Lakehead
UNIVERSITY

CENTRE OF EXCELLENCE FOR

CHILDREN AND ADOLESCENTS WITH SPECIAL NEEDS

REVISED PROPOSAL

FEBRUARY, 2002

NATIONAL CENTRE OF EXCELLENCE FOR CHILDREN AND ADOLESCENTS WITH SPECIAL NEEDS

REVISED PROPOSAL

February, 2002

Summary

The Centre of Excellence for Children and Adolescents with Special Needs is sponsored and administered by Lakehead University in Thunder Bay, Ontario. Four equal national partners, Memorial University, Newfoundland, Mount St. Vincent University, Nova Scotia, the University of Northern British Columbia and the Government of Nunavut are involved as well as over 30 community, government and corporate groups. The work of the Centre is focused exclusively on the distinct challenges faced by children and adolescents with special needs living in northern and rural Canada. Research activity is concentrated on achieving the Centre's three objectives: 1) To improve accessibility to useful information and services; 2) To improve access to appropriate service delivery; 3) To augment community capacity to influence policy. Particular emphasis is devoted to the cultural and linguistic contexts of special needs in rural and northern Canada and the potential of new and emerging technology for training and service delivery in special needs.

The work of the Centre is organized under five national task forces. These tasks forces are: 1) special needs in nutrition; 2) early intervention for special needs; 3) special needs in substance abuse; 4) special needs in learning and communication; and 5) special needs in mental health. The work of the task forces is interdependent and co-ordinated by a National Research Co-ordinating Committee and by the National Director(s). A Consultants in Emerging Technology group and a National Advisory Board provide additional expertise to the Centre.

This revised proposal is divided into four sections. In **Section One**, the background, goal and objectives of our Centre are described. Also included is an overview of the Centre's research activities, deliverables and dissemination and a detailed description of partners, governance, internal communication and coordination. As well, the Annual Summary for 2001-2002 is located in this Section. In **Section Two**, specific proposals from each of the five task forces involved in this Centre are provided. Each proposal includes objectives, research questions and activities as well as deliverables and dissemination. **Section Three** contains the Year Three Work Plan and the previous interim Work Plans for Years 3 to 6. **Section Four** contains the budget for Years 3 through 6.

SECTION ONE

- **BACKGROUND**
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Background

In October 2000, our consortium was awarded the National Centre of Excellence for Children and Adolescents with Special Needs by Health Canada. We were asked to spend the first six months of our term revising our original proposal, taking into account the recommendations provided by the Interdepartmental Review Committee and the Interim National Expert Advisory Committee (INEAC). The major recommendations were that we: 1) focus our work on the distinct challenges faced by children and adolescents with special needs in rural and northern Canada; 2) develop a narrower definition, and concentrate our work on a narrower range of special needs that have national significance in rural and northern communities; 3) develop detailed research projects based on a narrower definition of special needs and an exclusive rural and northern focus; 4) clarify how the role of technology in service delivery will be examined, and; 5) strengthen the parenting component in the role of our Centre.

In November 2000, our consortium launched a series of activities that resulted in the revised proposal contained here. ***First,*** our National Proposal Steering Committee in consultation with our partners reviewed the goal and objectives for our Centre. ***Second***, we designed a protocol to guide national consultations with our partners and other groups. The protocol was based on our Centre's objectives together with the five activities for the Centres of Excellence outlined by Health Canada (e.g., collect and analyze health and well-being information and data). The purpose of the national consultations (which took place between November 2000 and January 2001) was to respond to the recommendations provided by the Interdepartmental Review Committee and INEAC. In other words, to develop a narrower definition and a narrower range of nationally significant special needs, to identify the unique challenges faced by children and adolescents with special needs in rural and northern Canada, and to identify relevant research projects that would include issues concerning technology and respond to the needs of parents. ***Third***, the results of those consultations were collated by our National Proposal Steering Committee and translated directly into the research questions, activities, deliverables and dissemination plans presented in this proposal.

Goal, Objectives, Short- and Long-Term Impact

The goal of our Centre is to make a real difference in the lives of children and adolescents with special needs living in rural and northern Canada. Specifically, our work is dedicated to ensuring a future where children and adolescents with special needs can combine the riches of life in northern and rural communities with the very best services Canada has to offer. Three objectives are associated with this goal: 1) to improve accessibility to useful information and services by, for example, identifying gaps in existing knowledge and providing access to useful, critically evaluated information including heritage knowledge and world views; 2) to improve access to appropriate service delivery by, for example, identifying culturally appropriate models for alternate service delivery, program development, training and evaluation with special emphasis on the potential of new and emerging technology, and; 3) to augment community capacity to influence policy by, for example, assisting communities in developing support networks.

After five years our Centre will be known both nationally and internationally as a network that not only produces knowledge but puts that knowledge to work for children and adolescents with special needs living in rural and northern communities. Our work will help establish Canada as the world leader in research and program and policy development in this area. Our legacy will include the establishment of a permanent "policy community" for special needs in northern and rural Canada, a community that will live on long after the "official" term of the Health Canada Centre has ended.

Defining Special Needs

Definitions of special needs abound both in the academic literature and in the policy arena. In this proposal, the term special needs is used to encompass *all children and adolescents who require additional public or private resources beyond those normally required to support healthy development* (1). This definition includes children and adolescents who require additional resources because of exceptional gifts and talents, physical, sensory, cognitive and learning challenges, mental health issues as well as problems due to social, cultural, linguistic or family factors. This innovative resource-based definition of special needs has considerable support internationally because it has several distinct advantages (1). First, in this definition what is stressed is the adaptations that must be made to improve outcomes for children and adolescents with special needs rather than deficits "within" children and youth. Second, the definition cuts across differences in provincial, territorial, federal and international definitions of special needs and creates a common standard based on resources. Third, the definition is attractive for policy purposes because it is concerned with the additional efforts that must be made to improve outcomes for those with special needs within the general context of providing efficient services for all children and adolescents. Consequently, our use of this definition will facilitate meaningful contact between the work of our Centre and work on special needs conducted across Canada and around the world. As well, our use of this definition responds to the views expressed strongly by our partners during national consultations, to adopt a definition that will truly incorporate the reality of special needs in rural and northern Canada.

Range of Special Needs

There are many different areas of special need, many reasons why children and adolescents require additional resources to support their development and well being. It would not be possible to address all areas of special need within the five year time frame for the Health Canada Centres of Excellence. During our national consultations, we asked our founding partners and other groups to identify those areas of special need that have particular importance and high priority for their community or organization. The results from these national consultations revealed tremendous consistency across rural and northern communities about the areas of special need that should be the focus of the Centre's work. Four areas were identified. They are special needs around 1) nutrition, including issues related to food access, adequacy and obesity; 2) substance abuse, including fetal alcohol syndrome and solvent abuse; 3) learning and communication including literacy, numeracy, giftedness and special talents, and; 4) mental health,

including depression and suicide. Consequently, the work in our Centre will be focused on those four areas of special needs.

Distinct Challenges in Northern and Rural Canada

Our Centre is focused on children and adolescents with special needs living in northern and rural Canada. Over 40% of Canada's children and adolescents live in communities with less than 100,000 people. All children and adolescents in Nunavut, the Yukon, the Northwest Territories, and Prince Edward Island, over 60% of youth in Newfoundland, Nova Scotia, New Brunswick, and Saskatchewan, and at least 72% of aboriginal youth live in small, rural, and remote communities. Children and adolescents with special needs in those areas face unique challenges because of where they live. These are due to the difficulty of attracting and retaining professional and para-professional expertise in health, education, and related areas, the challenge of developing and delivering effective and fiscally responsible programs and training across vast distances and to sites where only one child with special needs may exist, declining populations in many rural and northern areas, and the fact that in most small, rural, and remote communities a culture of policy discourse does not exist, hampering the development of local solutions to local problems.

Importantly, the cultural and linguistic diversity of the peoples of northern Canada requires that resources and services for children and adolescents with special needs are culturally and linguistically appropriate. Currently, knowledge about the cultural and linguistic contexts of specials needs in northern Canada is not well established and few resources that respond to cultural and linguistic requirements are available. The challenges presented by geography, cultural and linguistic diversity have not been adequately addressed. Children and adolescents with special needs in rural and northern communities are extremely under served and their needs poorly represented in policy and services derived from large metropolitan populations (2). Throughout our national consultations we heard the same message from our partners. That is, the work in our Centre must be rooted in and proceed from an understanding and description of the context of special needs in rural and northern communities. Furthermore, through their participation in this Centre, these communities should be empowered to contribute to policy discussions at the local, provincial, and national level.

