

# Culturally Relevant Gender Based Analysis and Assessment Tool

For
Health Canada
Aboriginal Health Transition fund
2007-08

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Rather, for Aboriginal women, balance is understood as respecting the laws and relationships that Aboriginal women have as part of the Aboriginal law and ecological order of the universe.<sup>1</sup>

## PART I – NWAC Culturally Relevant Gender Based Analysis and Assessment Tools

#### Introduction

The purpose of this document is to provide the Native Women's Association of Canada with a template to measure the application of Gender-Based Analysis for governments and National Aboriginal Organizations. It also will provide a plan for future evaluation of its effectiveness/impact relative to outcomes of health policies, programs, and legislation and/or pilot projects. It provides a generic template to measure of the application of a Culturally Relevant Gender Based Analysis (CRGBA) on several types of desired outcomes for Aboriginal women specifically.<sup>2</sup>

#### **Background**

For the general Canadian population, gender based analysis had its genesis in the 1970s when public policy began to reflect women's rights, particularly pay/work equity<sup>3</sup> and sexual assault/harassment issues. The Status of Women Canada recognizes the treatment of women and men identically will not produce similar outcomes,

[B]ecause women and men occupy different socio-economic statuses and experience different living conditions. GBA views women in relation to men in society rather than in isolation, that has meant at times the marginalization of women's realities in public policy development. GBA offers policy makers an accountability process by helping them determine if allocated resources are reaching the intended populations, efficiently and effectively.<sup>4</sup>

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<sup>&</sup>lt;sup>1</sup> Y.M. Boyer (2006), "First Nation, Métis and Inuit Women's Health – A Constitutional Analysis" Discussion Paper Series #4, National Aboriginal Health Organization and the Native Law Centre of Canada (March 2006) at p. 8.

<sup>2</sup> A large number of documents were reviewed for the creation of this document but most notably the following were relied upon: NWAC- *The Culturally Relevant Gender Based Analysis* prepared for the National Aboriginal Women's Summit in June 2007 [CRGBA]; The NWAC – *Sisters in Spirit Initiative and Cultural Framework*; the Status of Women Canada *Gender –Based Analysis: Performance Measurement of its Application* [SOW]; Aboriginal Women's Health and Healing Research Group *The Aboriginal Driven Gender Based Analysis Framework* (Erin Wolski, 2007) [Wolski]; Assembly of First Nations *Women's Analysis Framework* (DRAFT); Aboriginal Women's Health and Healing Research Group *Towards the Reconstruction of a Gendered Aboriginal Identity* (Erin Wolski, August 2007); Aboriginal Women's Health and Healing Research Group *Exploring the relevance of Gender Based Analysis to Indigenous realities in Canada: A comparative Analysis* (Erin Wolski Nov. 2007); Health Canada *Gender Based Analysis Policy* (2000); NWAC *Aboriginal Health Indicators: Framework Document* [Framework]; INAC *Gender Based Analysis Policy* (Mar. 2007); Health Canada *Exploring Concepts of Gender and Health* (June 2003).

<sup>&</sup>lt;sup>3</sup> Traditional male jobs were assigned a higher value economically and societal, than traditional "women's work" like nursing or babysitting.

<sup>&</sup>lt;sup>4</sup> Canada, Status of Women Canada, *Setting the Stage for the Next Century: The Federal Plan for Gender Equality* (1995) online at < http://www.swc-cfc.gc.ca/pubs/066261951X/199508\_066261951X\_e.pdf>.

Biological characteristics (male/female) and social determinants (gender) are seen as factors that affect health status. Historically for instance, health research and clinical trials were only conducted on men creating a total failure to meet women's health needs. Different biological or hormonal differences (including pregnancy) were labeled syndromes. This placed women at great risk because the findings derived from male oriented trials were the "gold standard" and applied to women thereby rendering false and at times, dangerous results.

Development of a tool that is meaningful and effective for Aboriginal women requires that we take into account distinctive constitutional safeguards of their rights. Section 35(1) of the Constitution Act, 1982<sup>5</sup> recognizes and affirms the existing Aboriginal and treaty rights of the Aboriginal peoples of Canada, including the Indian, Métis and Inuit peoples. Section 35(4) of the Constitution Act, 1982 provides that notwithstanding any other provision, the Aboriginal and treaty rights referred to in subsection (1) are guaranteed equally to male and female persons. This is a fundamental constitutional recognition of the equality of Aboriginal women, and we find a similar fundamental acknowledgment of that equality in the Charter of Rights and Freedoms. <sup>6</sup> Section 25 of the Charter prevents the guarantees of the Charter from detracting from Aboriginal treaty and other rights and freedoms; section 25 is subject to section 28 of the Charter, which provides that all Charter rights are guaranteed equally to women and men. Thus, the Aboriginal rights protected by section 25, like those protected by section 35(1), must be made available on an equal basis to women. Not only do sections 35(4) and 28 protect the position of Aboriginal women within Aboriginal polities, but section 15 of the Charter guarantees that Aboriginal women cannot be discriminated against vis-à-vis non- Aboriginals. For Aboriginal women, the development of a culturally relevant gender based analysis is therefore a constitutional obligation.

In 1995, the Federal government approved a *Federal Plan for Gender Equality*. This document committed all federal departments to address and implement gender equity in all their areas. Since then, some federal departments have developed their 'own' Gender Based Analysis model/process. They, however, do not always take into consideration the unique needs of Aboriginal women. There are many reasons that an Aboriginal Culturally Relevant Gender Based Analysis is required including the large disparities in health status between men and women and particularly between Aboriginal women and the rest of Canadian society. In short Aboriginal women suffer from being placed at the lowest socio-economic status in Canadian society and suffer from the poorest health standing. It is therefore crucial that a Culturally Relevant Gender Based Analysis systematically integrates gender perspective into the creation of policies and programs that affect Aboriginal women. It also must provide tools of measuring the effectiveness of programs and policies in meeting the needs of Aboriginal women. These and other essential elements of a Culturally Relevant Gender Based Analysis follow in response to the limitations of a conventional Gender Based Analysis.

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<sup>&</sup>lt;sup>5</sup> Constitution Act, 1982, being Schedule B to the Canada Act 1982 (U.K.), 1982, c.11.

<sup>&</sup>lt;sup>6</sup> Canadian Charter of Rights and Freedoms, Part I of the Constitution Act, 1982, being Schedule B to the Canada Act 1982 (U.K.), 1982, c.11.

