at, and attend, the meeting.

This meeting will present a different format in sharing work in provinces and territories. Called What I Have/What I Need, this will provide ways to support each jurisdiction through sharing pieces that are needed, underway, or completed.



**Discussion:**

- This is an exciting opportunity to connect with the work underway in Quebec in many areas that resonate with JCSH: core health competencies for students, and many other resources developed in that province on school health.

**4. JCSH 2015-2020 Strategic Plan, Operating Plan, and Logic Model**

- Review of latest JCSH Logic Model in context of Strategic Plan and Operating Plan

Katherine and Susan provided an overview of the Draft Logic Model as well as the Dashboard developed to track progress on the Operating Plan.

**Discussion:**

- The draft Logic Model offers a way to measure against Operating Plan targets, although indicators and outputs are not clearly reflected. For example, what do Tools and Resources mean when the model is shown to a non-JCSH audience?
- As a Logic Model, key stakeholders should be seen within it: for example, Council of Ministers of Education, Canada (CMEC), Healthy Living, schools.
- This version may be more representative of a graphic of the Strategic Framework and is useful, with changes noted, for that purpose.
- A Logic Model reflecting the overarching structure and contribution of the JCSH is still needed.
- The Dashboard is helpful to visually show movement, and can be part of a discussion at a future Management Committee meeting on the areas noted as 1s (not started) or 2s (still exploring).

**Action:** Develop a more overarching logic model of JCSH.

**Action:** Send the Dashboard to the Management Committee members.

**5. PREVNet and JCSH**

**Debra Pepler and Wendy Craig**

- PREVNet's Strategic Planning for NCE-KM
- Discussion of collaborative opportunities for PREVNet and JCSH

Debra Pepler and Wendy Craig presented on PREVNet's knowledge mobilization model on their work in healthy relationships. The focus in PREVNet is not only on children and youth but also



the adults who interact with them. They have developed a partnership model of national partners, researchers, and graduate students.

Prior to PREVNet, there were a number of individuals and groups working on bullying initiatives and programs to end bullying; the programs were not evaluated, and some worsened the problem. As one of the Networks of Centres of Excellence of Canada Knowledge Mobilization Initiative Networks (NCE-KM), PREVNet has developed a network of partners, researchers, and graduate students that has developed over 150 evidence-based tools and resources. Each project undergoes assessment, monitoring, and evaluation, and dissemination markers on each tool track what is relevant for stakeholders.

In its work on healthy relationships, PREVNet has looked at U.S. work on nurturing relationships and on the now 75-year-long Harvard Study of Adult Development; both show that relationships are the most important factor for health and well-being across the lifespan.

Areas for possible collaboration of PREVNet and JCSH include using a comprehensive school health approach to prevent bullying and promote healthy relationships:

- One of the modules in the Bullying Prevention Resource is education: how is bullying assessed in the moment, and at the school and school board levels; how are programs assessed to ensure the ones used are the ones that work.
- PREVNet is working with the Canadian Red Cross to adapt its resources for Aboriginal communities, including the Healthy Relationships Training Module.
- Policy standards for online and offline bullying can be applied at school and at provincial/territorial legislative levels.
- With leadership from JCSH, PREVNet resources can be tailored to the contexts in provinces/territories.

***Discussion:***

- Suggestions were provided that PREVNet might benefit from connections with sports organizations such as Hockey Canada and the Coaching Association of Canada, some of the few groups that reach schools in the North. The Inuit Women's Association and the Assembly of First Nations are also important organizations.
- As a direct result of the Truth and Reconciliation Commission, NT passed legislation requiring Safe Schools Plans in every school. All schools, K-12, must teach healthy relationships.



- PREVNet would increase opportunities for connection with NT by writing to the social envelope ministers and copying all: Education, but also Health and Social Services, Justice, Municipal and Community Affairs. This would facilitate a collective response.
- Given the Prime Minister is also Minister of Intergovernmental Affairs and Youth, this is an opportunity to consider directions in supports for children and youth in a number of areas: competencies for adults to act as effective coaches for youth; supports for the most at-risk family members / most at-risk students; changing the language on at-risk families, from viewing them as problems to supporting them in wanting to be the best parents.
- We measure what we value, we value what we measure: Canada is 10<sup>th</sup> among OECD countries in math scores and 24<sup>th</sup> in relationships.

**Next Steps:**

- PREVNet would like JCSH to assist in improving its connections with some provinces and territories; they co-create with partners.
- JCSH would like PREVNet to supporting work on evaluation, on monitoring and evaluating systems.

**6. Core Indicators and Measures (CIM) Framework for School Health and Student Achievement in Canada**

**John Freeman**

- Focus Group with Management Committee

A focus group was conducted by John and Alicia Hussain with members of the Management Committee participating in person or by teleconference.

**7. 2013/14 Health Behaviour in School-aged Children (HBSC)**

**John Freeman**

**7a. Results**

John provided an overview of the national results of the 2013-2014 HBSC Survey round; the national report was released March 15. The topic for this round on relationships and the results showed clearly that relationship matter in the lives of children and youth. Four areas of support were investigated: family, school, peers, and community. Family support is the best indicator but, in the areas of bullying and fighting, school support was a greater influencer. The least predictive was peer support.

This survey round looked at three new measures of health behaviour: communications through texting and electronics, sleep health, and spiritual health. Because 8 countries measured spiritual health, cross-national comparisons will be completed.

Among the key findings in Canada are the following:

- Substance use, especially cannabis use, is down
- The numbers of those bullying others is down.
- For Grade 9-10 girls, mental health is of concern; mental health has poor ratings among secondary school girls in every jurisdiction.

When the provincial / territorial reports are complete (all PTs except NB, BC, QC, MB), they will be sent to PHAC. Approximately 30,000 students completed the survey in this round.

### **7b. Data Use**

John reported that the team wrote a spiritual health results article in which cross-provincial/territorial results were studied and reviewed but not reported, because of the 2009 decision by JCSH to not report across jurisdictions. He asked if there is a change in the 2009 decision; researchers are asking to look at provincial- or territorial-specific work and across-PTs within specific subsets.

#### ***Discussion:***

- There has been much discussion on school survey fatigue; providing already collected data to other researches may help curb data duplication.
- In NB, HBSC and the provincial wellness survey researchers worked together to develop a core set of questions; the same is being tried in MB.
- John noted his bias in favour of HBSC data, but the federal government requires international comparisons and HBSC is the only survey that provides this. As an example, since 1994 life satisfaction has been rated increasingly more poorly by Canadian students; international data has not found this result.
- Inter-jurisdictional comparisons may be difficult, given the size and complexity of Canada. However, even within larger provinces there are substantial differences; a section or region of one province may be interested in data that reflects similar context or geography in another province/territory.



- While it might be possible at this time to consider each request individually, more requests will be brought forward as the first positive responses are made. For example, John noted that the Canadian Research Centre on Inclusive Education has cross-Canada teams of researchers asking to access HBSC data.

