FINAL REPORT

Building a Representative Workforce in Saskatchewan's Health Sector Through Career Pathing

Research and Development

December, 2004

SAHO

Saskatchewan Association of
Health Organizations

EXECUTIVE SUMMARY

I.   INTRODUCTION

This report outlines the key findings of research conducted as part of the Health Career Pathing Project. This report includes: a health sector overview, background and rationale for the career pathing project, the methodology undertaken, the key findings and recommendations. The recommendations provided in this report are the result of a process of reflection, enhanced by the partnership development that has occurred through collaboration and consultation with partner stakeholders involved in this initiative.

The Health Career Pathing Project is part of Phase II of the Health Sector Partnership and builds on the broad health sector labour force analysis and needs assessment undertaken by the Partnership Steering Committee. The resulting Health Sector Labour Force and Training Needs Assessment report, completed October 2000, outlines benchmarks, current labour market conditions in the health sector, and identification of potential strategies to address the current and future labour market conditions in the health sector. A key recommendation was the need to explore career laddering opportunities in Saskatchewan's health sector.

The initial development work identified career pathing as an effective approach to support the realization of a Representative Workforce, as well as to meet current and future labour force shortages and challenges in retention and recruitment. The Saskatchewan Association of Health Organizations (SAHO) has provided important leadership for this initiative by working collaboratively with a broad range of stakeholders to establish the groundwork for career pathing in the health sector.

II.   METHODOLOGY

In March 2004, SAHO received funding from Saskatchewan Learning, Indian and Northern Affairs Canada, and First Nations and Métis Relations for this project and in April 2004 a Project Coordinator was contracted to facilitate this research and development stage. A Career Pathing Working Group was established to oversee the implementation of the initial research and development stage of this project.

As part of the career pathing project, the Project Coordinator undertook the following project activities with support from the Career Pathing Working Group:
- A literature and labour market review;
- A marketing and communications plan to promote career pathing within the health sector and with potential partnership stakeholders;
- Establishment of potential project sites;
- Establishment of project sites;
- Enhancing Partnerships;
- Creation of an RPL process; and

- Development of an evaluation tool for Career Pathing.

The Project Coordinator held monthly meetings with the Career Pathing Working Group to review progress made and to obtain feedback to activities and written reports.

III. SUMMARY OF ACTIVITIES

The following major activities were completed in this project:

(a) *A Literature Review*

The literature review includes a selection of information obtained from documents regarding Labour Market Review, Organizations' Career Development and Career Pathing Best Practices, Recognition of Prior Learning, and Employees' Career Development/Career Pathing Best Practices. Key information and insights are included in the literature review, which comprises Appendix Two of the report.

(b) *A Communications Strategy*

A communications strategy to promote and market the Career Pathing Project has been developed. Presentations and consultations with a wide range of stakeholders in the health sector were delivered during this stage of the project, building awareness of career pathing and the benefits for the health sector across Saskatchewan. The communications strategy is included in Section II of this report, as well as materials developed included in Appendix Three.

(c) *Enhancing Partnerships*

Ensuring the successful implementation of a career pathing initiative in the health sector requires the involvement of all key stakeholders as the project unfolds. As the project moves forward, additional representation on the Health Sector Partnership Steering Committee ensures that networks for participation and communication are maintained. During the presentations and consultations conducted in this stage of the project, participants from organizations that might play a role in the development or implementation of the career pathing project were invited to participate in the Steering Committee. For example, new members from the College of Nursing at the University of Saskatchewan and the Federal Government - First Nations and Inuit Health Branch have been added to the Steering Committee.

(d) *Establishment of Project Sites*

Preliminary discussions were initiated with potential partners at the level of the broad steering committee and the Career Pathing working group. The initial step was to build awareness within the health sector partnership steering committee.

The subsequent step was to initiate a focused approach to education and awareness building through discussions with each of the potential project sites. Potential project partners collected information in collaboration with their Career Pathing Planning Committees. Acknowledging the varying level of readiness at each site, pilot site focus groups were replaced with Project Concept Papers. These concept papers outlined the initial implementation of career pathing and a tentative long-term plan.

A draft core criteria framework, delineating the criteria for involvement of the pilot sites was also developed during this stage of the project.

(e) *Creating a Recognition of Prior Learning (RPL) process*

Central to the realization of effective career pathing within the scope of this project is the creation of a tailored model for RPL within the health sector. RPL processes include credit transfer, qualification recognition and prior learning assessment and recognition. These processes offer a framework for identifying what current or potential employees within the health sector know and can do as a result of formal or experiential learning. RPL processes and principles create a foundation for identifying, documenting, assessing and potentially recognizing this formal and experiential learning, as well as clarifying any skill upgrading that may be required.

Initial exploration was undertaken to identify how RPL might facilitate vertical and/or lateral career transitions by enabling workers, employers, education/training providers, labour unions, etc., to build on what people already know and can do and minimize redundant education/training. Initial steps have been taken to develop a conceptual model for RPL that will be further enhanced in the next stage of the project.

(f) *Evaluation Tool*

In order to gauge project activities and project sites' achievements, an evaluation tool was initially developed in a Logic Model for stage one of the project. A discussion paper, outlining a potential evaluation strategy for stage two of the Career Pathing Project was drafted and is included in Section II of the Final Report.

Although the project made some key advances, several challenges arose in this research and development stage. The challenges resulted from varied levels of readiness for career pathing which required increased understanding and buy-in for this innovative, first-of-its-kind Career Pathing model. Additional awareness building was required than had been initially anticipated, which necessitated some adjustments to timelines and milestones. Despite the need for these adjustments, the research conducted provides the basis for further planning for the upcoming stage of implementation of a career pathing model at select pilot sites within Saskatchewan's health sector.

IV.   KEY FINDINGS & RECOMMENDATIONS

The key findings and recommendations from this initial stage are outlined below.

(a) Partnerships:

Consultations with many groups led to greater understanding and more commitment and buy-in from potential partners and stakeholders who are key to implementing a successful career pathing strategy. Partnership building led outward to the community to form new partnerships. Many partners have been brought along in the planning and development stages of Phase I and II and are required in the next stage of implementation. Important processes were adopted in order to develop and nurture a sustained partnership. Key to this process was SAHO's ability and commitment to coordinate these activities as well as to have each partner provide the necessary resources and commitment to this process.

Recommendations:
Partnerships need to continue and grow through the following:
- Continue to support the identification and collaboration of key partners with the appropriate resources in order to effectively implement career pathing;
- Identify appropriate roles for all partners;
- Bring education, training partners and employers together to identify components of services and training that can be provided to employees;
- Continue to recognize and nurture the uniqueness of partnerships within each project site; and
- Continue to expand partnerships with FSIN and Métis organizations.

(b) Planning, Leadership and Coordinating Role:

Currently, there is fragmentation of career pathing components reflecting the magnitude of the overall project as well as the diverse needs of each pilot site. It will be critical for SAHO to continue to provide leadership and provincial coordination for the overall project.

Recommendations:
- SAHO to continue to play a lead role in coordinating provincial career pathing activities and bringing partners to the table to minimize potential fragmentation and duplication of effort related to career pathing activities;

- SAHO to continue to oversee the development of the career pathing process in order to build on what has already been done;

- SAHO to hire a provincial Career Pathing Project Manager to provide leadership and direction to the project sites and work in collaboration with members from the Career Pathing Working Group and Steering Committee to assist in developing career pathing prototypes;

- SAHO to continue to enhance the membership of the Health Sector Partnership

Steering Committee and review the planning and working group members to ensure ongoing effectiveness.

(c) Research Component:

On-going research is required within the project sites to develop, implement, test and evaluate career pathing best practices and establish baseline indicators for strategic planning. In addition, research at the provincial level is required to ensure the implementation of the career pathing core criteria framework that recognizes the varying needs at each project site.

*Recommendations***:**

- Continue to support ongoing research to identify the human resource planning needs at each project site;

- Support the implementation of career pathing best practices; and

- Research the availability of services provided by training institutions to support career pathing.

(d) Project Implementation:

Considering the magnitude of this innovative project with its multifaceted component parts, awareness was achieved in stages with many key partners and stakeholders in a variety of settings.   Building awareness of the Career Pathing model was a crucial element. An extensive communication strategy helped to achieve this awareness and build some initial capacity, not only with project sites but with other stakeholders. In spite of early progress, additional time and resources were required to enable project sites to fully complete preliminary strategic plans. The challenge is to move forward innovative and new ideas such as career pathing in an environment operating with many competing priorities.

Recommendations:

- Project sites expand completed preliminary concept papers into an action planning document;

- Continue to provide awareness and build capacity within project sites; and

- Continue to develop and implement Core Criteria Framework.

(e) Capacity Development and Sustainability:

Critical to the initial success of career pathing was the need to create awareness of the career pathing framework among potential partners and stakeholders and to encourage greater reflection and discussion on career pathing both at the provincial and local levels. Project sites identified

the need to continue to build capacity around career pathing at many levels. In order for this innovative career pathing process to succeed, support and commitment is required from all the stakeholders.

Recommendations:

- Provide training for specific career pathing services to the project site leaders and team members as required;

- Project sites hire or select career pathing project leaders to assist with implementing the career pathing core criteria framework and best practices;

- Support project sites to create capacity and leadership and sustainability, with unions, education providers and other identified partners;

- Continue to expand partnerships as required and seek funding for on-going implementation of career pathing initiatives; and

- Implement a broad and extensive communication strategy to promote awareness and buy-in.

(f) Recognition of Prior Learning:

A key strategy for effective career pathing is the integration of recognizing prior learning (RPL) processes and principles. A tailored RPL process for the health sector would offer a framework for identifying, documenting, assessing and recognizing the knowledge, skills, and attitudes/abilities (KSAs) people have gained through formal and experiential learning. Additional awareness on how RPL can support training and career pathing in the health sector is required for stage two.

Recommendations:

- Explore options for delivering orientation workshops for workers and employers in the potential project site outlining RPL values, principles and processes, including Prior Learning Assessment and Recognition (PLAR), credit transfer (CT) and qualification recognition (QR);

- Review RPL processes that facilitate the identification and documentation of experiential learning and continuing education for the creation of professional development plans;

- Provide initial education and/or training on RPL principles and processes, including holisitic portfolio development;

- Initiate research for the development of clearly articulated KSAs that will support streamlined transitions between targeted occupations identified as priorities for the career pathing project sites; and

- Have education and training providers, including SIAST, the regional college system, DTI, SIIT and the universities (University of Regina, University of Saskatchewan and First Nations University of Canada) develop a training program for RPL practitioners.

(g) Evaluation Component:

Due to this first-of-its-kind career pathing project, there has been incredible interest from many organizations and potential partners, provincially and nationally. The Career Pathing model is in the initial stage of development and implementation. The Project Sites will implement and refine this model in response to their identified needs and differing environments. This approach provides fertile ground and an opportunity that assesses the project's benefits to participants in meeting other career pathing needs. Evaluation will also assess the impact that the Health Career Pathing project has on the development of a Representative Workforce. In addition, evaluation will assess the benefits gained by both employees and employers.

Recommendations:

- Establish partnerships with potential evaluation expertise and seek out funding sources;

- SAHO will continue to coordinate linkages with all the partner project sites throughout phase two to share information and best practices, and participate in formative and summative on-going evaluation of the project sites; and

- Refine definition of measurable outcomes and develop an outcome framework.

V.   NEXT STEPS

Following the completion of this stage of the Health Career Pathing Project, several next steps have been identified. A list of next steps has been developed from discussions during stage two. This list includes, but is not limited to:

- Seek funding from all sources to implement the future stages of Career Pathing as Project Sites;
- Hire or select career pathing Project Leaders to assist with the development of career pathing templates, evaluation tools and participant selection criteria;
- Strategic planning based on their identified needs and gaps;
- Development of a communications strategy;
- Building capacity and leadership around career pathing through education and awareness;
- Partnership development with internal and external groups to provide services and other support mechanisms;

- Identifying primary occupational areas and competencies for these areas;
- Portfolio development and selection of a small test group of participants to begin the reflection process for career pathing; and
- Establish benchmarks and evaluation tools and reports.

VI.   CONCLUSION

During the research and development phase of the Career Pathing Project, the Career Pathing Working Group met monthly and as a team developed their own capacity and understanding of the numerous components within a new and innovative career pathing model relevant to the needs of health employers. Through on-going discussions, analysis and reflection, the Career Pathing team eventually came to a clearer vision for an innovative Career Pathing process. These early discussions and brainstorming sessions extended to other people and organizations as the Career Pathing Working Group shared their knowledge and expertise in areas such as:

- Competency development;
- Essential skills development;
- Career pathing practices;
- Aboriginal perspectives on career development; and
- Labour force analysis within the public health sector and within First Nations health organizations.

Wide consultations with many organizations and stakeholders across the province for the most part provided very positive feedback for this innovative and challenging process. National organizations such as the Canadian Labour of Congress have indicated their support for the Career Pathing project.

Ongoing support for the development and implementation of innovative Career Pathing prototypes within health providers in both the Public sector and the Aboriginal community will occur with continued partnership development and capacity building.

The future looks very positive for the Career Pathing Project in Saskatchewan. There is wide community and organizational support and excellent opportunities and interest in partnering with SAHO in this exciting project.

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I. INTRODUCTION

1.1 Health Sector Overview

The challenge for the health sector today is to train and prepare skilled employees to meet the labour force demands of the future. There are several obstacles that must be addressed in order to successfully meet this challenge. Saskatchewan has an aging workforce with significant numbers of employees, in certain classifications, nearing retirement. For example, by 2007, more than 1,400 nurses in Saskatchewan will be eligible to retire (SAHO 2003).

Experience indicates that it is difficult to recruit into several classifications, especially in rural and remote locations. Further, reduced transfer payments from the federal government, health sector re-organization, and budgetary restraints by the provincial government, have resulted in cutbacks and the inability of some organizations to fill vacant positions.

While we are experiencing declining workforce numbers and challenges in retaining skilled employees in the health sector, Saskatchewan is facing a rapidly emerging Aboriginal demographic. Today, one-third of all new school entrants and 20 per cent of our labour force are Aboriginal. By adopting a more focused approach to workforce development, through a representative workforce strategy for example, Saskatchewan will be well equipped to address the changing demographic scene in a proactive way.

Currently, Saskatchewan's health sector is not reflective of the general population. A representative workforce is essential if the industry is to meet its growing employment and retention needs, as well as the needs of the First Nations and Métis populations in Saskatchewan. Each year the employment gap between Aboriginal and non-Aboriginal people increases by one per cent. Meanwhile, every health region in the province and particularly the northern health regions have difficulty filling and retaining employees in several health occupations, such as nurses and technicians.

The best way to tap into Saskatchewan's large pool of potential Aboriginal employees is by developing partnerships with employers, unions, education and training institutions, governments, and the Aboriginal community. Saskatchewan's health sector has been involved in formal partnership agreements since 1996 and has hired more than 1,600 Aboriginal people since then. Unfortunately, a large majority of new employees are hired to fill casual entry-level positions which results in a high turn over, creating retention issues. Training for a future skilled workforce, recruitment of these skilled workers, and then retaining these skilled workers, are the key challenges the health sector must address.

1.2 The Saskatchewan Association of Health Organizations

SAHO is a non-profit, non-government, member-driven organization whose members include Saskatchewan's regional health authorities, independent hospitals and special care homes, as well as various agencies and associations that provide health services, education and/or regulations. SAHO's allied members also include First Nations and Métis health agencies such as the Northern Inter-Tribal Health Authority (NITHA), Prince Albert Grand Council (Health and Social Development), Peter Ballantyne Cree Nation Health Services Inc., and the Métis Addictions Council of Saskatchewan.

SAHO provides its more than 160 members with leadership, services and a common voice. SAHO's mission is to serve our membership through leadership, advocacy, support and programs such as the Aboriginal Employment Development Program.

Established in 1993 through an amalgamation of three health care associations (Health Care, Home Care, and Special Care Homes), SAHO is governed by a board of directors who are elected/appointed from each of our governing members that are made up of Saskatchewan's twelve regional health authorities, and The Saskatchewan Cancer Agency.

In response to Saskatchewan's rapidly growing Aboriginal population and the escalation of employment disparity between Aboriginal and non-Aboriginal people in the health sector SAHO signed a formal partnership agreement in 1997 with First Nations and Métis Relations to increase Aboriginal participation in the health sector labour force. In 1998, the Government of Saskatchewan funded the Aboriginal Employment Development Program at SAHO.

The government's goal for the AEDP program is to increase Aboriginal employability and employment across public and private sectors in Saskatchewan. The program commits employers to developing new processes and partnerships with many partners to address the determinants of health for Aboriginal people such as education, employment and working conditions, social support networking, income and social status, as well as workplace environment (SAHO 2003)

The Representative Workforce Strategy resulted from partnership agreements as a new, innovative and focused approach to Aboriginal employment. The strategy calls for employers to work collaboratively with unions and the Aboriginal community to create a representative workforce where all Aboriginal people are employed in all classifications and at all levels in proportion to their potential labour force numbers in the population (SAHO, 2003)

1.3 Background

(a)Health Sector Partnership Initiative: Phase I and Phase II

Phase I refers to the initial developmental work and establishment of a large steering committee with many partners to oversee a broad health sector labour force analysis and needs assessment

that was conducted, as well as to establish and identify benchmarks, current labour market conditions in the health sector, and identification of potential strategies to address the current and future labour market conditions in the health sector.

Phase II refers to the evolving work being carried out by the Partnership Steering Committee in identifying priority strategies contained in the initial Report and beginning the development and implementation of succession planning strategies such as career pathing.

(b) Phase I - Health Sector Partnership Initiative: Needs Assessment

In 1999, the Saskatchewan Association of Health Organizations (SAHO) received funding from Saskatchewan Learning (formerly Post-Secondary Education and Skills Training) through the JobStart/Future Skills Sector Partnerships Program, and from First Nations and Métis Relations.

Funding was provided to assist in undertaking a comprehensive analysis of human resource and training needs of the health sector in the province. A co-partnership (Partnership Steering Committee) was established with representation from health employers, labour, education and training providers, the Aboriginal community, professional associations, government and other key stakeholders.

The members of the Health Sector Partnership Steering Committee collaborated in:

- Identifying, developing and implementing strategies that address the broad training and employment needs for the health sector with a focus on Aboriginal employment initiatives and the development of a Representative Workforce;
- Addressing the health labour force training and employment needs. The needs analysis focused on labour force training and employment priorities and practices and critical human resource issues such as equity, recruitment and retention and workforce demographics, and
- The development of a final report released in October 2000, the *Health Sector Labour Force and Training Needs Assessment Final Report* which identified key findings, human resource and training issues in the health sector, as well as issues related to the employment of Aboriginal people in the health sector.

Upon completion of the Final Report, the Health Sector Partnership Steering Committee continued to meet to:

- Identify next steps;
- Develop a communications strategy to communicate the results of the study to all stakeholder groups;
- Collaborate on the report's recommendations and strategies for action; and
- Identify priority areas for action and implementation based on the reports findings.

A communication strategy was developed to:

- Enhance and strengthen the Steering Committee to ensure there is a strong representation of all the key stakeholders to carry on the discussions and initiatives of the study;
- Arrange meetings with perspective Ministers, their department officials and members of First Nations and Métis Nation governments to present findings and recommendations of the study;
- Distribute the training database to the Aboriginal community and all training institutions; and
- Expand the database to include job descriptions.

The communications strategy also addressed the following areas:

- The representative workforce strategy;
- The role of unions;
- Aboriginal employment development initiatives;
- The need for enhanced and continued partnerships; and
- The role and function of the Sector Partnerships Steering Committee.