<sup>&</sup>lt;sup>7</sup> Supra note 4.

<sup>&</sup>lt;sup>8</sup> See for instance, Canada, Indian and Northern Affairs, *Gender Based Analysis* Policy (1999 and 2006) online at <a href="http://www.ainc-inac.gc.ca/pr/pub/eql/eql">http://www.ainc-inac.gc.ca/pr/pub/eql/eql</a> e.pdf; Canada, Health Canada *Gender Based Policy* (April 2005) online at <a href="http://www.hc-sc.gc.ca/hl-vs/women-femmes/gender-sexe/policy-politique\_e.html">http://www.hc-sc.gc.ca/hl-vs/women-femmes/gender-sexe/policy-politique\_e.html</a>>.

Health Canada's Aboriginal Health Transition fund is working with NWAC to produce a tool that will ensure the proposed changes in the federal, provincial and territorial (F/P/T) health systems will be culturally relevant and gender based. The Aboriginal Health Transition Fund was created to aid Aboriginal communities in integrating existing federal health systems with P/T health systems within Aboriginal communities. Also to adapt existing health services and programs to better meet the needs of Aboriginal peoples. <sup>9</sup>
To do this, the NWAC Health department has been tasked with:

Develop and apply an Aboriginal-women's CRGBA process (tool) that can be used to determine if the Federal/Provincial/Territorial (F/P/T) health systems' proposed changes reflect and incorporate the health service needs of Aboriginal women. (From Contribution Agreement- Aboriginal Health Transition Fund)

The following sections discuss the cultural relevance of a gender based analysis and explain why it is crucial that culture is not removed from gender for Aboriginal women.

#### **Cultural Relevance**

Canada's institutions that claim to be value free still continue to reflect a male construction of reality. <sup>10</sup> For Aboriginal <sup>11</sup> women, it is crucial to understand that the implementation of colonialism through sets of male created and centered values has shaped institutions, laws, legislation and policies that have had a long-lasting negative effect on the health of Aboriginal women. Professor Patricia Monture describes the interconnectedness of race and gender:

I am not just woman. I am a Mohawk woman. It is not solely my gender through which I first experience the world, it is my culture (and/or race) that precedes my gender. Actually if I am the object of some form of discrimination, it is very difficult for me to separate what happens to me because of my gender and what happens to me because of my race and culture. My world is not experienced in a linear and compartmentalized way. I experience the world simultaneously as Mohawk and as woman. It seems as though I cannot repeat this message too many times. To artificially separate my gender from my race and culture forces me to

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<sup>&</sup>lt;sup>9</sup> Canada, First Nations and Inuit Health Branch, *Aboriginal Health Transition Fund, Adaptation Envelope* (October 2006) online at <a href="http://www.vch.ca/aboriginalhealth/docs/AHTF">http://www.vch.ca/aboriginalhealth/docs/AHTF</a> Toolkit.pdf</a>>.

<sup>&</sup>lt;sup>10</sup> Professor Ann Scales notes that men have had the power to "to create the world from their own point of view, and then, by a truly remarkable philosophical conjure, were able to elevate that point of view into so-called 'objective reality'." Further, "in law, the issues that preoccupy women are all issues that emerge out of a male-defined version of female sexuality. Abortion, contraception, sexual harassment, pornography, prostitution, rape, and incest are 'struggles with our otherness' that is, struggles born out of the condition of being other than male." (Ann Scales, "Militarism, Male Dominance and Law: Feminist Jurisprudence as an Oxymoron?" (1989) 12 Harv. Women's L.J. 25 in Sherene Razack, "Speaking for Ourselves: Feminist Jurisprudence and Minority Women" (1990–1991) 4 Canadian Journal of Women and the Law 440 at 441.)

<sup>&</sup>lt;sup>11</sup> The term Aboriginal People refers to the original inhabitants of Canada. Its general usage refers to First Nation (Indian), Inuit and Métis peoples. Aboriginal people are recognized in section 35(2) of the *Constitution Act, 1982* and refer explicitly to "the Indian, Inuit and Métis peoples." Each grouping has vastly different linguistic and cultural attributes from the others with different delineating legal and jurisdictional responsibilities and treatment by the federal government. Within this paper, references to First Nation, Indian and Aboriginal are used separately and interchangeably depending upon the documentation of the historical and legal language used.

deny the way I experience the world. Such denial has devastating effects on Aboriginal constructions of reality. 12

Though a male centered version of the universe, the denial of women's identity and the disconnect of race and gender for Aboriginal women has negative consequences for health, spiritually, mentally and physically and is directly related to the poor health status of Aboriginal women today.

Historically, Aboriginal women commanded the highest respect in their communities as the givers of life and were the keepers of the traditions, practices and customs of the nation. It was well understood by all, that women held a sacred status as they brought new life into the world. Women were revered for their capacity not only to create new life but by extension the creation of new relationships with the Creator. The Report of the Royal Commission on Aboriginal Peoples notes:

She did not have to compete with her partner in the running of the home and the caring of the family. She had her specific responsibilities to creation which were different, but certainly no less important, than his. In fact, if anything, with the gifts given her, woman was perhaps more important ... <sup>13</sup>

The newest members of the community were given the law of the Creator and were given responsibility to enter into new relationships in a "good way." Women made integral decisions about family, property rights, and education. <sup>15</sup> Underlying principles of gender balance fortified early Aboriginal society. <sup>16</sup> The issue of balance, however, is not to be construed or constructed as

From Iroquois traditions, women were always regarded with special status and honor because of the ability to bring forth life to this earth. In motherhood terms, she was an intricate part in the CIRCLE OF LIFE, since they are the source from whence a land is people. The circle has four main cycles; from baby to adolescent; from middle age to Elder, she as to bear the responsibility of upholding the cultural values and traditions from generation to generation.

Prior to European colonization efforts, many First Nation societies were matriarchal in nature. Missionaries and other Church officials discouraged matriarchal aspects of First Nation societies and encouraged the adoption of European norms of male dominance and control of women. According to the customary law of the Mohawk nation for example, the matrimonial home and the things in it belong to the wife and women traditionally have exercised prominent roles in decision-making within the community. (Martha Montour, "Iroquois Women's Rights with respect to matrimonial property on Indian Reserves" 4 Canadian Native Law Reporter 1 [1987]; Robert A. Williams, "Gendered Checks and Balances: Understanding the Legacy of White Patriarchy in an American Indian Cultural Context" (1990) 4 Ga. L. Rev. 1019.) Quoted

<sup>&</sup>lt;sup>12</sup>Patricia Monture-Angus, *Thunder in my Soul: A Mohawk Woman Speaks* (Halifax: Fernwood Publishing, 1995) at 178.