**Next Steps:**

John asked that Management Committee consider this request and that it be discussed during the May face-to-face meeting of School Health Coordinators' Committee. At this time, Queen's University and PHAC are the only groups with the complete data set.

**8. Concussion and Head Injuries in Sport Working Group**

**- Jocelyn East, Sport Canada; Chad Hartnell, PHAC**

Katherine introduced Jocelyn and Chad, who spoke on the development of the FPT Working Group on Concussions and Head Injuries in Sport. Precipitated by Sidney Crosby's concussions and in consideration of government's role in concussions work, the working group was developed following a 2015 workshop that recommended a harmonized approach to concussions work in Canada. The first iteration of the working group comprised sport organizations, representation from the health sector, including Public Health Agency of Canada, but not from the education sector. Katherine was invited to represent JCSH and provide a link to the education sector.

The working group agree on key areas in Prevention, Detection, and Management. Budget discussions have focused on mobilizing funds to develop evidence-based, scientifically-validated protocols for return to learn and return to play.

The presenters asked the following questions of JCSH:

1. How do you see the JCSH and the education sector supporting the activities of the FPT Work group on Concussions and Head Injuries (e.g. on awareness, on protocols, etc.) for the Pan-Canadian Concussion Strategy?

***Protocols development:***

2. How are P/Ts currently managing the Return-to-Learn process, generally?
3. Is one universal protocol appropriate?
4. How can the JCSH help in the development of the protocol? Are other avenues of engagement with P/Ts or school districts needed?





***Discussion:***

- To a question on how the group defines sport, Chad responded that this is defined by the group broadly, from organized sport at the outset to inclusion now of physical activity, of semi-organized sport. Moving forward, the group will delineate school-based and school-organized sports.
- The research is not robust on return to learn following concussion. In the education sector, the focus is on the student, not on the sport, with concern first on return to learn, and second on return to physical activity.
- The 4<sup>th</sup> International Conference on Concussion in Sport, held in Zurich in 2012 resulted in a six-step return to play protocol: these are being followed in Ontario, which has had concussion policy in place for 1.5 years. In addition to this and other recommendations from the Rowan Stringer inquest is an important one on peer advocacy.
- The 4<sup>th</sup> International Summit on Concussions in Niagara Falls, ON in April and the 5<sup>th</sup> International Consensus Conference on Concussion in Sport in Berlin in October will further the knowledge on collaboration among disciplines, sectors, and government ministries.
- It is also important to balance messaging around sport and physical activity – that physical activity is necessary and beneficial.
- Messaging must address recovery from concussion and how to improve processes on prevention and early response to avoid concussions or accelerate healing.
- Post-concussion information must include mental health information to alert parents and teachers that disruption in normal mental well-being is possible following concussion. This will also impact classroom activities and exam schedules; it is important to support and manage the whole child.
- Next steps include maintaining contact with JCSH through Katherine’s participation on the FPT WG on Concussion and Head Injuries in Sport; and coordinating dissemination of protocols as they are developed, to move them through ministries, school boards, and schools.
- The budget is committed for two years so timelines are tight: The 5<sup>th</sup> International Consensus Conference on Concussion in Sport (October 2016), plans for a Governor-General’s event on concussions in sport (Fall 2016) and the possibility of discussing this work during a meeting of CMEC should help to continue to move this agenda forward.





- A letter from Sport Canada and PHAC to Ministers of Education might help to support an agenda item on the CMEC meeting.

**Action:** As PEI is the lead jurisdiction for CMEC, Imelda will raise this as a potential agenda item during the planning of the CMEC meetings for 2016 or 2017.

## 9. JCSH Partner Inventory

Katherine presented the draft Partner Inventory, prepared as the result of discussions on who are JCSH partners. The inventory is set up in three parts:

- The first page identifies various levels of partnerships
- The second page shows areas of connections between JCSH and research, practice, and combined research / policy / practice organizations
- The remaining pages describe the work of organizations with connections to JCSH.

### *Discussion:*

- Canadian Teachers' Federation (CTF) should be noted on the inventory.
  - CTF will be added.
- Healthy People and Communities Steering Committee (HPCSC) should be on the inventory.
  - Katherine has met with HPCSC and it will be added.
- Canadian Medical Association is now on the inventory; there may also be connections with the Canadian Pediatric Society (CPS).
  - CPS will be added to the list.
- School food and school gardens are receiving increased attention and were part of the recommendations from the UNICEF Innocenti Report Card 13. Might there be a connection between JCSH and Agriculture Canada. Food insecurity remains a significant concern in the north, but also in all parts of the country.
- Dietitians of Canada offers many supports and services in school communities throughout the country and is one of the organizations / research groups working on food security and northern C



- Northern connections remains a gap for JCSH partnerships. Suggestion for a teleconference addressing northern partnerships for JCSH members from the territories was expanded to include all PTs. This will be introduced during the School Health Coordinators' face-to-face meeting in May.

**Action:** Add agenda item to SHCC face-to-face meeting to discuss teleconference of JCSH members on northern connections.

**Action:** Indicate work underway by research teams across the country on partner inventory.

**Action:** Add to the Partner Inventory a brief description of why JCSH is partnering with each of the entities in question to show how JCSH and partners leverage one another's work.

## 10. Budget

- Discussion of priority allocations
- Approval of 2016-2017 budget

Katherine presented the budget materials, reviewing the request from Management Committee during the November 2015 face-to-face meeting for a five-year budget that reflects JCSH's four goals. The surplus has been shared across the remaining years of this mandate in projects funding.

### **Discussion:**

- NT offered to host a face-to-face meeting, for Management Committee, School Health Coordinators' Committee, or both during a joint meeting of the two committees.
  - The School Health Coordinators' Committee has discussed the possibility of having a meeting in the north perhaps as the only face-to-face meeting one year, to meet the increased costs involved of travel to the North, and also the possibility of adding two more days to enhance learning and professional development opportunities. Such a meeting would have outcomes that could be taken back to support the work in each member province and territory.
  - It was noted that out-of-province travel has become increasingly more difficult in the past few years. It was also noted that, despite the concerns regarding out-of-province travel and fiscal responsibilities, the meeting of CMEC was held in NT in 2015 and it was seen as a valuable use of time and resources.
  - It is important to learn from the experiences in other provinces and territories and the benefits of learning how NT approaches issues it faces will help all



member provinces and territories: Every jurisdiction has communities in northern and/or remote areas; All have First Nations, Inuit, and/or Métis populations who struggle with education and health disparities. If the Management Committee / School Health Coordinators' Committee meets in NT and brings learnings back, this will assist northern and Indigenous strategies in each PT.