Research Activities: Overview

During national consultations we asked our partners to identify the research activities they see as critical for achieving the three objectives of our Centre. For objective 1, *improving accessibility to useful information and services*, our partners see the following activities as critical: establishing the frequency of special needs around nutrition, substance abuse, learning/communication, and mental health and in rural and Northern Canada; identifying existing services including eligibility factors; identifying inequities in services across rural and northern Canada; detailing difficulties associated with jurisdictional and policy conflicts. Parents and teachers focused especially on establishing signposts or warning signs to help them identify children and adolescents with special needs. For objective 2, *improving access to appropriate service delivery*, partners identified the following activities as critical: establishing best practice

prototypes for identification, assessment and intervention; identification of appropriate models for the use of current and future technology in service delivery; establishing effectiveness indicators for programs. Partners around the country (especially parents) stressed in particular the importance of research activities around early intervention services for children and adolescents with special needs (3). For objective 3, *augmenting community capacity to influence policy*, the critical research activity identified by our partners was to establish how rural and northern communities can become involved in policy development in the area of special needs.

In response to the data obtained during the national consultations, the work in our Centre is organized within and across five national task forces. These task forces are: 1) special needs in nutrition, health and development; 2) early intervention for special needs; 3) special needs in substance abuse; 4) special needs in learning and communication, and; 5) special needs in mental health. Each task force is nationally-based in that members are drawn from our partners across the country. Each task force is led by a director with task force directors representing each of the national equal partners in the Centre (i.e., Lakehead University, Memorial University, Mount St. Vincent University, University of Northern British Columbia, Government of Nunavut). The work of the task forces is interdependent and coordinated by a national Research Coordinating Committee comprised of the task force directors and the National Director(s) in our Centre. Specific proposals from each task force are included in Section 2. Because the individual task force proposals were developed from the results of the national consultations, the work of the task forces revolves around several common research activities (i.e., questions and methods). For example, four task forces will establish the frequency of special needs (around nutrition, substance abuse language/communication and mental health) in rural and northern Canada by locating and analyzing existing national, provincial and territorial databases and accessing data from detailed needs assessment in specific communities (e.g., Nunavut). Similarly, five task forces will work to identify prototypes of best practice by locating and summarize characteristics of effective programs, and models of program delivery appropriate for rural and remote areas and for children and families from non-majority ethnic and linguistic groups. This will be accomplished through literature reviews, analyses of data available from program evaluations, interviews and focus groups with key informants (e.g., elders). The work of the task forces is interdependent and will be coordinated at the national level to ensure that task forces, both individually and collectively, address the Centre's national agenda.

The potential of new and emerging technology to improve access to information, training and services delivery for children and adolescents with special needs in rural and northern Canada is a major issue for our Centre. At present, communication via telephone, community radio and television is widespread in northern and rural communities but the infrastructure for communication via other technology such as computers is not consistently established. Our task forces will review the available literature and data on the use and effectiveness of technology in training and service delivery for children and adolescents with special needs. The task forces will coordinate with a group of Consultants in Emerging Technology (CET). Membership on the CET group will include faculty members from computer science and engineering at the academic partner institutions and appropriate representatives from the technology and telecommunications field. Included are Lakehead University's technological sponsors, IBM, Sun Microsystems, SGI, Nortel and Bell. Also included is Aliant the telecommunications, I.T. mobile satellite corporation

headquartered in Newfoundland (President and CEO on the Centre's National Advisory Board) and NRC, specifically the virtual environment division. Our particular interest is on the potential of web-based, online, real time interactions for assessment and intervention services and on the use of virtual environments for training in special needs. The consulting group will work with the individual task forces to combine expertise in best practice in services with the delivery potential of new and emerging technology. The main contribution of this work will be to produce recommendations to guide the development of technological infrastructures in rural and northern Canada, infrastructures that can take advantage of best practices in service delivery for special needs children. Pilot opportunities for evaluating emerging technology in special needs will also be identified. These pilots are anticipated to be extremely costly and will far exceed the budget in our Centre. Consequently, we will seek funding from other sources for those evaluations.

Deliverables and Dissemination: Overview

In this Centre we will produce a variety of deliverables suitable for different audiences and use several approaches for dissemination. Specific details on deliverables and dissemination are included in the individual task force proposals in Section 2 and the work plan documents in Section 3. Overall, deliverables include: data bases on frequency of special needs, services available, eligibility and funding; policy documents and recommendations for local, provincial, territorial and federal policy makers; signposts/warning signs for parents and teachers, and; templates of bests practices.

Dissemination will include: 1) a website for our Centre that will be linked to relevant sites across the country and internationally. This will provide information and products as we develop them and include an interactive component so that the public, policy makers, practitioners, and researchers can interact with us. Along with the web site we will produce an editorial policy and guidelines for publication on the site; 2) a strategic media campaign that will include public service announcements by our national spokespersons (6 prominent Canadians will act in this capacity), regular appearances by partners on radio, TV and in print both in response to our news releases and as media contacts for issues relating to special needs," town halls" on community and national channels; 3) A strategic communications plan that will guide the Centre in augmenting communities in rural, remote, northern areas to influence policy. This plan will ensure the Centre is established as a permanent "policy community" for children and adolescents with special needs in rural, remote, and northern areas. The plan will also ensure that the Centre lives on in this capacity long after the official term of the Health Canada Centres has ended. This plan will include an evaluation of the Centre's activities in becoming a policy community; 4) consultation/membership on committees at the local provincial, territorial and national levels, and; 5) hosting regular workshops and forums, especially at the local and regional levels, where we bring together parents, policy makers, researchers, practitioners, and the public. We will provide our major products in English, French as well as Native languages (Oji-Cree, Inuktitut) and produce products with minimal literacy (i.e., written language) requirements.

Partnerships and Links

Sponsoring Organization and Equal National Partners

Lakehead University in Thunder Bay, Ontario is the sponsoring organization for, and administers, this Centre of Excellence. Lakehead includes the Centre for Rural and Northern Health Research (CraNHR) and the Northern Educational Centre on Aging and Health (NECAH). These are housed in Health Sciences North along with McMaster University's Northwestern Ontario Medical Programme which selects and trains McMaster University residents who will practice family medicine/speciality medicine in northern, rural and remote communities and the Northern Studies Stream for McMaster's Occupational and Physiotherapy Program.

Four equal national partners are involved in this Centre with Lakehead University. They are the Government of Nunavut, Memorial University in St. John's, Newfoundland, Mount Saint Vincent University in Halifax, Nova Scotia and the University of Northern British Columbia in Prince George, British Columbia.

Founding Partners

Our founding partners (i.e., partners involved in our original proposal) come from the community, government, and corporate sectors that span four provinces – Ontario, Nova Scotia, Newfoundland, and British Columbia. It is important to note that most of these partnerships have been established for some time and have already proven successful.

Founding partners:

Community-Based: National. Federation Des Communautes Francophone et Acadienne. ***Ontario.*** Early Childhood Educators Association (Northwestern Ontario), Children and Family Centre (Thunder Bay), Nanabijou Childcare Centre, Northern Outreach Children's Health Program, Northern Schools Alliance, Northern Ontario Education Leaders, Early Childhood Education Training Program at Confederation College. ***Nova Scotia.*** Dartmouth Family Resource Centre, Cumberland County Early Intervention Program, Early Intervention Nova Scotia, Centre Provincial de Ressources Prescolaires, Phoenix Youth Programs, Northern Region Administrative, Clinical and Research Advisory Committee, Nova Scotia Learning Disabilities Association, East Preston Day Care Centre and Aboriginal Head Start. ***Newfoundland.*** Avalon East School Board, School Children's Food Foundation, Provincial Literacy Council.

Governments: Nishnawbe-Aski Nation; Newfoundland – Department of Justice and Department of Health and Community Services; Nova Scotia - Department of Community Services and the Department of Education; Ontario- Ministry of Education.

Corporate: Aliant, the telecommunications, I.T., and mobile satellite communications corporation in Atlantic Canada.

Developing New Partners, Links and Contacts

All five equal national partners involved in this Centre have extensive experience with successful partnerships. We understand that the term "partnership" has different meanings to different individuals and groups. For some, partnership simply means being one contact on a long list of contacts. For others, it means that one partner makes all the decisions and the others are expected to go along. For still others, partnership means an equal distribution of effort and resources. In our Centre of Excellence, partnership implies a mutually determined, open and transparent relationship with clear expectations about roles and responsibilities on the part of all partners. It also means that partnerships may take different forms and have different functions. The equal national partners involved in this Centre decided that it was neither necessary nor advisable to seek out large numbers of additional partners while revising this proposal. Instead we asked some of the founding partners to play a lead role in identifying new partners and links among populations and groups whose representation in our Centre is critical.