<sup>&</sup>lt;sup>13</sup> Canada, Royal Commission on Aboriginal Peoples, *Report of the Royal Commission on Aboriginal Peoples: Gathering Strength* (Ottawa; Supply and Services Canada, 1996), Vol. 4, "Historical Position and Role of Aboriginal Women: A Brief Overview," quoting Osennontion (Marlyn Kane), online: <a href="http://www.ainc-inac.gc.ca/ch/rcap/sg/sjm2\_e.html">http://www.ainc-inac.gc.ca/ch/rcap/sg/sjm2\_e.html</a> (accessed March 22, 2008) [RCAP]. See also, Tsi Non:we Ionnakeratstha (the place they will be born) Ona:grahsta' (a Birthing Place) Six Nations Maternal & Child Centre, Brochure, "Six Nations Maternal Brochure" (2005):

<sup>&</sup>lt;sup>14</sup> AMEP, *ibid* at 2. The Aboriginal Midwifery Education Program, Elder's Advisory Group created the Vision Statement for their Aboriginal Midwifery Education Program "Through the Practice of Midwifery, we will again raise the sacredness of new life."

<sup>&</sup>lt;sup>15</sup> Canada, Indian and Northern Affairs, "Aboriginal Women: Meeting the Challenges," online: Indian and Northern Affairs <a href="http://www.ainc-inac.gc.ca/ch/wmn/index\_e.html">http://www.ainc-inac.gc.ca/ch/wmn/index\_e.html</a> (accessed March 22, 2008).

<sup>&</sup>lt;sup>16</sup> It is the opinion of many that First Nations were primarily matriarchal societies:

similar to the Eurocentric or feminist or western legal tradition understandings of "balance" as equating "equality." Aboriginal law is not ordered around Eurocentric values or perceptions of what is "balance" or "equality." Rather, for Aboriginal women, balance is understood as respecting the laws and relationships that Aboriginal women have as part of the Aboriginal law and ecological order of the universe.

#### Professor Patricia Monture-Angus notes:

... Aboriginal culture teaches connection and not separation. Our nations do not separate men from women, although we recognize that each has its own unique roles and responsibilities. The teachings of creation require that only together will the two sexes provide a complete philosophical and spiritual balance. We are nations and that requires the equality of the sexes. <sup>17</sup> (emphasis in original)

As a well-documented example, the Iroquoian culture is based upon the principles of balance and equilibrium with gender being one component of balance:

[E]quilibrium was the animating purpose behind "gendering," or the interaction between male and female energies that dictated the separation of social functions by gender ... [T]he sexes functioned as cooperative halves. At once independent yet interdependent, they worked to create the perfect whole of society. In all the spheres – the social and the religious, the political and the economic – women did women's half and men did men's half, but it was only when the equal halves combined that community cohered into the functional whole of a healthy society. <sup>18</sup>

Although many scholars suggest that all Aboriginal traditions were marked by equality between men and women, these traditions are not frozen in time but have evolved with the times. Aboriginal traditions are Indigenous knowledge, heritage and culture and form Aboriginal society, both historically and presently. These are Aboriginal rights and arise with the beliefs and social practices and ceremonies of Aboriginal people. The practices are traced back to ancestral order and relationships.<sup>19</sup>

All Aboriginal people carry these important rights by virtue of being born Aboriginal. Having control over these cultural beliefs and social practices has a direct link to better health. For example, "Aboriginal children's growth and development, particularly growth and development that fosters and promotes cultural strength, congruency and citizenship, is at the forefront of

from "The Historical Context" (23 April 2004), online: Indian and Northern Affairs Canada <a href="http://www.ainc-inac.gc.ca/pr/pub/matr/his\_e.html">http://www.ainc-inac.gc.ca/pr/pub/matr/his\_e.html</a> (accessed March 22, 2008).

<sup>&</sup>lt;sup>17</sup> Patricia Monture-Angus, "The Lived Experience of Discrimination: Aboriginal Women Who are Federally Sentenced & The Law: Duties and Rights" (Submission of the Canadian Association of Elizabeth Fry Societies (CAEFS) to the Canadian Human Rights Commission for the Special Report on the Discrimination on the Basis of Sex, Race and Disability Faced by Federally Sentenced Women, (2002) online: <a href="http://www.elizabethfry.ca/submissn/aborigin/4.htm">http://www.elizabethfry.ca/submissn/aborigin/4.htm</a> at 6 (accessed March 22, 2008).

<sup>&</sup>lt;sup>18</sup> Barbara A. Mann, *Iroquoian Women: The Gantowisas* (New York: Peter Lang 2000) at 60.

<sup>&</sup>lt;sup>19</sup>M. Battiste & J.Y. Henderson, *Protecting Indigenous Knowledge and Heritage: A Global Challenge* (Saskatoon: Purich Publishing, 2000) [*Indigenous Knowledge*] at 212.

addressing these health disparities."<sup>20</sup> The Report *Cultural Continuity as a Hedge Against Suicide in Canada's First Nations*<sup>21</sup> provides strong evidence that cultural continuity builds resilience and reduces negative health outcomes. Chandler and LaLonde present data that examines self continuity as a protective factor against suicide in British Columbia's First Nations communities. Some communities had suicides that were 800 times the national average while in other communities suicide is virtually unknown. These rates are associated with the degree that each community is engaged in collective efforts to protect their culture. The results showed that youth suicide is clearly associated with a group of variables or protective factors that index the degree to which communities are engaged in practices to preserve and restore their culture. Particularly, markers of cultural continuity included self government, land claims, education and health services, cultural facilities and police/fire services, with self government providing the greatest protective value.

Linguistic and cultural differences from mainstream society have a direct impact on all aspects of Aboriginal health. For instance, certain barriers may limit the ability to communicate symptoms to medical personnel with an adequate translation, the cultural context in which one experiences these symptoms and the desire to use traditional medicines and approaches. There may also be a fear of the unknown concerning western systems of health care (considering the history of policies, laws and legislation, this fear is definitely warranted). There are also issues of accessibility to health information; the quality of health service that Aboriginal people receive; and access to education and training opportunities that are culturally relevant and appropriate.