(c) Key Findings of the Needs Assessment Report

The Steering Committee continued to meet to address the issues and priority needs of the sector study with a focus on the development of a Representative Workforce. Based on the findings of the report, the committee developed recommendations and strategies, and identified the need to look at laddering opportunities in the health care sector based on the following:

- There is a need for mentors and peer groups to provide support to enhance retention of Aboriginal employees;
- There is a need to strengthen and improve the collaboration and communication amongst the education and training institutions and health sector employers;
- Strategies to address the barriers to employment for Aboriginal people need to be implemented;
- The cyclical nature of entry level employment leads to low retention and high turnover. Succession planning, and career pathing are recommended to address these issues; and
- Employment preparatory programs are needed to improve success for Aboriginal students entering into health career training programs or employment opportunities in the health sector**.**

(d) Phase II – Implementing a Representative Workforce in Saskatchewan's Health Sector Through Career Pathing

Career Pathing Sub-Committee (2001)

The Steering Committee unanimously agreed that one of the priority areas for implementation was the career pathing strategy and recommended the establishment of the Career Pathing sub-committee to look into the potential development of a career pathing project for the health sector labour force. A working committee, the Saskatchewan Health Career Pathing Sub-Committee,

was established to develop and implement an innovative training project similar to the New York LINCS project (Ladders in Nursing Careers).

The mandate of the sub-committee was "to facilitate career pathing of health care workers in order to help meet the current and long-term health care labour force needs, and to build a representative workforce (SAHO, 2004)."

Career Pathing in Health Careers Model Framework

To facilitate moving their strategies forward the sub-committee developed a "Career Pathing in Health Careers Model Framework." The intent of the career pathing initiative is to facilitate the advancement and retention of current and future health care workers and promote a sustainable Representative Workforce through career laddering.

Goal and Objectives

The overall goal of the career pathing initiative is to support entry-level employees to ladder into technical, nursing and other hard to recruit health professions using a Prior Learning Assessment and Recognition (PLAR) model.

The CPHC initiative involves the development of a career laddering model between the various health care occupations, which may include the following employment support mechanisms (SAHO, 2004):

- Pre-readiness/pre-bridging;
- Mentorship;
- RPL and portfolio development;
- Training for RPL and portfolio advisors;
- Aboriginal cultural component in the portfolio development;
- Social and economic supports; and
- Retention strategies.

The long term vision of this initiative is to:

- Assist in the development of a representative workforce where Aboriginal people are represented in all classifications and at all levels; and
- Improve the employment levels for Aboriginal people within the health sector in viable and growth occupations by providing a career planning preparation program including prior learning and mentorship supports.

Implementing Career Pathing in Three Stages

After the initial development of the model in collaboration with the members of the sub-committee, members of the sub-committee presented the model to many stakeholder groups such as employers, unions, and professional associations for their feedback and support. The general

consensus for this model framework was to move forward with implementation. Implementing the Career Pathing in Health Initiative will occur in the following three stages.

Stage One – Research and Development

In 2004, SAHO received funding to support the implementation of Stage I of the **Career Pathing in Health Career** initiative. A Project Coordinator was hired to promote the initiative, consult with potential partners and project sites and undertake and oversee the following project activities:

- Completion of a literature review of existing resources including best practices and models of career development for Aboriginal people and PLAR advisors; and current information regarding skill shortages in the health sector;
- Development and implementation of a communication strategy to market and promote the initiative;
- Development of a framework of the core criteria that all pilot projects will have to incorporate in their pilot strategy, including criteria for:
    - project participants including a participant screening and selection process;
    - Career Pathing Advisors including a recruitment and selection process.
- Establish a partnership in each of the selected pilot sites that includes employers, labour, training and education providers and key stakeholders to enhance and modify the core framework to reflect the specific needs of each site;
- Develop a mechanism to utilize PLAR and ensure appropriate linkages are in place to support participants and employers to incorporate PLAR into their framework;
- Facilitate focus groups with labour, employers and key stakeholders to validate skill shortages emerging occupations relevant to each pilot site;
- Develop an evaluation tool to evaluate project activities and pilot projects; and
- Develop and implement a funding strategy to secure potential funding partners to fund Stage II of the initiative.

Stage Two – Development and Capacity Building Within Project Sites

Project sites are to hire or select career pathing Project Leaders to assist with:

- The development of career pathing templates, evaluation tools and participant selection criteria;
- Strategic planning;
- Development of a communications strategy;
- Building capacity and leadership around career pathing;
- Education and awareness;
- Partnership development with external groups such as education and training institution to provide identified services required;

- Partnership development with internal and external groups to provide mentorship, and other support mechanisms;
- Identifying needs and gaps for implementation;
- Identifying primary occupational areas and competencies for these areas;
- Portfolio development and selection of a small test group of participants to begin the reflection process for career pathing; and
- Network with other project sites and SAHO.

Stage Three: Ongoing Implementation and Expansion

Building on the foundation of supports, capacity development, and career pathing tools developed in stage two, the project sites will work towards sustainability of the program by the health employers working with selected career pathing employees within pilot sites (Aboriginal and non-Aboriginal although priority for project participation may be given to Aboriginal employees) to provide them the supports, tools and linkages they need to:

- Improve their employability and facilitate their successful integration into the health sector labour force;
- Provide them with realistic career goals and an understanding of the education they may require and alternative methods to acquire the necessary training; and
- provide them with an understanding of how they may utilize PLAR to:
    - assist in career and education planning and decision making (developmental process); and
    - have prior learning assessed for credit by the employer (workplace), regulatory bodies or by an appropriate education and training provider.

(e) Long-term Vision

The Career Pathing Project will need to be implemented in Saskatchewan's health sector with many partners from a cross-section of stakeholders involved in this developing model in order to establish a solid foundation based on a praxis model of ongoing research, evaluation and implementation of pilots at various stages of development.

Career Pathing has four streams that work simultaneously within the following areas:

- Research and development;
- Capacity building - professional development and training;
- Identification of competencies for priority occupational areas for career pathing; and
- Delivery and implementation – selection of participants for career pathing over the long-term.

II. METHODOLOGY

2.1 Phase II – Stage I Project Activities

After three years of working in collaboration and consultation with our partner stakeholders, health employers, unions, education and training institutions, the Aboriginal community, professional associations and government, career pathing was seen as an effective approach to support the implementation of a Representative Workforce and meet current and future labor force shortages and challenges in retention and recruitment.

In March 2004, SAHO received funding from Saskatchewan Learning, Indian and Northern Affairs Canada and First Nations and Métis Relations to implement the initial research and development stage of a career laddering model within urban, rural and northern communities.

In April 2004, a Project Coordinator was hired to facilitate Phase II of the Health Sector Partnership initiative, stage one of the Career Pathing Project, research and development, to further explore the potential of a Career Pathing project within the health sector and identify project partners.

A Career Pathing Working Group was established in May 2004, to oversee the initial Research and Development Phase for Career Pathing, and support the Project Coordinator. In order to closely monitor the initial stage of Career Pathing, a Career Pathing Working Group made up of 10 representatives from the larger steering committee was established.

The Working Group met once a month to oversee the initial research and development stage. Their task was to identify any potential gaps and challenges that needed to be addressed in order to establish a solid foundation for the project's success. They assisted in promoting a province-wide discussion not only within their organizations and communities, but with all relevant stakeholder groups for greater understanding and buy-in for an innovative, first-of-its-kind Career Pathing model.

2.2 Literature Review

A comprehensive literature review was completed of the health sector labour force, the best practices in Aboriginal career development, including: organizational requirements, career pathing, personal employability challenges and recognition of prior learning. To begin implementation of the Career Pathing Project, the Career Pathing Working Group (CPWG) identified the need to:

- Review and research literature and information pertaining to the current and future health labour market shortages; and
- Explore ways to use career development, recognition of prior learning (RPL) processes and

RPL advisors to enhance and support career pathing for Aboriginal people working in or seeking career opportunities in the health sector.

The literature review undertook an analysis of the most current labour force projections, career pathing and career development best practices for both individuals and organizations, with a focus on Aboriginal people. See Appendix Two for a copy of the literature review.

Career pathing using learning recognition can be a means of developing a representative workforce in Saskatchewan, especially if consideration is given to the development of Aboriginal components on portfolio development. Portfolio development is likely the most respectful and culturally appropriate method of career development for Aboriginal people.

(a) Key Findings of the Literature Review

Labour Shortages Identified by Regional Health Authorities

The literature review indicated that there are and will continue to be shortages in many health occupations in Saskatchewan. The most difficult to fill occupations (throughout the province) include: Health Record Technicians, Medical Labouratory Technologists, Combined Lab/X-ray Technologists, Sonographers, Primary Care Nurses, Registered Nurses, Orthodontists,/Prosthetists, Psychologists, Public Health Inspectors, Audiologists, Speech Language Pathologists and Physiotherapists.

A sample of the regional health authorities and areas around the province indicates that the same shortages are evident in all locations with some minor variations. There is, however, some discrepancy about the current and long-term demand and availability of Licensed Practical Nurses. For example, one analysis of LPNs is that there are enough and training will continue to meet demand. However, another analysis suggests there are shortages; this factor combined with an aging workforce and increasing demand will mean there will be a shortage of LPNs in the near future. For career pathing planning and recruitment purposes, we need to be clear on the differences between hard to fill, current vacancies and shortages in the labour force.

If career pathing in the health sector is to be successful, a thorough analysis of what will happen to the labour force when people begin to move from entry level positions like Special Care Aides to LPN or RN classifications is required.

Labour Shortages and Needs Identified by First Nations Health Authorities

Since 1986, the Health Services Transfer Initiative, launched by the Federal Minister of Health and Welfare in response to demands from First Nations communities for greater control of health resources, a majority of Saskatchewan First Nations have signed the Health Transfer Agreement. Through the Agreements, First Nations communities, using the resources provided, assume responsibility for managing their health services directly or through partnerships, such as with a Tribal Council. As such, they are an important employment sector in the health care field in this

province.

The majority of the First Nations health care employment opportunities are in the areas of primary care, community health, and preventative health care. See NITHA Staffing Needs in Appendix 5. The focus of the care and services are developmental, and aim to build capacity within the community to manage and support health services for their members.

The developmental approach is very experiential and practical in nature, coupled with accessible and appropriate training to meet their needs. The type of training required for this working environment is not necessarily available and very often it is not recognized credit training. First Nations health care providers are in need of human resource management strategies and accessible credit training that supports their approaches to providing health services to their members.

A NITHA Career Pathing and Planning model would provide a framework and structure through which to promote and encourage capacity development within the Partnership to meet health service needs in the communities. Key elements of the Career Pathing model include:

- Competency profiles;
- Portfolio development;
- Career planning information and counselling;
- Advisement on RPL processes;
- Program-bridging and preparatory training, and
- Accessible training.

(b) Organizational Best Practices

Because there are so many skills required of employees and managers, and those skill sets change so rapidly, a road map is essential. (Edward, R., www.c-interface.com, 04/03/17) Edward further states that the benefits of a published plan are three-fold:

- Employees will be working toward a specific position;
- Employees are able to see a fair and equitable process for career advancement;
- When employees are involved in career pathing, as individuals and teams at the centre of staffing problems, they can make observations and offer solutions to recruitment and substitution dilemmas;
- When an employee can see an organizational plan dedicated to employee advancement it also helps with recruitment and advancement; and (Tamer, M., (www.c-interface.com, 04/03/17)
- Organizations that utilize career pathing are more likely to recruit and hire "the right" professionals and manage careers throughout the employee life-cycle (Parker, B., www.c-interface.com, 04/03/17).

Each of the following elements incorporates theory from career laddering, mentoring and Recognition of Prior Learning (RPL).

- Time and staff resources.
- Capacity assessment.
- Complete staff involvement.
- A clear and attainable career path and ladder process including job descriptions with competencies.
- An integration of the organization's culture and philosophy, management, mentoring, performance measurements and assessment and communications.
- Aligned to the organizations goals and objectives.
- Commitment of senior management to recruitment and retention.
- Standards and prerequisites.
- Scheduled progress and assessment meetings.

Organizations' Benefits of Career Pathing

Having an overall vision and strategy within each organization to complement a written published and disseminated plan can help employees see through the mystery of career planning and outline the standards necessary for career mobility. With a published program, employees are able to map out their anticipated progress in relation to their own personal situation and the needs of the company. Because there are so many skills required of employees and managers, and those skill sets change so rapidly, a road map is essential. (Edward. R., www.c-interface.com, 04/03/17) Edward further states that the benefits of a published plan are three-fold:

- Firstly, because employees will be working toward a specific position within the organization he or she will tend to enhance his/her performance in current assignments and closely monitor his or her behaviour outside of specific work assignments;

- Secondly, employees are able to see a fair and equitable process for career advancement; and

- Finally, when employees are involved in career pathing, as individuals and teams at the centre of staffing problems, they can make observations and offer solutions to recruitment and substitution dilemmas that can be of invaluable assistance to management.

When an employee can see an organizational plan dedicated to employee advancement it also helps with recruitment and advancement. Companies that see employees as what they could become rather that what they are have a huge impact on those employees' work satisfaction and loyalty. The best career pathing plan must instill hope so that whether or not the employee continues with your organization they will know that they have added value to their career prospectus (Tamer, M., (www.c-interface.com, 04/03/17).

Turning great employees into talented professionals should be an organization's priority. Organizations that utilize career pathing are more likely to recruit and hire "the right" professionals and manage careers throughout the employee life-cycle (Parker, B., www.c-

interface.com, 04/03/17).

(c) Best Practices for Aboriginal Career Development

Effective career development approaches for Aboriginal people need to be holistic, involve whole communities, and have a component of Aboriginal inclusion and control Career laddering, mentoring, and RPL are strategies for career development that may work for Aboriginal people.

Career laddering for Aboriginal people at minimum must:

- Be accompanied by a broad spectrum of community economic development and capacity building in leadership, governance, policy and decision making;
- Provide training and education linked directly to employment as well as having a sound academic foundation. Funding for such programs needs to be long term;
- Share control of the process of policy development, resource base and funding, program delivery and management, and accountability;
- Partner with Aboriginal organizations, employee career pathing committees within organizations, and individual employee need control over decisions about and timing of career moves;
- Recognize that project participants must feel that "it isn't something that is being done to them" or "for them out of the graciousness of our hearts" but because First Nations are involved in all aspects of making the project work; that it is their project, not ours for them;
- Provide sound academic education, the key to long-term employability…short term, skill-specific training and employment programs cannot substitute for basic academic skills; and
- Encourage schools to ground students in basic skills and to find ways to keep students until they graduate through school-to-work and other initiatives that improve self-esteem and offer hope.

(d) Career Laddering Processes

Individuals have 11 responsibilities in a career laddering process:

- Personal awareness;
- Support seeking;
- Dealing with personal issues;
- Communicating effectively;
- Managing information;
- Using numbers effectively;
- Problem solving;
- Positive attitudes;
- Responsibility;

- Adaptability; and
- Continuous learning and teamwork.

(e) Portfolio Development

One strategy for career development for individuals is to use a portfolio development process. There are numerous models for the development of portfolios. Following are five steps in portfolio development, which have been provided here to outline one possible strategy for developing a portfolio:

1) Describing life experiences;
2) Identifying learning;
3) Making competency statements;
4) Relating learning to overall career goals; and
5) Compiling evidence.

A portfolio can be organized in many ways. Other means of documenting and recognizing prior learning have also been developed by other organizations. Some of these methods include:

- A document file;
- competency testing; and
- on-the-job skill assessment.

One of the ways that is most respectful of Aboriginal cultures generally is an autobiographical process where a life story is organized. Aboriginal people in other jurisdictions have found it helpful to use several means to organize life descriptions:

- Temporally;
- By themes;
- By mind-mapping; and
- By life path or life cycles.

Helping people learn these techniques increases success and enthusiasm for the portfolio process. Similarly, having a "verb shopping list" helps people write learning statements (Hill, 1995).

Diane Hill from the First Nations Technical Institute in Ontario (2002) has found that:

- Portfolio-assisted PLA has the ability to move employees beyond assessment of technical knowledge and skills to include the life/work context;
- Portfolio-assisted PLA has the capacity to address problems associated with the training and educational needs of diverse populations of people within single and multi-contextual environments;
- Portfolio-assisted PLA is a transformative learning process that is culturally conducive to Aboriginal approaches to learning, teaching and knowledge creation; and

- Portfolio-assisted PLA is a multi-purpose tool that can support healing, empowerment and self-knowledge.

(f) Literature Review Conclusions

i. Career pathing using learning recognition can be a means of developing a representative workforce in Saskatchewan, especially if consideration is given to the development of Aboriginal components on portfolio development.

ii. Portfolio development is a multi-faceted approach to recognizing learning that enables learners to self-identify their knowledge, skills and attitudes/abilities. Holistic portfolio development is increasingly recognized as a respectful and culturally appropriate method of documenting learning for career development for Aboriginal people.

iii. If career pathing in the health sector is to be successful, a thorough analysis of what will happen to the labour force when people begin to move from entry level positions is required.

iv. Career pathing will be just one component of an overall strategy for workforce development in Saskatchewan. Other components of an overall strategy will need to include:
    - elementary school identification;
    - tracking and mentoring;
    - improved math and science education for Aboriginal students, particularly in the North;
    - factual information dissemination about career possibilities and rewards; and
    - mentoring and support similar to that found in the Native Nursing Access Program at the U of S.

v. Professional associations will need to find the means to be more flexible in their requirements for admission to professions without diluting standards.

vi. To effectively recognize learning, clearly articulated learning outcomes or standards are required. To enhance career pathing, learning outcomes or standards should be developed using consistent terminology and formats, or matching prior learning against learning outcomes or standards between occupations can prove challenging. Work will need to be undertaken to determine the degree of parallels that can be perceived among the learning outcomes or standards between occupations identified for career pathing.

vii. Consideration will need to be given to the unique situations of each jurisdiction in their career pathing process to ensure flexibility within each project site in order for the

project partner to be able to address the unique needs of their region, organization, and employee. For example:

- Unions representing some employees in Northern Saskatchewan are different than those representing similar employees in the South;

- Northern Inter-Tribal Health Authority's health service delivery mode is community development focused requiring different skill sets and types of positions; and

- First Nations organizations are not unionized, thus the type of human resource planning processes would be different.

viii. Given the amount of work required to undertake career pathing according to the best practice guidelines outlined in this report, all participating organizations will need to ensure that they have adequate time and resources to dedicate to the development and implementation of a career pathing plan.

ix. To be successful, the process must be respectful of all stakeholders, be strategic with its elements and be integrated with the organizations long-term goals and objectives.

2.3 Communications Strategy

A communication strategy was developed to communicate the purpose, benefits and criteria of the Career Pathing Project to all stakeholders in the Saskatchewan Health Sector. The strategy includes telephone conversations, brochure advertising, PowerPoint presentations and Literature Review circulation.

Communication Strategies

- A brochure was developed and circulated with letters of introduction to all members of the Health Sector Partnership Steering Committee and other stakeholder groups to promote career pathing to health employers.

- All representatives on the Health Sector Partnership Steering Committee were contacted by phone to explain the purpose of the Career Pathing Project and establish a time for a follow-up introductory presentation and consultation with their organization.

- Presentations were made to all organizations (See Appendix Four) that wanted to know more about the Project, or who were interested in conveying their opinions, concerns and suggestions. All opinions, concerns and suggestions were recorded.

- A graphic Concept Model was developed to use in presentations to potential project sites and other key stakeholders, to introduce the idea of career pathing pictorially.

- Ongoing communication was made, by phone and in person, with those organizations that were interested in becoming a project site.

- Documents that could be useful to Project Sites in their planning work were developed and circulated.

- A template concept paper was developed and used by project sites to be submitted to the Working Group.

- A communication strategy and marketing folder was developed specifically to present to provincial and federal funding agencies.

- The Concept Papers were synthesized into an umbrella concept paper for the continuation of the Career Pathing Project, stage two, and submitted to potential funders.

The following examples of the communications strategy include the Career Pathing Brochure and Concept Model developed by the Career Pathing Working Group.

