



**BRIEF FROM THE NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**

**AN INTEGRATED VISION OF CULTURAL SAFETY FOR THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK**

**SUBMITTED TO**

**THE PUBLIC INQUIRY COMMISSION ON RELATIONS BETWEEN INDIGENOUS PEOPLES AND CERTAIN PUBLIC SERVICES IN QUÉBEC:  
LISTENING, RECONCILIATION AND PROGRESS**

**NOVEMBER 9, 2018**

**Drafting**

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## List of acronyms

AEC	<i>Attestation d'Études Collégiales</i>
ARHSS	Act Respecting Health and Social Services
CDPDJ	<i>Commission des Droits de la Personne et des Droits de la Jeunesse</i>
DAA	Department of Aboriginal Affairs
IHC	Inuulitsivik Health Center
JBNQA	James Bay and Northern Quebec Agreement
MSSS	<i>Ministère de la Santé et des Services Sociaux</i>
NIHB	Non-Insured Health Benefits
NRBHSS	Nunavik Regional Board of Health and Social Services
PHD	Public Health Department
PNSP	<i>Programme National de Santé Publique</i>
RACYS	Regional Advisory Committee on Youth Services
UTHC	Ungava Tulattavik Health Center
SAA	<i>Secrétariat aux Affaires Autochtones</i>
YPA	Youth Protection Act

“Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions”

(United Nations Declaration on the Rights of Indigenous Peoples, art. 23)

## 1. Introduction

The purpose of this brief is to present to the Commission an integrated vision of the steps taken by the Nunavik Regional Board of Health and Social Services (NRBHSS) to be in a position to meet the needs of the Nunavik population in terms of health and social services. Indeed, important developments for both services and infrastructure have been made since 2007, in the wake of the Katimajit Forum held in August in Kuujuaq. These developments have accelerated significantly since 2013, based in particular on the recommendations of the Plan Nunavik<sup>1</sup> and the Parnasimautik<sup>2</sup> report. Yet, in many cases, the health and social services network is failing to respond fully to several health issues that are now critical.

We consider that the organization of the Nunavik health and social services network presents a problem of sustainability. Sustainability, because the network relies heavily on non-Inuit professionals to provide primary care in Nunavik. Sustainability, because the network is still massively sending Inuit users to receive their second and third line care in Montreal. It is easy to understand that there are significant consequences in both cases on efficiency and access to care, and that this translates into a growing distance between the health system and its Inuit users.

The NRBHSS strives to remove the obstacles to real ownership of the health and social services network by Nunavimmiut, in the spirit of the James Bay and Northern Quebec Agreement (JBNQA). This appropriation seems to us a guarantor of better adapted and more effective services, especially as regards the psychosocial aspect of the service offer. The competence and dedication of the staff and professionals of the network, both Inuit and non-Inuit, is not at stake here, but much more the means of making available the services to which Nunavimmiut are entitled. These means - mobilize a specialized workforce from outside the region and subsidize access to services outside the region - were temporary and transitory in the minds of both Quebec and Inuit negotiators of the JBNQA. It is clear that these measures have now become structuring constraints that we seek to modify in respect of the rights granted by the JBNQA, in order to develop as much as possible a first line of Inuit professionals, and to offer specialized services on the territory of Nunavik, whether physical or psychosocial.

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<sup>1</sup> <http://parnasimautik.com/plan-nunavik-past-present-and-future> (accessed on November 7, 2018)

<sup>2</sup> <http://parnasimautik.com/2014-consultation-report> (accessed on November 7, 2018)

## 2. The Nunavik Regional Board of Health and Social Services

The NRBHSS is a unique organization whose distinct status is based on several foundations, the first being the legislative framework in which it was created and under which it still assumes its responsibilities today. The JBNQA, signed on November 11, 1975, specifically Chapter 15, establishes an administrative structure for the delivery of health and social services throughout Nunavik, that is to say, in a territory that covers almost one-third of the Quebec territory.

### 2.1. Legislative framework of the NRBHSS

The JBNQA does not represent a simple agreement with the governments of Quebec and Canada. It is a treaty, the result of negotiations with the Inuit regarding their land claims. Like any treaty dealing with Inuit rights, the JBNQA can not be modified by any Quebec law, and instead occupies an important place in the Canadian legislative hierarchy, on an equal footing with the Constitution Act of 1982 and its custom and principles.