Sport and recreation also reinforce cultural and language practices, socialization patterns and build community ties. The use of traditional activities and games provides an excellent opportunity to enhance language and culture while supporting a healthy community. Adequate sport and recreational facilities are a significant element of a healthy community and thriving culture, yet they are in limited supply in Aboriginal communities across Canada.

The health and wellbeing of all people is simply their living circumstances and their quality of life – the social determinants of health. The control one has over their living circumstances and quality of life is self determination within the realm of social determinants of health. There are many factors that determine the status of one's health. For Aboriginal people in Canada it has been noted that a holistic view of health includes environment, culture, social/economic, mental/psychological, service access, family/child and self determination/governance.

In summary, colonial laws and policies were developed that targeted the power of Aboriginal women as family anchors. Aboriginal women were closely linked to the land, and because land acquisition became the goal of the colonizers, Aboriginal women became the target. Historically, Aboriginal women have been portrayed in derogatory terms.<sup>22</sup> Through various laws, regulations,

<sup>&</sup>lt;sup>20</sup> M. Greenwood, *Children as citizens of First Nations: Linking Indigenous health to early childhood development*, Paediatric Child Health Vol. 120 No. 9 November 2005.

<sup>&</sup>lt;sup>21</sup> Lalonde, M.J. & Chandler C.F., *Cultural Continuity as a Hedge Against Suicide in Canada's First Nations*, *Cultural Continuity as a Hedge Against Suicide in Canada's First Nations*, Transcult Psychiatry 1998;35:193-211.

<sup>22</sup> K. Anderson, *A Recognition of Being: Reconstructing Native Womanhood* (Toronto: Second Story Press 2000) at 99 in Pertice Moffitt, "Colonialization: A Health Determinant for Pregnant Dogrib Women" (2004) 15:4 Journal of Transcultural Nursing 323–30 (2004) at 325.

policies and Christian edicts.<sup>23</sup> a demeaning and demoralizing portrayal became the identity of the Aboriginal woman in Canada, forcing them into an oppressed position in society, which are serious mitigating factors as to their poor health of today.

#### PART II - Assessment Tools and Validation Process

The assessment tool questions basic assumptions, gathers data and furthers an understanding of how systemic health factors affect women and men and have a different outcome.

The validation process will use a report card model and a standardized set of indicators, based on a model of a CRGBA that recognizes the relationships between Aboriginal specific requirements, the program/policy or legislation being developed, and associated management/assessment activities. These indicators will provide the status of the program, policy and legislation. It will identify problems, and measure progress toward management goals through a report card model. Best practices will be gleaned from the assessments and reports cards and compiled into a document for future use and evaluation.

This paper and validation process has been vetted through the Native Women's Association of Canada's, Provincial/Territorial Member Associations at their March 15 and 16<sup>th</sup> 2008 Board of Directors meeting held in Ottawa, Ontario and has received a positive endorsement for the work that has gone into the creation of this Culturally Relevant Gender Based Analysis. They believe that this document may be seen as an important founding document for all areas of NWAC departments.

The focus of this template is on the immediate and intermediate outcomes of the process of applying CRGBA in the area of health (and will assess how well are using CRGBA in the development of policy, programs and legislation). The ultimate goal of applying CRGBA is its impact on moving policy, programs and legislation towards equal outcomes relative to gender. Thus, performance measurement of the process of applying CRGBA is an integral part of final evaluation efforts as data must be collected throughout the policy, program/ and legislation lifecycle in order to measure any changes or improvements. While the Performance Measures provide quantitative or qualitative information on how well CRGBA assists in achieving the outcomes, Measurement Tools provide a means to collect that information.<sup>24</sup>

SOW, supra note 2.

<sup>&</sup>lt;sup>23</sup> See, for example, F. Pannekoek, "The Churches and the Social Structure in the Red River Area 1818–1870" (Ph.D. Thesis, Queen's University 1973) at 154–90.

## Checklist for Performance Measures

#### Phase 1 - Development

The following questions are examples of questions that are relevant to the group that you are working with in the planning stages of policy/program development. Once the following questions have been discussed and assessed, the Template should be used.

How are Aboriginal women involved? What CRGBA specific expertise do they possess?
In what ways are both women's and men's experiences considered in identifying the issue? What is the issue? The language used in framing the issue will give you a sense of what the value system or principles being used are.
How are you defining the issue and what policies and approaches have you looked at before? Why did you eliminate the policies you did?
What are the real and perceived constraints (barriers) on your decision making approaches i.e., cost benefit analysis and timing, jurisdiction?
Are the parties clearly identified as to their roles? Ascertain who has been identified.
Was free, prior and informed consent from all relevant parties prior to applying CRGBA projects?
Does gender affect how the issue is experienced?
How will you determine if diversity, in addition to gender, will be a factor in the outcomes? (for instance, race, language, education, religion, gender etc)
How can this be measured in practical and statistical terms?
Has the views of Aboriginal women organizations and gender-sensitive researchers been considered on this issue? How?
What information have you utilized (statistics, studies, consultations) to complete your CRGBA?
How will the outcomes of this policy affect the genders? What specific gender characteristics lead to these different outcomes of the policy?
What is the cost/benefit analysis underlying this proposed policy approach? How does this cost / benefit outcome differ for men and for women?
What constraints acted or are acting on the proposed policies you are considering? How do these constraints affect men and women differently? Who decided what these constraints are? Can any be changed? Do any act to negate the influence of any CRGBA process that might be implemented?
What other outcomes of this policy may be anticipated by looking at gender and diversity (ie: unintended consequences)?
Is the policy, program or legislation consistent with the Treasury Board's "Logic Model" as part of the "Results-Based Management and Accountability" Framework.