Who is the **Health Sector Partnership Steering Committee?**

Regional Health Authorities and Other Employers

- Athabasca
- Cypress
- Five Hills
- Heartland
- Indigenous People Health Research Centre
- Keewatin Yatthé
- Kelsey Trail
- Mamawetan Churchill River
- Northern Inter-tribal Health Authority
- Prairie North
- Prince Albert Parkland
- Regina Qu'Appelle
- Saskatoon
- Sun Country
- Sunrise

Unions

- Canadian Union of Public Employees
- Saskatchewan Union of Nurses
- Health Sciences Association of Saskatchewan
- Saskatchewan Government and General Employees Union
- Service Employees International Union

Professional Associations

- Saskatchewan Association of Licenced Practical Nurses
- Saskatchewan Emergency Medical Services Association
- Saskatchewan Registered Nurses' Association

Education and Training

- University of Regina
- University of Saskatchewan
- First Nations University of Canada
- Native Access Program to Nursing
- Saskatchewan Indian Institute of Technologies
- Saskatchewan Institute of Applied Science and Technology
- Dumont Technical Institute
- Regional Colleges of Saskatchewan
- Métis Employment and Training of Saskatchewan Incorporated
- College of Nursing
- Northern Health Sciences Program
- Battlefords Tribal Council - Training and Development Centre

Government Partners

- First Nations and Métis Relations
- Saskatchewan Health
- Saskatchewan Learning

How do you **become a project partner site?**

Contact:

Bruce Chamberlin

Health Career Pathing Project Coordinator
Aboriginal Employment Development Program

Saskatchewan Association of Health Organizations

T: (306) 374-3480 ext. 350
C: (306) 222-2504
E: brucec@saho.org

SAHO

Saskatchewan Association of Health Organizations

Partnering in Career Pathing for Health Employees

An invitation to health sector employers/employees, unions, educators, Métis and First Nation organizations to work together to build a representative workforce in Saskatchewan
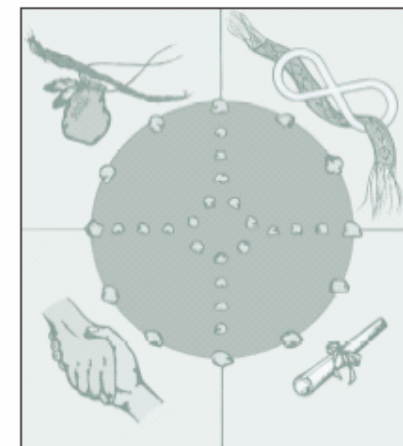
What is the **Career Pathing Project?**

- The Career Pathing Project is the result of five years of consultation, education, partnership development and research with the aim of having a representative workforce in Saskatchewan's Health Sector.
- The project is focused on increasing the participation of Aboriginal people in all occupation classifications within the health sector. It involves the development of a career laddering model between various health care occupations, including a number of best practice support mechanisms.
- The project is administered by SAHO, and guided by a steering committee comprised of employers, training and education institutions, unions, Aboriginal organizations and government representation.

What is **career pathing** in the health sector?

- Career Pathing is a process of assisting employees to identify and document their credited and experiential learning as it applies to required competencies of occupations in the health sector.
- Assists employees to develop competency-based portfolios and to get training to compliment their current knowledge, attitudes and skills.
- Encourages employees to ladder into positions where there are shortages and where their portfolios demonstrate competency for a position.

What can career pathing do for **employers?**

- Promote employers as an "Employer of Choice".
- Promote retention and recruitment.
- Align employee learning with organizational goals.
- Address current and future shortages.
- Assist with succession planning.
- Develop a representative workforce.

What can career pathing do for **employees?**

- Increase awareness of individual strengths.
- Support and guide individualized career development
- Enhance employment and career opportunities.
- Promote self-directed, life-long learning.
- Increase awareness of self in a social context.
- Increase self confidence.

What is a Representative Workforce?

A workforce where Aboriginal people are employed in all classifications and at all levels in proportion to their potential labour force numbers in the population.

What **criteria** are required for a worksite to become a **project partner?**

- In regional health authorities, the project needs to have both union and management support and commitment.
- In Northern Inter-tribal Health Authority sites the project needs agreement, support and commitment of the Health Committee or Band Council as required.
- A formal partnership agreement among stakeholders in a regional health authority or a formal agreement among NITHA First Nations.
- Agreement to work with Representative Workforce principles.
- Up to 20 participants willing to participate in career pathing.
- Commitment to provide career pathing opportunities.
- Commitment to develop and implement a screening process for participants.

Who are the **participants?**

- Participants are employees of a regional health authority or a First Nation employer under the umbrella of NITHA

SAHO Career Pathing Project - Developing People in Saskatchewan's Health Sector/in Partnership

Conceptual Module
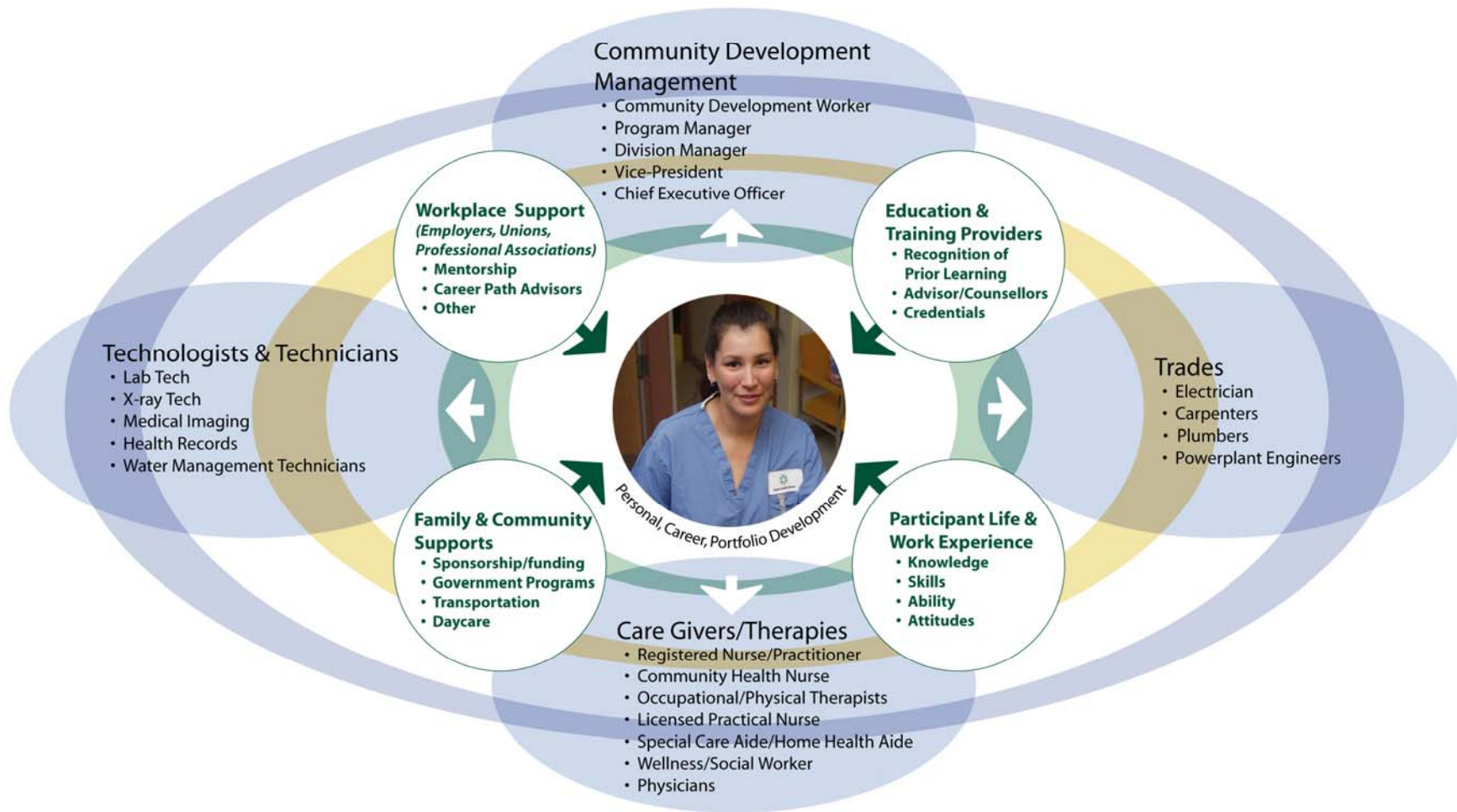
2.4 Core Criteria Framework

The purpose of developing a Core Criteria Framework was to identify the core criteria, for participants and for RPL advisors, and communicate this with respective project sites to ensure that the criteria would be incorporated into their pilot project strategic plans.

(a) Objectives of the Core Criteria Framework

- To search the literature for the knowledge, skills and attitudes required to become a participant in a career pathing process.
- To search the literature for the knowledge, skills and aptitudes required to become an advisor of participants in a career pathing or career development process.
- Consult with stakeholders in the health sector about the knowledge, skill and aptitudes required for participants and advisors in a career pathing process.
- Write a Core Criteria Framework.
- Distribute the Core Criteria Framework to project site partners.

(b) Core Criteria that identified for the pilot sites to include in their strategic plans

- Participants must be employees of Saskatchewan RHAs or come under the umbrella of NITHA;
- Regional Health Authorities need both union and management support;
- NITHA and its partners need a formal agreement;
- A formal partnership agreement with SAHO;
- Observe principles of a representative workforce; and
- Provide career laddering with a focus on Aboriginal employees.

Although the above preliminary core criteria was established, additional work on core criteria needs to be developed in stage two of the Career Pathing Project. Each of the project sites need to develop criteria that is specific to their regional and human resource needs. Appendix Four outlines the preliminary work that was completed in stage one.

2.5 Enhance Partnerships, Facilitate Focus/Consultation Groups

(a) Partnership Development

Many partners have been brought along in the planning and development stages in Phases I and II. Continuation of these partnerships and collaboration are crucial to the successful implementation of this Career Pathing initiative.

Broad Health Sector Partnership Table
Broad partnership meetings held quarterly with health care providers, labour, education and training providers, provincial and federal levels of government (Saskatchewan Learning, Saskatchewan Health, First Nations and Inuit Health Branch, Indian and Northern Affairs, First Nations and Métis Relations, and the Department of Community Resources and Employment), professional associations and Aboriginal organizations. Led by SAHO, collaboration with these groups has been nurtured and sustained at many levels since 1999.

Career Pathing Sub-Committee
Resulting from the initial work completed by the larger steering committee, a smaller sub-committee with additional partners was established in 2001 and met for two years to collaborate on the task of completing a Career Pathing Framework document. New partners were invited to this table for their input and direction on such a broad and comprehensive initiative, particularly from the unions, professional associations and training providers.

Career Pathing Working Group
In 2003, a smaller Career Pathing Working Group was established with 10 members to meet once a month to develop innovative prototypes, and provide leadership and direction to the career pathing initiative. In the process of these collaborative discussions, the members of this working group were able to identify challenges, gaps, needs, and build their own capacity around career pathing concepts.

Aboriginal Partners
Building a representative workforce in the health sector involves partnership and collaboration with the First Nations and Métis communities. A First Nations health authority, NITHA, expressed interest in being a member at the broad Partnership table, and from this evolved their interest as a project site for implementing a career pathing initiative which would support and promote the employment of their members in retaining employment at all levels in health care occupations as well as ensure NITHA has access to competent and qualified Aboriginal health care workers.

Leadership and Capacity Building with Project Partners and Project Sites
Since 2001, general education and awareness on career pathing took place with the many partners, committee members and their organizations. Introductory career pathing presentations have been made to the leadership in various partner organizations. The main purpose of these presentation and discussions was to provide information, create dialogue around career pathing initiatives and potential challenges for implementation. A secondary purpose was to create and broaden the partnership base to support career pathing and understand their potential role in implementing the health sector's career pathing initiative. A wide supportive network of partners and organizations continue to be involved in the career pathing initiative in a systemic way to provide on-going support and make major contributions to the career pathing initiative. This established network will assist with ongoing implementation and sharing of information and best practices as we continue to collaborate with many partners at many levels.

(b) Focus/Consultation Groups

Focus or consultation groups were facilitated with labour, employers and key stakeholders to determine skill shortages and emerging occupations relevant to each project site. This provided a forum for participants to discuss and address opinions, and concerns and provide constructive feedback to the Project Coordinator.

Organizations that were consulted included:

Unions:
Canadian Union of Public Employees, Saskatchewan Union of Nurses

Professional Associations:
Saskatchewan Registered Nurses' Association, Saskatchewan Association of Licensed Practical Nurses

Aboriginal Organizations:
Métis Employment and Training Centre

Health Employers:
Regina Qu'Appelle Health Region, Keewatin Yatthé Health Region, Northern Inter-Tribal Health Authority, Sunrise Health Region, Mamawetan Churchill River Health Region, Prince Albert Parkland Health Region, Saskatoon Health Region

Government Departments:
First Nations and Métis Relations, Saskatchewan Learning, Community Resources and Employment

Education and Training Institutions:
Northern Health Sciences Access Program (First Nations University of Canada and SIAST), University of Saskatchewan, College of Nursing, Saskatchewan Indian Institute of Technologies, Saskatchewan Institute of Applied Science and Technology, Nursing and Science and Health Divisions, and Senior Academic Officers of the Saskatchewan Regional Colleges

(c) Key Findings of the Consultation Focus Groups:

- Most groups were very much in favour of both the spirit and intent of the Career Pathing initiative and were interested in participating in any way they could;

- Union representatives indicated that their members had concerns that Career Pathing was simply *"affirmative action"* by another name and in their opinion that was a failed program;

- Concerns were expressed that the Special Care Aides and Nurses were not the same types of people, nor did they want the same types of things professionally so that any assumption there would be any career ladder opportunity or motivation to career ladder between the two groups

was a false assumption;

- Representatives from SIIT indicated that if government provided sufficient funding to hire trainers and educators in order to train the individuals on the program waitlists there would be skilled labour shortages; and

- Other concerns addressed the amount of work that still needed to be completed (negotiation and partnership development tasks and organizational development and planning process tasks).

(d) Career Pathing Project Sites

Resulting from the initial consultations in the Research and Development, stage one of Career Pathing, the following eight project sites identified their interest in participating in stage two of career pathing, with differing levels of readiness and participation. The eight potential project sites are:

- Saskatoon Health Region;
- Northern Inter-Tribal Health Region;
- Regina Qu'Appelle Health Region;
- Prince Albert Parkland Health Region;
- Sunrise Health Region;
- Mamawetan Churchill River Regional Health Region;
- Prairie North Health Region; and
- Keewatin Yatthé Regional Health Region.

2.6 Concept Papers

Initially, stage one of the Career Pathing Initiative was to have each identified Project Site work within their organizations collaboratively come up with a broad strategic plan for implementing career pathing. Recognizing the complexity of the health sector workplace and the overall demands on employers' time and resources, this initial deliverable needed to be revised.

The Working Group agreed it would be more efficient and effective in this early developmental stage to have each project site submit a concept paper to indicate their potential activities. Based on a concept paper template, the project sites identified development and/or implementation of the following activities:

- Human resource capacity development; hiring or selecting Career Pathing Project Leaders;
- strategic planning related to identified needs and gaps for implementation;
- leadership and capacity building;
- partnership development with unions and external groups such as education and training institution to provide identified services required;
- partnership with internal and external groups to develop participant selection criteria, and to

provide mentorship and supports to participants;
- identifying primary occupational areas and competencies for these areas;
- development of a communications strategy; and
- development of career pathing templates, portfolio models, and evaluation tools.

 (The full concept papers are found in appendix Five)

2.7 Recognizing Prior Learning

The intent of this deliverable was to develop a framework for the Recognition of Prior Learning (RPL) and ensure that appropriate linkages were in place to support participants and employers to incorporate RPL into their strategic plan. The selected project sites were not yet in the position to begin developing their strategic plans; the development of an RPL process to be included in the strategic plans has also been deferred to Stage II.

Initial exploration was undertaken to identify how RPL might facilitate vertical and/or lateral career transitions by enabling workers, employers, education/training providers, labour unions, etc., to build on what people already know and can do and minimize redundant education/training. Initial steps have been taken to explore how RPL may form the foundation of a conceptual framework that will be further elaborated in the next stage of the project. Increased awareness of RPL processes and principles will be required to lay the groundwork for Stage II.

(a)RPL Overview

RPL principles and processes offer valid and structured mechanisms to support a framework for effective career pathing within the scope of this project. RPL processes include credit transfer (CT), qualification recognition (QR) and prior learning assessment and recognition (PLAR). RPL processes and principles create a foundation for identifying, documenting, assessing and potentially recognizing workers' formal and experiential learning, as well as identifying any upskilling that may be required.

RPL has been broadly recognized as an effective means for strategic human resource development and for increasing the awareness of employers, workers and education/training providers of the existing knowledge, skills and attitudes/abilities of the workers. With enhanced awareness of the value of prior learning, workers are supported in making better-informed career decision and "appropriate pathways for attaining their goals" (NCVER, 2004).

The Saskatchewan Labour Force Development Board (2003) has identified various labour force trends that support the need for increased work in the area of RPL. These considerations include:

- Our workforce is aging and there will be fewer workers available to replace retiring workers;
- The projected rate of growth in the Saskatchewan labour force decreases dramatically,

with an expected peak between 2008 and 2013;

- Prior to 1996 only 1 per cent of the workforce in Saskatchewan was Aboriginal;

- The workplace is changing, requiring workers to develop and apply new skill sets, often on the job;

- The demands of learners on the education system are changing and causing education institutions to be more learner focused and flexible and responsive in their programming; and

- Demand for RPL from education institutions is increasing.

(b) RPL in Saskatchewan

In June 2004, Saskatchewan's Minister of Learning approved the *Recognizing Prior Learning in Saskatchewan: Provincial Policy Framework.* As outlined in the framework, "recognition of prior learning is a means by which all learning is recognized. It is a credible and practical process that looks at what a person knows and can do, and may lead to recognition of skills and knowledge, regardless of how they were acquired." The framework also provides a vision, guiding principles, role of stakeholders and a comprehensive action plan organized under three major goals: a) demonstrate leadership; b) deliver high quality, accessible and relevant RPL services in Saskatchewan; and c) demonstrate accountability.

Much of the following information on RPL has borrowed heavily from the *Provincial Policy Framework* (2004) document, from the Representative Workforce Reference Guide (SAHO, 2003), and from the Communication Primer (CHSRF, 1998).

The Recognition of Prior Learning Referral Guide 4th edition (Saskatchewan Learning, 2004) has been developed to provide information on RPL opportunities in Saskatchewan's formal learning system and to clarify RPL processes. This guide can be used by a broad group of stakeholders to support learners who wish to have their learning assessed and possibly recognized. The document includes contact information (first and alternate points of contact), an explanation of institutional policies and practices for RPL, an outline of a referral process, links to relevant resources, and definitions of key terms in the field of RPL.

The Saskatchewan Learning RPL Web page[1] defines Recognizing Prior Learning (RPL) as a broad umbrella concept which values all learning that people have gained in their lives (at home, at school, at work and in the community). This learning could be:
- Formal Learning – structured, intentional, and achieved through credit-based programs/courses;
- Non-Formal Learning – intentional and gained through participation in non-credit courses; workplace-based training, or workshops;
- Informal Learning – incidental and gained through life experience, workplace-based tasks, volunteer activities, self study, hobbies, family responsibilities, etc; and
- Experiential Learning - either intentional or incidental and encompasses the concepts of non-

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[1] Visit http://www.sasklearning.gov.sk.ca/branches/institutions/rpl/

formal and informal learning.

RPL consists of three key processes for recognizing the forms of learning mentioned above. To recognize a person's formal and/or experiential learning, any or all of the following processes could apply:

- Qualification Recognition (QR) - seeking recognition for a completed degree, certificate, or diploma;
- Credit Transfer (CT) - requesting credit at one educational institution for courses or programs that were completed at another recognized institution; and
- Prior Learning Assessment and Recognition (PLAR) - assessing what a person knows and can do in relation to a certain goal.