The JBNQA establishes the Kativik Regional Council of Health and Social Services. Only the name of this organization has been modified since its creation, to become the NRBHSS, the legislative provisions of the JBNQA still predominating over provincial legislation, including the Act respecting health services and social services (ARHSS). This also explains why the Act to change the organization and governance of the health and social services network, in particular through the abolition of regional agencies sanctioned in 2015 (Bill 10), does not apply to the NRBHSS.

The unique status of the NRBHSS includes a number of specific powers and specific obligations. The JBNQA also defines certain special obligations for the Government of Quebec. For example, "[...] Quebec must take into account, to the greatest extent possible, the exceptional difficulties of operating facilities and services in the North: [...] by providing employment and opportunities for advancing Aboriginal people in health and social services and offering them special training programs to help them overcome obstacles that could hinder their employment or advancement opportunities [...] ". (JBNQA, 15.0.21)

In the coming years, autonomy and freedom guaranteed by the JBNQA should provide the NRBHSS with opportunities to improve its responses to the needs of Nunavik residents through major changes and with the best legislative tools available.

### 2.2. The Mission of the NRBHSS

The mission of the NRBHSS is to contribute to the development, improvement and maintenance of the health and well-being of the people of Nunavik and to ensure access to health and wellness services adapted to the population's needs and particularities. This mission is assumed in close collaboration with the Health Centres responsible for providing services such as the Ungava Tulattavik Health Center (UTHC) and the Inuulitsivik Health Center (IHC), the community organizations and our partners in the economic, social, cultural, educational and municipal sectors. The NRBHSS is the main liaison with the *Ministère de la Santé et des Services Sociaux* (MSSS) and is responsible for communications with the two Health Centres.

In fulfilling its mission fully, the regional board must:

- develop in-depth knowledge and understanding of the needs of the population and local communities in matters of health and well-being;
- design a strategic plan taking the needs into account and in accordance with Inuit values and practices;
- ensure respect and defence of user rights;
- set up measures aimed at protecting public health and promoting health;
- ensure access to services for the population, and this in each community;
- ensure coordination of services provided outside the region;
- manage the program for non-insured health benefits (NIHB);
- assume the responsibilities assigned by the Act respecting pre-hospital emergency services;
- allocate the available budgets to the health centres and community organizations for fulfilling their mandates;
- ensure follow-up to the strategic plan and assess its results in terms of access, integration, quality, efficiency and effectiveness;
- assume responsibilities for capital assets, equipment and technologies;
- support the health centres in organizing services, carrying out actions and applying measures in public health;
- promote the development of Inuit manpower;
- perform rendering of accounts as stipulated by regulations and agreements binding the regional board;
- inform the population of its territory of the actions carried out and the results obtained in matters of health and well-being.

### 3. Improving the health and well-being of Nunavimmiut: structuring processes in cultural safety

It is well established that the improvement of the health status of a population is based to a large extent on the determinants of health, and the Regional Board is, as such, engaged with its regional partners to support access to housing, to a quality education, to enhance access to the territory and the valorization of cultural practices. It is important to keep in mind this societal perspective on health, to account for some alarming phenomena, and to foster a response that cannot be curative alone.