	Do you have a CRGBA designated person certified by NWAC that is undertaking or working on your CRGBA?
	If you are hiring consultants, have they demonstrated a capacity to perform a competent culturally relevant gender-based analysis? How?
Phase	e 2 – Implementation
	If you are conducting primary research, are data collection questions appropriate and respectful of the dignity of the research participants?
	Have affected groups been invited to participate in developing the research plan?
	Are you in compliance with the NWAC Ethical Guidelines and the NWAC Privacy Policy?
	If you are using a computer-simulation model, are you using gender as a factor? Do you have access to the expertise of someone knowledgeable about gender issues to help interpret the results? What assumptions about gender and life stages underpin your computer simulation model? Are they fair to men and women i.e. do they expect that men and women want/should have equality of results? Is the simulation predicting different life stages for men and women? Are these appropriately structures i.e. not gender-biased, not expecting women to assume certain responsibilities that men are not required to assume, etc?
Phase	e 3 – Monitoring (and developing options)
	Are Aboriginal women still involved in the policy development at this stage?
	Have the barriers to Aboriginal women's participation been identified? How have they been addressed?
	Is there a differential impact on women's or men's social or economic positions? What are the results you expect for women? What are the results you expect for men? Are there differences in these results? If yes, how is equality of results being achieved (instead of equality of treatment)
	Will further or ongoing meetings occur with Aboriginal women's organizations and key Aboriginal women experts in the area about the impact of each policy option on women? Do you need the advice of NWAC?
	Will the analysis of each option outline how it supports women's issues and point out where women's issues may be compromised?
	Have you endeavoured to develop innovative solutions to the gender and diversity issues you have identified? What solutions have the affected groups suggested? Why have you accepted them or not accepted them?
	How will any differential consequences based on gender and diversity, and their social and economic costs, be communicated to decision-makers? What about differential costs in implementing the policy? How have these been communicated to 'management' and how are they affecting decision making around the policy?

		In what ways will Aboriginal women's issues be a significant element in weighing and recommending options?
		Will the recommendations suggest how to implement the policy in a culturally relevant gender-sensitive and equitable manner?
		Have communication strategies been designed to ensure information is accessible to both men and women and fair to diverse communities?
		How will the information be communicated to women who are members of other groups (youth, Elders, urban)?
		How will the participation and contributions of both women and men in the policy development process be acknowledged and communicated in an appropriate and respectful way?
		How will the aspects of the policy supporting Aboriginal women's issues be highlighted and communicated?
Ph	ase	4 – Evaluation
		Who will analyze the quality of the analysis? To whom will the assessment be reported? Will Aboriginal women's organizations or key Aboriginal women in the area be consulted?
		Are Aboriginal women's issues incorporated into the evaluation criteria? How?
		What indicators will be used to measure effects of the policy on women and men?
		How can govt. etc. prove that they have not only done/listened to CRGBA but have also acted on it? What concrete actions / results / outcomes can be shown to be directly related to the outcomes of the CRGBA analysis?
		Have you evaluated against a set of universally acceptable CRGBA standards: not just what you have done this year.
		Are all the implications of implementation addressed ie: legal, cultural, economic and environmental <sup>25</sup> at every stage/phase of planning, consultation, development (at the end of each step). <sup>26</sup>

## Essential Elements of an Adequate and Meaningful Culturally Relevant Gender Based Analysis

These elements have been gleaned from NWAC documents and documents that are available on various gender based analysis. This "LIVING TREE" DRAFT list is not limited to the following but will require ongoing consultation with communities, individuals and organizations to continually update and keep relevant with the continuum of gender based analysis:

<sup>&</sup>lt;sup>25</sup> Wolski, *supra* note 2 at 7.

<sup>&</sup>lt;sup>26</sup> Framework, *supra* note 2.

#### **Principles**

Aboriginal women must be involved in all discussions that will have an impact on them included but not limited to land claims and self government agreements; NWAC's A Culturally Relevant Gender Based Analysis is in **compliance** with the laws of the Creator (as cited above) or the Aboriginal world view/law, the laws of Canada and International instruments; (i.e.: inherent right, Constitution, Int. law)

A Culturally Relevant Gender Based Analysis captures the diversity and different circumstances of Aboriginal women based on their distinctive cultures and cultural practices within the First Nations, Métis and Inuit peoples.<sup>27</sup>

A Culturally Relevant Gender Based Analysis provides a more balanced approach to the development and implementation of policies and programs, organizations and governments;

#### **Objectives**

A Culturally Relevant Gender Based Analysis works in collaboration with national and international women's organizations, governments and NAO's and other organizations to further define the needs and develop a CRGBA.

A Culturally Relevant Gender Based Analysis challenges the assumption that all people are affected in the same wav<sup>28</sup>

A Culturally Relevant Gender Based Analysis is supported by factual evidence;

A Culturally Relevant Gender Based Analysis engages with the people to whom it affects (ie: through PTMA's etc. Roundtable and other meetings gathering input from women of NWAC; community and individual consultations, interviews, meetings etc.)

A Culturally Relevant Gender Based Analysis is applied at each phase of policy/program development/implementation and monitoring at each phase/step/stage.

A Culturally Relevant Gender Based Analysis is incorporated into the core of policy/program and legal development **before** the first drafting, ie: in consultation with NWAC;

A Culturally Relevant Gender Based Analysis provides a checklist with suggested "upgrades" to assist in created a Culturally Relevant Gender Based Analysis.

If these requirements are met then the following Desired Outcomes will be attainable.

#### **Desired Outcomes**

It is crucial that a Culturally Relevant Gender Based Analysis systematically integrates gender perspective into the creation of policies and programs that affect Aboriginal women. It also must provide tools of measuring the effectiveness of programs and policies in meeting the needs of Aboriginal women. We know the CRGBA is successful when the following targets are achieved:

All NWAC departments and material produced is in compliance with the NWAC approved approach; (Board approved CRGBA, and all departments of NWAC comply, <sup>29</sup> governance structures, legal structures, policies, negotiations etc.)

<sup>&</sup>lt;sup>27</sup> CRGBA, *supra* note 2 at 6.

<sup>&</sup>lt;sup>28</sup> For example Health Canada uses a "determinants approach" with 12 determinants of health, gender being one. NWAC should advocate for an Aboriginal women's approach

<sup>&</sup>lt;sup>29</sup> Within NWAC the organizational policy should be implemented a) in all departments of NWAC b) training, workshops, guest speakers will be provided to staff and board c) all policies and practices of NWAC will be