While QR and CT often focus on determining the subject matter equivalency for courses or programs delivered at recognized education/training institutions, PLAR consists of a four stage process of assessing learning that was gained primarily through life/work experience. These stages include:

1. Identification: A learner identifies what he/she knows and can do, often with an advisor to guide the learner through the process.
2. Documentation: A learner gathers evidence that demonstrates the individual's knowledge and skills from many possible sources including, letters of validation, work samples, performance appraisals, and portfolios.
3. Assessment: A qualified assessor or subject matter expert reviews the evidence presented in a challenge process and determines if the evidence meets the established requirements for recognition, often against learning outcomes, competencies or established standards.
4. Recognition: Recognition is awarded to the learner, if the evidence meets the required criteria, and can take many forms including, educational credit, occupational credit and new employment or workplace advancement.

The Canadian Labour Force Development Board (CLFDB) undertook some groundbreaking work in the area of PLAR in the 1990s. This was initiated to explore ways to have the learning of immigrants recognized so they could more easily integrate into the workforce on their arrival in Canada. They developed a set of guiding principles which have been synthesized subsequently and adopted by many agencies in Canada who are implementing representative workforce strategies in their agencies (CLFDB, 1999).

The Canadian Labour Force Development Board (1999) also produced a report about the necessity for, as well as the strategies for, implementation of a national PLAR network. The report suggests that there are six components that a PLAR strategy needs to include: self-assessment; advice and counselling; verification; bridging; recognition of prior learning and follow-up.

These have been adapted for the health sector by the steering committee as follows:

- Self-assessment: The goal of this component would be to make employees aware of the knowledge and skill requirements for the positions they are interested in;
- Advice and Counselling: Detailed information and counselling would be offered in this component to supplement the self-assessment completed above;
- Verification: This component could involve several steps including, discussion with a group of union representatives, being assessed by a trained assessor for the classification in question, comparing learning statements and evidence with classification competences and identifying gaps;
- Bridging: Bridging would normally include formal training. However, given that this review is particularly interested in career development for Aboriginal people, this component could also include mentoring and subsequent examination or on-the-job assessment;
- Certification or accreditation: Upon completion of their training, to the satisfaction of the respective regulatory agencies, employees would be granted certificates in recognition of their prior learning in fulfilling the requirements for working in their occupations; and
- Follow-up: Constant evaluation and program improvement would be the sixth component.

(c) Benefits of RPL for Diverse Stakeholder Groups

The Saskatchewan Labour Force Development Board (SLFDB) has developed various resources which identify the benefits for various stakeholders, which are included below:

Benefits of RPL for workers (SLFDB 2003):
- Identification of personal strengths, skills and knowledge;
- Demonstration of skills and competencies;
- Academic or professional credit;
- Improved marketability and mobility; and
- Development of career goals and a career path.

Benefits of RPL for employers (SLFDB, 2003):

- Maximizing employees' skills and knowledge;
- Increasing employee morale and productivity through recognition of their skills and abilities;
- Improving job descriptions and hiring practices;
- Gain a better understanding of employees' skills, knowledge and training needs;
- Recruit, develop and retain a skilled workforce;
- Promote efficiency by eliminating unnecessary repetitive training; and
- Define, document and verify employees' skill/knowledge sets through a systematic process;

Benefits of RPL for education providers (SLFDB, 2003):

- Increasing recruitment and retention of adult learners;
- Using resources efficiently;
- Broadening the range of assessment tools for all types of learners;
- Providing life-long learning and career development opportunities;
- Providing flexible and responsive training programs; and
- Developing strategic partnerships between employers and the community.

Benefits of RPL for professional regulatory bodies or associations (SLFDB, 2003):

- Identification of competencies required to practice in a discipline;
- Creation of competency based practice and assessment of practice;
- Fairness and equitability of access; and
- Supporting efficient qualification recognition and high standards for entry into a profession.

2.8 Evaluation Tool

Initially a logic model for Stage I of Phase II was developed to begin the process of completing an evaluation tool (see appendix seven). Using a mixed evaluation approach this model was revised and enhance based on the Concept Papers submitted from the project partners (see Appendix Five). The evaluation tool will include both a formative and summative evaluation mix.

A formative model was chosen due to the fluid nature of the environment and context within which the Project Partners are required to work. As well, there is a continued need to learn best practices and a desire on the part of the funders and the Project Partners to correct any problems as they develop.

The summative approach was also included so that the "worth" and "merit" of the project could also be determined. These two main types of evaluation are described below.

(a) Accountability or Judgment Evaluation (summative)

This evaluation process is sometimes described as summative, as it tallies the effects of the program activities and determines whether the program objectives have been met. It is focused exclusively on determining the overall worth, merit or value of a program.

Merit refers to how well the program is meeting the needs of those for whom it is intended (intrinsic value). Worth refers to the value of the program to the larger outside community or society (extrinsic value).

Questions that indicate that stakeholders are concerned with accountability evaluation are:

- Did the program work?
- Did the program attain its goals?
- Should the program be continued or ended?
- Was implementation in compliance with funding mandates?
- Were funds used appropriately and for intended purposes?
- Were desired client outcomes achieved?

Evaluations that proceed with these purposes in mind usually are done at the end of a program or at the end of a specified program phase.

(b) Progressive, Developmental or Improvement Evaluation (formative)

This type of evaluation process is sometimes described as formative in that its main purpose is the improving the program so that it is more effective in attaining its goals and objectives. These evaluation processes focus on making things better. Therefore, evaluations with a formative purpose tend to be more open ended, gathering varieties of data about strengths and weaknesses to inform an ongoing cycle of reflection and innovation.

Evaluations with this purpose in mind tend to ask questions like:

- What are the program's strengths and weaknesses?
- To what extent are participants progressing toward the desired outcomes?
- Which types of participants are making good progress and which aren't doing so well?
- What types of implementation problems have emerged and how are they being addressed?
- What is happening that wasn't expected?
- How are staff and clients interacting?
- What do staff and clients think about the program?
- What do they like? Dislike? Want to Change?
- What do people think of the program's culture and climate?
- How are funds being used compared to initial expectations?
- How is the external environment affecting the program's internal environment?
- Where can improvements be made?
- What new ideas are emerging that can be tried and tested?

Evaluations that proceed with these purposes in mind generally proceed for a specific period of time during program start-up or pilot phases to improve implementation, solve unanticipated problems, and make sure progress is being made toward anticipated outcomes. However, more often, this type of evaluation is used to monitor program efforts and to provide feedback for fine-tuning a program.

III. KEY FINDINGS & RECOMMENDATIONS

The key findings and recommendations from this initial stage are outlined below.

(a) Partnerships:

Consultations with many groups led to greater understanding and more commitment and buy-in from potential partners and stakeholders who are key to implementing a successful career pathing strategy. Partnership building led outward to the community to form new partnerships. Many partners have been brought along in the planning and development stages of Phase I and II and are required in the next stage of implementation. Important processes were adopted in order to develop and nurture a sustained partnership. Key to this process was SAHO's ability and commitment to coordinate these activities as well as to have each partner provide the necessary resources and commitment to this process.

Recommendations:
Partnerships need to continue and grow through the following:
- Continue to support the identification and collaboration of key partners with the appropriate resources in order to effectively implement career pathing;
- Identify appropriate roles for all partners;
- Bring education, training partners and employers together to identify components of services and training that can be provided to employers;
- Continue to recognize and nurture the uniqueness of partnerships within each project site; and
- Continue to expand partnerships with FSIN and Métis organizations.

(b) Planning, Leadership and Coordinating Role:

Currently, there is fragmentation of career pathing components reflecting the magnitude of the overall project as well as the diverse needs of each pilot site. It will be critical for SAHO to continue to provide leadership and provincial coordination for the overall project.

Recommendations:

- SAHO to continue to play a lead role in coordinating provincial career pathing activities and bringing partners to the table to minimize potential fragmentation and duplication of effort related to career pathing activities;

- SAHO to continue to oversee the development of the career pathing process in order to build on what has already been done;

- SAHO to hire a provincial Career Pathing Project Manager to provide leadership

and direction to the project sites and work in collaboration with members from the Career Pathing Working Group and Steering Committee to assist in developing career pathing prototypes;

- SAHO to continue to enhance the membership of the Health Sector Partnership Steering Committee and review the planning and working group members to ensure ongoing effectiveness.

(c) Research Component:

On-going research is required within the project sites to develop, implement, test and evaluate career pathing best practices and establish baseline indicators for strategic planning. In addition research at the provincial level is required to ensure the implementation of the career pathing core criteria framework that recognizes the varying needs at each project site.

Recommendations:

- Continue to support ongoing research to identify the human resource planning needs at each project site;
- Support the implementation of career pathing best practices; and
- Research the availability of services provided by training institutions to support career pathing.

(d) Project Implementation

Considering the magnitude of this innovative project with its multifaceted component parts, awareness was achieved in stages with many key partners and stakeholders in a variety of settings. Building awareness of the Career Pathing model was a crucial element. An extensive communication strategy helped to achieve this awareness and build some initial capacity, not only with project sites but with other stakeholders. In spite of early progress, additional time and resources were required to enable project sites to fully complete preliminary strategic plans. The challenge is to move forward innovative and new ideas such as career pathing in an environment operating with many competing priorities.

Recommendations:

- Project sites expand completed preliminary concept papers into an action planning document;
- Continue to provide awareness and build capacity within project sites; and
- Continue to develop and implement Core Criteria Framework.

(e) Capacity Development and Sustainability:

Critical to the initial success of career pathing, was the need to create awareness of the career pathing framework among potential partners and stakeholders and to encourage greater reflection and discussion on career pathing both at the provincial and local levels. Project sites identified the need to continue to build capacity around career pathing at many levels. In order for this innovative career pathing process to succeed, support and commitment is required from all the stakeholders.

Recommendations:

- Provide training for specific career pathing services to the project site leaders and team members as required;

- Project sites hire or select career pathing project leaders to assist with implementing the career pathing core criteria framework and best practices;

- Support project sites to create capacity and leadership and sustainability, with unions, education providers and other identified partners;

- Continue to expand partnerships as required and seek funding for on-going implementation of career pathing initiatives; and

- Implement a broad and extensive communication strategy to promote awareness and buy-in.

(f) Recognition of Prior Learning:

A key strategy for effective career pathing is the integration of recognizing prior learning (RPL) processes and principles. A tailored RPL process for the health sector would offer a framework for identifying, documenting, assessing and recognizing the knowledge, skills, and attitudes/abilities (KSAs) people have gained through formal and experiential learning. Additional awareness on how RPL can support training and career pathing in the health sector is required for stage two.

- Explore options for delivering orientation workshops for workers and employers in the potential project site outlining RPL values, principles and processes, including Prior Learning Assessment and Recognition (PLAR), credit transfer (CT) and qualification recognition (QR).

- Review RPL processes that facilitate the identification and documentation of experiential learning and continuing education, for the creation of professional development plans.

- Provide initial education and/or training on RPL principles and processes, including holisitic portfolio development.

- Initiate research for the development of clearly articulated KSAs that will support streamlined transitions between targeted occupations identified as priorities for the career pathing project sites.

- Education and training providers, including SIAST, the regional college system, DTI, SIIT and the universities (University of Regina, University of Saskatchewan and First Nations University of Canada) develop a training program for RPL practitioners.

(g) Evaluation Component:

Due to this first-of-its-kind career pathing project, there has been incredible interest from many organizations and potential partners, provincially and nationally. The Career Pathing model is in the initial stage of development and implementation. The Project Sites will implement and refine this model in response to their identified needs and differing environments. This approach provides fertile ground and an opportunity that assesses the project's benefits to participants in meeting other career pathing needs. Evaluation will also assess the impact that the Health Career Pathing project has on the development of a Representative Workforce. In addition, evaluation will assess the benefits gained by both employees and employers.

Recommendations:

- Establish partnerships with potential evaluation expertise and seek out funding sources;

- SAHO will continue to coordinate linkages with all the partner project sites throughout phase two to share information and best practices, and participate in formative and summative on-going evaluation of the project sites; and

- Refine definition of measurable outcomes and develop an outcome framework.

IV. NEXT STEPS

Rational

Based on the above key findings and recommendations of the Career Pathing Working Group, there are four crucial streams that need to develop and grow simultaneously:

1. Research and development;
2. Professional development and capacity building;
3. Development of career pathing processes and templates; and
4. Implementation or working with participants.

Within these streams the following activities need to occur at various levels and stages:

Stage Two – Development and Capacity Building Within Project Sties
 Project sites are engaged in the following activities at various levels of participation:

- hire or select career pathing Project Leaders to assist with the development of career pathing

templates, evaluation tools and participant selection criteria;
- Strategic planning based on their identified needs and gaps;
- Development of a communications strategy;
- Building capacity and leadership around career pathing;
- Education and awareness;
- Partnership development with external groups such as education and training institution to provide identified services required;
- Partnership development with internal and external groups to provide mentorship, and other support mechanisms;
- Identifying primary occupational areas and competencies for these areas;
- Portfolio development and selection of a small test group of participants to begin the reflection process for career pathing;
- Establish benchmarks and evaluation tools and reports.

Provincial Coordination

SAHO will hire a provincial Career Pathing Project Manager to provide leadership and direction to the project sites and work in collaboration with members from the Career Pathing Working Group and Steering Committee to develop career pathing prototypes.

SAHO will continue to coordinate linkages with all the partner project sites throughout phase two to share information and best practices, and participate in on-going evaluation of the project sites. SAHO will continue to expand partnerships as required and seek further funding for on-going implementation of career pathing initiatives.

APPENDIX ONE: THE ORIGINAL PROPOSAL

HEALTH CAREER PATHING PROJECT

Submitted by:
Saskatchewan Association of Health Organizations On Behalf of the
Health Sector Partnership Steering Committee

"Building a Representative Workforce where Aboriginal people are employed in all classifications and at all levels in proportion to their potential labour force numbers."

BACKGROUND

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-government, member-driven organization whose members include Saskatchewan's regional health authorities, independent hospitals and special care homes, as well as various agencies and associations that provide health services, education and/or regulations. SAHO's allied members also include First Nations and Métis health agencies such as the Prince Albert Grand Council (Health and Social Development), Peter Ballantyne Cree Nation Health Services Inc., and the Métis Addictions Council of Saskatchewan.

SAHO provides its more than 160 members with leadership, services and a common voice. SAHO's mission is to serve our membership through leadership, advocacy, support and programs such as the Aboriginal Employment Development Program.

Established in 1993 through an amalgamation of three health care associations (Health Care, Home Care, and Special Care Homes), SAHO is governed by a board of directors who are elected/appointed from each of our governing members that are made up of Saskatchewan's twelve regional health authorities and the Saskatchewan Cancer Agency.

Health Sector Partnership - Human Resource and Training Strategies
Phase I Initiatives

In 1999, SAHO received funding from Saskatchewan Learning (formerly Post-Secondary Education and Skills Training) through the JobStart/Future Skills Sector Partnerships Program to partner with key stakeholders to research and develop a human resource and training strategy using an industry sector approach.

A co-partnership (Health Sector Partnership Steering Committee) with health employers, unions, training institutions, the Aboriginal community, and government was established to collaborate in identifying, developing and implementing strategies that address the broad training and employment needs for the health sector with a focus on Aboriginal employment initiatives and the development of a Representative Workforce.

Through completion of a human resource and training needs analysis of the health sector industry and stakeholders would be able to assess and address labour force training and employment priorities focusing on critical human resource issues such as equity, recruitment and retention, and workforce demographics.

Released in October 2000, the Health Sector Labour Force and Training Needs Assessment Final Report identified key findings, human resource and training issues in the health sector, as well as issues related to the employment of Aboriginal people in the health sector.

II. NEXT STEPS

Next Steps identified in the report

a)   The development and implementation of a communication strategy to address the following:
- A representative workforce strategy;
- The role of unions;
- Aboriginal employment development initiatives;
- The need for enhanced and continued partnerships; and
- The role and function of the Sector Partnerships Steering Committee.

b)   Enhance and strengthen the Steering Committee to ensure there is as strong representation of all the key stakeholders to carry on the discussions and initiatives of the study;

c)   Communicate the results of the study to all stakeholder groups;

d)   Arrange meetings with respective Ministers, their department officials and members of First Nations and Métis Nation governments to present findings and recommendations of the study;

e)   Distribute the training database to the Aboriginal community and all training institutions; and

f)   Expand the database to include job descriptions.

Key Accomplishments since the reports release in 2000:

- Development of a broad communications strategy in November 2001 (SAHO and CUPE) to communicate the results of the study to key stakeholder groups;
- Presentations made to Aboriginal organizations, professional associations, other sector study groups, and at the SAHO convention;
- Development of a comprehensive "Training Database" that has been shared with the Aboriginal community and training institutions;
- Expanded membership of the Steering Committee to include representatives from all the Regional Health Authorities and associations;
- Creation of the Career Pathing sub-committee;
- Building capacity and support for a career pathing model through a three-day Career Pathing/PLAR workshop for employers, unions, Aboriginal groups, associations, and government representatives; and
- Development of a model framework for a health sector career pathing project.

Ongoing work of the Health Sector Partnership Steering Committee

Since 2000, the steering committee has continued to meet to address the issues and priority needs of the sector study with a focus on the development of a Representative Workforce. SAHO currently co-chairs the steering committee with the Canadian Union of Public Employees (CUPE).

Based on the findings of the report, the steering committee developed recommendations and strategies, and identified the need to look at laddering opportunities in the health sector based on the following:

- There is a need for mentors and peer groups to provide support to enhance retention of Aboriginal employees;

- There is a need to strengthen and improve the collaboration and communication amongst the education and training institutions and health sector employers;

- Strategies to address the barriers to employment for Aboriginal people need to be implemented;

- The cyclical nature of entry-level employment leads to low retention and high turnover: succession planning and career pathing are recommended to address these issues; and

- Employment preparatory programs are needed to improve success for Aboriginal students entering into health career training programs or employment opportunities in the health sector**.**

Health Career Pathing Sub-Committee

To assist the steering committee in implementing priority strategies, a working committee, the Saskatchewan Health Career Pathing Sub-Committee, was established to develop and implement an innovative training project similar to the New York LINCs project (Ladders in Nursing Careers).

The mandate of the sub-committee is "to facilitate career pathing of health care workers in order to help meet the current and long-term health care labour force needs, and to build a Representative Workforce."

To facilitate moving their strategies forward the committee developed a preliminary proposal outline, *Career Pathing in Health Careers.* When implemented, this initiative will facilitate the advancement and retention of current and future health care workers and promote a sustainable Representative Workforce through career laddering. The overall goal of the career pathing proposal is to support entry-level employees to ladder into technical, nursing and other hard to recruit health professions using a Prior Learning Assessment and Recognition (PLAR) model.

Recognition of Prior Learning – workshop

In order to generate further discussion around the career pathing concept, as well as provide committee members with a broad understanding of PLAR, a diverse group of health employers, Aboriginal people, unions, associations, and government departments were invited to participate in a three-day workshop.
Appendix A provides an overview of the workshop objectives, outcomes and next steps.
Appendix B provides definition of RPL and PLAR.

III.   HEALTH CAREER PATHING PROJECT PROPOSAL/FRAMEWORK

Introduction

Saskatchewan's health sector labour force is currently not reflective of the population. A representative workforce is imperative if the industry is to meet the growing employment needs of the industry as well as the needs of the First Nations and Métis communities. In the next five years, 46,000 new Aboriginal employees will become workforce age and will be seeking jobs in Saskatchewan. Yet, each year the employment gap widens by one per cent between Aboriginal and non-Aboriginal people.

In the past five years, the health sector has increased Aboriginal employment from less than one per cent to four per cent, or approximately 1,500 new Aboriginal hires, due to the formal partnership agreements with Aboriginal Affairs. Yet, due to identified barriers such as the casualization of the workforce particularly in entry-level occupations, retention of Aboriginal workers is less than half. Therefore, implementing this Health Career Pathing Initiative will serve as the means to achieve our goal to retain Aboriginal staff.