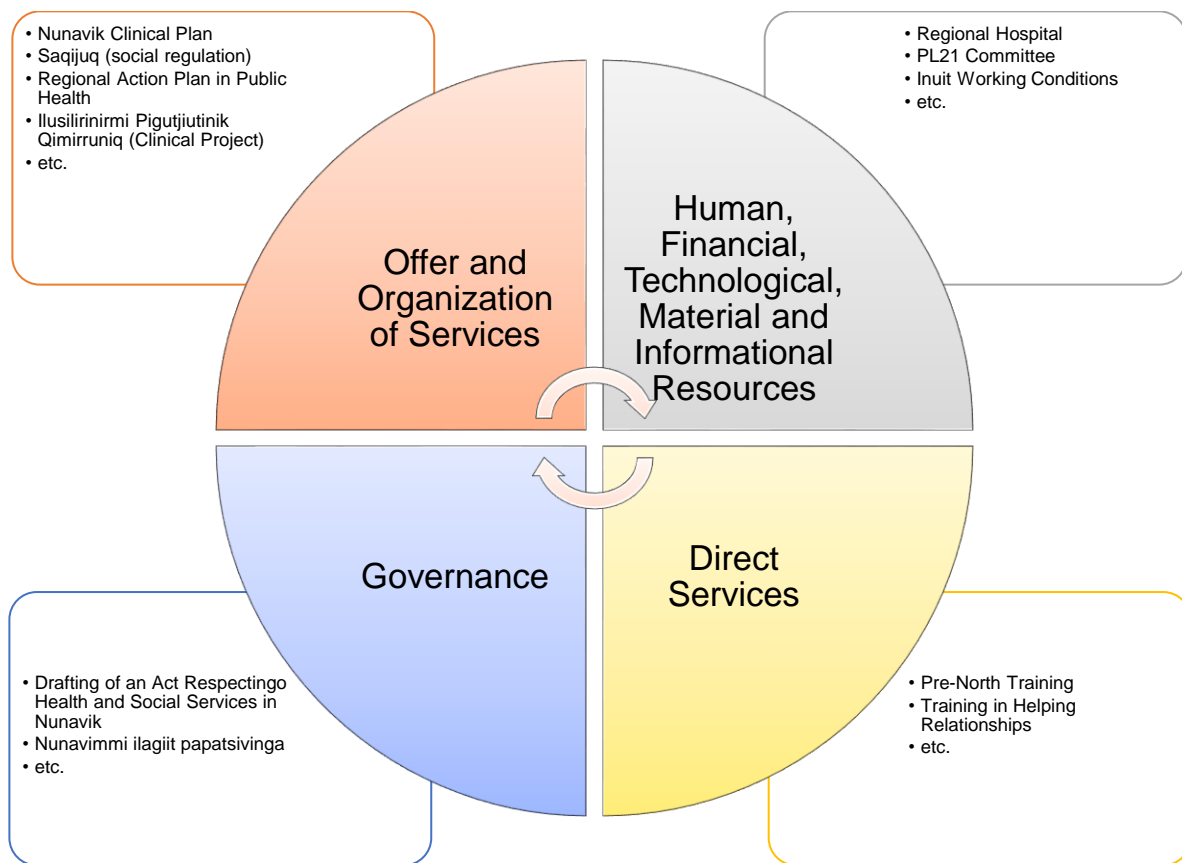
However, the health system itself is an essential determinant of health, and must be able to respond adequately to the needs of the population, whether in terms of access, quality, integration or cultural safety. Accessibility in particular is a major issue, while geographic barriers – isolation of Inuit communities –, cultural – different cultural references, consequence of prejudice in care relations – and linguistic – French or English are often a second or third language – presumably limits Inuit access to the required services. To this can be added financial issues – indirect costs of accessing services in another community or in Montreal (visits, babysitting, loss of income, etc.).

Nunavik's health and social services network is implementing numerous services aimed at mitigating the impacts of accessibility issues, whether by prioritizing the development of a range of local services, offering interpreter at each point of service or offering documents to users in

Inuktitut. Training is also provided to non-Inuit employees in order to develop a better cultural competence.

However, the notion of cultural safety draws our attention to the fact that the health system itself can paradoxically represent an obstacle to the optimal improvement of the health status of the population. We often think of clinical elements here and the relationship of care. However, from our point of view, the cultural safety of the network should not be understood solely in terms of direct services: it affects the governance of the network, the supply and organization of services, and the resources mobilized to deliver the services.

In order to strengthen our capacity to deliver health services and social services that meet the needs of the population, the NRBHSS has begun several structuring processes aimed at transforming the Nunavik health and social services network as it stands. The figure below details the areas in which the Regional Board is working to transform the Nunavik network and enable it to better meet the health needs of the population (Figure 1).



**Figure 1 : axes structurants de la sécurisation culturelle du réseau**

The provision of culturally safe health and social services is part of an organizational change approach that involves, in particular, changes in practice, the development of adapted tools, the training of staff, the evaluation of implemented initiatives, and the compliance with safety and quality standards.



The goal is to create a new response to health and social service needs for the Inuit population respecting their views, values and expectations and ensuring that they are taken into account in the development of programs and the organization of services.

### 3.1. Structuring processes in governance

One of the most complex governance issues is the organizational context of the organizations that make up the Nunavik health and social services network. Regional governance falls under the jurisdiction of the NRBHSS, within a legislative and regulatory framework that reports to the MSSS. Although integration into the provincial network offers many benefits, the decision-making capacity is insufficiently decentralized and often leads to the development of laws or regulations that are not adapted to the situation in Nunavik. It is then incumbent on the NRBHSS and the regional organizations to prove the inadequacy of these regulations or their conflict with the provisions of the JBNQA, at an administrative level.