In creating many of our partnerships the importance of addressing all research questions within the different cultural and linguistic contexts in the north is a guiding principle. A large proportion of children living in rural and remote parts of Canada, especially in the north, are aboriginal. It is imperative that Aboriginal people are intimately involved in this Centre carving out the questions they want answered and working within the consortium to produce answers and products that are culturally and linguistically appropriate. The Government of Nunavut and the Nishnawbe-Aski Nation are founding partners in this Centre. Both partners are and will continue to be involved at every level of decision making in the Centre. Both partners will provide access to large populations of children, adolescents, parents, and communities. The Government of Nunavut has agreed to assume the role of identifying and involving Inuit and First Nations populations across the country (e.g., the Inuit in Labrador, Metis in Quebec). The Nishnawbe-Aski Nation has helped identify other possible First Nations partners in Ontario and the University of Northern British Columbia is taking a lead role identifying and involving First Nations communities in western Canada.

Francophone children and adolescents with special needs live in communities throughout rural and Northern Canada. It is vital that the unique needs of Francophone children are addressed in this Centre. The Federation Des Communautes Francophone et Acadienne is a founding partner in this Centre. We will work with that organization to involve Francophone and Acadian communities outside of Quebec. In Northern Quebec, we have contacted the Kativik School Board. Our sister Centre of Excellence for Early Child Development at the University of Montreal has agreed to help identify other relevant contacts in rural and Northern Quebec.

Partners' links and contacts within the medical community are also essential. CraNHR has agreed to take the lead role identifying and involving relevant medical groups in our Centre (e.g, Canadian Association of Rural Physicians, Nurse practitioners Association of Ontario). New partners, links and contacts are and will continue to be developed during the life of the Centre. Many will be identified by existing partners, members of our board and the other Centres of Excellence. Others will be established when a clear need exists.

Potential new partners, links and contacts we have identified include the following:

ABC Canada
Aboriginal Head Start (AHS)
Alcohol and Drug Society, BC
Association of Canadian Universities for Northern Studies (ACUNS)
BC First Nations Education Steering Committee
BC Ministry of Economic Development and Social Security
BC First Nations Child Welfare Committee
BC First Nations Head Start Committee
BC Aboriginal Network on Disabilities Society
BC Aboriginal Child Care Society
BC Ministry of Children and Families
Burns Lake Healthier Babies, Brighter Futures, BC
Canada Prenatal Nutrition Program (CPNP)
Canadian Child day Care Federation
Canadian Association of Deans of Education
Canadian Association of Suicide Prevention
Canadian Association of Nurses
Canadian Council of Ministers of Education
Canadian Association of Early Childhood Educators
Canadian School Boards Association
Canadian Association of Rural Physicians
Canadian Teachers Federation
Canadian Injury Prevention Network
Canadian Association of Nutritionists
Canadian Institute of Child Health
Canadian Living Foundation
Capital Coast Development Alliance, NF
Carrier Sekani Family Services, BC
Central Interior Native Health Society, BC
Communities Together for Children, ON
Council for Exceptional Children, Canadian Federation (CEC)
Detox Centre, Prince George, BC
Education Quality and Accountability Office (EQAO), ON
Family Resource Centres, NF
First Nations Head Start Committee
Froude Avenue Community Centre, NF
Human Resources Development Canada, Applied Research Branch
Integrated Services for Northern Children (ISNC), Ontario
Inuit Tapiritsat of Canada
Invest in Kids
Kamatsiaqtut Crisis Line, Nunavut
Kativik School Board, Quebec
Lakehead Regional Family Centre, Ontario

National Literacy Secretariate
Native Friendship Centre, Prince George, BC
NCE in Early Child Development and its Impact on Society
Newfoundland and Labrador School Milk Foundation
Northern Family Society, BC
Northern FAS/FAE Coalition
Northern Interior Regional Health Board, BC
Nunavut Tunngavik Incorporated
Nunavut Children's First Secretariat
Nurse Practitioners Association of Ontario
Ontario Association of Mathematics Educators
Organization for Economic Co-operation and Development, Centre for Educational Research and Innovation (OECD)
Ottawa Population Health Study on Pre-term Birth Prevention
Pauktuutit Inuit Women's Association, Nunavut
Prince George FAS Network, BC
Regional CAP-C Program, BC
School District # 1: Labrador
School District#2: Northern Peninsula/Labrador South
School District # 11: Conseil Scolaire Francophone Provincial, NF
School District #57, Prince George, BC
SSHRC, NSERC, and CIHR Centres of Excellence.
The Nunavut Social Development Council
The Nunavut Department of Justice
The Western Consortium on Special Education
The Interdepartmental Wellness Committee of the Government of Nunavut
The Nunavut Department of Health and Social Services
The Nunavut Department of Culture, Language, Elders and Youth
Treaty 3
Vanier Institute of the Family (VIF)
William W. Creighton Centre, Ontario
Youth Justice (Canadian Ministers of Education Council)
Youth Around Prince George (coalition of organizations working with youth)

Governance

The model we have adopted for our organizational structure is depicted in Figure 1, with the Centre principles outlined on the following page. A National Advisory Board is being established to advise on all aspects of the Centres activities, to facilitate achievement of its goals, and to help develop new partnerships, especially corporate partners for the Centre. Membership on this Board will reflect the needs of the Centre. The equal national partners established a list of needs for the Centre (e.g., intergovernmental links, technology and telecommunications expertise, public relations) that would be met by the appointment of appropriate Board members. Consequently, the following organizations have/are being approached to nominate members to our Board: ***Aliant Corporation; Assembly of First Nations; Bill and Melinda Gates***

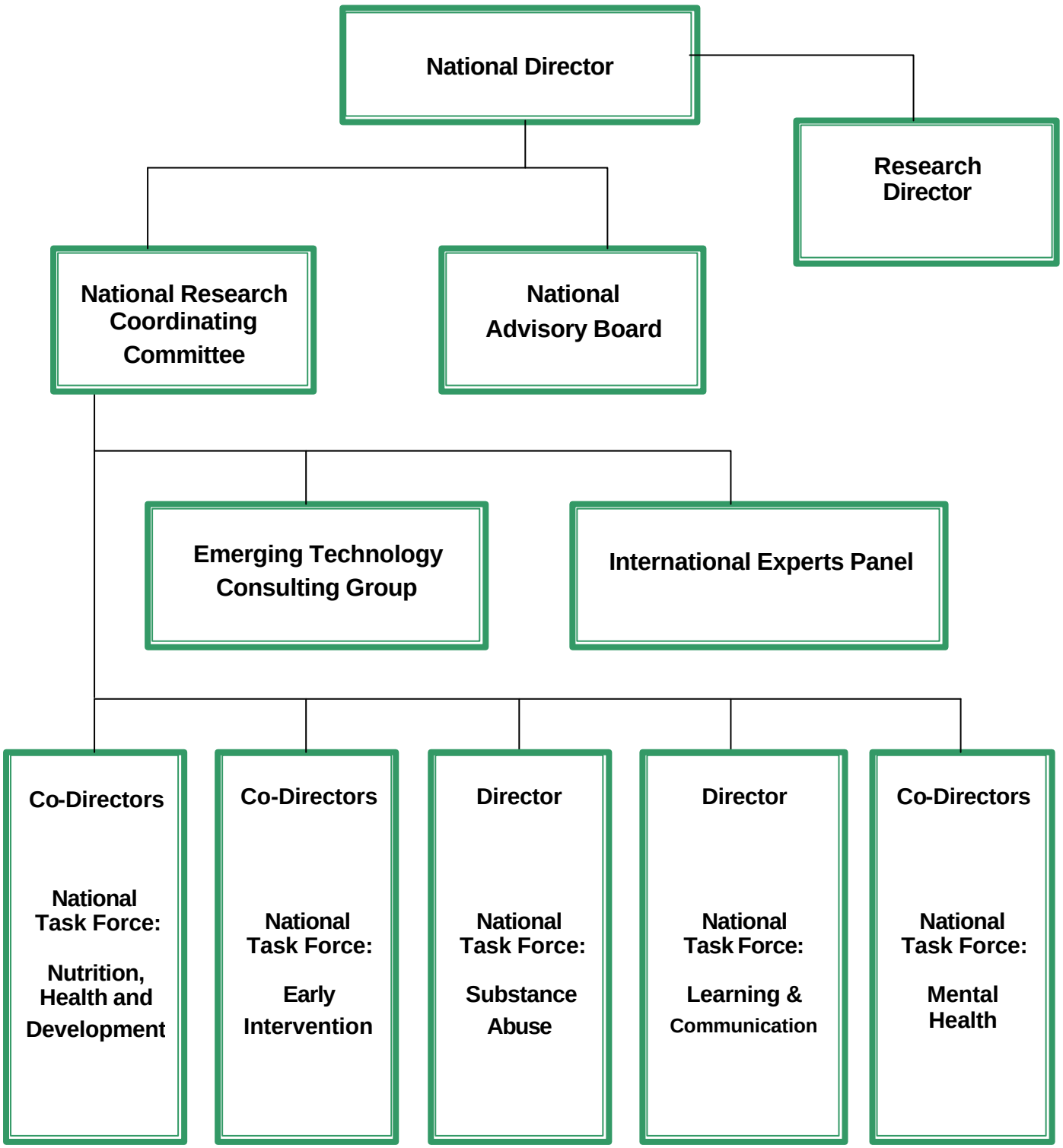
Foundation; Canadian Women in Communications; Council for Exceptional Children; Federation Des Communautes Francophone et Acadienne; Government of Nunavut; Health Canada; Inuit Tapirisat Canada; Lakehead University; Nishnawbe-Aski Nation; The Song Corporation.