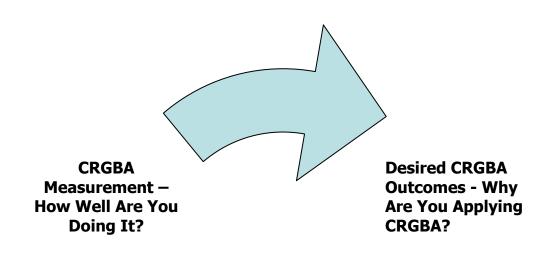
- An Aboriginal traditional balance or equilibrium (equal social status, differing roles) "Reclaiming our way of being" underpins all NWAC work.
- All Treasury Board allocations of money has CRGBA requirements, regulations and enforcement mechanisms;
- All NAO's, non-governmental organizations, provincial, territorial, federal and Aboriginal
  governments apply a culturally relevant, gender-based analysis so that Aboriginal women
  are well served in all legislative, policy and programming initiatives affecting Aboriginal
  individuals and peoples. NWAC to be consulted on all matters and at all stages in the
  development of policy, program development, implementation and evaluation.
- NWAC and other representative Aboriginal women's organizations are at all decision making tables, to ensure that a culturally relevant, gender-based analysis is applied to all areas of partnership in policy and legislative matters.
- Violence against Aboriginal women and girls is a priority in all areas including funding allocations/ research and culturally appropriate services.
- Resources are available to address all issues that negatively impact on Aboriginal women's
  health and well-being, including poverty, lack of housing, sexualized, racialized violence,
  employment, education, etc.
- Indigenous laws that equalize the sexes are implemented as much as possible.
- Aboriginal women are full and equal partners in all research, reporting and evaluation frameworks relating to data development, ownership and control.
- Where jurisdictional control is transferred to First Nations, Métis and Inuit communities, NWAC or other representative Aboriginal women's groups, such as Pauktuutit Inuit Women's Association, conduct research and policy development to ensure the application of a culturally relevant CRGBA to the development and implementation of legislation that affects Aboriginal women's health;
- New relationships are developed between Statistics Canada and the NAO's, including the sharing both of data and expertise. Efforts are made to collect disaggregated data on the basis of both gender and race combined, so that there is a clear statistical picture of the realities of Aboriginal women.
- There is funding parity among the NAO's. Only when NWAC is adequately resourced will there be sufficient capacity to provide culturally relevant, gender based analysis to all policy and programming discussions at the Aboriginal, federal, provincial and territorial levels.

rechecked to ensure compliance d) develop implantation procedures and manual for practice e) a plain language document will be developed "What Aboriginal Gender Balanced Analysis and Tools means to you!" for distribution to PTMAS and NWAC and the public.

#### Model

#### POLICY/PROGRAM/LEGISLATION (being assessed)

## Steps to Which CRGBA is Applied -- What Step Are You At?



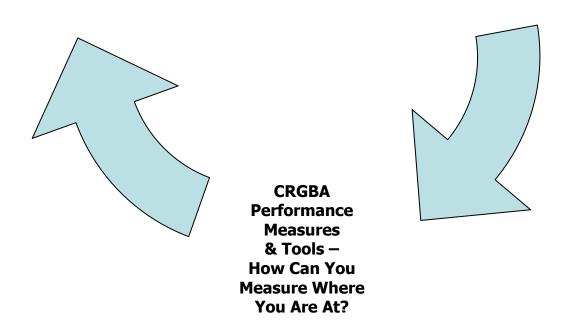


Figure 1 Canada, Status of Women Canada Gender –Based Analysis: Performance Measurement of its Application at 6.

#### Instructions for Use

The following is an explanation of how this template is structured. An understanding of these steps will help you to use it properly. Please see the following pages for the template and worksheet of the process.

- Determine which Step of the policy, program or legislation you are working at (column one). Desired CRGBA Outcomes, Performance Measures, Tools, Grading, Report Card, Upgrades and Best Practices have been created and are related to each of these steps. The focus of this template is to measure the application and incorporation of CRGBA throughout the life of the policy, program or legislation. The template provides a means to measure how Aboriginal gender considerations are being incorporated proactively in the planning and implementation of each step. These steps are:
- 1. Development
- 2. Implementation
- 3. Monitoring
- 5. Evaluation
- The Desired CRGBA Outcomes (column two) state the ideal outcome of the application of CRGBA related to the steps.
- Possible CRGBA Performance Measures (column three) are provided for each of the CRGBA Outcomes to measure progress towards their achievement (both tangible and intangible). These are generic and you must determine the target number you wish to achieve, if a benchmark has not been set. Once you have a Performance Measure, it can be used as a benchmark against which you want to improve your performance.
- CRGBA Measurement Tools (column four) provide methods to collect data regarding CRGBA Performance.
  - Grading (column five) is the awarding of the point system for each tangible or intangible measurement of success.
  - Report Card (column six)
  - Best Practices (column seven)

### PERFORMANCE MEASUREMENT TEMPLATE

Step in Policy/Program or Legislation that CRGBA is being applied	Desired Outcome (Why are you Applying a CRGBA?)	Performance Measures (How to measure)	Measurement Tools (How well are you Applying a CRGBA?)	Grading	Report card	Best Practices
1.Development 2. Implementation 3. Monitoring 4. Evaluation	To achieve:  All NWAC departments and material produced is in compliance with the NWAC approved approach; (Board approved CRGBA, and all departments of NWAC comply, governance structures, legal structures, policies, negotiations etc.)  An Aboriginal traditional balance or equilibrium (equal social status, differing roles) "Reclaiming our way of being" underpins all NWAC work.  All Treasury Board allocations of money has CRGBA requirements, regulations and enforcement mechanisms;  All NAOs, non-governmental organizations, provincial, territorial, federal and Aboriginal governments apply a culturally relevant, genderbased analysis so that	This list will likely evolve  *The different type of approaches (e.g. TDD, language, etc.) that are gender-aware and diversity appropriate.  *Percentage of women and men (and diverse groups) involved in the research, consultation, communication, design and delivery (i.e. throughout the policy, program, legislation development cycle).  *Disaggregated data on the quality of input from women and men is available.  *Disaggregated number of participants by population group.  *The number and nature of assumptions of access identified through CRGBA and which changed to be gender – sensitive.  *The number and type of reasons/gender-related obstacles for non-participation in research, consultation, communication and design that were identified and addressed  *The different types of outreach tools aimed specifically at the target population.	*Track the number and type of approaches (i.e. systems portals/websites, language, information formats) used to accommodate gender differences to ensure equality of access for the various policy/program/legislation activities.  *Collect gender disaggregated data and assess participation rate in the activity relative to the target client/audience.  *Obtain feedback (i.e. survey) on reasons for participation/non-participation that is dis-aggregated relative to gender.  *Assess the methods used to gain participation that ensures representation and quality participation through surveys, interviews and questionnaires.  *Collect gender disaggregated data (men vs. women, and groups thereof) and assess representation and the quality of the participation, including who is approached through outreach.  *Collect gender disaggregated data on	1 point for each ?/20  ?/5  ?/5  ?/5  ?/5	Total out of 100 and where it fits on the grading scale in relation to the total number of points available ie:  A- excellent B- good C - fair F- Fails  If F, C or B grade, must go back to checklist and re do while asking the questions found in the checklist.	Compile As and Bs