#### 3.1.1. Drafting of an Act respecting the health and social services in Nunavik

In this context, it appears essential to be able to rely on the JBNQA to benefit from a specific legislative framework, and to promote the implementation of the Agreement in its entirety. Based on Inuit values, an Act respecting Health Services and Social Services in Nunavik, if it were to be adopted by the National Assembly, would represent a means of improving the health and social services network's responses to the needs of the inhabitants of Nunavik through major changes and with the best legislative tools available.

After informing the Minister of Health and Social Services and the Makivik Corporation, the Regional Board is therefore drafting a bill to strengthen the regional governance of the health and social services network, to better adapt the legislative context to the Nunavik realities, and to ensure that the rights opened by the JBNQA are fully respected.

#### 3.1.2. *Nunavimmi ilagiiit papatsivinga* : cultural adaptation of the Youth Protection Act

The 2007 report of the *Commission des Droits de la Personne et des Droits de la Jeunesse* (CDPDJ) entitled: "Investigation into child and youth protection services in Ungava Bay and Hudson Bay<sup>3</sup>" concluded that application of the Youth Protection Act (YPA) was not appropriate to the realities of Nunavik. The report also recommended promoting community mobilization and the participation of youth representatives in the decisions made regarding child, youth, and family services and youth protection services.

In order to implement these recommendations in a way that is relevant to the children and families in Nunavik, the Regional Advisory Committee on Youth Services (RACYS) recommended in 2016 an integrated approach. RACYS, an advisory committee composed of managers from the Nunavik health network, reaffirmed the right of every child to be protected, recognizing that the purpose of the Direction of Youth Protection is necessary, but also that its application in Nunavik does not reflect Inuit values, traditions and lifestyles. In order to culturally adapt youth protection services, RACYS recommended to use the section 37.5 of the YPA, which allows aboriginal

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<sup>3</sup> [http://www.cdpedj.gc.ca/Publications/rapport\\_Nunavik\\_anglais.pdf](http://www.cdpedj.gc.ca/Publications/rapport_Nunavik_anglais.pdf) (accessed on November 7, 2018)

communities to achieve this adaptation by entering into a special agreement with the Government of Quebec.

This approach has since been supported by the 14 northern villages, as well as all regional organizations. A working group, named Sukait, advises and supports the development of an organizational model of youth protection services. This model will be the subject of public consultations in 2019, to verify its adequacy to the expectations of families. The steps will then involve the presentation of this model to the MSSS as well as to the *Secrétariat aux affaires autochtones* (SAA) to discuss its implementation and allow for regional governance.

### 3.2. Structuring processes in offer and organization of services

The definition of the offer and organization of services is a major challenge to adequately meet the health needs of Nunavimmiut. The health surveys organized by the Public Health Department (PHD) of the NRBHSS, notably Qanuippitaa in 2004 and Qanuilirpitaa in 2017, represent unparalleled sources of information on the health status of the population. This information, together with the expectations in terms of the development of services as defined since 2010 in the participatory structures of *ilusilirinirmi pigutjuitinik qimirruniq* (clinical project) or during the regional consultations of Parnasimautik, engaged the network in the development of a service offer better suited to the priorities of the region.

#### 3.2.1. Nunavik Clinical Plan

However, in order to make the Nunavik health and social services network sustainable, it is important to initiate structuring processes to evaluate and reorganize our offer of services. As an all-encompassing approach, the Nunavik Clinical Plan represents a structuring approach aimed at rethinking the services offered in Nunavik in order to repatriate several specialized services to Nunavik.

In this regard, the main objective is 1) to clearly identify present and future needs 2) to assess the capacity of our current offer to meet needs, and to do so in a culturally safe way, 3) to propose clinical solutions to respond to these needs, and 4) develop infrastructure scenarios that would support this clinical organization and its development.