The National Director(s) is located at Lakehead University. The Director(s), are members of the National Advisory Board and coordinate all Centre activity with the National Research Coordinating Committee and the CET group (see summary CV's for the director(s) at the end of this section). Membership on the National Research Coordinating Committee consists of the five individual task force directors. Each task force is nationally based and involves members from partners across the country. The work within each task force is coordinated by the task force director with directors representing each of the equal national partners in our Centre. Each task force will have in place an advisory committee (membership from community, government partners).

Internal Communications and Coordination

The Centre will be managed on a daily basis by the Research Director. This is a salaried position located at the Centre's national office on the Lakehead campus. The Research Director reports to the National Director(s). The Research Director is the Centre's day-to-day contact for Health Canada and coordinates all activity across the Centre having to do with coordinating research activities, administration, finance, and communications.

The National Director(s) and Research Director coordinate the research activity within the Centre. They work with the National Research Coordinating Committee to ensure ongoing and continuous interaction among the individual task forces and between that Committee and the CET group. This is accomplished through 3 meetings each year supplemented by electronic interactions. The goals here are to ensure that the work of the task forces is integrated and converges on our national mandate and to eliminate redundancy and streamline activities, needs and deliverables. For example, the National Directors are assembling a comprehensive inventory of national databases relevant to children with special needs which will then be made available to all task forces. Similarly, they will play the lead role connecting work across the task forces and seeking additional funding for projects involving multiple task forces (e.g., pilot evaluations of technology in service delivery).


National Director
Research Director
National Research Coordinating Committee
National Advisory Board
Emerging Technology Consulting Group
International Experts Panel
Co-Directors
National Task Force:
Nutrition, Health and Development
Co-Directors
National Task Force:
Early Intervention
Director
National Task Force:
Substance Abuse
Director
National Task Force:
Learning & Communication
Co-Directors
National Task Force:
Mental Health

Centre Principals

National Office:
Julia O'Sullivan, Ph.D., National Director, Lakehead University, Thunder Bay
Vanessa Catalan, Ph.D., Research Director, Lakehead University, Thunder Bay
Bonnie Knott, Administrative Coordinator, Lakehead University, Thunder Bay

National Research Coordinating Committee:
Alan Bowd, Ph.D., Lakehead University, Thunder Bay
Patricia Canning, Ph.D., Memorial University, St. John's
Vanessa Catalan, Ph.D., Lakehead University, Thunder Bay
Mary Courage, Ph.D., Memorial University, St. John's
Margo Greenwood, University of Northern British Columbia, Prince George
Margaret Joyce, Government of Nunavut, Arviat
Kim Kienapple, Ph.D., Mount St. Vincent University, Halifax
Mary Lyon, Ph.D., Mount St. Vincent University, Halifax
Julia O'Sullivan, Ph.D., (Chair), Lakehead University, Thunder Bay
Shirley Tagalik, Government of Nunavut, Arviat

National Advisory Board:
Currently being nominated and finalized

Emerging Technology Consulting Group:
Currently being nominated and finalized

International Experts Panel:
John W. Berry, Ph.D., Queen's University, Toronto, Ontario, Canada
Colin Boylan, Ph.D., Charles Sturt University, Australia
Dante Cicchetti, Ph.D., University of Rochester, Rochester, New York, USA
Maureen Forestall, Lawyer, Toronto, Ontario, Canada
Judith S. Kleinfeld, Ph.D., University of Alaska/Fairbanks, Alaska, USA
Karen Salmon, Ph.D., University of New South Wales, Sydney, Australia

National Task Force Directors:
- **Early Intervention:** Mary Lyon, Ph.D., and Kim Kienapple, Ph.D., Mt. St. Vincent University, Halifax
- **Learning and Communication:** Alan Bowd, Ph.D., Lakehead University, Thunder Bay
- **Mental Health:** Shirley Tagalik, and Margaret Joyce, Government of Nunavut, Arviat
- **Nutrition, Health and Development:** Mary Courage, Ph.D., and Patricia Canning, Ph.D., Memorial University, St. John's
- **Substance Abuse:** Margo Greenwood, University of Northern British Columbia, Prince George

Summary CVs of National Directors

Julia T. O'Sullivan, Ph.D.

Current Status

Professor of Education and Dean, Faculty of Education Lakehead University

Academic Background

B.Sc. (Trinity College, Dublin), M.A. and Ph.D. (Child Development)(U. of Western Ontario)

Employment Background

School Psychologist, R.C. School Board for St. John's, NF (1985-1987)
Assistant/Associate/Full Professor of Education, Memorial University (1987-1999)
Co-Director, Centre for the Application of Developmental Science, Memorial (1996-1999).
Professor of Education, Dean, Faculty of Education, Lakehead University (1999 -present).

Recent Examples of Transfer Activities

(1) National Children's Agenda. Atlantic Canada's academic/research representative to the regional discussions, St. John's, NF (1999); (2) Ontario Brain Injury Association. Consultant on the development of material for educators (1999-present); (3) Secretary of State for Science, Research, and Development. Federal review of science and technology policy. (Invited participant – 1994-1995); (4) Head Start Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. Consultant/Reviewer (1997-present);
(5) Newfoundland House of Assembly: Select Committee on Children's Issues. *Programs and services for young children in poverty: Building on basic research,* (Nov. 1995) and *Children with acquired brain injury*, (Oct. 1995); (6) St. Theresa's School, Mundy Pond Road St. John's: Consultant on the design and evaluation of a primary reading program for young children-at-risk due to family poverty (1998-present).

Graduate Students Supervised – 12

Awards and Distinctions for Educational Service in the Community

Outstanding Service Award. Presented by the Newfoundland Brain Injury Association for my work on the needs of children with acquired brain injuries. 1996.

Federal Research Grants

National Literacy Secretariat (1990-1992; 1997-1999).
Natural Sciences and Engineering Research Council of Canada (1990-2001).

Publications and Conference Presentations (last 6 years only)

Book chapters, refereed articles, and conference presentations – 25
Technical reports and Policy documents – 3

Examples of Recent Book Chapters, Articles, Conference Presentations

O'Sullivan, J. T., Howe, M. L., & Marche, T. (1996). Children's beliefs about long-term retention. *Child Development, 67*, 2989-3009.

O'Sullivan, J. T., & Howe, M. L. (1996). Causal attributions and reading achievement: Individual differences in low-income families. *Contemporary Educational Psychology, 21*, 363-387.

O'Sullivan, J. T. (1999, May). *Poverty and the prediction of early reading achievement.* Paper presented as part of a symposium on the identification of reading disabilities (Moderator: L. Siegel) at the annual conference of the Canadian Psychological Association, Halifax.

O'Sullivan, J. T., & Howe, M. L. (1999). *Overcoming poverty: Promoting literacy in children from low-income families*. Technical Report for the National Literacy Secretariat, Human Resources Development Canada, Lakehead University.