- The meeting must be more than an operations meeting in order to support travel approvals and merit the cost – human and financial. One benefit would be a meeting where co-creation takes place with people residing in the community.
- Given the need for a strong agenda, it is recommended the earliest date for such a meeting would be spring 2017.
- This meeting could be a catalyst in advancing work in a number of areas on the Operating Plan – equity lens, increased work with northern and remote, as well as First Nations, Inuit, and Métis communities.
- We could advise our partners of this major cross-sector meeting taking place; the possibility is that one or more partner organizations might engage in some aspect of the meeting.
- Prior to the next fiscal, it is important to revisit the Operating Plan, to determine if the strategic direction(s) have changed and what areas need to be achieved by 2020.
  - The next face-to-face meeting of the Management Committee will provide time to look at priorities from the mid-point to end of this mandate.

**Action:** The 2016/17 budget is approved – moved by Nancy, seconded by Sabrina.

### **11. Cross-Sector Engagement Successes and Challenges / Emerging Trends**

**New Brunswick:** The province is developing a new 10-year **Education Plan**. To be tabled July 1, it will replace the plan due to expire and is designed to survive government shifts.

The **Integrated Service Delivery (ISD)** program pilot, outlined during the fall 2015 Management Committee face-to-face meeting, has been a success. The strategy of wrap-around services for children and youth - or one child, one file - has led to collaboration among government ministries, such as Education, Social Develop, and Public Safety and eliminated waiting lists for services. Child and youth teams access students directly in schools and all support services are provided there. A regional expansion is planned, with a government commitment to province-wide adoption by September 2018. This is ground-breaking work.



A new **outdoor pursuits curriculum guide** for Grade 11 will be piloted in the fall 2016 and will include competencies of children working together. The personal wellness curriculum closely follows the comprehensive school health model, with priorities of student wellness, mental fitness, and relationships.

In other education areas: The province is addressing parents' concerns about the **Growth and Development strand of the Health Education curriculum**, which encompasses the sexual education modules; there is ongoing professional development on **LGBTQ student supports**; and a **social and emotional learning** curriculum is using the PATHS program.

**Policy 711: Healthier Foods and Nutrition in Public Schools** will be audited to find the gaps in implementing healthy school food. Farm to Table is aligned with the policy and the province has many examples of schools working with area farmers to provide local foods in schools. As with many policies, implementation and monitoring are not assured.

One emerging issue is dealing with students with **DNR** (Do Not Resuscitate) orders; although only a few students have these orders, teachers are in the middle of these difficult decisions.

**Action:** If possible, Nancy will share the cost-benefit analysis report of the NB ISD program with the Management Committee.

**Northwest Territories:** The territory has completed year 2 of a 10-year **Educational Renewal**; 18 actions are associated with this framework. In school health, the Junior Kindergarten (JK) to Grade 9 health curriculum is being revised to JK-9 health and wellness curriculum, co-funded through a partnership with the Aboriginal Health and Community Wellness Division. The territory is moving to a competency-based approach, and this is the first curriculum to do so. Work is occurring in a number of student wellness areas: building teacher practices around student self-regulation, partnering with Dr. Gordon Porter from New Brunswick on inclusive student wellness, and adding ISD teams similar to those in New Brunswick. Among the challenges for service delivery are the geographic ones in fly-in communities in the territory.

The K-12 **Aboriginal Language and Culture Based Education Directive** is mandatory for all schools; review and revision of the directive is underway. There are 11 official languages in the territory and the 9 Aboriginal languages have not been well supported. The territory hopes to fund language and culture training in every school through growing support from some of the country's top philanthropists as well as lessons learned from other parts of Canada and the world.

**Action:** Nancy will share information on the online language training program Dr. Porter has led in New Brunswick for Mi'kmaq instruction.



**Saskatchewan:** The **Education Sector Strategic Plan** is entering Phase 2, and having all provincial directors of education, including Directors of First Nations schools, is important as we work toward common goals. The province continues to work towards eliminating the gap in First Nation and Métis student graduation rates. Newcomer students are also a priority.

**Taking Action on Poverty**, the province's poverty reduction strategy (reduce enduring poverty by 50% by 2025) has just been released. As well, the **Mental Health and Addictions Action Plan**, released late in 2014, is gathering an understanding of mental health and addictions issues, as well as prevention and intervention initiatives, and will be conducting an environmental scan of regional health authorities.

**Following Their Voices** is an initiative to improve achievement outcomes in First Nations and Métis students. There are some online resources for professional development, designed to improve teacher-student relationships, improve the learning environment, and encourage broad interactions between teacher and learner. Other priority areas for the province include anti-bullying work which is incorporating innovative youth ideas in the initiatives; gender and sexual diversity, and digital literacy work.

In the aftermath of the La Loche shootings, protocols for **violent threat risk assessment** are in place to show how to prevent and how to intervene following violent incidents.

There is interest in the work underway in New Brunswick with the **ISD** model.

**Action:** Nancy has offered to have the director of ISD in NB do a telephone or video presentation on this initiative for the fall face-to-face meeting, given the interest expressed. The Secretariat will add this item to the fall 2016 meeting agenda.

**Nova Scotia:** With the combining of 9 district health authorities into 2, the province is working through funding and administrative changes in an effort to improve coordination and collaboration of work.

**Curriculum changes** to incorporate physical activity frameworks and social-emotional learning pieces are ongoing, and the province is looking for learnings from other provinces and territories across the country. In turn, they will share their progress. As part of curriculum redevelopment, NS is streamlining health education and physical education and bringing forward outcomes for each grade.

The **School Food Nutrition Policy** is being revised for the first time in more than 10 years. In the process, relationships are being strengthened among school boards, schools, and families, in addition to the health and education sectors. There is an appreciation of the differences in



language and mandates in school boards and health authorities and the need to build on each other's strengths and avoid duplication of services and resources.

**Manitoba:** The province is evaluating the **Affordable Food in Remote Manitoba (AFFIRM)** program, which lowers the price of milk, fresh vegetables, and fruit in remote MB communities. In addition, there is growing attention to health equity - a Health in All Policies perspective - to bring a health equity lens to policies and budget decisions, along with a growing recognition of the overarching importance of the social determinants of health.

The province is funding a pilot program, **Body Positive**, with the goal of reducing weight preoccupation and improving self-concept in boys and girls, and providing support to teachers and students to bring the program's messages into communities.

There is dedicated funding for the **Winnipeg Rainbow Resource Centre**, which provides equity and inclusiveness supports to schools in Manitoba and Northwestern Ontario. The Public Schools Amendment Act (Safe and Inclusive Schools) was passed in 2012 to mandate every school to establish a Gay-Straight alliance upon student request.

The **Manitoba SWAT (Students Working Against Tobacco) program** is delivering training to bring the program to First Nations communities.

<b>Action:</b> Ciara will send Sabrina information on the SWAT program.
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**Ontario:** The province has been developing a **prevalent medical conditions** policy with the help of organizations working in areas such as diabetes, asthma, and anaphylaxis, along with stakeholders in the education and health sectors. This policy will not address complex brain disorders such as autism. The province continues to work to support implementation of concussion policies in all school boards; the concussion website is also being revised.