Population health profiles, including data from qanuilirpitaa, are being finalized under the leadership of the PHD, as well as the detailed inventory of the offer of services from the Nunavik health and social services network and its partners. Major efforts have been invested in extracting and analyzing reliable and quality data from the information systems of the network's institutions. This data will provide an unprecedented picture of volumes of service uses, and allow projections based on current usage of our services. Finally, the perspective of users becomes an essential component of our definition of the service offer: quantitative and qualitative approaches are underway to better understand users' satisfaction with current services, and to develop avenues for sustainable improvement.

### 3.2.2. Saqijuq

Saqijuq, which means a change in the direction of the wind, is a social regulation project from Nunavik. The general objective is to combat the abuse of alcohol and drugs in order to reducing the spectrum of harm that it causes, considering that crimes and misdemeanors committed under the influence of these drugs receive an almost exclusively judiciary answer. Saqijuq has several components, but the principle of the initiative is to create a collaborative intervention of health and social services, community and judicial services and organizations.

The project builds up on the networking of several existing initiatives in Nunavik in the field of addictions and judicial services. The Judiciary-Based Addiction Treatment Program is one component of this Saqijuq network, offering alternatives to incarceration. The project also incorporates Isuarsivik detoxification center developments, addiction training and certification for Inuit front-line workers. Joint patrols involving social workers with the police are also in place.

However, the majority of the activities and events carried out under the program at Puvirnituk, site of the pilot project, come from the community and are carried out for the community: activities with young people on the territory, mechanical workshops or carpentry, youth support, etc.

### 3.2.3. Regional Action Plan for Public Health

The Regional Action Plan for Public Health<sup>4</sup> represents a regional response to the *Programme National de Santé Publique* (PNSP), and responds to Parnasimautik's consultations. It is based on the observation that the improvement of the well-being and health of Nunavimmiut largely depends on actions on the social determinants of health. These determinants are grouped into different levels of social organization, whether society as a whole, community, or individual and family network.

The public health action plan aims to guide prevention, promotion and protection actions according to four areas of intervention, supported by a transversal axis for monitoring the health status of the population and its determinants. This action plan represents a way of rethinking the organization and delivery of the regional offer of services in Nunavik according to the major health priorities of Nunavimmiut.

## 3.3. Structuring processes in resources management

Strengthening the capacity of the health and social services network to respond effectively and appropriately to the needs requires a major investment in capital assets, particularly a regional hospital, to repatriate specialized services in Nunavik. However, the full sustainability of this repatriation of services to Nunavik necessarily requires the simultaneous development of a first line made up of Inuit professionals.

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<sup>4</sup> [https://nrhss.ca/sites/default/files/action\\_plan\\_regional\\_en.pdf](https://nrhss.ca/sites/default/files/action_plan_regional_en.pdf) (accessed on November 7, 2018)

### 3.3.1. Work on Bill 21 (An Act to amend the Professional Code and other legislative provisions in the area of mental health and human relations) and the working conditions of Inuit

While the JBNQA clearly identifies the responsibilities of the Quebec government with respect to the Inuit labor force (section 15.0.21), it appears that only 50% of the workforce in the health and social services of Nunavik is Inuit. Our network, as a workplace, must do much better to promote the training, recruitment and retention of Inuit employees. However, we face major obstacles from the MSSS in our efforts to promote the development and advancement of an Inuit workforce.

We find ourselves in a situation where the working conditions offered to Inuit employees are unfair and discriminatory. Collective agreements offer benefits such as low-cost housing, plane tickets, transportation of vehicles and cargo from their point of employment to employees recruited more than fifty kilometers from their place of employment. These working conditions make it possible to recruit a workforce that does not exist locally, but at a very high cost because of the high staff turnover. In this, the government fulfills its obligation 15.0.21 paragraph a) of the JBNQA. However, in fact, these benefits essentially exist only for non-Inuit. As for them, the Inuit, who are employed locally, do not enjoy the same working conditions. This situation, which demonstrates the lack of implementation of section 15.0.21 b) of the JBNQA, for Inuit, is discriminatory.

This discrimination results in tensions between Inuit and non-Inuit employees, in a context where the other regional organizations offer similar benefits to Inuit and non-Inuit employees. This hampers the immediate recruiting capacity of the network, but also contributes to devaluing all careers in health and social services to Inuit. In addition, there are legislative obstacles to psychosocial intervention, an area where cultural and linguistic competences appear to be essential for the relevance of services.