SECTION TWO

TASK FORCE PROPOSALS

- **NUTRITION, HEALTH AND DEVELOPMENT**
- **EARLY INTERVENTION**
- **SUBSTANCE ABUSE**
- **LEARNING AND COMMUNICATION**
- **MENTAL HEALTH**

Task Force #1: SPECIAL NEEDS IN NUTRITION, HEALTH AND DEVELOPMENT

Lead Partner Institution: ***Memorial University of Newfoundland, St. John's, NF***
Task Force Directors: ***Mary Courage, Ph.D., Depts. of Psychology & Pediatric Medicine and Patricia Canning, Ph.D., Faculty of Education***

Background

Good nutrition is an essential cornerstone for healthy growth and development and well-being and its provision to infants and children is specified in the *UN Convention on the Rights of the Child* as fundamental. Inadequate nutrition is one factor that can adversely affect early brain development and consequently, learning, behavior and health throughout the life cycle. Poor diet during pregnancy is associated with low birth weight, a condition that places the infant at greater risk for neonatal illness and mortality, failure-to-thrive, developmental delay, poor growth, and chronic childhood disease. Undernourished preschoolers explore their environments less, have shorter bouts of play, and are less attentive to novel and social stimuli than well nourished children. At school age, poorly nourished children have higher rates of absenteeism, more difficulties with attention and learning, poorer school achievement and more behavior problems than their well-nourished peers. More generally, the eating patterns of many Canadian children contribute to increased incidence of nutrition-related chronic conditions (e.g., anaemia, Type II diabetes, obesity, anorexia/bulimia). Moreover, children who live in rural, remote, or northern (RRN) regions of Canada are at higher risk for under nutrition due in part to poorer access to health and educational services and resources and geographic isolation which limits access to an adequate supply of nutritious foods (1,2).

Intervention programs in many industrialized countries that target pregnant women, infants, and children and adolescents at risk for poor nutrition have been successful in improving nutritional status, health, developmental outcomes, and school attendance and achievement (3). In Canada, current nutritional intervention programs of national scope include the Canada Prenatal Nutrition Program (CPNP) and the School Meals Program.

Although preliminary evaluations of these programs are positive, the diversity among specific provincial and local programs in their goals, organizational structure, models of service delivery, and outcome indicators has precluded comprehensive evaluation and national policy development. Nor is it clear which programs are appropriate for delivery in RRN regions. Further, most of these interventions are aimed at infant and school-aged populations leaving a gap in services for preschoolers. During the preschool years, daycares and early intervention/family resource programs are the primary providers of support for children and families. The extent to which these programs address nutritional issues has not been documented and the percentage of children and families having access to any of these programs is low.

Objectives

Beginning with an analysis of the existing literature, government documents and reports, and program evaluations the immediate and long-term objectives are:

1. To identify problems and issues unique to infants, children and adolescents living in RRN communities related to their nutritional status (e.g., dietary intake), the availability of adequate nutrition (e.g, transportation, storage of food supplies), and the delivery of appropriate nutritional and educational services (e.g., program availability; community capacity).

2. To identify the factors that contribute to food choices (e.g., taste preference, culture, availability, education/information, media advertising).

3. To examine the etiology and developmental course of unhealthy eating habits and behaviors that can contribute to chronic conditions (e.g., obesity, dental problems, eating disorders).

4. To identify effective intervention programs currently available in Canada and abroad that directly (e.g., CPNP, School Meal Programs) or indirectly (e.g., Family Resource Centres) target nutritional interventions and healthy food choices that can best be adapted to RRN communities. This will include identification of short- and long-term outcome indicators that will enable accurate and effective evaluation of intervention programs.

5. To identify gaps (e.g., administrative, policy) between the federal, provincial, and territorial governments' commitment to food security for all Canada's children and the reality of delivering the necessary services in RRN communities.

Research Questions

For each of the following questions the challenge of service delivery in rural, remote, and northern settings will be a defining context.

1. What are the major nutritional issues for children and families?

2. How do schools promote the development of healthy lifestyles (e.g., anti-smoking, healthy body image, physical activity) and healthy food choices (e.g., availability) and what are the barriers (e.g., curricula, facilities) to this, particularly in RRN schools?

3. What intervention programs (e.g., CPNPs, FRCs, SMPs) are currently in place that directly or indirectly address nutritional issues? Can best practices be identified?

4. Who is eligible for these services? Are current identification strategies adequate?

5. What demands do nutritional interventions make on communities? How is a community's capacity to provide interventions determined? What are the barriers at the community level to effective delivery of intervention programs?

6. What family and age-appropriate outcome indicators will provide the best measures for evaluating the effectiveness of nutritional intervention programs?

7. What are the long-term effects of participation in these programs on mothers and children (e.g., knowledge of healthy eating, better food choices, participation in related follow-up programs, improved general health practices)? Are there any indirect effects (e.g., improved parent-child interactions, increased participation in community)?

8. What is the impact (direct, indirect) of school meal programs? How do schools build upon the positive effects of school meal programs? Are there personal/program-related barriers to participation?

9. How are nutritional programs and services integrated with other services for children and families?

10. What role(s) should the federal, provincial/territorial governments play in the development of food and/or nutrition policy and provision of services?

Activities

1. Collect and analyse available information on nutritional health including: (a) nutritional status and food choices, (b) programs for promoting maternal and child nutrition, (c) eligibility criteria, current enrolments, and identification techniques, (d) school meals programs, (e) school curricula for promoting healthy eating habits, (f) federal, provincial/territorial policies (g) existing standards for practice and training, (h) analysis of the integration of services.

2. Review the literature on the effectiveness of policy and programs for improving nutrition.

3. Examine nutrition-related policy and services in other countries that have RRN populations (e.g., Northern Europe, Alaska)

4. Conduct focused research (e.g., longitudinal study "graduates" of CPNP, children in matched communities with and without school meal programs).

5. Examine the emerging community profiles databases to match the most appropriate model for programs and services with the community's capacity to deliver.

Deliverables

1. Reports on the factors that influence both healthy and unhealthy food choices.

2. A profile of school policies, programs, and curricula that support healthy food choices.

3. A database containing information on intervention programs that directly or indirectly target nutritional issues and healthy food choices in Canada and abroad.

4. Reports on the effectiveness of policy and programs for improving nutrition.

5. Reports on models of effective service delivery and training programs for personnel and community resource persons that will function effectively in RRN areas of Canada. This will include a focus on the role of technology in the delivery of services and training.

6. Identification of appropriate outcome indicators for program evaluation.

7. Reports on barriers to participation in programs that directly or indirectly address nutrition

8. Policy recommendations to relevant government departments.

Dissemination

Information will be provided through a variety of sources to meet the needs of the various groups involved: media (TV, radio, websites), conference presentations, workshops, symposia, pamphlets, reports and published articles.

References

1. Levitsky, D. A., & Strupp, B. S. (1997). *The enduring effects of early malnutrition: A history and a perspective.* Ithaca, NY: Cornell University Division of Nutritional Sciences.

2. *The health of Canada's children* (3rd edition). (2000). Ottawa, ON: Canadian Institute of Child Health.

3. Meyers, A. F., Sampson, A. E., Weitzman, M., Rogers, B. L., & Kayne, H. (1989). School breakfast programs and school performance, *American Journal of Diseases of Children, 143,* 1234-1239.

Task Force #2: EARLY INTERVENTION FOR SPECIAL NEEDS

Lead Partner Institution: ***Mount St. Vincent University, Halifax, Nova Scotia***
Task Force Directors: *Mary Lyon, Ph.D., and Kim Kienapple, Ph.D., Department of Child and Youth Study*

Background

Services provided to children with special needs and their families vary because models, policy, and funding differ among the Provinces, Territories and the Federal levels of government. This is especially the case where children in the age range of birth through six years of age are the focus. Meeting the needs of children from birth to six years living in rural and northern communities is additionally challenging because current best practice models do not consider the isolation factors.

Early Intervention is recognized as a process by which children with special needs or at-risk for impaired development are provided with services that improve or reduce the impact of the condition on both the child and that child's family. This process combines consultation, support, information and specialized services provided by a community of professionals, however, delivery is typically in the home and involves equipping the family with the skills and knowledge necessary for the child's well-being.

Objectives

1. Beginning with an identification of existing provincial models, legislation, and policy, this research program will provide a detailed picture of Early Intervention services across the country. This has been identified as a necessary first step by partners from provincial and national organizations. The Canadian approaches will be contrasted with selected international approaches to the challenges of serving rural and northern areas. Recommendations for practice and policy will be a major outcome of this review.