A Career Pathing Initiative will also serve to maximize the full utilization of our provincial workforce. As well it will work towards ensuring that Saskatchewan's health sector can maintain a current and future qualified and skilled workforce to meet its human resource needs, and to ensure there is a representative workforce where Aboriginal people are employed in all occupations and at all levels in the health sector workplace.

Overall Project/Initiative Description - this initiative will be implemented through three phases

This is a long-term initiative that is intended to help address health employers' current and future shortages of health care workers and to help address our goal of a representative workforce, equity and sustainability in the health sector labour force. A main source of information will be the training database developed in Phase I. The project would include an introduction of health careers, which will assist project participants in identifying career goals and employment objectives based on real occupational needs in the health regions. This will provide a more supportive approach to career planning within health careers and ultimately improve the retention and success rate for project participants entering into health careers. The project will also serve to assist project participants to be supported and trained for success in the workplace and a desire for furthering their education in other health professions.

Career Laddering/Pathing Schematic

The following schematic gives you a glimpse into the career laddering and career pathing options envisioned by the Saskatchewan Health Career Pathing Sub-Committee. The goal would be for the movement between the various health care occupations to be as seamless as possible. Prior

learning will be recognized throughout one's career progressions in health care. This schematic has been customized as an example to describe one of the intents of this first pilot.

CAREER LADDERING/PATHING SCHEMATIC

Phase I – RESEARCH AND DEVELOPMENT

PHASE II

Potential Project Participants for Phase II will be determined in Phase I with a focus on Aboriginal participation from Entry Level Occupations (Dietary Aides, Housekeeping, Home Care/Special Care Aide). This phase could also include participants from Pre-Employment and Access Programs, eg. Jobs First.

Module One
RPL Orientation
RPL initial advising
(inventory of Prior
Learning)
Development of
individual
action plan

Module Two
Portfolio development
From a holistic
perspective (which could
include an Aboriginal
Cultural Component)
Identify goals or purpose of
Portfolio Development on an
individual basis – (this
would help each individual
know what their skill and
knowledge are and what
Prior Learning can be
accredited

Module Three
Based on the outcomes of
the Portfolio development
individuals can explore
Career Pathing and
Planning and
Corporate Business
Climate

Bridging Program to
Licensed Practical
Nursing

Nursing Education
Program of
Saskatchewan

Post-Registration –
BSN Program

Post-Registration –
BSN Program

Other Health Careers
(Technologists
and
other
Diploma Programs)

Other
Professional Occupations

The Health Career Pathing project proposal involves the development of a career laddering model between the various health care occupations, which includes the following employment support mechanisms:

- Pre-readiness/Pre-bridging
- Mentorship
- PLAR and Portfolio Development
- Training for PLAR and Portfolio Advisors
- Aboriginal Cultural Component in the Portfolio Development
- Social and Economic Supports
- Retention Strategies

Project participants will have the opportunity to participate in the following modules:

a) Prior learning assessment and portfolio orientation;
b) Portfolio development which includes an Aboriginal cultural component;
c) Health careers and career pathing/planning; and
d) The corporate business climate.

The participant will also be provided with the following supports:

a) Mentorship (managers/supervisors);
b) Job coaching support by advisors;
c) Job shadowing opportunities within the organization; and
d) Other areas of need as identified by participants and advisors.

This Health Career Pathing Project will assist participants in identifying and confirming future career aspirations in health professions as demonstrated by our career laddering concept (described earlier).

While this project would be open to a variety of participants (Aboriginal and non-Aboriginal) with an overall goal to pursue promotional or lateral movement within the health sector, one of the initial focuses will be on the Home Care/Special Care Aides and the career laddering opportunity between that occupation and the Licensed Practical Nursing occupation. Another focus might be on untrained Home Care/Special Care Aide positions that have not completed their certification.

Benefits of a Career Pathing Project in the Health Sector

A career pathing project may serve multiple purposes including:

- Reduce current turnover that is currently being experienced in SCA/HHA and other health occupations (increase retention rates);

- Provide an opportunity for participants to gain a clearer picture of what the various health care occupations entail prior to investing in a certificate or training program;

- Promote the concept of a basic employment entry program that would lend itself to laddering into other health related careers;

- Allow for a realistic view and on-site job shadowing opportunities within the health care environment;

- Utilize the benefits of prior learning assessment and recognition principles and professional development for existing employees;

- Opportunity to work jointly with First Nations health care providers in project planning processes to support common interests and goals;

- Improve the quality of our workplaces;

- Opportunity to enhance collaboration between employees, employers, unions, and education or training institutions; and

- Identify within the various health care career paths, areas which are of a primary health care and community health nature, and the opportunity to support and promote certified program curriculum development to address training gaps in these areas.

APPENDIX TWO: LITERATURE REVIEW

LITERATURE AND LABOUR MARKET REVIEW

Introduction

To begin implementation of the Career Pathing Project, the Career Pathing Working Group (CPWG) identified the need to review and research literature and information pertaining to the current and future health labour market shortages and to explore ways to use career development, recognition of prior learning (RPL) processes and RPL advisors to enhance and support career pathing for Aboriginal people working in or seeking career opportunities in the health sector.

The exploration of career development in this review will cover a broad understanding of career and life-long learning of which the discussion of career pathing will be one component. Career development in today's context means preparing individuals to function in a wide variety of contexts, equipped with basic generic and specialized professional skills. Career development is thought to begin from pre-birth and continues to retirement or beyond (Jarvis, 2003). More people are recognizing that prenatal nutrition, early childhood education, excellent elementary education in common essential skills, and excellent high school and post secondary education as well as specialized professional education are necessary for individuals to perform well in the challenges of life and career that they will face as they grow and develop (Evans et al, 1994). Career development then has moved beyond the scant 20-30 years when one is employed in the workforce (Jarvis, 2003). Hence, recognition of prior learning, or recognition of all learning is a sound career development strategy.

Career Pathing is one component of a comprehensive career development process. A career path is a designated path through and among careers that an individual might take based on their competencies, skills and abilities. RPL allows one to recognize competencies, skills and abilities that may not be used in one's current employment or to place one's competencies, skills and abilities in juxtaposition to those required in a job or profession into which one might wish to move. Hence, career development is no longer a linear process, where one builds skills in order to move up the ladder of success within a profession or organization. With life-long career development it would theoretically be possible with RPL and other strategies to now think about moving among different careers vertically as well as linearly. In essence one could follow a path or paths rather than climb a ladder.

Currently, information about labour shortages and labour market need projections is scarce and/or difficult to locate, particularly for the health field. There may be at least two reasons for this. Firstly, the analysis necessary is time consuming and costly and may be undertaken only every two to three years. This could account for the fact that most reports that have been found are those from 2002 and 2003. Secondly, organizations may not consider labour market projections and current counts to be cost effective as the environment is changing so rapidly. However, Saskatchewan Health has recently released a health human resources report for the year 2003 (Saskatchewan Health, 2004). The current shortages reported include Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Physiotherapists and Speech language Pathologists. Further, certain regional health authorities (RHAs) report that it often requires 12 or more months to fill vacancies in 14 classifications in the health sector. These include: Health Information Management Professionals, Labouratory Technologists, Combined Lab and X-ray Technologists and Sonographers, Primary Care Nurses, Registered Nurses,

Orthodontists/Prosthetists, Psychologists, Public Health Inspectors, Audiologists, Speech language Pathologists and Physiotherapists. Since 2003, however, the vacancy rates have improved considerably in Saskatchewan.

In order to understand why a study of best practices in career development is necessary and what difference it would make to the health sector labour force it is necessary to first get a grasp of the realities facing employers and workers (entering and seasoned) in the health sector in Saskatchewan in the near future. The following section is a study and discussion of the current labour market in the health sector in Saskatchewan. The subsequent sections deal with best practices in career development, and organizational development to support career development, with a focus on Aboriginal people.

Labour Market Review

Nursing:

A detailed analysis completed in 2003 suggests that there will be an increasing shortfall between the supply of and demand for RNs and Registered Psychiatric Nurses (RPNs) in the next 10 years. Reducing the gap will require an additional 60-80 RNs/RPNs per year depending on the growth in demand. According to Elliot (2003) the situation for LPNs is different. There will be a modest increase in demand and an ample supply while the education institutions will be more responsive to demand in the future.

Registered Nurses:

The gap between supply and demand is currently estimated at 372. In each combination (three) of the scenarios presented by Elliot (2003) the gap rises over the next 10 years. If retention rates evolve as in the medium scenario and demand increases at the mid-point growth rate the gap increases to 548 by 2007 and 830 by 2012. Reducing the gap to 150 nurses over the next 10 years would require an additional supply of 68 RNs per year starting in 2003 (Elliot, 2003).

Registered Practical Nurses:

The Canadian Institute for Health Information (2002) states that of the 930 RPNs working in Saskatchewan, 525 would be eligible for retirement between 2002 and 2012. The gap between supply and demand is currently at 45 RPNs (Elliot, 2003). If retention rates evolve at the medium scenario the gap increases to 93 by 2007 and 115 by 2012 (Elliot, 2003). Reducing the gap to 20 positions in the next 10 years would require 10 RPNs per year starting in 2003 (Elliot, 2003).

Licenced Practical Nurses:

In scenarios by Elliot (2003) supply exceeds demand. In the midpoint scenario the supply of LPNs is sufficient to meet either the midpoint or the high growth demand scenarios (Elliot, 2003). However, a joint study by Saskatchewan Health and Saskatchewan Learning indicates

that as of July, 2003, there were 280.5 full-time, part-time and casual LPN vacancies reported by Regional Health Authorities. About 50 per cent of these are in the long-term care sector. Seventy-seven per cent of the RHAs that responded indicated that they were projecting new LPN positions in their regions in the next two years. For example, Saskatoon was looking to have 144, Regina Qu'Appelle 64 and Cypress 32.5. Thirty-one per cent of LPNs currently employed are 50 years of age or older. The joint report therefore concludes that current and projected demand was significantly higher than education provider capacity and the demand was not evenly distributed among the education providers (Saskatchewan Health & Saskatchewan Learning, 2003). Similarly, The Canadian Institute for Health Information (2002) states that of the 2,011 LPNs working in Saskatchewan, there would be approximately 1,500 LPNs eligible for retirement between 2002 and 2012.

Home Care Aides and Special Care Aides:

Existing Saskatchewan formal training programs generally meet the needs of both graduates and employers, with special training needs identified for acute care, palliative care, and special needs children (Thauberger, Hopkins, Lacroix, and Campbell, 2002).

Other Health Sector Classifications:

Another source of information listed 31 job classifications in health that were in demand by employers around the province of Saskatchewan. They are in no particular order: Ambulance Attendances, Paramedics, Specialist Physicians, General Practitioners, Dentists, Denturists, Dental Assistants, Optometrists, Pharmacists, Dieticians, Nutritionists, Physiotherapists, Occupational Therapists, Respiratory Therapists, other Therapists, Nursing Supervisors, Nursing Assistants, Nurses Aides, Special Care Aides, other Support Aides, Medical Laboratory Technologists, Medical Laboratory Technicians, Clinical Perfusionists, Medical Radiation Technologists, Medical Sonographers, Cardiology Technologists, Electroencephalographic Technologists, other Diagnostic Technologists, other Therapy And Assessment Technicians, Natural Healing Practitioners and Mid-Wives (Job Start/ Job Futures, 2003).

The Northern Training Needs Analysis (2003) found that, RNs, Laboratory Technicians, Emergency Medical Technicians, Family General Practice Physicians and Specialist Doctors as well as Addiction and Mental Health Counsellors were in high demand.

Table 1 (See Appendix A) is a summary of information about needs in a selection of health regions that represent urban, rural, and northern regions. The data represents the service needs of the region not necessarily the labour force vacancies currently in each region. The information in Table one combines all the information found for this report from all the sources mentioned above and the Human Resources Development Canada web site (2004). Some of the designations of need in Table 1 reflect a need for services rather than necessarily indicating vacant positions. For example, Mamawetan Churchill River RHA has need for specialist physician services but does not hire specialists to work directly for the RHA.

Northern Inter Tribal Health Authority (NITHA) Partner Health Positions

The NITHA Partners (Meadow Lake Tribal Council, Prince Albert Grand Council, Lac La Ronge Indian Band and Peter Ballantyne Cree Nation) focus their health services on primary care, wellness, and preventative health supported by a community development and capacity building approach. NITHA is a full partner in the Career Pathing Project, hence the inclusion of their information in this report. At this time, NITHA has not compiled a verified listing of Partner positions. Table 2 (See Appendix B) is based on informal consultations with the Partners. A check mark in the appropriate column indicates "difficulty in filling the position," and/or "these services are contracted," and/or "need for certification of individuals in these positions and/or of the positions."

Career Pathing and Career Development Best Practices

"Career pathing is a diverse set of strategies that develop articulated connections between jobs in the same or related industries to achieve occupational advancement or increased wages, skills, and benefits for employees." (Lin, 2004)

Philip Jarvis (2003) emphasizes that: "The new career management paradigm is not about making the right occupational choice but about equipping people with the life-long skills, competencies, knowledge and attitudes to improve at making choices about life decisions."

Benefits of Career Pathing:

Having an overall vision and strategy within each organization to complement a written published and disseminated plan can help employees see through the mystery of career planning and outline the standards necessary for career mobility. With a published program, employees are able to map out their anticipated progress in relation to their own personal situation and the needs of the company. Because there are so many skills required of employees and managers, and those skill sets change so rapidly, a road map is essential. (Edward, R., www.c-interface.com, 04/03/17)

Edwards further states that the benefits of a published plan are three-fold:

a. Firstly, because employees will be working toward a specific position within the organization he or she will tend to enhance his/her performance in current assignments and closely monitor his or her behavior outside of specific work assignments.

b. Secondly, employees are able to see a fair and equitable process for career advancement.

c. Finally, when employees are involved in career pathing, as individuals and teams at the centre of staffing problems, they can make observations and offer solutions to recruitment and substitution dilemmas that can be of invaluable assistance to management.

When an employee can see an organizational plan dedicated to employee advancement it also helps with recruitment and advancement. Companies that see employees as what they could become rather than what they are have a huge impact on those employees' work satisfaction and

loyalty. The best career pathing plan must instill hope so that whether or not the employee continues with your organization they will know that they have added value to their career prospectus (Tamer, M., (www.c-interface.com, 04/03/17).

Turning great employees into talented professionals should be an organization's priority. Organizations that utilize career pathing are more likely to recruit and hire "the right" professionals and manage careers throughout the employee life-cycle (Parker, B., www.c-interface.com, 04/03/17).

Key Elements of a Career Pathing Plan:

- An organization's personnel must be willing to spend the time to seek financial and other resources and to use them creatively to achieve their goal of a career pathing plan (Workforce Strategy Center, www.workforcestrategy.org/44.html, 04/05/20).

- There must be a process of capacity assessment to validate ideas and assumptions that already exist, as a part of the culture, in an industry or organization. The capacity assessment process should also be used to cultivate sound partnerships with a variety of stakeholders recognizing and accepting that the stakeholders will change over time (Workforce Strategy Center, www.workforcestrategy.org/44.html, 04/05/20).

- It is necessary to take the time to get all levels of an organization involved in the development of career pathing plan from senior management to part-time employees (Personnel Management Systems Inc., www.hrpmsi.com, 04/03/17).

- There must be a clearly attainable career path for all positions that is visible to the entire workforce. This career path plan needs to include clear, well-stated job descriptions identify skills, knowledge, experience and aptitudes necessary to be successful in a position. Career pathing programs that integrate accurate and complete job descriptions with established training and competency outlines help employees feel in control of their own career development as their next steps are achievable and known (Personnel Management Systems Inc., www.hrpmsi.com, 04/03/17). As well, it should be an on-going process implemented and monitored by management, including determining what experience levels, skills, behaviours and performance metrics constitute success.

- Overall components of a successful career plan must assimilate and integrate the organization's culture and philosophy, supervisory feedback, mentoring, performance and service quality metrics, performance appraisals, assessments, training, education and curriculum development, incentives and rewards, and employee communications (Parker, B., www.c-interface.com, 04/03/17).

- A career pathing program should meet the organization's established goals and objectives and should ensure that employees understand the link between their contributions and the organization's success. Changing this one small dynamic can go a long way to building commitment and loyalty (Van Vranken, R. www.c-interface.com, 04/03/17).

- There needs to be a commitment from senior managers to skills training, increased retention and competitive recruitment (Workforce Strategy Center, www.workforcestrategy.org/4_4.html, 04/05/20).

- Standards and prerequisites need to be developed for each position at the training stage, entry level, and for the fully qualified employee. Expectations must be clearly delineated by first having all opportunities identified and then stating clearly that employees are expected to apply for advancement through a career pathing process. As well as standards and prerequisites, each plan must document competencies, length of time to complete each component, order of completion required, and who will provide the training or mentorship to the employee (Edward, R., www.c-interface.com, 04/03/17).

- Scheduled progress and assessment meetings need to be part of the employee's mentorship or training, to communicate needs and provide updates about opportunities. There should also not be a time constraint placed on the employee for completion of the requirements. Rather, the timeline should be flexible and be based on the needs and situation of the employee and the needs of the organization. A balanced program must be developed for each situation. Finally, all the above information must be documented so that it is available in the event that the employee changes departments or the mentor leaves the organization (Edward, R., www.c-interface.com, 04/03/17).

The Academy of Educational Development (1999) has developed a suggested checklist for organizations that can be used to launch a new career development or career pathing plan for all staff, or to create individualized career plans. According to AED, various elements can be phased in over time, and some elements can be excluded in the beginning. An adapted checklist is presented in Appendix C.

Best Practices for Aboriginal Career Development:

In Aboriginal communities human resource development must be accompanied by a broad spectrum of community economic development and capacity building in leadership, governance, policy and decision making. As well, training and education need to be linked directly to employment as well as having a sound academic foundation. Funding for such programs needs to be long term (HRDC, 1999).

Who controls the process of policy development, resource base and funding, program delivery and management, and accountability mechanisms can directly affect the success of career development and career pathing programs for Aboriginal people (HRDC, 1999). Hence, the amount of control partnerships with Aboriginal organizations, employee career pathing committees within organizations, and individual employee's maintain over decisions about and timing of career moves can all affect whether career pathing is successful or not. Further, it is important for organizations to recognize that project participants must feel that "it isn't something that is being done to them" or "for them out of the graciousness of our hearts" but because First Nations are involved in all aspects of making the project work, that it is their project, not ours for them. These strategies need to be in evidence and in practice in all of the project sites where Aboriginals will be the major participants in the project.

Studies (HRDC, 1999) have demonstrated that sound academic education is the key to long-term employability. Other studies (HRDC, 1999) show that short term, skill-specific training and employment programs cannot substitute for basic academic skills (HRDC, 1999). Therefore a

key for Aboriginal career development plans would be to encourage schools to ground students in basic skills and to find ways to keep students until they graduate through school-to-work and other initiatives that improve self-esteem and offer hope.

Due to the lack of information, research or theories about Aboriginal career development or career pathing the author expanded the review to include strategies and models for women and low income or socially excluded groups and communities. The reasoning behind expanding the review in this way was that these particular groups may experience similar challenges for work and career advancement. There was not much more information about these groups than there was for the Aboriginal groups, however, some of the suggestions about career development for these groups are:

- Career counselling must take place within a cultural context with counselors aware of their own and others' cultures (Betz & Fitzgerald, 1995).

- Avoid assumptions that all individuals within a cultural group hold the same values, goals and experiences (Betz & Fitzgerald, 1995).

- Culture and ethnicity must be considered with gender and class (Betz & Fitzgerald, 1995), life-stage, organization-stage, work stress levels and job satisfaction (Voyle, 2004).

- The level of acculturation and the stage of ethnic identity development must be identified (Betz & Fitzgerald, 1995).

- A global inclusive career pathing plan in an organization can help all individuals in an organization (Betz & Fitzgerald, 1995).

- Assist employees in a process of intrapersonal, interpersonal, transpersonal awareness development (Voyle, 2004).