**Injury prevention** work in school settings is receiving attention in light of lack of alignment between the Ministry, which provides supports to staff injured on the job, and the Ministry of Education, which looks after student injuries. A framework is under development with recognition a bridge between the mandates of the ministries would enhance results.

Implementation of the province's **daily physical activity** policy is difficult in light of the daily requirements for math and literacy instruction: the three carry 180 minutes of the school-day. The ministry is attempting to improve consistency in 20 minutes per day of physical activity before classes in Kindergarten to Grade 8.

The cross-ministry approach to the **Healthy Kids Strategy** is looking at a European model of integrating improvements in healthy eating, physical activity, and sleep in a community-based approach rather than tasking school as the hub. The Ministry of Child and Youth Services is





partnering with other ministries on the Stepping Up initiative, which provides 20 indicators of health and wellness.

The **Fresh From the Farm** campaign is in its fourth year and will expand to province-wide next year with two campaigns – fall and spring. The response has been encouraging from farmers, schools, and ministries: it is a positive way to link cross-sector engagement in ministries, communities, local producers, and students and families.

Emerging issues include **medical marijuana** and **diabetes** management and prevention.

**Prince Edward Island:** The education sector in the province has been going through a major restructuring with the integration of the English Language School Board into the Ministry of Education, Early Learning and Culture. The school board has become a Crown Corporation.

The **Mental Health and Addictions Strategy** may soon be released, after five years of development. With similarities to the NB ISD model, the province is using Multiple Agency Service Teams in some families of schools.

The PEI Healthy Eating Alliance has had to close temporarily until budget approvals are completed. The schools are hoping the Ministry of Education / Health will continue this initiative. The Healthy Eating Alliance has also been very involved in working with Early Childhood Centres in the province.

**Public Health Agency of Canada:** The release of this year's UNICEF Innocenti Report Card 13 shows Canada is doing poorly in terms of inequalities for children's well-being. The UNICEF Index of Child Inequality reveals how far rich countries allow their most disadvantaged children to fall behind the 'average' child in aspects of health, education, income, and life satisfaction. Of concern in this country is the poor life satisfaction ratings of the most disadvantaged children. More healthy food programs in schools are advocated, with food programs adopted at a systems level. Education attainment remains a strength, with disadvantaged children not falling as far behind as is the case in other OECD (Organization for Economic Cooperation and Development) countries.

**Action:** Karen will seek permissions to share the analyses on this report card completed by PHAC.

## 12. Adjournment

Imelda thanked all for their participation, in person and by teleconference, during the meeting and wished those traveling a safe journey.





**Record of Decision**

**Pan-Canadian Joint Consortium for School Health**

**Management Committee Meeting**

**Chair: Imelda Arsenault, PE**

**Participants:**

<b>Representative</b>	<b>Jurisdiction</b>
Jessica Ellison, Pat Martz by telephone	AB
Tanya Schilling, Flo Woods by telephone	SK
Vicki Toews	MB
Steve Soroko	ON
Sacha Dewolfe for Chris Treadwell	NB
Imelda Arsenault	PE
Ed Walsh	NL
John MacDonald	NU
Rita Mueller	NT
Karen McKinnon	PHAC
<b>School Health Coordinators' Committee</b>	
Sterling Carruthers	Co-Chair
<b>Secretariat</b>	
Katherine Kelly	Executive Director
Susan Hornby	Manager, Cross Sector Engagement
<b>Regrets</b>	
Lisa Dominato/Winnie Yu	BC
Steve Machat	NS



Cathy Stannard / Gloria Coxford	YT
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## Record of Decision

### 1. Welcome and Introductions

Imelda welcomed all to the meeting; a special welcome was provided to those attending their first face-to-face meeting of Management Committee.

### 2. Review and Approval of:

- Agenda

The agenda was approved as written.

- April 13-14 2016 Record of Decision

The April 13-14 2016 Record of Decision was approved without change.

### 3. Update from Secretariat

In addition to the written update, Katherine provided the following:

- a) Jo-Ellen Sterling has taken a position with Veterans Affairs Canada.
- b) SIECCAN: The Sex Information & Education Council of Canada (SIECCAN) is in the process of revising the 2008 Canadian Guidelines for Sexual Health Education. As part of this process, the council is seeking funding from the Public Health Agency of Canada and is requesting assistance from JCSH in disseminating the new guidelines. SIECCAN worked with ON when that province updated its sexual education program. Current resources are publicly available; Management Committee agrees the council provides resources that are welcome in provinces and territories, particularly those focused on marginalized youth; they should be available through JCSH website. JCSH member provinces and territories will send the draft guidelines to the curriculum personnel in their ministries of education for feedback.

**Decision:** Current resources of SIECCAN to be posted on public side of JCSH website.

- (c) The JCSH 2016 Annual Report has been approved by Deputy Ministers of Education and Deputy Ministers of Health and is ready for posting on the public side of the website. The report is no longer printed by JCSH but is available in a print-friendly format.

### Update from School Health Coordinators' Committee



Sterling provided an update of the School Health Coordinators' Committee face-to-face meeting in Ottawa in October. He noted that School Health Coordinators indicated in the post meeting review that this meeting was very pertinent and helpful to their day-to-day work, with particular note of the following presentations/workshops: (1) Developmental Evaluation with Jamie Gamble; (2) Indigenous Perspectives in the Educational Experience, with a focus on the Truth and Reconciliation Commission Calls to Action, with Kevin Lamoureux; and (3) Public Health Agency of Canada's Innovation Strategy and possible areas of collaboration with School Health Coordinators' Committee, with Clément Chabot. School Health Coordinators continue to appreciate the highly collaborative relationships of all committee members, during monthly teleconferences but especially in face-to-face meetings.

**4. Presentation and Discussion: Reconciliation and Healing - Indigenous Perspectives in Educational Experience**      **Guest: Kevin Lamoureux, University of Winnipeg**

The purpose of this presentation was to consider these perspectives in the context of the JCSH Operational Plan:

- *1E. Strengthen inclusiveness in the work of the JCSH to support the needs of diverse populations") and Operating Plan*
- *1E.4 Engage expertise to increase knowledge of a First Nations / Inuit / Métis lens within comprehensive school health.*

A summary of Kevin's presentation is found as an attachment at the end of the Record of Decision. A similar presentation by Kevin, presented to School Health Coordinators in October, is available for further reflection and sharing among colleagues on the private side of the JCSH website in two private YouTube videos: <https://www.youtube.com/watch?v=TGEJat5zmPo&feature=youtu.be>  
[https://www.youtube.com/watch?v=obWyku\\_NTi4&feature=youtu.be](https://www.youtube.com/watch?v=obWyku_NTi4&feature=youtu.be)

**5. Workshop: Developmental Evaluation**

- Evaluation Framework (developed in collaboration with **Jamie Gamble, Imprint Consulting, Inc.**)

Katherine and Susan provided an overview of the work underway with Jamie Gamble (unable to attend due to previous commitments) on (1) using a Development Evaluation approach at this time for JCSH in applying accountability and monitoring measures to its work on an ongoing basis and (2) complying with Goal 4 – Monitoring, Accountability, and Evaluation – of the Strategic Plan.