2. Our partners have also asked for a review of identification and assessment practices. The research on brain development in the early years suggests that beginning an intervention early will increase the range of effect. Identification leads to eligibility issues that will be investigated as well.

3. Children with special needs require services from a range of professionals. Integration with other services creates jurisdictional questions that may interfere with effective service delivery. We will provide models and policy recommendations to enhance effective service integration.

4. People working in this field have established a professional identity, yet, the different provinces have different standards for practice and training. The identification of appropriate training programs is a key objective.

5. Interventions need to be evaluated. Indicators of success can be found both within the children and the family. As such a reevaluating of possible indicators would be beneficial so that individual programs can be modified accordingly, families can learn to recognize change, and services can justify continued support from government.

Research Questions

For each of the following questions, the challenges of service delivery in rural and northern settings will be a defining context.

- What are the strengths and weakness of current program delivery models? Can best practices be identified?
- How do Provinces, Territories and the Federal government legislate early intervention services and what can we learn about policy and funding priorities from this legislation?
- Who is eligible to receive early intervention services? Are current identification and assessment strategies in need of revision? What is the current enrolment data?
- How are early invention services integrated with other services provided to identified children and families?
- Are current services linguistically and culturally appropriate for the peoples of rural and northern Canada?
- What are the current standards for practice and training and how do these standards contribute to the effectiveness of early intervention?
- What are the current success indicators and is revision of these indicators needed?
- Are families, especially rural and northern families, receiving the support and knowledge transfer necessary to develop effective care practices?
- What models of training are appropriate for personnel in remote rural areas?
- How can emerging technologies improve Early Intervention in rural and northern communities?

Activities

- A survey of Canadian Early Intervention practices that will result in a comprehensive description of the strengths and weaknesses of current program delivery. Identification of best practices within Canada will be supplemented with suggestions for best practices from relevant international sources. This will be accomplished through an examination of the records of government and Early Intervention organizations.

- Provincial, Territorial and Federal legislation will be reviewed to identify policy and funding issues.

- Current and proposed identification and assessment techniques will be examined in light of a) developments in screening instruments for the identified age group and b) cultural and linguistic appropriateness. Eligibility criteria will be documented followed by recommendations for change based on improved identification procedures.

- An analysis of the integration of Early Intervention services with other services directed at the child and family. The availability of these services in rural and northern communities will be the primary concern.

- Documentation of existing standards for practice and training followed by a presentation of the potential benefits realized through enhancing these standards.

- An analysis of existing evaluation models and success indicators supported by developments in the field leading to recommendations for improvement.

- The development of training materials to provide those working in the field with the most effective techniques that permit quality care.

- Survey families to detect uptake and benefits to family functioning derived from involvement in Early Intervention programs.

Deliverables

- Description of Canadian Early Intervention services with an emphasis on rural and northern systems. This information will be provided to governments, policy institutes and professional organizations.

- Recommendations concerning best practices within Canada supplemented by relevant practices from relevant international sources. This will be distributed to governments and professional organizations.

- A review of identification and assessment techniques will be provided to governments and professional organizations.

- A report on the integration of Early Intervention services in rural and northern communities with other services directed at the child and family.
- An analysis of existing standards for practice and training leading to recommendations for enhancing these standards.
- An analysis of existing evaluation models and success indicators supported by developments in the field leading to recommendations for improvement.
- The development of distance education models to provide training to those working in rural and northern areas.
- Report on family uptake and family functioning after involvement in Early Intervention programs.

Dissemination

All the activities described above will result in publications that will be crafted to meet the needs of the various stakeholder groups (i.e., government, programs, other service providers, families, service providers, professional organizations, and educational institutions). These will include recommendations for policy and practice, summaries of existing strengths and suggested improvements, and identification of directions for future research. The rural and northern emphasis requires the use of a variety of communication techniques.

References

1. Aytch, Lynette S., Cryer, Debby, Bailey, Donald B., Jr., & Selz, Laurie. (1999). Defining and Assessing Quality in Early Intervention Programs for Infants and Toddlers with Disabilities and Their Families: Challenges and Unresolved Issues. *Early Education and Development,10(1)*, 7-23.

2. Guralnick, Michael J., (Ed.). (1997). *The Effectiveness of Early Intervention*. Baltimore: Brookes.

3. Michelsson, Katarina, & Byring, Roger. (1997). Early Intervention in Finland. *Infant-Toddler Intervention: The Transdisciplinary Journal, 7(2*), 133-139.

Task Force #3: SPECIAL NEEDS IN SUBSTANCE ABUSE

Lead Partner Institution: ***University of Northern British Columbia, Prince George***
Task Force Director: ***Margo Greenwood, Ph.D., Department of Social Work***

Background

Substance abuse is a serious problem for many Canadians especially those living in rural, remote and northern communities. Hinterland populations often experience marginalization because of their locale. This marginalization is characterized by a lack of services or by significant barriers to healthy choices and effective recovery. Availability, accessibility and quality of services continue to be significant issues. In Aboriginal communities these issues are compounded by the historical, political and social influences that continue to impact and limit their lives and their capacity to effect meaningful change. For example, in the words of community researchers and leaders of the Gitxan Nation, in northern British Columbia:

> *Drug and alcohol use and addiction have been compelling issues in Aboriginal communities for a long time. It is understood as an individual lifestyle choice that has become out of control. Yet in some communities, alcohol and drug use is a way of life for most residents. Communities subsumed by substance use and addictions is the result of marginalization and destruction of family and culture. Aboriginal people are continually punished for their addictions, more so than others, and are over represented in the criminal justice system and child welfare systems. These punitive responses often result in further dependence upon substances. The individual, family culture and community are not healed. It is a vicious circle.* (1: pp. 112-113)

Geoffrey York's book (2) entitled, *The Dispossessed* (1990), also describes the devastating effects of cultural invasion and dislocation on marginalized populations.

> *Inhalant abuse has been reported by medical researchers around the world. ... And in almost every case, there is one unifying factor: the young addicts are poverty-stricken members of a community that has been overwhelmed by a more powerful outside culture. They are victims of cultural invasion or dislocation. The economic influence of the outsiders has forced an ethnic group to move to a foreign place, or it has surrounded and besieged the indigenous culture, destroying the traditional economy and social harmony. In each case members of the minority group are stripped of their identity and their traditional way of life, and they descend into a pattern of self-destructive behaviour. Inhalants are the cheapest and most accessible of the weapons of self-destruction.* (p.16)

The current tragedy of inhalant abuse among the youth of Labrador mirrors York's description. In Labrador many Aboriginal groups were removed from their traditional lands and relocated only to see their way of life disrupted and destroyed. For many First Nations, traditional livelihoods and healthy life styles that embraced harmony with the land have been disrupted, leaving in their place a new diet and new dependencies that influence the current and future generation.

Substance abuse not only affects the lives of children and families, it can also affect the lives of unborn children. For example, in the 1997 *Report On the Health of British Columbians, Provincial Health Officer's Annual Report* (3) the affects of alcohol use and addiction on unborn children are examined. The reports states that:

> *Continued research and evaluation needs to occur in this field (fetal alcohol syndrome). We have inadequate methods for monitoring the extent of the problem and whether we are having an impact over time. At the same time, we need to develop more effective prevention, promotion, and treatment programs prior to pregnant, during pregnancy and for the children exposed. The effectiveness of these programs must be demonstrated through proper evaluation.* (p.120)

Drug use and addiction is another issue that pla gues rural, remote, northern communities. The incidence of drug-affected babies has risen six fold in the past decade. Typically these babies are from "families of inter-generational drug users or from dysfunctional families with a history of sexual and physical abuse." (3: p. 122). Recommendations in the 1997 *British Columbia, Provincial Health Officer's Annual Report* (3) for addressing the numbers of drug affected babies being born include encouraging community-wide solutions to the problems of alcohol and drug abuse, providing special treatment and recovery programs for women dealing with drug abuse and providing integrated care for drug affected babies and their families.

Also identified in this 1997 report (3) is an overall "lack of ongoing, comprehensive data to assess the quality of life for disabled children." In rural, remote and northern communities the need for identification of needs and services, is critical. With resources and services being limited the need for integration of services and collaborative approaches to these issues becomes critical. "Band-aid," "quick-fix" solutions are no longer acceptable. Contextual solutions that examine all aspects of individual, family and community life are needed to promote healthy, self determining individuals and communities. To that end the following pages identify objectives, questions, activities and deliverables that begin to explore and identify contextual solutions for addressing substance abuse in rural, remote and northern communities. Dissemination of information and possible links are also included.