- Assist employees to increase awareness of current and future trends that affect family/career connections (Van Horn, 1999).

- Assist employees to identify and cope with family and career development stages that carry heavy role demands (Van Horn, 1999).

- Assist employees to identify and deal with barriers to implement their family/career plans (Van Horn, 1999).

- Assist employees to increase understanding of the personal benefits of combining career and family planning (Van Horn, 1999).

- Provide support for employees who are experiencing obstacles to success (Voyle, 2004).

- Key findings from the Provincial Aboriginal Representative Workforce Conference in Saskatoon (February, 2003) support the importance of education and career preparation for Aboriginal communities. Comments from the delegates at this conference can be found in Appendix D of this report.

Career Laddering:

Another strategy of career development that is gaining popularity is career laddering. The
RENEW: A Nursing Career Ladder for Paraprofessionals program is one example of how this
can work. (Source: www.league.orgleaguetlc/express/inn0407.html, 2004/07/09) The program
provides the opportunity for students to advance from a non-health-care or basic-health-care to
professional entry level of LPN with a completion of certification or a RN with an associate
degree in nursing. The course load is determined as an individualized study plan and is based on
a student's entry level testing results. Mentoring and other support strategies help improve the
success rate of students in the program. LINC or Ladders in Nursing Careers was another
program that provided foundation ideas for the launch of the Career Pathing Program of which
this literature review is a part. Unfortunately the publication on the web page does not seem to
be any longer available. Career Laddering as opposed to Career Pathing is a vertical process of
movement through a professional stream. Career Pathing is a process of assessing an
individual's competencies, knowledge, skills and attitudes and developing a career path that
would allow movement among occupations as well as vertically through occupations.

Career Mentoring:

Career mentoring is a process of using experienced and seasoned workers to guide a less
seasoned or new employee in developing competencies on the job. Mentoring of employees
within an organization has been found to be another successful strategy for career laddering or
career pathing and career development. Much research has been done that indicates the benefits
of career mentoring. In a survey of companies with formal mentoring programs in the United
States 77 per cent indicated that mentoring improved both employee retention and performance.
When executives of Fortune 500 companies were surveyed 96 per cent said mentoring is an
important developmental tool and 75 per cent said it had played a key role in their personal
career success (Business Women's Network, 2002).

General Electric has found its mentoring program for women and minorities so beneficial to
employee career growth that it uses mentoring as a benefit in its corporate advertising for
employee recruitment (Business Women's Network, 2002).

The Business Women's Network (2002) has summarized the reasons given for establishing
mentoring programs from 300 companies in the United States. They are:

- To promote the retention of valuable employees.
- To improve employees' leadership and managerial skills.
- To develop new leaders.
- To enhance employees' career develop.
- To promote diversity.
- To put high-potential individuals on the fast career track.
- To improve employees' technical knowledge.

Research at Shell, recognized for its well-run career mentoring program, has demonstrated that both mentored employees and mentors have experienced positive gains from participation (Business Women's Network, 2002):

- Increased insight into personal goals;
- Increased awareness of organizational goals;
- Increased awareness of company philosophy and culture;
- Broadened network development;
- Leadership development;
- Improved career satisfaction;
- Increased productivity;
- Increased visibility in the organization;
- Increased awareness of opportunities;
- Professional rapport with mentor/mentored.

Big Brothers Big Sisters of Canada and Mentoring Canada (2002) have developed guidelines for the development of mentoring programs that have a wide application:

1. Lay the foundation on which your mentoring program can be built with solid program components.

2. An assessment of your program needs including:

- recruitment strategies;
- screening procedures;
- acceptance criteria;
- training and orientation for mentors and mentored;
- matching procedures;
- structured activities;
- on-going support and monitoring strategies;
- closure strategies and criteria.

3. Prepare to evaluate outcomes:

- What are the known effects of mentoring?
- What evaluation methods will be used; developmental or outcome or both?
- How will you use the evaluation to change the program?

4. Stay current:

- What are the innovations in mentoring?
- What are your current liabilities?
- Are there better ways of working together?
- Are there ways to network sharing of best practices?

- How can we continue to keep the mentored safe; are there issues with safety that need to be addressed?

It is important to note that many First Nations' cultures use a process of education of the young by elders that involves watching and learning (by the young) and then attempting the new learning on their own at an appropriate time (Ross, 1992). Perhaps this could be thought of as mentoring of the young. Therefore, it might be culturally and educationally valid to consider mentoring as an excellent career pathing strategy for Aboriginal people. If mentoring is used as a career pathing strategy for Aboriginal people, it would be necessary to consider the caveats found in the section above, "*Best Practices for Aboriginal Career Development.*"

Recognition of Prior Learning

Saskatchewan Learning identifies four commonly understood categories of learning: formal learning or credit based, non-formal learning or work-based training, informal learning or life experiences including volunteer activities, and experiential learning that encompasses all of the previous three (*www.saskeded.gov.sk.ca/branches/institutions/rpl/about/RPL.shtml, 04/06/07*).

Further, Saskatchewan Learning acknowledges three forms of learning recognition: Credit transfer (CT), qualification recognition (QR) and prior learning assessment and recognition (PLAR). These are defined as follows:

Credit Transfer:
"…as the process by which credit is granted towards a credential by one institution for programs or courses previously completed at a recognized institution. The granting of credit is based on the evaluation of equivalencies of subject matter. Currently, credit transfer information is primarily available through contacting individual institutions and/or viewing specified listings in their calendars. (http://www.sasked.gov.sk.ca/branches/institutions/rpl/about/credit_transfer.shtml)."

Qualification Recognition:
"…fair, credible, and standardized assessment of credentials to assist employers, educational institutions and professional regulatory bodies in making informed decisions. QR includes, but is not limited to international credential recognition. The process of QR involves the assessment of credentials obtained at a recognized institution, to determine the degree of comparability with the level of education and standards of an educational institution or professional regulatory body/association. QR processes can support, but do not necessarily include, the determination of equivalency of subject matter
(http://www.sasked.gov.sk.ca/branches/institutions/rpl/about/qualification_recognition.shtml)."

Prior Learning Assessment and Recognition:
"…a systematic process that assesses and recognizes an individual's knowledge and skills regardless of where or how the learning was acquired…a valuable human resource planning strategy that can be used to effectively address the challenges of skill identification and assessment in a knowledge-based economy where continuous learning is encouraged and supported (*www.saskeded.gov.sk.ca/branches/institutions/rpl/about/RPL.shtml*, 04/06/07)."

Prior Learning Assessment and Recognition (PLAR) has been suggested as a culturally respectful means of assisting people of many different cultures to assess their prior learning in preparation for moving into new careers either as people in the labour market looking for work or as employees looking to move up or laterally in an organization (CLFDB, 1999).

One example of the use of recognition of prior learning within the context of First Nations has been developed by the Aboriginal Resource Development Council of Canada (2002). They have produced a set of information including, Guiding Circles: An Aboriginal guide to finding career paths. This booklet is an adaptation of the Prior Learning Assessment and Recognition (PLAR) process using circles to accomplish self-assessment and portfolio development. Further information about portfolio-assisted learning assessment and recognition can be found in the following section *"Employees' Career Development/Career Pathing Best Practices"*
Diane Hill (2002) has completed substantial work on Prior Learning Assessment (PLA) and portfolio development. She has found that:

- Portfolio-assisted PLA has the ability to move employees beyond assessment of technical knowledge and skills to include the life/work context.

- Portfolio-assisted PLA has the capacity to address problems associated with the training and educational needs of diverse populations of people within single and multi-contextual environments.

- Portfolio-assisted PLA is a transformative learning process that is culturally conducive to Aboriginal approaches to learning, teaching and knowledge creation.

- Portfolio-assisted PLA is a multi-purpose tool that can support healing, empowerment and self-knowledge.

Using portfolio-assisted RPL strategies in an organization can therefore, help develop stronger employees who will participate in life-long learning, recognize advancement opportunities, see the means to achieve skills and therefore become more likely to remain employed by a particular organization. The development of a portfolio could take as much as 12 months for employees to complete given employment demands, family responsibilities, geographical factors and one's ability to communicate effectively in writing (Hill, 1995).

The Nursing Education Program of Saskatchewan (2003) suggests that there are several strategies to consider when developing or revising a RPL strategy:

- Determine the actual cost of delivery of advising and assessing for RPL.

- Appoint a project champion with the necessary resources for development and implementation.

- Prepare a plan that has specific outcomes for the program.

- State criteria for specific skills and knowledge to be demonstrated.

- Provide adequate orientation and training to staff, advisors and assessors regarding the assessment and recognition process.

- Offer flexible methods of assessment.

- Streamline the assessment process to save time, money and documentation for staff and assessors.

- Develop and distribute widely education materials regarding RPL policies, procedures and processes.

As well, recent conversations with leaders of Saskatchewan Regional Health Authorities suggests that there is a need to streamline the assessment process to save time, money, documentation and needless bureaucracy for the participants.

The Canadian Labour Force Development Board (1999) had developed 14 principles as guides for an effective and fair national system for recognizing learning. The Saskatchewan Labour Force Development Board (2002) adapted and synthesized these guidelines to the following principles:

The Saskatchewan Labour Force Development Board Principles (2002)

- Accessibility: RPL must be accessible and recognize the unique needs and abilities of individuals. The delivery of RPL must also be inclusive and respectful of the diversity of the Saskatchewan population. While the process is voluntary, all learners will be encouraged and supported in assessing RPL services, regardless of their place of residence, socio-economic circumstances, culture or demographic characteristics.

- Transparency: The RPL process must be transparent. Criteria, standards of assessment, and RPL processes and outcomes must be well understood

- Effective service: All personnel involved in the RPL process must have appropriate skills and knowledge, relevant to their roles and responsibilities in the process.

- High Quality Assessment: Assessors are content specialists and the assessment tools must be valid and reliable. Learners will receive recognition and credit for demonstrated knowledge, skills and judgments, and not solely for experience.

- Flexibility: Programs must be able to flex to meet the unique needs of regions, locals and individuals. Different assessment mechanisms and procedures are necessary to accommodate needs of different individuals (for example, academic credentials, employment, career advancement, life-long learning).

- Relevance: The RPL outcomes will be recognized by individuals, employers, educational institutions, professional regulatory bodies, and credit awarded will be transferable between different organizations.

- Efficiency: RPL processes will be efficient and timely while making best use of resources.

- Right of Appeal: If a person is not satisfied with the RPL assessment, an appeal process must be available.

The Canadian Labour Force Development Board (1999) Strategies for a National PLAR Network

The Canadian Labour Force Development Board (1999) has produced a report about the necessity for, as well as the strategies for, implementation of a national PLAR network. They conclude that PLAR can be an effective instrument for labour market integration, mobility and utilization of the knowledge, skills, talents and abilities of all Canadians as well as providing a sustaining link to life-long learning, while allowing all Canadians to participate in the workforce more fully and equitably. The report focuses on the needs of foreign trained workers specifically but it has many solid suggestions about the development of PLAR strategy components that could be used anywhere and for anyone. The report suggests that there are six components that a PLAR strategy needs to include and they have been adapted for use in health organizations (See Appendix Three). The six components are:

- Self-assessment: The goal of this component would be to make employees aware of the knowledge and skill requirements for the positions they are interested in. They would be able to assess their own qualifications in order to identify gaps and become aware of the necessary steps to move into the occupation of interest. An information package could be made available in a staff resource room that includes copies of a questionnaire allowing employees to manually assess their own readiness to change employment classifications.

- Alternately, some companies have now developed electronic assessment tools. An example is the PBAS (Portfolio Builder and Assessment Software) by the JMJ Group. As well, The Canadian Human Resources Board in collaboration with HRDSC, the Department of National Defence, technology practitioners, employers, educators and labour groups has been developing a national credit and career portfolio bank providing information on the competency of workers. It will be supported by career portfolios or passports for individual workers and a national system of RPL.

- Advice and Counselling: Detailed information and counselling would be offered in this component to supplement the self-assessment completed above. Information and suggestions would be offered about the occupation of interest including, occupational regulatory bodies, bridge training and training organizations, labour market information about vacancies and demand within an organization and suggestions for how to proceed to the next step. (Part of this component could include the development of a portfolio that would allow for the comparisons of employee learning statements and classification competencies).

- Verification: This component could involve several steps including discussion with a group of union representatives, being assessed by a trained assessor for the classification in question, comparing learning statements and evidence with classification competences and identifying gaps.

- Bridging: Bridging would normally include formal training. However, given that this review is particularly interested in career development for Aboriginal people, this component could also include mentoring and subsequent examination or on-the-job assessment. If formal training was part of the bridging process then CLFDB (1999) makes the following recommendations:

- Training should be culturally sensitive and appropriate (i.e. using Aboriginal learning strategies).

- Training should emphasize self-confidence and empowerment strategies (i.e. portfolio development) due to the effects of racism and exclusion experienced by many Aboriginal people.

- Training should incorporate good ESL techniques.

- Recognition of Prior Learning: Upon completion of their training, to the satisfaction of the respective regulatory agencies, employees would be granted certificates in recognition of their prior learning in fulfilling the requirements for working in their occupations.

- Follow-up: Constant evaluation and program improvement would be the sixth component.

As well, the Council of Ministers of Education, Canada has supported the advancement of credit transfer agreements among institutions of higher learning. The purpose is to increase opportunities for students to access post-secondary education by facilitating student mobility between institutions and sectors and thus, gaining efficiencies in time and money for students, institutions and governments (www.cmec.ca/publications/winnipegstatement.en.asp, 2004/06/07). The principles of the ministers' agreement are:

- All credit transfer agreements should be consistent with the academic integrity of programs, prerequisites, admission criteria and certification requirements.

- Post-secondary institutions should be committed to working with other institutions to enhance and maintain credit transfer opportunities recognizing that learning experiences can be attained in a variety of ways while maintaining rigour and content validity.

- While possession of academic prerequisites makes a transfer student eligible for admission, it does not guarantee admission.

- Institutions should be committed to providing, in a routine manner, current and reliable information about transfer of credit policies and the procedures to be followed to obtain transfer credit.

- Post-secondary institutions should maintain clearly stated policies and procedures for consideration of transfer and students should have access to an institutions rationale for refusal and institutions should have clearly stated policies for appealing a refusal.

- Neither transfer nor direct-entry students should be advantaged or disadvantaged as a result of the transfer of credit process.

- If the postsecondary institutions adopt these principles and apply them in terms of policies then RPL transfers could also be recognized.

In 2004, Saskatchewan Learning approved funding to create the Saskatchewan Council for admissions and Transfer (SaskCAT) under the umbrella of Campus Saskatchewan. SaskCAT is mandated with building a province-wide transfer system that will have information on credit transfer agreements available online. This online guide will provide access to current and

accurate information about credit transfer, making it easier to map out education and training opportunities in Saskatchewan. The creation of the SaskCAT and the synergies with other initiatives may prove advantageous for the on-going development of the Career Pathing Project.

Competencies:

Much of the use of PLAR in the health sector will rest on the development and recognition of competencies for each classification in the sector. Plum International Inc. (www.pluminternational.com/applications.php, 2004/07/09) defines seven steps in the development of competencies. They are (Note: comments in brackets are the author's additions as they relate to the health sector's requirements):

1. Define performance effectiveness criteria;
   - A needs assessment of two parts, gather information, communicate a plan of implementation.
2. Identify a criterion sample;
   - Management (unions, professional associations and employees) identifies 10-12 employees who are considered exemplary (for each discipline).
3. Collect data;
   - Trained observers sit with each employee documenting and coding effective behaviors.
   - Managers independently list responsibilities, tasks and competencies (for each discipline).
4. Identify data and develop a competency model;
   - Focus groups are held with exemplary employees, team leaders and managers to determine major job responsibilities, tasks, competencies and performance measures.
5. Develop a competency model;
   - Develop all competencies from the data; select the most important, and write definitions for each competency.
6. Validate the competency model;
   - Responsibilities, tasks and competencies from the employee observations and the managers' lists are compared.
      - where there are consistencies they would be considered valid,
      - where there were inconsistencies they would be returned to the focus groups for more clarification.
7. Prepare applications of the competency model;
   - Create new job screening tools, testing and assessing tools, organizational career paths, performance measurement tools and perhaps competency based "Pay for Performance" tools.

Developing competencies will necessitate unions, professional associations, employers and staff working together to develop those competencies. Having competencies defined will lead to

employees managing their own careers, and being able to develop their own career paths within the organization. This will lead to higher retention rates.

Many jurisdictions have already accomplished the development of competences in various disciplines. For example since the early nineties, Australia has recognized competencies in several disciplines including dentistry, nursing and pharmacy in the health sector as well as many others in other sectors (CLFDB, 1999).

In their Competency Workshop Workbook., SaskTel (2002) a Saskatchewan Crown Corporation state that 1970's research indicates that knowledge, skills and education were not enough to predict performance or success on the job. The element missing from the equation is competencies. SaskTel (2002) further states that competencies used as a basis for HR management can assist with identifying the differences in behavior between highly effective people and low-average performers and provide a way to measure those differences.

Some other jurisdictions that are now using competency-based models include:

- Government of the North West Territories (www.hlthss.gov.nt.ca/content/Publications/Reports/RecruitPlan/Part8.htm, 2004/06/07) Increasing Competencies in the Workforce.

- Multi-Lateral Task Force on Training, Career Pathing and Labour Mobility in the Community Social Services Sector (2002) Occupational Competencies within Women-Serving Organizations: Specific to "Stopping the Violence Programs.

- Nova Scotia (2004): Entry Level Competencies for Registered Nurses, Licensed Practical Nurses and Continuing Care Assistants in Nova Scotia.

- The Alberta Association of Registered Nurses (2000) Entry-to-Practice Competencies.

- The College of Midwives of British Columbia (www.cmbc.bc.ca/docs/competnc.htm, 2004/06/07) Competencies of Registered Midwives.

- The College of Physician and Surgeons of Manitoba and the Manitoba Association of Registered Nurses (www.umanitoba.ca/coleges/cps/Guidelines_and Statements/132.html, 2004/06/07) Shared Competencies and Delegated Physician Services-132.

- The College of Registered Nurses of Nova Scotia (2002) Nurse Practitioner Competencies.

- The Dieticians of Canada (1996) Competencies for Entry Level Dieticians.

- The Faculty of Nursing, University of Alberta (www.nursing.ualberta.ca/homepage.nsf/documents/Graduate+Competencies, 2004/06/07). Graduate Competencies and Level Outcomes.

- The Registered Nurses Association of British Columbia (2000) Competencies Required of a New Graduate.

- The Registered Nurses Association of Saskatchewan (2003) <u>Registered Nurse (Nurse Practitioner) RN (NP) Standards and Core Competencies.</u>

Employees' Career Development/Career Pathing Best Practices

Personal Competencies/Skills for Career Development:

Generally, those who counsel others about career planning and development suggest that there are several competencies shown by those who are successful at career pathing. Each one of these competencies can be broken down into skills or tasks through various stages of life and learning (Can Learn Pro, 2003).

1. Personal awareness of oneself within one's environment.
   - Build and maintain a positive self-image or self-esteem.
   - Interact positively and effectively with others.
   - Continue to change and grow throughout life.
   - Understand, engage in and manage one's own life/work building process.
   - Identify personal life/work goals.

2. Seeking support, assistance and new learning when necessary.
   - Participate in life-long learning supportive of life/work goals.
   - Locate and effectively use life/work information.
   - Understand the changing nature of life/work roles.
   - Secure, create and maintain life/work.
   - Establish, update and maintain personal and professional networks.

3. Dealing with personal, family and other stress creating situations in an effective and positive manner.
   - Maintain balanced life/work roles.
   - Make life/work-enhancing decisions.
   - Understand the relationship between work, society and the economy.

The Conference Board of Canada (2000) has delineated the skills or competencies required to enter, stay in, and progress in the world of work, on one's own or as part of a team (See Appendix C). Other competency lists are available for specific occupations but these ones, from the CBC, are fairly comprehensive and generally applicable and are therefore worth including here. These competencies are:

1. Fundamental skills including:

- Communication: read and understand information in a variety of forms; write and speak so people listen and understand; share information in a variety of technological forms; use relevant scientific, technological and mathematical knowledge and skills to explain or clarify ideas.