**Discussion:**

- There was agreement on the benefits of using a Developmental Evaluation approach with JCSH work. This will assist the Consortium in ensuring decisions and strategic focus, as well as any additional directions or changes, are aligned with the core work and purpose.
- It allows us to align direction and expenditure of funds while potentially shifting directions to incorporate a new focus, particularly within the existing direction. For example, using funds to explore areas in the Strategic and Operating Plans that have not been addressed yet may be part of the outcome of this evaluation approach.
- This will also help JCSH members articulate the value of the Consortium to deputy ministers and senior ministry officials when considering fiscal accountability.
- It was noted that there is never more justification of the importance of JCSH than is evidenced by the Truth and Reconciliation Commission's 94 Calls to Action.



**Decision:** The Draft Evaluation Framework is a good first draft, but needs to be more clearly aligned with the Strategic Plan – it must show clearly the direction already approved.

**Action:** Secretariat will complete a common briefing note on key messages of JCSH.

- Logic Model(s)

Susan demonstrated the draft Logic Model and Theory of Change that she and Katherine developed as part of a four-day Demonstrating Value evaluation workshop. It was felt that these documents are helpful for members in articulating the work of JCSH.

**Action:** Secretariat will share the draft Logic Model and Theory of Change with Management Committee members.

## 6. 2015-2020 JCSH Operational Plan: Moving Forward/Next Steps

- To discuss the following area of the Operational Plan:
  - 1C.3 Seek and advance partnership opportunities specific to northern and remote communities

Katherine advised the above is one of the areas where JCSH has not yet taken action. The April 2016 Management Committee face-to-face meeting explored this area from two perspectives: one was during the PREVNet presentation when Debra Pepler and Wendy Craig noted that their network has partner gaps in northern Canada; the second was the invitation from Rita and Sabrina to have a meeting of Management Committee in the Northwest Territories.

Rita noted the invitation to Management Committee for a meeting in Northwest Territories has been offered for a number of years. This has resonated with all jurisdictions with northern/fly-in communities. It is reflected in the Strategic Plan, thus enhancing the importance of determining what such a meeting might contribute to the work of JCSH and this strategic direction.

Rita also noted there is a gap between the realities of what many remote and northern communities face and the model of comprehensive school health model; people are shocked when they learn of the serious issues that impact learning: food security, housing, water, suicide. The territory has been working with Ray Hughes and his partners at University of Western Ontario and, as a result, has established new legislation for safe and caring schools. The jurisdiction's report from the last Health Behaviour in School-aged Children results showed that there are many students coming to school each day who do not feel safe, because of lack of basic amenities such as clean clothes, sufficient food, and safe housing, and the need for teachers to understand these contexts, all of which impact learning and behaviour.

In addition, Northwest Territories has developed regulations for school administrators, teachers, support staff, students, and the community at large to create a healthy, safe, and caring environment. Factors for northern children and youth include the following data from the Early Development Instrument (EDI) - there is five years of data, with all 49 schools participating. Results show that in the smallest fly-in communities, 57% of all five-year-olds are vulnerable in more than one area. In the whole territory the percentage is 34%; the Canadian results show 25% of five-year-olds are vulnerable in one or more domains. This means that from K-12 and beyond these individuals will need supports. This work will be extended with the introduction in 2015 of the Middle Years Development Instrument (MDI). When CSH is discussed in the territory, there are pockets of success but also struggles to determine what CSH means in each of 33 communities and 49 schools.



**Discussion:**

- NU: This territory's contexts echo those of Northwest Territories. The attention to Indigenous perspectives and issues impacting the North has increased quickly and many organizations are requesting involvement in these issues. It would be helpful for those communities if the JCSH had some coordinating role in improving awareness that engagement and involvement in the North is different. Nunavut's system is decentralized, and every community including Iqaluit is fly-in.
- MB: Crises often bring forth offers of support from many groups that do not know the contexts experienced by a particular jurisdiction: Manitoba has been dealing with suicides, and coordination of services from these groups has been challenging.
- ON: Northern communities deal with very different elements than urban areas, and many northern Ontario schools and school boards partner across provinces. Looking at the northern perspective would be of much benefit.
- PHAC: This would provide a learning impact to those attending that could not be provided in a meeting in the south, and participants would bring the value of this back to their own networks.
- It was suggested that a challenge would be managing the optics of the travel that this would necessitate.
  - Rita responded that the meeting of the Council of Ministers of Education, Canada brought much attention to not only emerging issues in the North but also the realities. Two changes have occurred as a result of the CMEC meeting: Nunavut and Northwest Territories Education ministers met with the Alberta minister, and curriculum specialists from those territories sit on all curriculum redesign committees led by Alberta to ensure Indigenous and remote/northern perspectives are seen in curriculum.
    - SHCC Co-chair: During previous mandates, JCSH hosted a couple of think tanks, and a national conference on CSH. He asked if a think tank/conference approach might be a possible direction for a meeting in the North, where JCSH could play a leadership role in building relationships with partners in looking at the complexities of northern realities.
  - The think tank approach could be modified to become a strategic meeting with keynote addresses and involvement of leaders in the provinces and territories with northern communities, as well as non-profit organizations and federal government representatives. John noted that any attending partner organizations would be responsible for their travel: the Canadian Association for Suicide Prevention met in Iqaluit and Maori representatives attended at their own cost.
  - Rita noted that this approach should be guided by a focus on areas where we can make change. It is not possible to talk about northern and remote issues without talking about Indigenous education. There has never been a better time to recognize these issues. One way is for Management Committee and School Health Coordinators' Committee to include people at all levels who can help and to communicate with deputy ministers and ministers. Sterling noted that he would be remiss in not mentioning the School Health Coordinators' Committee has expressed much interest in meeting in the North; the members see it as a valuable opportunity.

- Rita said that a meeting with these elements would be extremely worthwhile. She also appreciates John's offer to have Nunavut's work highlighted. She would like to see a focus on school health work underway in northern communities throughout the country. The planning group could identify Indigenous leaders to speak on the social determinants of health.

**Action:** Rita will consider and share some dates; the most likely choices may be the week of June 5 or June 19.

**Action:** Katherine will send out a Doodle poll to Management Committee and to School Health Coordinators' Committee to choose dates for this meeting.

**Decision:** A joint meeting will be held in June 2017 in Yellowknife of Management Committee and School Health Coordinators' Committee. The agenda will focus on northern and Indigenous perspectives and will include local speakers with experience and expertise.

#### **7. 2015-2020 JCSH Operational Plan: Moving Forward/Next Steps (*continued*)**

A. *1D.1 Identify opportunities for engaging and partnering with additional government sectors, e.g. :*

- Agriculture

Farm to School has worked well in a number of provinces. There are efforts in a number of provinces and territories to support local food served and sold in schools.