Objectives

1. To identify and define substance abuse issues in rural, remote, northern communities

2. To research and describe current services and resources available

3. To evaluate existing services for gaps, challenges and barriers to availability, accessibility and quality of services

4. To identify and examine programs that are sensitive to the diverse needs of northern communities

5. To analyze historical, social, cultural and economic determinants of substance abuse

6. To examine federal, provincial and territorial legislation and policy related to substance abuse or its contextual determinant

7. To develop and promote existing educational strategies targeted at substance abuse

8. To determine how contextual factors impact substance abuse

9. To identify and describe, "best practices" for service delivery including the role of technology

Research Questions

- How do diverse populations residing in rural, remote and northern communities define, describe and experience substance abuse?

- How are diverse rural, remote and northern communities currently providing substance abuse services and programs?

- What gaps, barriers and challenges to substance abuse services and programs currently exist? How effective are these programs? What are the short and long term impacts of these programs for individuals, family and community?

- How can effective substance abuse programs and services be provided to diverse populations residing in rural, remote and northern communities? What is the potential of new and emerging technology for program and service delivery?

- What factors influence substance abuse in children and youth living in rural, remote and northern communities?

Activities

- Create networks with diverse communities and groups involved in substance abuse issues
- Conduct information gathering activities including: comprehensive literature reviews, federal and provincial policy review and analyses, community-based focus groups, key informant interviews
- Analyze and assess current service and program delivery models
- Conduct community based research that focuses on specific aspects of substance abuse relevant to rural, remote and northern communities
- Dissemination of information and resources

Deliverables

- Database of programs, services, other information systems and resources, literature reviews, policy analysis
- Literature reviews focussing on specific substance abuse issues
- Policy and service delivery model recommendations for consideration by Aboriginal, provincial and federal governments
- Community based information sharing gatherings
- Educational materials targeting children, youth and families
- Model service program delivery pilot projects

Dissemination

Information will be disseminated to rural, remote and northern communities through a variety modes including: educational print and audio visual materials, workshops, networking of individuals and groups, web sites, media sources etc. Other methods of information dissemination targeted toward other communities will include: workshops, conference presentations, reports, reviews, articles etc.

References

1. Rutman, D., Callahan, M., Lundquist, A., Jackson, S., & field, B. (2000). *Substance use* of *and pregnancy: Conceiving women and the policy making process.* Ottawa, ON: Status Women.

2. York, G. (1990). *The dispossessed: Life and death in Native Canada*. Toronto, ON: Little, Brown & Co.

3. Provincial Health Officer's Annual Report, (1997). *A report on the health of British Columbians, provincial health officer's annual report, Feature report: The health and well-being of British Columbia's children*. Victoria, BC: Ministry of Health.

Task Force #4: SPECIAL NEEDS IN LEARNING AND COMMUNICATION

Lead Partner Institution: Lakehead University, Thunder Bay, Ontario
Task Force Director: Alan Bowd, Ph.D., Faculty of Education

Background

Special needs in learning and communication are common among Canadian children and adolescents, especially among the school age population. For example, up to 40% of 9 year olds under-achieve in reading and require additional instruction while at least 10% of the school age population have exceptional gifts and talents requiring enrichment in their educational programs (1, 2). Across the country there are no universal definitions or identification criteria for special needs in learning and communication; assessment methods and instructional programs sensitive to cultural and linguistic diversity are not in place; and most educational programs have either not been evaluated or have been demonstrated to be ineffective (3). Throughout Canada, parents and educators struggle to identify and access useful information, obtain relevant training and develop appropriate services for children and adolescents with special needs in learning and communication (4). In rural and northern Canada, there are additional challenges. These are due to difficulties recruiting and retaining professionals in education and related professions, declining populations, delivering educational services across vast distances and developing services that are culturally and linguistically appropriate for the peoples of northern Canada. The stakes are high because for children with learning and communication difficulties the prospect of school failure, dropping out, low literacy and chronic under- or unemployment in adulthood is very real (3).

Our national consultations with community and government partners resulted in the identification of four salient areas of research around special needs in learning and communication that would benefit children and youth in remote, northern and rural environments. These research areas are:

- hearing impairment due to *otitis media* and subsequent communication difficulties (oral and written);
- early literacy education including early assessment, identification and intervention, remedial reading issues for adolescents with impaired literacy skills; numeracy across the curriculum, focusing on practical issues in everyday applications of mathematics within the cultural environment of the local community;
- attention difficulties including identification, culturally appropriate assessment and remediation for students with attention and perception difficulties
- gifted and talented children and adolescents including culturally and linguistically appropriate definitions, assessment and enrichment

Objectives

Drawing on the Centre's resource-based definition of special needs in learning and communication, the following identified objectives will be achieved in the sequence listed:

1. Obtain complete existing information from national, regional and local data bases regarding prevalence rates for these learning and communication difficulties relevant to the populations served by the Centre;

2. From the literature and in concert with partners and links, obtain comprehensive information on successful identification and assessment strategies, interventions and delivery models that are in place and evaluate these in the context of the unique geographical, cultural and linguistic contexts of rural and northern Canada;

3. Establish prototypes of modified identification and assessment procedures that are effective, culturally and linguistically appropriate for students with literacy, numeracy and attention difficulties in rural and northern Canada;

4. Establish best practice models for administration and delivery of intervention services (within the four identified learning and communication areas of focus) for culturally diverse students in remote and rural communities;

5. Evaluate the effectiveness of prototypic and modified models, interventions and service delivery approaches.

Research Questions

- *Hearing impairment.* In what ways, and how frequently, is middle ear infection associated with communication difficulties at school? (Age of onset, frequency of infection, written and oral communication). What effective remedial programs have been implemented? How might remedial programs be implemented and evaluated with our client populations?

- *Literacy and numeracy.* What is the frequency of special needs in literacy and numeracy among rural and northern children and adolescents? How might early literacy/numeracy instruction be modified to be more culturally appropriate (methods and materials)? Which adaptations to current assessment methods render them effective, linguistically and culturally sensitive? Which existing reading and writing/remedial mathematics programs for culturally diverse children and youth are appropriate for our client populations?

- *Attention difficulties.* What is the frequency of attentional difficulties among rural and northern children and adolescents? How might attention difficulties (deficiencies, processing) be identified in culturally diverse populations? How might existing assessment methods be modified to be more valid and reliable (including provision of local norms)? How effective are existing models for service delivery in isolated communities?

- *Gifted and talented.* What is the frequency of gifted and talented children and adolescents in rural and northern Canada? How do we define learning/communication gifts and talents in culturally authentic ways? How do we identify and assess gifted and talented children and adolescents using culturally authentic methods? How do we deliver culturally meaningful enrichment? In what ways does enrichment or lack of enrichment contribute to children's resilience or vulnerability in other areas of their lives (e.g., involvement in substance abuse)?

Activities

- Locating and accessing relevant national, provincial and local data bases and collating statistics regarding family/community demographics and prevalence rates for special needs in learning and communication for our client populations

- Determining gaps in the available data for particular client groups and filling those gaps for example, by examining emerging community profile databases.

- Locating and examining provincial, territorial and federal policy documents to determine current services, eligibility and funding models and identify jurisdictional and funding conflicts.

- Complete comprehensive reviews of the existing academic and professional literatures on special needs in learning and communication to identify best practices in identification, assessment and intervention.

- Conduct community-based focus groups and key informant interviews in rural and remote communities and locate and describe culturally appropriate methods and models for training and services.

- Develop and describe prototypic best practice models for service delivery applicable to our clients. This will include a focus on available (e.g., radio and T.V.) and emerging communications technology in rural and northern communities.

Deliverables

Databases on the frequency of special needs around hearing, early and later literacy, numeracy, attention difficulties as well as gifted and talented children and adolescents; examples of culturally appropriate definitions of learning and communication exceptionalities; sign posts/warning signs for parents and teachers of literacy and numeracy problems; early indicators for parents and teachers of giftedness and special talents; templates of what parents and teachers need to know and be able to do to foster and support numeracy and literacy; identification of best practice prototypes for schools that integrate available information on successful identification and interventions with current technology and culturally appropriate practices; reports on the effectiveness of current policy and programs for improving learning and communication as well as policy recommendations for increasing the effectiveness of programs and services for rural and northern communities.

Dissemination

Deliverables will be disseminated through: 1) our website with email links; 2) documents for use by professionals (e.g. teachers, health care workers), administrators, parents, and policy makers; 3) participation in the Centres of Excellence national conference and at other national and regional conferences, and; 4) through radio, television and the press (interviews and discussion panels).