- Information management: locate, gather and organize information using appropriate technology, access and apply knowledge and skills from a variety of disciplines.

- Using numbers: decide what needs to be measured or calculated; observe and record data using appropriate methods, tools and technologies; make estimates and verify calculations.

- Thinking and solving problems: assess situations; recognize the dimensions of the problem; explore possible solutions; use all possible thinking and sharing strategies to solve problems and make decisions; evaluate and implement solutions; act on opportunities for improvement.

2. Personal Management skills including:

- Demonstrating positive attitudes and behaviours: have self-esteem and confidence; deal with honesty, integrity and personal ethics; recognize one's own and others good efforts; take care of one's personal health; show interest, initiative and effort.

- Being responsible: set goals and priorities, plan and mange time and money; assess risk; be accountable; be socially responsible and contribute to one's community.

- Being adaptable: work independently or as a team member; carry out multiple tasks, be innovative and resourceful; be open and constructive; learn from mistakes; cope with uncertainty.

- Learning continuously: be willing to continuously learn; assess personal strengths and challenges; set personal goals; identify learning opportunities and resources; plan to achieve learning goals.

- Working safely: be aware of and observe personal and group health and safety practices.

3. Teamwork skills:

- Working with others: understand dynamics of a group; be flexible with and respectful of others; be clear about the group's goals and objectives; recognize and respect diversity; accept and provide feedback constructively; contribute by sharing one's expertise; lead or support as appropriate; understand the role of group conflict, manage and resolve conflict.

- Participating: Plan, design or carry out tasks; develop plans and seek feedback; work to agreed quality standards; select and use appropriate tools and technology; adapt to changing requirements; continuously monitor and evaluate project progress and opportunities.

Portfolio-assisted PLAR

Many adult learners do not seek further training or self-improvement through education because they are confronted with a series of hurdles such as academic prerequisites, inflexible time frames, geographic isolation, and other heavy demands which may have undesirable effects on life/work contexts (Hill, 1995).

A solution to these problems for employees wishing to move up in an organization could be prior learning assessment facilitated through portfolio development. A portfolio is:

"…a documented portrait of what the learner knows (knowledge) and what (he/she) can do (skills). It is not meant to be a mere description of experience but rather a thorough summary of what has been learned from experience that can be equated to college-level learning…It is important to note that the learner is given credit for the 'learning' and not just for the experience…feedback and suggestion(s) from learners are actively solicited…(Hill, 1995)."

The Open Learning Agency of British Columbia advises that learners who seek recognition for their learning using a PLAR process can expect benefits such as:

- Academic credit and or professional recognition.
- Prerequisites for course work.
- Credit for courses in a program.
- The ability to top up gaps in learning without having to take a whole program.
- Help in setting career goals and education or training needs.
- A boost in self-esteem and career confidence.

(Source: (www.ola.bc.ca/pla/explanation.html, 2004/04/14)

Saskatchewan Learning (2003) has developed a guide for learners who wish to use a PLAR process to have their learning assessed and recognized, including the procedures for getting ready to be assessed and the places where people can be assessed. Saskatchewan Learning's guide also recognizes four key steps in a PLAR process:

- Identification: A learner identifies what he/she knows and can do, often with an advisor to guide the learner through the process.

- Documentation: A learner gathers evidence that demonstrates the individual's knowledge and skills from many possible sources including letters of validation, work samples, performance appraisals, and portfolios.

- Assessment: A qualified assessor or subject matter expert reviews the evidence presented in a challenge process and determines if the evidence meets the established requirements for recognition, often against learning outcomes, competencies or established standards.

- Recognition: Recognition is awarded to the learner if the evidence meets the required criteria, and can take many forms including, educational credit, occupational credit and new employment or workplace advancement.

Hill (1995) states that there are five distinct processes (with steps for completion in each one) in the creation of a portfolio for assessing prior learning through portfolio development:

1. Describe life experiences:

   - Identify and record both formal and informal learning experiences, credited and non-credited learning.
   - Identify individual strengths, weaknesses, interests and learning needs when compared to the designated competencies of classifications of interest.
   - Share the information with one's employer and seek counselling and assistance as required to proceed.

2. Identify the learning's:

   - What has one learned as a result of the experiences listed in number one and as a result of doing exercise number one?
   - Develop a portfolio. For Aboriginal people this could include a "life-story" about oneself, a description of one's family and one's roles and responsibilities (past and present) in the clan, a description of one's community and any roles that you have played in community organizations or activities, a description of one's nation and how one's own particular values, principles or beliefs are reflected (or not) in the policies and practices of the nation, a description of one's world view and an analysis of how one's world view fits with (or not) the larger world view around you as demonstrated by colleagues and friends, an up-to-date resume, a list of books and articles you have read and a statement of how they have contributed to personal growth, a description of your leadership style, a description of your career plans and written statements from fellow workers, supervisors, community leaders and others who know your skills and abilities.
   - Be prepared to answer questions from a committee on one's portfolio.

3. Express the learning through learning or competency statements that can be evaluated against classification competences:

   - A competency statement is a concise statement of the things one knows how to do.
   - Task analysis involves brainstorming the duties, responsibilities, procedures and accomplishments that were a result of one's learning experience.
   - Learning analysis is a process of identifying what is learned from one's experience, such as what one already knows, what one has learned, what patterns one can identify, what relationships are developed, what one does differently, what decisions are made, etc.
   - Writing competency statements involves taking the analyses from the learning and task exercises and converting one's descriptions into statements using introductions such as, I can, I have learned, I know how to, I understand, I am aware of, etc.

4. Relate the learning to overall career and education goals.

5. Compile evidence to prove the learning and one's ability to perform required tasks.

A portfolio can be organized in many ways. One of the ways that is most respectful of Aboriginal cultures generally is an autobiographical process where a life story is organized temporally, by themes, by mind mapping, or by life path. Helping people learn these techniques increases success and enthusiasm for the portfolio process. Similarly, having a "verb shopping list" helps people write learning statements (Hill, 1995).

Summary

This report has reviewed the most current labour force analyses, projections and career pathing and career development best practices for both individuals and organizations, with a focus on Aboriginal people. It has found that there are and will continue to be shortages in many health occupations in Saskatchewan. The most difficult to fill occupations at the moment are: Health Record Technicians, Medical Laboratory Technologists, Combined Lab/X-ray Technologists, Sonographers, Primary Care Nurses, Registered Nurses, Orthodontists,/Prosthetists, Psychologists, Public Health Inspectors, Audiologists, Speech Language Pathologists and Physiotherapists. A sample of RHAs and areas around the province indicates that the same shortages are evident in all locations with some minor variations. There is however, some discrepancy about the current and long-term demand and availability of LPNs.

As well, there are nine key elements in an organizational career pathing plan:

*   Time and staff resources;
*   Capacity assessment;
*   Complete staff involvement;
*   A clear and attainable career path and ladder process including job descriptions with competencies;
*   An integration of the organization's culture and philosophy, management, mentoring, performance measurements and assessment and communications;
*   Meets the organization's goals and objectives;
*   Commitment of senior management to recruitment and retention;
*   Standards and prerequisites; and
*   Scheduled progress and assessment meetings.

Each of these elements incorporates theory from career laddering, mentoring and learning recognition. Best practices for Aboriginal career development are holistic and involve whole communities and have a component of Aboriginal inclusion and control. Career pathing, mentoring, and learning recognition are strategies for career development that may work for Aboriginal people.

Career pathing for Aboriginal people at minimum:

*   Must be accompanied by a broad spectrum of community economic development and capacity building in leadership, governance, policy and decision making.

- Provide training and education linked directly to employment as well as having a sound academic foundation. Funding for such programs needs to be long term.

- Share control of the process of policy development, resource base and funding, program delivery and management, and accountability.

- Partner with Aboriginal organizations, employee career pathing committees within organizations, and individual employee need control over decisions about and timing of career moves.

- Recognize that project participants must feel that "it isn't something that is being done to them" or "for them out of the graciousness of our hearts" but because First Nations are involved in all aspect of making the project work; that it is their project, not ours for them.

- Provide sound academic education, the key to long-term employability…short term, skill-specific training and employment programs cannot substitute for basic academic skills.

- Encourage schools to ground students in basic skills and to find ways to keep students until they graduate through school-to-work and other initiatives that improve self-esteem and offer hope.

Further, it was found that individuals have 12 responsibilities in a career laddering process:

- Personal awareness,
- Support seeking,
- Dealing with personal issues,
- Communicating effectively,
- Managing information,
- Using numbers effectively,
- Problem solving,
- Positive attitudes,
- Responsibility,
- Adaptability,
- Continuous learning,
- And teamwork.

One strategy for career development for individuals is to use a portfolio development process. There are five steps in portfolio development:

- Describing life experiences,
- Identifying learning,
- Making competency statements,
- Relating learning to overall career goals,
- Compiling evidence.

Conclusions

- Career pathing using learning recognition can be a means of developing a representative workforce in Saskatchewan, especially if consideration is given to the development of Aboriginal components on portfolio development.

- Portfolio development is likely the most respectful and culturally appropriate method of career development for Aboriginal people.

- If career pathing in the health sector is to be successful a thorough analysis of what will happen to the labour force when people begin to move from entry level positions like Special Care Aides to LPN or RN classifications is required. For example one analysis of LPNs is that there are enough and training will continue to meet demand. Another analysis suggests that there are shortages and that the aging workforce as well as increasing demand will mean that there will be a shortage of LPNs. Hence, if SCAs move into LPN spots, what happens to the supply of SCAs and others? If LPNs move into RN spots what happens to the LPN numbers?

- Therefore, it is likely that career pathing will need to be one component of an overall strategy for workforce development in Saskatchewan. Other components of an overall strategy will need to include:

  - elementary school identification;
  - tracking and mentoring;
  - improved math and science education for Aboriginal students, particularly in the North;
  - factual information dissemination about career possibilities and rewards; and
  - university mentoring and support similar to that found in the Native Nursing Access Program.

- Professional associations will need to find the means to be more flexible in their requirements for admission to professions without diluting standards.

- One crucial component of RPL to the development of career pathing in the health sector is the development of competencies for each classification. This development will rest on the willingness and ability of unions, management and staff to agree on whether competencies will be used, how they will be developed, and if and how portfolios and the documented learning contained in them will be recognized.

- Consideration will need to be given to the unique situations of each jurisdiction in a career pathing process. For example, the unions representing some employees in Northern Saskatchewan are different than those representing similar employees in the South. As well, NITHA and its partners have special needs. They do not have a unionized workforce and sometimes have very few positions at each worksite. Therefore it may be difficult to think about career pathing as the employees will not have positions to move into. As well, they have many employees working in positions who have never been given recognition for their skills and abilities.

- Given the amount of work required to undertake career pathing according to the best practice guidelines outlined in this report, all participating organizations will need to ensure that they have adequate time and resources to dedicate to the development and implementation of a career pathing plan. To be successful, the process must be respectful

of all stakeholders, be strategic with its elements and be integrated with the organization's long-term goals and objectives.

Appendix A - Table One - Sample of Regional Distributions of Health Sector Labour Force Shortage in Saskatchewan

Appendix B – Table Two NITHA Staff and Contracted Positions

Appendix C - The Academy of Educational Development Organizational Checklist for Career Development

Appendix D - Provincial Aboriginal Workforce Council Conference Delegate Question Summary Report

Appendix E - Bibliography

Appendix A

Classifications	Sun Country HR	Cypress HR	Regina Qu'Appelle HR	Saskatoon HR	Prince Albert Parkland HR	Prairie North HR	Mamawetan Churchill River HR	Sun Rise HR
Ambulance Attendances	x	x		x		x		x
Audiologists	x	x	x		x	x		x
Cardiology Technologists	x	x	x	x		x		
Chiropractors	x	x				x		
Clinical Perfusionists		x	x	x		x	x	x
Community Health & Social Development Specialists								
Dental Assistants	x	x		x		x		x
Dental Hygienists	x	x		x		x	x	
Dental Technologists	x	x		x	x			
Dental Therapists	x	x		x		x	x	x
Dentists	x	x				x		
Denturists	x			x		x		x
Dieticians	x	x				x		x
Electroencephalographic Technologists	x					x	x	
General Practitioners	x	x			x	x	x	x
Medical Labouratory Pathologists			x					
Medical Labouratory Technicians	x	x		x		x		
Medical Labouratory Technologists	x	x		x				x
Medical Radiation Technologists	x	x		x		x		x
Medical Sonographers	x		x	x		x		x
Mid-Wives	x	x		x		x		x
Natural Healing Practitioners	x	x		x		x		x
Nurses Aides		x		x		x		x
Nursing Assistants								
Nurses (RN)		x	x	x	x	x	x	x
Nurses (LP)	x	x		x	x	x		x

Nurses, RN (NP)			x				x	
Nurses (RPN)			x		x			
Nurses, RN (PH)							x	
Nursing Supervisors	x	x		x				x
Nutritionists	x	x				x		x
Occupational Therapists	x	x		x	x	x		x
Opticians	x	x		x				x
Optometrists	x	x				x		
Other Support Aides								
Paramedics	x	x		x		x		x
Pathologists Assistants	x	x	x	x				x
Pediatricians			x					
Pharmacists	x	x	x		x	x	x	x
Physiotherapists	x	x	x	x		x		x
Psychiatrists			x					
Psychologists					x			
Respiratory Therapists	x	x	x	x		x		x
Special Care Aides	x	x		x		x		x
Specialist Physicians	x	x			x	x	x	x
Speech Language Pathologists	x	x	x		x	x		x
Surgeons			x					
Ultra-sound Sonographers			x					
Ultra-sound Technologists			x					

Table 1: Sample of regional distributions of health sector labour force shortages in Saskatchewan.

Appendix B
Table 2: NITHA Draft Partnership Health & Social Development Positions

The NITHA Partners (MLTC, PAGC, LLRIB and PBCN) focus their health services on primary care, wellness, and preventative health, supported by a community development and capacity building approach. NITHA compiled this listing through informal consultations with the Partners. Each of the columns provides an indication of the human resource issues and a check mark in the column reflects an area of attention for the specific type of position. The column headings are "difficulty in filling the position," "these services are contracted," and "need for certification of individuals in these positions and/or of the positions." Table compiled October, 2004 by NITHA in consultation with the Partners.

TYPE OF POSITION	DIFFICULTY FILLING POSITIONS	CERTIFICATION NEEDED OF POSITIONS / or of COMMUNITY MEMBERS	CONTRACTED SERVICES
Addiction Workers	√	√	
Administrative Assistants	√	√	
Clerical Positions		√	
Community Health Representatives/Developers (role of positions needs to be reviewed and expanded)	√	√ (some have certification)	
Community Leadership & Elder Rep re Support Role for Health	√	√	
Data Entry Clerks	√	√	
Dentists	√	√	√
Dieticians	√	√	
Dental Therapists/Technologist	√	√	
Early Child Development Workers	√	√	
Environmental Officers	√	√	
Emergency Responder		√	√
General Practitioners	√		√
Health Directors/Coordinators	√	√	
Holistic Health/Wellness Workers	√	√	
Home Health Aides/Special Care Aides		√	
Janitors/House Keeping		√	
Mental Health Therapist	√	√	√
Nurses (Licensed Practical Nurse)	√	√	
Nurses (Registered Psych Nurse)	√	√	
Nurses, RN (Primary Care/TB/Diabetes Educators/ Home Care /Community Health)	√	√	
Nurses, RN (Nurse Practioner)	√	√	
Nursing Managers/Supervisors/Coordinators	√	√	
Nutritionists	√	√	√
Optometrists			√
Parent Support/Aide Workers		√	√
Pharmacists	√	√	√
Physiotherapists	√	√	√

Psychologists	√	√	√
Security	√	√	
Special Care Aides		√	
Speech & Language Pathologist/Audiologist	√	√	√
Transportation Clerks	√	√	
Youth Coordinators/Workers		√	

Appendix C

The Academy of Educational Development Organizational Checklist for Career Development (1999)

- There are professional development accounts (funds to attend conferences, workshops, classes, or for memberships and subscriptions).

- There are developmental or "stretch" assignments for employees or the deliberate assignment of special projects such as service on task forces.

- There are employee leadership and performance assessment and development tools (standardized or developed for the organization), a 360 degree feedback process (supervisor, peers, supervisees).

- Everyone has an individualized development plan.

- Employees are granted time and expenses for field trips, executive tag-alongs, site visits (to see innovative solutions and strategies in action).

- Many learning strategies are employed by the organization and its employees (intensive, experiential, scenario-based, simulations, skill practica, focused coaching, role-playing, grand rounds, plenaries, videos, speeches/presentations, quotations, stories, essays, humour, topic tables (large and small group discussion) so that each employee has a chance to succeed using his/her learning strength.

- Reading material about career advancement and individual career choices are widely available and a resource library is available to all employees.

- Employees are invited to and included in management and board meetings to see how decisions are made, to develop executive instinct and judgment.

- There is a multi-cultural component to all learning initiatives.

- There is a formal mentoring program and employees are encouraged to interview leaders in their fields.

- A succession plan is written and observed.

- Career counselling and career pathing are part of the organizational culture for all levels of employees.

- There is access to employee assistance and support programs for all employees.

- There is a system of peer support.

- Employees are encouraged to publish articles about their work, and exhibit at conferences.

- Employees are encouraged to and supported in making public presentations.

- Employees are given opportunities to facilitate meetings and task forces.

- Employees are expected to participate in reflection exercises, portfolio- development and journaling.

- Employees are assigned as a liaison for organizational relationships outside the organization.

- Community service is encouraged and expected by all employees.

- All employees are expected to participate in retreat, recreation, celebration and other staff functions.

- All employment opportunities are widely advertised in the organization with required duties, attitudes, competencies and skills clearly listed.

Appendix D

Delegate Question Summary Report

Provincial Aboriginal Representative Workforce Council Conference
Delegate Question Summary Report
February 5 & 6, 2003 – Saskatoon Inn, Saskatoon

The following analysis is based on the 66 responses to the delegate questions administer to the conference delegates. *Note*: bullet **comments are verbatim from original delegate responses on the questionnaires.**

The purpose of the questions was to help delegates focus on building a Representative Workforce. The results will provide input into preparing for the future workforce.

For the purpose of reporting the data has been summarized (bullet form) in order to address each individual question.

Section B will include key findings as a result of predominant responses to the stated questions and a narrative summary.