- Recreation

Katherine advised that JCSH has developed a relationship with the Conference of Federal-Provincial-Territorial Ministers responsible for Sport, Physical Activity and Recreation (SPAR), particularly around physical activity. More recently, she has been part of an FPT Working Group on concussions, co-chaired by Sport Canada and Public Health Agency of Canada.

Other sectors where relationships and connections with school health have been developed in provinces/territories:

- PE: The Department of Health and Wellness connects with the Department of Agriculture to promote use of trails and parks in the province. This has resulted in increased awareness of parks' use shown in the wellness curriculum, and in field trip selections for science and other subject areas. GoPEI has helped to increase walking, hiking, and other forms of physical activity.
- NT: Responsibility for both agriculture and recreation in the territory falls under the Department of Municipal and Community Affairs. Northwest Territories climate and soil allow it to grow some vegetables. Schools, students, and staff gravitate towards community gardens, which support breakfast, snack, and lunch programs in every school. In the southern part, carrots and potatoes can be grown; in the north, the move is to develop large community indoor gardens, such as the Inuvik Community Greenhouse, supported by Aurora College.

In addition, the Departments of Health and Municipal and Community Affairs have worked together to fund access to healthy and nutritious food for school-aged children. The program includes supports, training, and recipes to use foods accessible in communities, and to help young mothers develop cooking skills, budget for food, and use locally-available foods. This program has an after-school component to incorporate healthy and natural activities - going out on land, cross country skiing – with healthy snacks. Funding for the schools is \$750,000, but this is still not enough because of the hunger levels in NT children. All supports incorporate traditional foods and provide schools with resources to



manage the times when fly-in foods are not available because of flights cancelled due to weather. Schools without kitchens find ways to provide the foods.

- MB: The Department of Indigenous and Municipal Relations has partnered with community gardens to develop the food program in the province and build social enterprise. She suggested this might be a possible agenda item for the spring 2017 meeting in Yellowknife. This program provides opportunities for kids to work on community gardens through school ventures. The province also puts considerable effort into active transportation and physical activities improvements in students and is pleased JCSH has been associated with SPAR.
  - Katherine advised the notice of the November webinar to inform a physical activity framework was sent by invitation to JCSH and other groups.
- SK: The Ministry of Parks, Culture and Sport collaborates with Health to reduce barriers to children engaging in physical activity. In addition, Education works closely with the Ministry of Justice on restorative justice alternatives to punitive practices in schools.
- ON: The Ministry of Health is revising public health standards and looking at how health's mandate in schools has evolved over the years. This represents the first time the province has discussed public health's role in schools. Ontario also has an active collaboration of the ministries of Education; Health and Long-Term Care; and Agriculture, Food and Rural Affairs to support Fresh from the Farm. The Ministry of Education is a main connection for numerous departments involved with schools: Child and Youth Services (school food program), Ministry of Labour (worker and student safety inspections), Tourism, Culture and Sport; Indigenous Relations and Reconciliation; Municipal Affairs (community recreation); and Transportation (cycling strategy).
- Federal government: It was noted that a connection with the Department of Indigenous and Northern Affairs should be made, given JCSH's strategic direction.
  - PHAC suggested the education section of INAC might be an option to present at the spring 2017 meeting in Yellowknife.
- Newcomer populations: The increase of newcomer students in all PTs may present an opportunity for exploration.
  - Newcomer students are receiving much attention but without extra resources, including funding, in many PTs such as PE, NT, and NL. Needs include trauma impacts, poorly healed injuries, and dental and vision care. This is a difficult situation for schools. Support is found from non-government organizations and families, but the challenges require more strategic responses.

**Action:** Each Management Committee member will see what is happening to support connections with additional sectors in PTs.



*B. 2A.1 Support a coordinated research agenda for comprehensive school health*

This item was deferred until a later meeting to give the Secretariat time to explore possible avenues for progressing on this item and the associated ones that follow in the Strategic Plan, to develop a comprehensive research and knowledge exchange strategy.

**8. JCSH Resources: Current Status and Next Steps**

A. PMH Toolkit

Katherine provided an overview of the progress of the revision to the Positive Mental Health Toolkit. The research advisory committee working with Bill Morrison and Patti Peterson of WMA Wellness has representatives from eight jurisdictions, and they are providing a robust review of all aspects of this work. This new toolkit will include new areas of focus: on staff wellness and on diversity and inclusion. During presentations this past year Katherine has found much interest in this toolkit from the Canadian Association of Principals, the Canadian School Boards Association, the Canadian Teachers Federation, and the Canadian Association of School System Administrators.

**Discussion:**

- There is interest in seeing if the hits to the PMH Toolkit website increase following presentations.
  - Katherine advised that one of the intended changes in this revision is to track use of the toolkit.

**Action:** The Secretariat will check on website hits to the Positive Mental Health Toolkit.

B. CIM: CSH and Student Achievement

Susan and Sterling provided an overview of the most recent changes to the Core Indicators Model Framework on Comprehensive School Health and Student Achievement. Sterling said he has presented the framework to principals and school administrators and their response is very positive. Educators appreciate it is evidence-based and shows how improvements to the environment and student health advance learning outcomes.

**Discussion:**

- It was expressed that this framework is part of the accountability piece for JCSH members to show the importance of the Consortium.
- It was recommended that 'safe' be added to the definition of Environment-Affective/Social-Emotional.
- It must be emphasized that this is not intended to show a trajectory from health and wellness to academic achievement.
- This might be a tangible resource for bringing in Kevin Lamoureux to review and provide feedback. It is felt this framework does speak to some of the Calls to Action in a broad way.

C. Healthy School Planner

Katherine noted the Healthy School Planner's evaluation, completed in May, shows that users of the Planner find it very helpful. However, with the exception of Alberta, there remains a lack of awareness at the school level that this resource is available.

**9. Emerging Trends**

- FPT Concussion Working Group Update

Katherine introduced Jocelyn East of Sport Canada, lead of this working group who joined by teleconference. He provided an update by telephone on the activities of this group since his presentation to Management Committee in the spring. A framework for action was prepared for the SPAR meeting in June. He mentioned that it has been very helpful having JCSH at this table, with Katherine's representation.

The SPAR meeting acknowledged that concussion is a public health issue, and more than a sports organizations' concern. What is needed is the harmonization of tools available to all Canadians. The framework has five components (Awareness, Prevention, Detection, Management, Surveillance), each with a work plan; it is the main task of the working group to develop an action plan. Once evidence-based protocols for return to learn and return to play are developed, there will be a need to engage with Education to garner support and to identify the best way of ensuring the protocols are disseminated to all schools.

For the 2016-18 workplan there are five objectives: (1) review of existing FPT government approaches and finalize survey to understand approaches across country; (2) complete a sport policy review and analysis, to provide recommendations specific to the sport sector; (3) decisions on how \$1.4 million funding from the federal government will be used by Parachute Canada to develop guidelines on return to learn, return to play – i.e., can Berlin conference outcomes on concussion guidelines and protocols be Canadianized; (4) Governor General's conference December 6 – determine how to highlight best practices and best approaches in addressing concussions issues; (5) roles for communications and responsibilities of sectors involved – dissemination of key messages to parents, teachers, others requiring information.