Finally, there will particular emphasis on consulting as a dissemination avenue for this task force. Regular consulting with health workers, early childhood educators, teachers, special educators, schools, school boards, education authorities, policy makers in education, literacy groups, parents and community leaders will take place as well as community-based workshops and presentations (e.g., in association with our partner NOEL, a regional conference to develop a network in educational leadership for northwestern Ontario public schools and school boards).

References

1. O'Sullivan, J. & Howe, M.L. (1999). Overcoming poverty: *Promoting literacy in children from low-income families*. Report for the National Literacy Secretariat, Human Resources Development Canada. Lakehead University: Thunder Bay: Ontario.

2. Willms, J. D. (1997). *Literacy skills of Canadian youth.* Ottawa, On.: Statistics Canada and Human Resources Development Canada.

3. Jacobvitz, D., Sroufe, L., Stewart, M., & Leffert, N. (1990). Treatment of attentional and hyperactivity problems in children with sympathomimetic drugs: A comprehensive review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 677-688.

4. Canning, P. (1996). *Special matters: Report of the review of special education.* Department of Education, Government of Newfoundland and Labrador.

Task Force #5: SPECIAL NEEDS IN MENTAL HEALTH

Lead Partner Institution: ***Government of Nunavut***
Task Force Directors: ***Shirley Tagalik and Margaret Joyce, Government of Nunavut***

Background

Canada's mental health services and prevention programs fail to meet the needs of children and adolescents in our rural, remote and aboriginal communities (1). There are several reasons for this. For example, for some children and adolescents, the signs and symptoms of mental health problems they exhibit are not recognized or understood in their communities while others find themselves stigmatized because of their problems. Acceptance however is only a small part of the problem, it is the shortfalls associated with the health system that account for the relative ineffectiveness of mental health services for rural and northern children and adolescents. For example, the lack of health human resources – not per capita but due to geographical dispersion – causes frustration, stress and a sense of powerlessness for the health workers in most rural communities (2). In virtually all such places 24-hour a day coverage cannot be maintained without "on-call" burn-out among the small staff. In some places, especially in the far north, there simply are no mental health care workers/services available.

Given the inadequacy of services in rural, as well as aboriginal communities, young people with mental health problems who "act out" tend to be marginalized, often are removed from schools and may be diverted to the justice system and dealt with as young offenders. As a result, there is a risk of undeserved stigmatization, inappropriate treatment and denial of access to proper care.

With respect to aboriginal communities specifically, since many are undergoing severe social disruption involving high rates of clinical depression, family violence and child abuse, as well as youth suicides, the existing mental health and social service system has been forced to focus its efforts on crisis intervention (3). While the service agencies and workers recognize and appreciate the merits of providing mental health promotion and awareness as a preventative effort, agency caseloads are such that workers do not have the time to devote to this activity. As well, because many community-based workers have not received formal mental health training, they lack the skills necessary to plan, develop and conduct community awareness and promotion initiatives. Moreover, workers also lack culturally appropriate mental health promotion and prevention resources.

Where services and resources are severely limited, it is important to identify broad-based, collaborative approaches to deal with issues. Historically fragmented, "band-aid" types of solutions have not served this population well and there is a need to look at causal factors within the context of their communities in order to promote wellness, as well as to offer prevention and intervention services.

Objectives

The general objective for this task force is to identify ways to enable families, children, adolescents and communities to become advocates for their own mental wellness, with a focus on suicide prevention. The immediate and long-term specific objectives are:

1. To identify different cultural definitions of mental health and mental illness.

2. To identify social, cultural and economic determinants of mental health and wellness, and celebrate the unique benefits of rural, remote and northern (RRN) life to mental well-being.

3. To identify the nature and scope of mental health needs for RRN children and adolescents, the issues related to providing services that meet these needs, and the effectiveness of interdisciplinary approaches in program and service delivery.

4. To increase awareness about the issues which promote suicide prevention in RRN communities through the development of effective materials and improved dissemination practices.

5. To find effective uses of technologies to share information that promotes mental wellness across RRN Canada and celebrates strong community wellness models.

Research Questions

For each of the following questions the defining context will be empowering communities around issues of suicide prevention.

- What are the definitions of 'mental health' and how is suicide perceived by the key population groups in RRN Canada?
- What are the determinants of mental health in RRN communities? How do these determinants of health impact on the mental health of children and adolescents in RRN communities?
- What do the different RRN communities see as vulnerability for, or contributing factors to suicidal behavior?
- What do RRN communities identify as protective factors against these suicidal tendencies?
- What suicide prevention response plans exist in various levels of jurisdiction across Canada? How effective have these plans been in reducing the incidence of suicide?
- What system of mental health programs and services support these suicide prevention response plans? What are the descriptors of effective systems? What are the barriers to accessibility/effectiveness?
- How replicable are these models/systems for children and adolescents in various RRN setting: within families, health centers, educational facilities, recreational facilities, youth justice/young offenders facilities?

- What sign-post information (e.g., warning signs for youth suicide) is currently available in RRN communities? How is this being disseminated? How accessible and how effective is this information for families, children, adolescents and community agencies within RRN Canada? How can information be more effectively disseminated through the use of technology given the technological capabilities of RRN communities now and in the future?

Activities

- Conduct limited research (e.g., surveys, focus groups) in key RRN communities in order to address the first four research questions.
- Conduct a literature/document review of policies and practices in the area of suicide prevention from RRN jurisdictions across Canada and in similar jurisdictions internationally. Analyze the effectiveness of these policies and practices in reducing suicide rates.
- Collect examples of interdisciplinary strategies that promote awareness of the determinants of mental health and effective models used to actualize them.
- Survey communities about availability of information about mental health/suicide prevention issues, what promotes healthy living in RRN communities and the accessibility and effectiveness of this information in addressing suicidal behavior.
- Design community awareness campaigns, exploring various technological means for disseminating information and materials on suicide prevention across RRN communities and collect initial feedback from community stakeholders.
- Identify the most effective ways of celebrating the strengths and healthy benefits of northern and rural living and find partners to enable us educate Canadians about these.

Deliverables

- Glossary of definitions of 'mental health' from different RRN perspectives.
- A report on the determinants of mental health in RRN communities, contributing factors to suicidal behavior, and the activities within RRN communities that promote mental well-being.
- A database on services, program models, best practices with a focus on interdisciplinary approaches.
- A report on how replicable these services, program models are for RRN communities.
- A database of suicide prevention response plans and the correlation of those plans to the suicide statistics for those regions.

- A report on the descriptors of effective suicide prevention response plans, the systemic supports required and their accessibility and effectiveness.
- A list of materials and resources currently available on suicide prevention with an annotation about the cultural and linguistic appropriateness for RRN communities.
- Packaged information related to suicide prevention, mental wellness and community responses/community-based suicide prevention response plans using a variety of different technological formats.
- Develop and promote an effective dissemination strategy based on feedback from RRN communities.
- Recommendations to Health Canada for input into a national strategy on mental health ensuring inclusion of issues specific to populations within RRN Canada.
- Recommendations to Health Canada for a National Suicide Prevention Strategy, inclusive of RRN communities.

Dissemination

Our primary audience is the people, agencies, service providers, children and adolescents in our RRN communities. In order to promote advocacy, we will disseminate through pamphlets, public service announcements, posters, videos, radio, TV, web-pages, and other technological means that may prove effective. Information will be disseminated to service providers and policy makers at all levels in order to encourage community capacity and infrastructure. Information will include reports on best practices models, indicators of health, capacity building, interdisciplinary practice, cultural/social/ linguistic/economic contexts; data bases on policies, resources, strategic plans; and recommendations to create a National Strategy on Suicide Prevention. Regular presentations at the Canadian Association of Suicide Prevention conference on the research findings, effective strategies, and models of interdisciplinary programs/service delivery.

References

1. Dubois, J., K. Nugent, E. Border, (1991). Psychiatric consultation with children in under-serviced areas. *Canadian Journal of Psychiatry, 36*, 456-461.

2. Katt, M., P. Kinch, M. Boone, and B. Minore, (1998) . Coping with northern Aboriginal youths' suicides. In A. Leenaars (Ed.), *Suicide in Canada* (pp. 212-226). Toronto, ON: University of Toronto Press, Inc.

3. Kelly J., J. Kelleher, L. Taylor, I. Vaughn, I. Rickert, (1992). Mental health services for rural children and adolescents. *Clinical Psychology Review, 12,* 841-852.