NWAC to be consulted on all matters and at all stages in the development of policy, program development, implementation and evaluation.  NWAC and other representative Aboriginal women's organizations are at  *The types (e.g. legislative, regulatory, policy, design) of suggestions/amendments made to the policy/program options to improve inequities in benefits based on gender.  *The type of differential outcomes identified between women and men (and diverse groups among them).  *Track the number and types of obstacles to access identified through CRGBA and the number and type of gender assumptions that are challenged and changed at each step.  *Track the number and type of factors	served in all legislative, policy	*The number and type of groups of women and men that are approached through outreach.	the type of input (i.e. written paper, focus group, consultations, etc.) included in the activity and assess representation.	?/5	
NWAC and other representative Aboriginal women's organizations are at *The type of differential outcomes identified between women and men (and diverse groups among them).  *The type of differential outcomes identified between women and men (and diverse groups among them).  *Track and monitor the number and type of gender assumptions that are challenged and changed at each step.  *Track the number and type of factors	NWAC to be consulted on all matters and at all stages in the development of policy, program development,	policy, design) of suggestions/amendments made to the policy/program options to improve inequities in benefits based on	obstacles to access identified through CRGBA and the number eliminated.		
women sorganizations are at	NWAC and other representative Aboriginal	*The type of differential outcomes identified between women and men (and	type of gender assumptions that are challenged and changed at each step.	?/10	
all decision making tables, to ensure that a culturally relevant, gender-based analysis is applied to all areas of  *The number and nature of assumptions of benefits identified through CRGBA and which changed to be gender – sensitive  *Track the type of outcomes that are	all decision making tables, to ensure that a culturally relevant, gender-based analysis	*The number and nature of assumptions of benefits identified through CRGBA and	that lead to amendments to the policy/program/legislation.	?/10	
partnership in policy and legislative matters.  *The number and nature of assumptions of inclusion identified through CRGBA and which changed to be gender – sensitive  *Compare the number and type of costs	legislative matters.	inclusion identified through CRGBA	gender specific/neutral.	?/10	
Violence against Aboriginal women and girls is a priority in all areas including funding allocations/ research and which changed to be gender – sensitive and diversity appropriate.  *Compare the number and type of costs to the number and type of benefits (e.g. financial, social, economic, etc.).  Total out of 100	women and girls is a priority in all areas including funding		to the number and type of benefits (e.g.		
Resources are available to address all issues that	culturally appropriate services.  Resources are available to				
negatively impact on Aboriginal women's health and well-being, including poverty,	negatively impact on Aboriginal women's health and well-being, including poverty,				
lack of housing, sexualized, racialized violence, employment, education, etc.  Indigenous laws that equalize	racialized violence, employment, education, etc.				

the sexes are implemented as			
much as possible.			
Aboriginal women are full and			
equal partners in all research,			
reporting and evaluation			
frameworks relating to data			
development, ownership and			
control.			
control.			
William Code Hardam Language			
Where jurisdictional control is			
transferred to First Nations,			
Métis and Inuit communities,			
NWAC or other representative			
Aboriginal women's groups,			
such as Pauktuutit Inuit			
Women's Association, conduct			
research and policy			
development to ensure the			
application of a culturally			
relevant CRGBA to the			
development and			
implementation of legislation			
that affects Aboriginal			
women's health;			
New relationships are			
developed between Statistics			
Canada and the NAOs,			
including the sharing both of			
data and expertise. Efforts are			
made to collect disaggregated			
data on the basis of both gender			
and race combined, so that			
there is a clear statistical			
picture of the realities of			
Aboriginal women.			

There is funding parity among the NAOs. Only when NWA is adequately resourced will there be sufficient capacity to provide culturally relevant, gender based analysis to all policy and programming discussions at the Aborigina federal, provincial and territorial levels.	o.C.		

#### **Report Card**

A grade	B grade	C grade	Failing grade
A grauc	D grauc	C graue	raining grauc

Report Card Model: The report card approach to the development of leading health indicators would identify those factors which best lend themselves to comparison across communities, States, and countries--such as those in the Health Status Model--and establish a grading scale for reporting, pegged to the best performer, as if grading on the curve. For example, if the best Provincial experience was an infant mortality rate of 6 deaths per 1,000 live births, grades of "A" could be reported for states in the 6-7 range, "B" for the 7-8 range, "C" for the 8-10 range, and "D" for the 11-12 range. Alternatively, an absolute scale could be developed, based on the performance with respect to either established goals or estimated best possible experience, given current knowledge and resources.

#### **Options for Upgrades**

If failing or a grade of C – Refer back to the questions in Section 3, review and revise accordingly – challenge assumptions, make changes and reassess. Contact NWAC's CRGBA Officer for assistance.

#### **Best Practices**

Compile and record A's and B's for evaluation and assessment.

#### **Conclusion**

The imposition of colonization, including the *Indian Act*, residential schools, Canadian laws, legislation and policies has caused serious problems. The intent behind colonization was to subjugate, by force if necessary, take possession of the land, assimilate the people through forced religious indoctrination, and promote adherence to Western society's norms, rules, organization, and ways of living and thinking. Historically Aboriginal women held a place of balance in society; however with the imposition of colonization traditional gender roles were obliterated as women lost their respected roles in the community, patriarchy and paternalism became the dominant feature of Aboriginal society. The family unit was annihilated which caused acute traumatization to the health and social fibre of Aboriginal women and this trauma subsequently entrenched through discriminatory institutions, laws, legislation and policies.

This paper has provided a tool for assessment to measure the application of a Culturally Relevant Gender-Based Analysis and plan for future evaluation of its effectiveness/impact relative to outcomes of policies, programs, legislation and/or pilot projects. It provides a generic template to measure of the application of a Culturally Relevant Gender Based Analysis on several types of Desired Outcomes for Aboriginal women specifically.

The need for a CRGBA and the development of this basic tool is invaluable. It will evolve with use and become a "living tree" document as time goes on. With a commitment to address the specific needs of Aboriginal women in relation to their culture and gender, the desired outcomes found in section 4 will become a reality.