This situation was recognized by the Quebec government in 2016<sup>5</sup>, and work has since been underway to provide solutions adapted to First Nations and Inuit communities to allow the application of Bill 21, "An Act to amend the Professional Code and other legislation in the field of mental health and human relations ". Bill 21, which aim is to guaranty the quality and safety of services, limits the right to exercise certain activities to professional members of the order. While the various legislative frameworks aim to provide services of equivalent quantity and quality in the Inuit communities, the application of Bill 21 has the effect of generating ruptures of services and imposes obstacles to the quality and cultural safety of the services received. Non-Inuit people, who are not sufficiently trained in Inuit cultural contexts and who have no knowledge of Inuktitut, thus provide the majority of services.

The committee's work includes developing local expertise in clinical and cultural terms, qualifying Inuit stakeholders, qualifying non-Aboriginal stakeholders for cultural safety and providing quality, accessible and personalized services. Nine orientations have been selected<sup>6</sup>, and among

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<sup>5</sup> [https://www.autochtones.gouv.qc.ca/publications\\_documentation/publications/rapport-autochtones-sept-2016.pdf](https://www.autochtones.gouv.qc.ca/publications_documentation/publications/rapport-autochtones-sept-2016.pdf) (accessed on Novembre 7, 2017)

<sup>6</sup>

The 9 orientations:

these, Orientation 3 aims to put in place incentives to employment conditions, in particular by creating equitable employability conditions based on knowledge, and the recognition of skills and abilities to act with peers with deference and credibility.

For the NRBHSS, this is one of the most important structuring axes, and also the one for which it receives the least support from the MSSS, despite multiple proposals. This is a major obstacle to the very sustainability of the Nunavik health system, not to mention its cultural safety. It is unfortunate that the MSSS has never seriously considered the information and solutions proposed to it by the NRBHSS, and denies any discrimination. We wish to propose to the Commission a recommendation that is clear and strong and that requires the MSSS to comply with the JBNQA and its section 15.0.21 more specifically.

### 3.3.2. Need for a regional hospital for the repatriation of certain specialized services in Nunavik

The need for a regional hospital has been raised for several years, especially in the Parnasimautik consultation report. The small health centers of Kuujuaq and Puvirnituk have for several years been unable to accommodate new equipment and to increase accessibility to health services in Nunavik, as the population of Nunavik has almost tripled since their construction. As a result, access to specialized services is mainly done in Montreal, at ever-increasing costs for the network, and at the cost of complex logistical and human challenges for the Ullivik Center in charge of this organization. Such displacements represent a major obstacle to access to services, particularly for an aging population that consumes, as elsewhere, more and more services.

The solution to these problems includes, for the users as well as the NRBHSS, the UTHC and the IHC, the opening of a regional hospital, with one or more points of service, to repatriate to Nunavik many specialized services. Such an infrastructure could lead to a significant reduction in patient transportation costs, reduced waiting times for access to treatment, reduced inconvenience for patients and families, and better cultural adaptation of services.

Such an infrastructure would profoundly transform the organization of services in Nunavik, and this is why the Nunavik Clinical Plan proposes this project in conjunction with a regional redefinition of the offer and organization of services for all the service-programs. The regional hospital represents a structuring measure essential to the development of a sustainable and efficient network, allowing a major enhancement in the deployment of a culturally adapted service offering, as well as a better training environment.

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1. Develop appropriate qualifying training, recognition and skills enhancement measures for Inuit and First Nations stakeholders to carry out Bill 21 activities;
  2. Put in place regulatory mechanisms enabling the professional orders to recognize the competencies and progressively authorize the exercise of reserved activities;
  3. Put in place incentives in the working conditions;
  4. Put in place measures of attraction and retention of professionals who are members of an order;
  5. Facilitate the practice of Anglophone professionals in the English-speaking Aboriginal community;
  6. Recognize the skills and competencies of interveners practicing or already working in First Nations and Inuit communities;
  7. List intervention and assessment tools that are relevant to First Nations and Inuit contexts;
  8. Establish a steering committee to monitor implementation;
  9. Establish a multi-year fund for the implementation of the recommendations.

### 3.4. Structuring processes in the dispensation of services

The cultural safety of service delivery in Nunavik begins with the development of a first line of Inuit professionals, but also the training of non-Inuit workers. It is important to note that non-Inuit professionals working in the network informally develop their cultural competence, being exposed to the organizational cultures of the facilities in which they work, and to the culture of the communities they serve. However, this socialization process needs to be supported and structured by network organizations to strengthen the cultural competence of the interveners.