**Discussion:**

- A letter from the SPAR minister to the chair of CMEC asking for time on the agenda at the July meeting of CMEC to discuss collaboration around concussion will be forthcoming.
- ON has developed many resources to support communications on concussion between parents and teachers. Its focus is on the person rather than the condition or the sport, and the process of return to learn or play is consistent whether the injured person is a six-year-old or an elite athlete. The Rowan's Law legislation will have committee representation from Health, Education, sports organizations, and athletes.
- Jocelyn offered appreciation for all the work done in ON and throughout the country on concussion prevention and management.

**Action:** Katherine will circulate the Governor General's conference information.

**Action:** Steve will share information of ON work on concussion prevention, management, and communications.

- Marijuana Legislation

This item was deferred until discussion during the joint meeting of Management Committee and School Health Coordinators' Committee in the spring of 2017.

**10. Cross-Sector Engagement Successes and Challenges**

- Roundtable Discussion on Jurisdictional Priorities in School Health



**NB:** The Integrated Service Delivery (ISD) model, which provides wrap-around services for children and youth and follows each child through school, remains a commitment of three ministries - Education and Early Childhood Development, Social Development, and Public Safety. This will be piloted in six First Nations communities. The Office of First Nation Education works with many cross-curricular areas, including outdoor pursuits, early childhood programs, and breakfast programs.

**NU:** Priorities for Nunavut are safe schools, inclusive education review, and suicide prevention – the last remains a serious challenge as Nunavut’s suicide rate is the highest in the country. The government has created a new section dedicated to coordinating suicide prevention across the territory. A one-year action plan strategy - Resiliency Within – has been created. The Department of Education’s contribution to this strategy has been a review of curriculum, early years work, and school leavers. This is challenging work but has offered important learning to all involved. In December-January, work will begin to turn the one-year action plan into a five-year plan. There has also been a review of inclusive education: the Auditor General of Canada reviewed the territory’s inclusion standards and found some supports are not available. Nunavut is looking at approaches taken by other provinces and territories to develop a new strategy. The Northwest Territories has shared its training on residential schools with Nunavut and it has been provided to all senior executives and school staff.

**NT:** The Department of Education, Culture and Employment and the Department of Health and Social Services were tasked by the premier four years ago to develop an early years framework for children 0- five years old. There are 22 actions, nine specific to the Department of Education, 11 for the Department of Health. One of the actions is to utilize the existing school structure for junior kindergarten; 11 of 33 communities have no early childhood program. Nineteen of the smallest communities offer a play-based junior kindergarten; this is planned to expand to all communities. Those involved in this development recognize the difficulty of implementing this expansion; the concept of early childhood schooling is impacted by the legacy of residential schools. The EDI results and comprehensive review of the well-child approach showed the value of the JK program. Safe and Caring Schools legislation and regulations have been implemented at the school level, with roles and responsibilities for all members of the school community. The territory continues to work to phase-in the inclusive school directive within the three-year timeframe. The plans for the Integrated Service Delivery model, similar to that in NB, are underway; principals and teachers are being trained in supporting all students. In-service training on the issues of residential schools is mandatory for all teachers and the staff of the Department of Education, Culture and Employment. The Aboriginal language and culture directive for K-12 schools is being revised; Northwest Territories has a 62% Indigenous population.

**MB:** The province is undergoing a significant transition to a new government and ministry priorities are being clarified. Mental health priorities remain key in the Department of Health: suicide, depression, and anxiety rates have increased across the province and there will be more investment for these areas in the school setting. Healthy Child Manitoba is now within the Department of Education and this will provide opportunities for collaboration. Implementation of the Calls to Action is also a priority in the province. The Healthy Schools initiative wants to improve equity of funding and hopes to tie the grants to the Healthy School Planner. The Tell Them From Me (TTFM) survey should be connected to all other school data sources by the 2017-18 school year, including the Youth Health Survey which now has secure funding. Results of the Youth Health Survey would be well framed using the JCSH Core Indicators Model of CSH and Student Achievement.



**SK:** The Ministry of Education's priority, supported by the evidence, is improvement of student mental health and mental well-being, particularly for students who are transitioning between Grades 9 and 10, girls, First Nations or Métis, and/or from northern communities. The province has a mental health and addiction action plan working cross-government and involving all human service ministries. All services available in mental health and addictions in the north will be mapped; this work is supported by an all-of-government approach with regional health authorities, school divisions, and community-based service deliverers. A youth engagement event held in the north in 2009 provided strong recommendations; these are being acted on. Building resiliency work is beginning with Grades 5 and 6 students to improve transition to high school for at-risk students and those with mental health problems. The province has benefited from collaboration with Northwest Territories and Nunavut on, respectively, safe schools and inclusive education.

**NL:** The current economic situation in the province has led to restructuring of government initiatives at all levels and broader mandates in many ministries. The government has released The Way Forward as a blueprint for the next year's priorities; one of the actions is to increase the number of schools using the Healthy School Planner in the next couple of years (p. 37). The new Premier's Task Force on Improving Educational Outcomes has a broad mandate to review literacy, Indigenous education, and mental health in the school system. Supports for LGBTQ students and teacher awareness have continued with the partnership with Egale Canada. Indigenous awareness is quickly becoming a priority for NL, in part but not only because of the more-than 100,000 applications to become a member of Qalipu First Nation following its recognition in 2011 as a First Nation under the Indian Act. An advisory committee of Indigenous leaders is committed to ensuring the school curriculum is culturally appropriate. The province remains committed to province-wide expansion of the PATHs (Promoting Alternative Thinking Strategies) program through the SEAK (Socially and Emotionally Aware Kids) initiative. Indications at the end of year 3 of the pilot show the program is helping provide social-emotional learning and skills to assist students (Kindergarten to Grade 6) in dealing with life challenges. The province is also looking for program partners in Atlantic Canada.

**ON:** The province released this month the Engagement Paper for Wellbeing in Our Schools, Strength in Our Society for staff and students. The intent is to align messaging on school well-being and work more horizontally in the Ministry of Education to promote the components outlined in the document. There are consultations underway on a weekly basis in a different area of the province. All schools are required to complete school climate surveys, initially focused on safety, then broadened to include other elements of well-being. This data is intended to be shared with community partners and guidance to have individual schools move forward.