## Appendix "A" – PERFORMANCE MEASUREMENT CASE STUDY

AHTF ADAPTATION PLAN – Description – Specific Initiatives "Mental Health and Addictions Prevention and Promotion Initiative"

Step in Policy/Program	Desired Outcome	Performance Measures	Measurement Tools	Grading	Report card	Best Practices
or Legislation that	(Why are you Applying a	(How to measure)	(How well are you Applying a			
CRGBA is being	CRGBA?)		CRGBA?)			
applied						
1.Development	All NWAC departments and	(This list will likely evolve)	*Track the number and type of	1 point for each	Total and where it fits	Compile
2. Implementation	material produced is in	*The different type of approaches (e.g.	approaches (i.e. systems	1/20	on the grading scale in	As and Bs
3. Monitoring	compliance with the NWAC	TDD, language, etc.) that are gender-aware	portals/websites, language, information	Although the	relation to the total	
4. Evaluation	approved approach; (Board	and diversity appropriate.	formats) used to accommodate gender	AHTF stated	number of points	
	approved CRGBA, and all		differences to ensure equality of access	they had the	available ie:	
	departments of NWAC	*Percentage of women and men (and	for the various	NSNWA	A- excellent	
	comply, governance structures,	diverse groups) involved in the research,	policy/program/legislation activities.	involved since	B- good	
	legal structures, policies,	consultation, communication, design and		the beginning,	C – fair	
	negotiations etc.)	delivery (i.e. throughout the policy,		there is no	F- Fails	
		program, legislation development cycle).		indication that		
	An Aboriginal traditional			anyone from the	If F, C or B grade, must	
	balance or equilibrium (equal	*Disaggregated data on the quality of input		NSNWA has any	go back to checklist and	
	social status, differing roles)	from women and men is available.		knowledge of	re do while asking the	
	"Reclaiming our way of being"			CRGBA. The	questions found in the	
	underpins all NWAC work.	*Disaggregated number of participants by		project itself will	checklist.	
		population group.		only score 1/20		
	All Treasury Board allocations			for stating they	This project scores 1%,	
	of money has CRGBA	*The number and nature of assumptions of		recognize the	it is suggested that they	
	requirements, regulations and	access identified through CRGBA and		need for a GBA	receive a copy of the	
	enforcement mechanisms;	which changed to be gender – sensitive.		(not a CRGBA)	NWAC CRGBA and	
			*Collect gender disaggregated data and		redo their program or	
	All NAOs, non-governmental	ALTER 1	assess participation rate in the activity	0/5	implement what they	
	organizations, provincial,	*The number and type of reasons/gender-	relative to the target client/audience.		can and then we will	
	territorial, federal and	related obstacles for non-participation in			reassess in 3 months	
	Aboriginal governments apply	research, consultation, communication and	*Obtain feedback (i.e. survey) on		time.	
	a culturally relevant, gender-	design that were identified and addressed	reasons for participation/non-	0/5		
	based analysis so that	WTD1 1100	participation that is dis-aggregated			
	Aboriginal women are well	*The different types of outreach tools	relative to gender.			

served in all legislative, policy	-:			
	aimed specifically at the target population.	*A		
and programming initiatives		*Assess the methods used to gain	0/10	
affecting Aboriginal	*The number and type of groups of women	participation that ensures representation	0/10	
individuals and peoples.	and men that are approached through	and quality participation through		
NWAC to be consulted on all	outreach.	surveys, interviews and questionnaires.		
matters and at all stages in the				
development of policy,	*The types (e.g. legislative, regulatory,	*Collect gender disaggregated data		
program development,	policy, design) of suggestions/amendments	(men vs. women, and groups thereof)	0/5	
implementation and evaluation.	made to the policy/program options to	and assess representation and the		
	improve inequities in benefits based on	quality of the participation, including		
NWAC and other	gender.	who is approached through outreach.		
representative Aboriginal	8	*Collect gender disaggregated data on		
women's organizations are at	*The type of differential outcomes	the type of input (i.e. written paper,	0/5	
all decision making tables, to	identified between women and men (and	focus group, consultations, etc.)		
ensure that a culturally	diverse groups among them).	included in the activity and assess		
relevant, gender-based analysis	diverse groups among them).	representation.		
is applied to all areas of	*The number and nature of assumptions of	representation.		
partnership in policy and	benefits identified through CRGBA and	•Track the number and types of	0/10	
legislative matters.	which changed to be gender – sensitive	obstacles to access identified through	0/10	
legistative matters.	which changed to be gender – sensitive	CRGBA and the number eliminated.		
Violence accinet Aboricinal		CROBA and the number eminiated.		
Violence against Aboriginal	*The number and nature of assumptions of	*T	0/10	
women and girls is a priority in	inclusion identified through CRGBA	*Track and monitor the number and	0/10	
all areas including funding	and which changed to be gender – sensitive	type of gender assumptions that are		
allocations/ research and	and diversity appropriate.	challenged and changed at each step.		
culturally appropriate services.				
		*Track the number and type of factors		
Resources are available to		that lead to amendments to the	0/10	
address all issues that		policy/program/legislation.		
negatively impact on				
Aboriginal women's health and		*Track the type of outcomes that are		
well-being, including poverty,		now gender inclusive/exclusive and	0/10	
lack of housing, sexualized,		gender specific/neutral.		
racialized violence,				
employment, education, etc.		*Compare the number and type of costs		
r .,,		to the number and type of benefits (e.g.	0/10	
Indigenous laws that equalize		financial, social, economic, etc.).	3. 23	
the sexes are implemented as		initialitial, social, conforme, ctc.).	Total out of 100	
the series are implemented as			Total out of 100	

much as possible.		1/100	
Aboriginal women are full and equal partners in all research, reporting and evaluation frameworks relating to data development, ownership and control.		1/100	
Where jurisdictional control is transferred to First Nations, Métis and Inuit communities, NWAC or other representative Aboriginal women's groups, such as Pauktuutit Inuit Women's Association, conduct research and policy development to ensure the application of a culturally relevant CRGBA to the development and implementation of legislation that affects Aboriginal women's health;			
New relationships are developed between Statistics Canada and the NAOs, including the sharing both of data and expertise. Efforts are made to collect disaggregated data on the basis of both gender and race combined, so that there is a clear statistical picture of the realities of Aboriginal women.			

There is funding parity among			
the NAOs. Only when NWAC			
is adequately resourced will			
there be sufficient capacity to			
provide culturally relevant,			
gender based analysis to all			
policy and programming			
discussions at the Aboriginal,			
federal, provincial and			
territorial levels.			