#### 3.4.1. Pre-North Training

This training was set up in 2016 by the Department of Regional Human Resources Development, in order to promote the integration of new employees on the professional, social and community levels. The training lasts three days, and the first day is devoted exclusively to Inuit culture, taught by a recognized Inuit trainer. Participants gain knowledge that will be useful to them in their professional capacities as well as on a personal level to help them integrate into the community. The training promotes the understanding of important historical moments and their impacts in the daily life of communities today. A second day equips the participants in intercultural communication, and the third day represents an orientation in the health and social services system of Nunavik.

#### 3.4.2. Training in helping relationships

The training in support relationship leads to an *Attestation d'études collégiales* (AEC) issued in partnership with the CÉGEP Marie-Victorin, on the territory of Nunavik, for beneficiaries of the JBNQA for employment in the health institutions of the Nunavik.

The graduate of this AEC will be able to apply communication skills in a helping relationship in a work environment dedicated to psychosocial intervention in Quebec's Far North. By assuming a positive role in a social service (front-line or youth protection), or in a facility responsible for rehabilitation services for youth with adjustment difficulties, the graduate will be able to identify relevant information about the child's behavior. A person to adapt his intervention according to the needs while respecting the fields of intervention and the responsibilities of the multidisciplinary teams. In a crisis situation, the graduate will be able to use problem solving communication strategies while applying concrete means to protect his or her personal integrity.

## 4. Conclusion and recommendations

“The Inuit need to become the architects of their society and institutions. They need to be the ones to make the plans and determine the content of the programs and services to be delivered in the region. Professionals and managers coming from outside of the region are part of the Inuit’s toolbox. They must come here to support us in the attainment of our own goals”.

(Minnie Grey, Executive Director, NRBHSS)

Let’s be clear: the managers and professionals who come from outside Nunavik must be part of the vision put forward by the decision-makers who make up the Board of Directors of the NRBHSS. We are driven by a regional and encompassing vision of the Nunavik health and social services network, which we share in this brief, and this vision presides over the structuring processes and measures that have been under way for several years.

The training of Inuit managers and professionals is a major challenge here, to ensure the long-term sustainability of a Nunavimmiut-owned health and social services system. In this regard, it is important to emphasize the significance of the Inuit Management Training, offered in Nunavik in partnership with McGill University. This recognized training is accessible to all employees of the network, including community organizations. The future leaders of our network are currently trained through this program.

The NRBHSS has initiated structuring processes that are all answers to complex problems. This perspective is largely present in our Regional Strategic Plan 2018-2025, and in the Agreement, the Financial Framework, and the budgets that must allow its deployment. The strategic plan identifies five areas for the development of health services and social services:

- Strengthen our actions in prevention, promotion and protection of health;
- Improve access to front-line services in each community;
- Ensure access to specialized services in Nunavik;
- Develop and ensure the application of Inuit values and practices;
- Develop human, physical, technological, IT and financial resources.

The structuring axes presented in this brief do not overlap or replace the axes identified in the regional strategic plan: they are intended to fundamentally change the way the Nunavik health and social services network is organized, in order to make it sustainable, effective, and promote its fullest ownership by the Nunavimmiut. The NRBHSS cannot do this work without strong and proactive support from the MSSS, and more generally from government partners.

#### 4.1. Recommendations :

- Develop a rigorous process of preliminary Inuit consultation for the development of bills or regulations that may affect the access, quality, continuity or cultural safety of services;
- Support the legitimacy of steps to modify or replace existing legislative frameworks;
- Impose deadlines and an obligation of result for the actions related to the orientations and actions of Bill 21;
- Recognize the possibility of job titles applicable only in Nunavik to promote the emergence of a first line of Inuit professionals;
- Mandate training aimed at promoting sensitivity, competence and cultural safety in post-secondary courses in health and social services;
- Engage the education sector in the deployment of technical and professional training programs in the territory of Nunavik;
- Recognize the urgent need for a regional hospital in Nunavik;
- Conclude a 2018-2025 Health and Social Services Agreement as soon as possible, as well as the resulting financial framework.
- Promote an active support approach by the MSSS's Department of Aboriginal Affairs;
- Require MSSS employees, at any hierarchical level, to have sufficient knowledge of the particular legal regime of the Inuit, particularly the JBNQA.