**PE:** The province has been going through a restructuring process to integrate the achievement section of the public schools branch with the Department of Education. In meetings throughout the province with parent councils and educators, mental health challenges remain a major issue. All schools on PEI have developed three goals as part of their school development and planning processes: High Quality Education, Public Confidence, and Well-being. Some schools have expressed the wish for a broader definition of well-being within the School Goals Framework but are pleased to see the well-being goal with its components of character development, executive functioning, and mental health. In presentations to educators, they have expressed appreciation of the Healthy School Planner and the Positive Mental Health Toolkit as part of a whole school approach to positive mental health. The

breakfast program continues to be implemented and the report of the 2014-15 provincial SHAPES survey has been released. The province has released a Mental Health and Addictions Strategy and is interested in the work in other jurisdictions in development a mental health and well-being strategy for students.

Imelda noted the importance of this discussion on PT priorities and initiatives on the MC Agenda and that perhaps it should be at the beginning of these meetings to ensure sufficient time for sharing and conversation.

#### **11. Next Meetings**

Imelda noted the next face-to-face meeting for Management Committee will be a joint meeting with School Health Coordinators' Committee to be held in Yellowknife in June 2017.

#### **12. Concluding Remarks**

Imelda thanked all for the active level of participation from those present at the meeting and those dialing through the teleconference line, and wished all travelers a safe journey home.

#### **13. Adjournment**

#### **ATTACHMENTS/APPENDICES:**

- **Summary of Kevin Lamoureux presentation**





### Summary of Kevin Lamoureux presentation

Kevin discussed the importance of the TRC's release of the final report in Ottawa on June 2 2015 and the "gift of the 94 Calls to Action" as "our roadmap home." He challenged the Management Committee members to read the 94 Calls to Action of the TRC and for each call, to ask two questions: (1) Why is this Call to Action being asked of us? (2) Would our nation, the world we leave behind for our children, be better or worse off if this Call to Action is fulfilled?

Of particular relevance for JCSH were the following three Calls, said Kevin:

**#57: Professional Development and Training for Public Servants.** We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

**#63.3: CMEC commitment to Aboriginal education issues.** We call upon the Council of Ministers of Education, Canada to maintain an annual commitment to Aboriginal education issues, including: iii. Building student capacity for intercultural understanding, empathy, and mutual respect.

**#92: Business and Reconciliation:** We call upon the corporate sector in Canada to adopt the United Nations Declaration on the Rights of Indigenous Peoples as a reconciliation framework and to apply its principles, norms, and standards to corporate policy and core operational activities involving Indigenous peoples and their lands and resources.

Other key points from Kevin's presentation:

1. Partnership between equal sovereigns: Many Canadians do not know we are a country that began in a partnership. Following the English victory in the Seven Years War, King George III issued the Royal Proclamation stating that everything in British North America is legal property of Indigenous peoples unless surrendered through treaty. The treaties, legal contracts signed between sovereign nations, were signed in good faith by shrewd negotiators.
2. Treaty Spirit and Intent: The reality of the signed treaties was more complicated than the initial intentions. Section 35 of the Constitution Act (1982) recognizes and affirms the negotiated treaties' spirit and intent: that Indigenous peoples were to get out of these negotiations healthy happy communities, parallel but equal, culturally vibrant, moving into the future. Hutterite colonies in MB are an example of what the model could have been. The Indian Act is named as the reason the treaties' spirit and intent were violated.
3. Indian Act: Canada is the last first-world country to enforce laws based on blood lines. Kevin called the Indian Act (1876) the source of the problem, contrary to the spirit and intent of the treaties. There is a lack of understanding of the impact of the Indian Act on the social well-being of Indigenous peoples. Comments such as "Why don't they just get over it?" are based on ignorance, not hatred. The Indian Act continues to contain language that would be offensive to most people reading it. There has been political and social will to get rid of it, but many communities would be left in much worse economic and social conditions if it was eliminated without other legislation and actions to replace what it now has in place. However, full healing cannot take place while this legislation is in place. The Calls to Action will begin to move positive action forward.



4. Conditions of strength: Rather than focus only on the challenges and terrible legacies that have been endured by Indigenous peoples for seven generations, it is important to ask, ‘What are the strength bases that have allowed so many communities to thrive, despite the Indian Act?’

Kevin noted that when he thinks about indigenization at the school level, he thinks about safety: “a moral responsibility to love and care for kids.” He suggested the following names as important in working towards respectful and open inclusion of Indigenous perspectives and ways of knowing and learning. Many of them also concentrate on safety:

- Ry Moran, Director of the National Centre for Truth and Reconciliation at the University of Manitoba
- Grand Chief Derek Nepinak, outgoing Grand Chief of the Assembly of Manitoba Chiefs and Chief of the Pine Creek First Nation
- Cindy Blackstock, a member of the Gitksan First Nation, social worker in child protection and indigenous children’s rights, and executive director of First Nations Child & Family Caring Society of Canada at University of Alberta. In 2009, she was at the head of a human rights complaint filed by the Assembly of First Nations and the Child and Family Caring Society against chronic federal underfunding of children on First Nations reserves. The Canadian Human Rights Tribunal (2016 CHRT 2) has made two landmark decisions in 2016: one on underfunding of child and family services on First Nations reserves and the second on failure to ensure First Nations children can access government services on the same terms as other children (as per Jordan's Principle).
- Martin Brokenleg, co-author (with Larry Brendtro and Steve Van Brockern ) of the book *Reclaiming Youth at Risk: Our Hope for the Future* and co-developer of the Circle of Courage model
- Renee Linklater, a researcher on trauma who seeks culturally appropriate solutions.
- Dr. Peter Henderson Bryce, whistleblower on health and safety conditions for Indigenous children in Residential Schools
- Duncan Campbell Scott, architect of the Residential School System, often referred to through his statement on working “to get rid of the Indian problem.”

5. Recommendations for Education and Health Ministries: The journey to empathy starts with a relationships; it does not begin with frontloading information. Start with a program that deconstructs otherness, and this can only happen in an environment of safety. Gord Downie’s Secret Path work has done much to deconstruct otherness.

Frame reconciliation in terms of the Social Determinants of Health, especially the determinants of health in Indigenous communities. These play into the social determinants of learning, into Mino-pimatisiwin - living and walking in a good way: being the me I was meant to be.

When working to improve health and well-being for First Nations students, it is necessary to recognize the markers of health and well-being, how choice is framed, and how agency is developed in these students and communities. For many First Nations families, school is not a big priority; it has been considered an unsafe place.

Related to the above is the knowledge of trauma-informed care and healing: trauma is a range of experiences. In many, anti-social behaviours are the visible signs of trauma, the symptoms and symbols



of injury. For children of residential school students are the signs of ongoing traumas, complex or continuous stress disorder. Intergenerational trauma: what we don't transform we will transmit. Every generation that does not or not able to do healing work will pick up momentum - next generation will be more dysfunctional.

6. Moving Forward: Putting money into problems is not sufficient and, in the absence of other actions, not respectful; money alone will not do what needs to be done. The answers always come back to safety; spaces must be created for healing, the safety of healing. This means peer support and access to elders. Reimagine school where emotion is fundamental to learning. If we don't start with heart and safety, the brain is unable to receive information. Reimagine schools from places of harms to places of safety.

DRAFT