1. **What can employers do to prepare their workplaces to attract Aboriginal people and integrate them into the workplace?**
    *   Build welcoming environment;
    *   Advertise required skills and job openings to First Nations and Métis communities;
    *   Openly discuss barriers and resolutions;
    *   Include in discussions to collective agreements, unions and memberships;
    *   Create priority – leadership to audit;
    *   Establish communications plan what is happening and reasoning behind plans;
    *   Retention, policy development use best practice models, CUPE/SUN to develop more strategies in other sectors;
    *   Integrating Aboriginal people with all culture and uniqueness into the workplace, value the culture, work with it and develop strategies against resistance;
    *   Change hiring practices, interview processes, recognize cultural differences during these processes to be inclusive and accepting;
    *   Need to change the ways that Aboriginals and Visible Minorities are educated;
    *   Global diversity is needed, not just Aboriginal;
    *   Contribute and recruit equitable in designated groups;
    *   Inclusive and ware workplaces;
    *   Union support;
    *   Hire qualified people in management;

- All employees receive training in cross-cultural studies;
- On the job training;
- Issues for all is transportation;
- Advancement opportunities, professional development programs;
- The real problem is to get rid of racism and just hire people, qualified just hire them;
- All HR staff should be made to hire or replace by Aboriginal HR people who will hire;
- Northern issue of doors not being opened to Aboriginal people, not what you know but whom you know. Education post-secondary training not being recognized, in local school divisions, over qualified;
- Inform the province that you are preparing the workplace for the inclusion of Aboriginal people in the workplace;
- Workforce audits, Aboriginal awareness training for all employees;
- Leadership competencies, including cultural competencies;
- Policy development (respect and dignity policy, Representative Workforce Policy)
- Develop linkages with Aboriginal agencies;
- Aboriginal networks for Aboriginal employees;
- Ensure Aboriginal language is in CBAs;
- Succession planning;
- Encourage further education, promote careers in the management teams;
- Educate the workplace of upcoming Aboriginal trends, issues and encourage receptive environment;
- Training programs with Aboriginal content;
- Career pathing, planning, access personal skills in terms of career goals, provide services of further training directed at a career path;
- Provide positions information to Aboriginal youth;
- Training especially, the treaties, treaty rights and current issues;
- Sign AEDP Partnership Agreements;
- Review existing policies, procedures and corporate culture to address barriers that limit Aboriginal participation;
- Integrating the young people off the reserve to gain skills and training or have quality training on reserve to integrate into the workplace;
- Work with employment agencies;
- Identify areas of need, requirements of employment;
- Network find out what you need, and who you need to obtain employment;
- Ensure funding to establish a long-term staffing plan;
- Work with employee reps in meaningful discussion;
- Ensuring entire organization is employment equity friendly, accomplished through cultural training to eliminate any stereotypes;

- Advertise and promote job opportunities to Aboriginal communities;
- Seek out individuals who are qualified for vacant positions, partnerships, mentorship programs, use for retention purposes;
- Advertise and promote job opportunities to Aboriginal communities;
- Teach readiness skills in the education system;
- Go to reserves and schools to gain ideas;
- Communicates and educate entire workforce of changes? Why change;
- Hire Aboriginal when they apply and then treat them like normal human beings;
- Identify potential barriers in the organization such as racism, unnecessary qualifications, career coaches, regular orientation, informational meetings, workplace assessments (truth without fear);
- Cultural awareness = alleviate the possible conflicts;
- Invite employers into class to speak on opportunities and qualifications;
- Don't be afraid to talk to industries, crowns and sectors;
- Partner with organizations i.e. summer programs/work placements;
- Professional attitude and dress;
- Promote good social skills;
- Ensure students are aware of labour market demands and skills needed;
- Start a career action plan early;
- Heal the family and build it up with community;
- Rise to the challenge when employers do the ask for the work;
- Promote continuous learning
- Coordinated effort to target youth (14 yr. and up) K-12 by post-secondary, business, First Nations, government and educational institutes. Train K-12 staff and post-secondary staff to deliver and disseminate information;
- Training and orientation to people entering the workforce;
- Teach core subjects in K-12 program;
- Become more familiar with corporate culture issues, awareness of Aboriginal Culture is not the issue;
- Partner with economic development to better prepare for jobs;
- Aptitude tests to determine skills and interest areas to have choice of career;
- Research funding availability and how to access it;
- Work towards reducing dependency, effort to work through issues not run;
- Self-declare on applications;
- Be prepared to adapt and compromise;
- Aware of types of workplaces and situations, conditions that will exist;
- Ask questions and communicate;
- Be sure that the workplace is ready for Aboriginal people, do some research and;

- Build relationships with non-Aboriginal communities.

2.(a) **What can First Nations and Métis people do to prepare for business opportunities identified through economic audits?**

- Take advantage of opportunities;

- Develop linkages with the private sector, be willing to partner;

- Market yourself;

- Personal responsibility of preparing yourself, fulfilling commitment;

- Educated and encourage;

- Create a network;

- Explore potential economic opportunities;

- Understand entrepreneurship and ownership responsibilities research;

- Seek mentors;

- Use resources available Aboriginal and non-Aboriginal;

- Don't be afraid to ask for help;

- Policy development;

- Apply for grants, use services to assist them;

- Do a personal audit of skills they have;

- Choose business on skills and interest. Develop a business plan;

- Develop a support network for preparation and business supports;

- Prepare Aboriginal people in the development of business planning;

- Market their product and service;

- Be prepared to joint venture;

- Become educated or partner with ones that are educated in the business world;

- Research agencies, small business start-up (financial needs);

- Research market needs;

- Monitor changing needs and adapting change on supply and demand;

- Obtain credible lenders;

- Gain experience in business operations (general);

- Explore partnerships/resources to assist with proposals of services;

- Develop forums to discuss with industry and government to discover possibilities;

- Match new employers with mentor;

- Partner with business and industry to develop and implement strategies in hiring and retention towards a representative workforce;

- Read the menu;

- Wayne McKenzie's story of the Saskatoon Laundry Service;

- Have a holistic view of honour. They fit into the economics of North America and;

- Emphasize good clean criminal record, bondable etc.

3. **UNIONS**

What can unions do to help with the transition and integration of Aboriginal people in the workplace?

- Directly address barriers-change policies;
- Recognize the amount of work required to create change in the workplace;
- Contract language inclusive of Aboriginal peoples' needs;
- Training (Diversity) and (Aboriginal Awareness Inclusively);
- Support systems;
- Adhere to job bidding timelines;
- Promote membership, no hostilities against each other;
- Receptive of differences and the values that Indian people bring to the people of Canada;
- Representative language is in the CBA;
- Zero tolerance policies and enforce the policies;
- People should not need diversity training in this day and age;
- Aboriginal experience recognized and is legitimate;
- Banish targeted positions;
- Advertise with statements of knowledge of Aboriginal Culture, issues and community not designated;
- Identify strengths of union to support the integration of Aboriginal people into the workplace and union environment;
- Identify barriers, prioritize areas of need;
- Develop action plans and use strengths to address barriers;
- Proactive plans for implementing Representative Workforce Program;
- Partner with the employer as equals;
- Provisions be culturally sensitive-time for spirit and cultural observance, elders present dealing with workplaces issues;
- Don't obsess over seniority;
- Promote attitude changes in the workplace;
- Promote fairness in the CBA;
- Aboriginal participation within the unions;
- Realize that the union can't afford to support the status quo as it is today;
- Unions to reach our and work with Aboriginal communities, educate them about union processes;
- Facilitate an inclusive approach to Aboriginal members and potential members;
- Innovative partnering approaches;

- Traditional perspectives=inclusion of traditional values=ensure meaningful oppressive ways;
- Communicate union materials to new Aboriginal employees;
- Be committed themselves;
- Facilitate to employer to have services and supports available for Aboriginal workers in their labour force;
- Union members have an "old school mentality" and become Aboriginal retention issues;
- Dialog and implement new policies;
- Defend them as expected, treat them as our brother and sisters, which they are;
- Simply make the workplace more attractive;
- Build trust through communication, recognize the issues, understand Aboriginal people, culture awareness training;
- Encourage Aboriginal Employee Networks, right to have time similar to union time to participate in advisory roles, cultural events and dialoge;
- Joint ventures with employees policy development, assist with integration of Aboriginal workers;
- Unions to eliminate the numbers associated with employment equity groups, reflected of population represented in the organizations;
- Finding new initiatives, opportunities to bypass the standard seniority provisions which typically dictate who will be hired;
- Education especially elected officials;
- Practice what we preach;
- Aboriginal people need to be knowledgeable and educated about unions, maybe in post-secondary and high school;
- Be leaders of change – advocates;
- Be aware of changing demographics;
- Support the Aboriginal workers in their needs;
- Primary role as advocates;
- Address and resolve barriers;
- Sign Tripartite Agreements;
- Must be willing to stop racism and stop making excuses
- Represent all members, not in a discriminative manner;
- Training of employment equity
- UMAC have a common understanding;
- Put pressure on companies and government to change their hiring practices, ensure healthy workplaces to everyone from health and safety, racism and discrimination;
- Seniority clauses in contracts;
- Include in strategic programs and;

- Must include the north to fulfill the CBA obligations.

4. **Government and Education**

- What is the role of government and education in achieving a Representative Workforce? This section will document government and education separately.

Government

- Participate and provide workforce preparing for Aboriginal youth;
- Promote the Representative Workforce Strategy;
- Commitment to change;
- Managers need to more be more accountable for why Aboriginal people are not getting their jobs;
- Act as an informational source for organizations interested;
- Provide a forum for training and awareness programs for organizations that do not have the ability to develop these programs on their own;
- Setting an example;
- Let the public apply for jobs;
- Ensure committees are active and not just a checkmark on a list;
- Ensure budgets allow for this new training;
- Don't leave training decisions in the hands of low level managers, who may have a bias or lack of training themselves to make informed decisions;
- Modify the interview process to better identify usable skills;
- Understand that Aboriginal people have a unique relationship with the crown, we agreed to live in peace with the white man and they in turn agreed to provisions;
- Recruitment;
- Demonstrate leadership by actively committed to living Aboriginal people;
- Lead the model of a Representative Workforce, Enter AEDP Agreements, Use RWF in government succession planning;
- Use best promising/practices;
- Provide required funding and policies to support program;
- Long-term commitment;
- Work in partnership with unions and employees to address barriers and hiring practices;
- Becoming more proactive such as SAHO;
- Creating advancements for employees to move up in the ranks;
- Utilize Aboriginal to utilize their Aboriginal staff to their full potential;
- Aboriginal people do not want hiring quotas, give the chance to prove ourselves;

- Working together, more conferences and resources;
- Be role models in hiring;
- Support and money for training;
- Train for middle management and senior positions;
- Develop mentoring roles for upcoming or becoming;
- Focus trade fairs to involve provincial and federal departments;
- Be role model employers;
- Facilitate partnerships etc. to ensure effective linkages of potential employers, training, education initiatives hiring practices;
- Funding for creative solutions to prevent/eliminate/identify barriers to education;
- Significant change to society, not Band-Aid fixes that comes back worse in the end;
- Increase P.T.A. funding;
- Apparently to stand in the way, talk endless and be no help;
- Encourage diversity in the workplace;
- Represent the people which has increased numbers of Aboriginal work to education Aboriginal people, career development;
- Social problems with the finding the cause, sometimes there are too many hand-outs. A healthier society is one that is self-sufficient;
- Remove barriers from accessing the established programs;
- Provide the required accommodations, not being restrictive, include Aboriginals with disabilities;
- Given opportunities, not just a token;
- Efforts like this conference are excellent, audits and data;
- Government needs to recognize the high dropout rate in Aboriginal youth; youth is discouraged from speaking out in school, racism issues.
- Policy development;
- Promote partnerships between Aboriginal groups and industry sectors;
- Pathways to opportunities are identified;
- Provide cultural sensitivity training, to be accessed by small organizations;
- Provide linkages between various employers, placement agencies, education initiatives and potential employees;
- Show leadership, only two government departments have signed, why?
- Promote working together;
- Facilitating organizations to achieve goals;
- Practice what they preach;
- Educate the staff;
- Take the Aboriginal issues seriously, just talk;
- Funding to ensure integration of Aboriginal people and;

- Funding coordinators for the sectors; let us know what we have to do to earn that funding.

Education

- Teach career pathing in schools, to assist with the Aboriginal youth career goals;

- Offer enhanced training programs, scholarships (provide funding);

- Ensure the same people have access to the education and training that will be required to fill positions (particularly the north);

- Promote education to youth;

- Incorporate more of the message from the strategy into the curriculum;

- Issues of youth migration;

- Match education to career needs;

- Change curriculum to meet the needs of our kids;

- Emphasis to stay in school

- Aptitude tests to determine skills and interest areas;

- Consistency in curriculum that recognizes needs for career development;

- Ensure Aboriginal culture is included in course content;

- More training funding for social assistance people, opportunities to get into post-secondary training;

- Address the training shortages, waiting lists for specialized areas i.e health sciences;

- Utilize the regional colleges to provide basic skill assessments, counselling services, learning plans, partner with business, industry and labour to create pre-employment training or skill training;

- Fund programs geared for the rural and northern communities;

- Refocus funds from corrections and assistance to education;

- Education accountable for directly linking to employment, holistic lifestyle and career counseling in schools;

- Lack of partnership agreements with Social Services and Sask. Learning;

- Promote education important to all Aboriginal youth;

- Mandatory career counselling in K-12 system, include school to work, career information, trade information, employers expectations, education requirements and skill requirements;

- Recognition of Prior Learning;

- Eliminate general math and science, especially in First Nations schools;

- More Aboriginal teachers that know their culture and traditions;

- Aboriginal teachers that know how to teach children with learning disabilities i.e. FAS/FAE as well other diseases;

- Encourage all possibilities as wide as possible, not to pressure kids to make choices at a young age, to look at the future as a world of possibilities;

- Promote basic education and skills and connect crucial for employment opportunities;

- Work experience programs;

- STAY IN SCHOOL CAMPAIGN;

- Funding for School Plus;

- Provide information at all levels, band levels, post-secondary, K-12, employer, employees, tribal councils and friendship centres and;

- Teach the true history of Canada, by adding residential schools/assimilation of First Nations people language, apartheid based reserve system and;

- Instill pride of heritage, culture and traditions in K-12 system, rather that learning this at the university level.

Section B
Key Finding.

As a result of the delegate questions there are predominant responses to establish key findings. Three key findings/themes were identified as a direct result of the PARWC Conference.

1. Strong need for Aboriginal cultural and historical awareness training in workplaces, unions and K-12 education systems;

2. Encouraging forming partnerships with stakeholders, ensuring success and;

3. Education and Career Preparation for Aboriginal communities. Communications with the Aboriginal community to stay in school and prepare for educational, business and employment opportunities.

Firstly, an overwhelming and consistent response throughout the questionnaire is the need for Aboriginal Cultural Awareness Training in workplaces, unions and K-12 education system.

- Training will foster healthy and welcoming workplace;

- Workplaces both unionized and non-unionized will be attractive to Aboriginal people for recruitment and retention;

- Through demonstration of genuine interest in Aboriginal culture, history and traditions will gain the employers the benefits of attracting, recruiting and retaining the brightest and the best of the Aboriginal communities;

- Learning the Aboriginal culture will assist with dispelling myths and misconceptions and begin the process of identifying barriers to employment and career pathing;

- Develop Aboriginal people into role models and foster mentorship in the work place and;

- Include Aboriginal Awareness Training in the K-12 School system, instill pride in Aboriginal youth and educate all students (see education responses for further details).

Secondly, a strong indication is the need to form partnerships within all parties in the workplaces, ensuring a collaborative approach. Partnerships with the Aboriginal community as equal partners in program, policy and procedure development

- Government dectors and Unions need to sign AEDP Partnership Agreements and adopt a process of inclusion for Aboriginal communities, tripartite agreements if required;

- Policy and procedure development, implementation and monitoring in the areas of Aboriginal employment development, ensuring harassment-free workplaces, career planning, succession planning and continued outreach work with partners and;

- Support a network for partners, especially the Aboriginal employees and communities to ensure goal achievement.

Thirdly, the overwhelming predominant response our First Nation and Métis communities need to prepare through education and career planning. Achieving Grade 12 and post-secondary school in order to compete and qualify for job opportunities. The message is clearly stated as "Stay in School."

- Appropriate math and sciences = opportunities;

- Community support to encourage Aboriginal youth to succeed;

- Be or find role models for the youth and;

- Search out job qualifications and prepare for the opportunities.

Summary of the key responses on the various roles of government, education and unions in achieving a Representative Workforce.

Government

- Be leaders and demonstrate a long-term commitment to the Representative Workforce Strategy. This may be achieved through:
    - Ensure funding is available to address cultural awareness training in organizations, not only the departments but for small business sector to partake in the training through government funded and facilitated operations, workplace readiness for Aboriginal integration and;
    - Ensure funding and resources for policy and partnership development with industries.

Education system
Needs to clearly communicate the critical message to Aboriginal youth to stay in school, especially K-12 system.

- K-12 system curriculum requires changes to ensure Aboriginal history is being taught and the importance of math and sciences to future career development and planning;

- Funding issues to ensure Aboriginal youth know how to access it and use it for career opportunities;

- Education system needs to focus on career planning, career choices and opportunities that will be available for them, process could begin in the K-12 program to ensure success and promote opportunities through education and;

- The Representative Workforce message needs to be communicated to the youth to foster hope and choice about their future.

Unions

- Collective agreement language is important to facilitate change from the status quo and stimulate new ways of inclusion.

- Cultural Awareness Training of union members on Aboriginal issues, especially executive members;

- Address barriers within the union structure and employment practices that exclude Aboriginal participation and;

- Outreach to Aboriginal union members to actively participate in union activities.

Appendix E

Bibliography

Betz, N. & Fitzgerald, L. Career Development in Cultural Context: The role of gender, race, class, and sexual orientation. In Covergence in Career Development Theories. Savickas, M. & Lent, R. editors, Palo Alto, Ca., CPP Books.

Big Brothers Big Sisters of Canada and Mentoring Canada (2002) Building blocks of quality mentoring programs. (www.mentoringcanada.ca/ training/Mentors/index.html)

British Columbia Government (2004) Prior Learning Assessment in British Columbia. (www.ola.bc.ca/pla/resources/tools/tool1.html)

Canadian Labour Force Development Board (1999). Reaching our Full Potential: prior learning assessment and recognition for foreign trained workers.

Can Learn Pro (2003) Blueprint for Life/Work Designs. (www.canlearn.ca/planning/pro/facilguide/ profgbl.cfm?langcanlearn=EN&flag=pro.)

Edward, R.; Tamer, M. & Van Vranken, R. Customer Interface: Questions about career pathing. (www.c-interface.com) 04/03/17.

Hill, Diane. (2002) *Aboriginal Access to Post-Secondary Education: Prior Learning Assessment and its use within Aboriginal Programs of Learning.* First Nation's Technical Institute; Ontario. (Diane Hill is referenced in the text – is this the correct reference?)

Human Resources Development Canada (1999) Aboriginal Social and Economic Development: Lessons Learned Summary Report #SP-AH092E-03-99.

Human Resources Development

Jarvis, P. (2003). Career management paradigm shift: prosperity for citizens, windfall for governments. Ottawa: National Life/Work Centre.
Personnel Management Systems Inc., Personnel(ly) Speaking: Job Descriptions-How they can affect employee retention and ADFA liability. October, 1999.

Nursing Education Program of Saskatchewan (2003). Needs Assessment of a Prior Learning and Recognition Process for the Nursing Education Program of Saskatchewan: Final Report.

Ross, R. (1992) Dancing with a Ghost: Exploring Indian reality. Butterworth-Heinemann. (www.harcourt-international.com)

Saskatchewan Health: Human Resource Planning Branch (2004) <u>Saskatchewan Health Human Resources Report.</u>

Saskatchewan Health & Saskatchewan Learning (2003) <u>A Joint Report on the Education and Employment of Licensed Practical Nurses in Saskatchewan.</u>

<u>Saskatchewan Learning, Recognition of Prior Learning</u>
http://www.sasked.gov.sk.ca/branches/institutions/rpl/index.shtml

Saskatchewan Labour Force Development Board (2003). <u>Provincial Framework for the Recognition of Prior Learning in Saskatchewan.</u> http://www.slfdb.com/rplpolicy.pdf

Saskatoon Health Region (2003) <u>Organizational Human Resource Plan for the Period: April 1, 2004-March 31st, 2007.</u>

Van Horn, J. (1999) editor. <u>ERIC Digest</u>, May 3, 1999.

Voyle, K. (2004) <u>The Path of Vocation: Women's career transitions in middle adulthood.</u>
http://www.voyle.com/research/dissum.pdf

APPENDIX THREE: DATA and MATERIALS from the COMMUNICATION STRATEGY

Communication Strategy Timeline of Progress

The following strategy timeline is based on estimated and real (as they were booked or as they have happen) times for completion of tasks. The tasks and their deliverables are concrete indicators of progress.

Apr 19	Victoria Gubbels sends letter of introduction to CPP Working Group.
Apr 21	Meet/Report to CPWG.
Apr 22	Draft completed of Introduction/Marketing Brochure, Logic Model-sent to CPWG for comments.
May 21	Change Brochure draft re comments-forward to Regina for mock up.
May 30	First draft of Communication strategy
June 1	Initial contact with NAPN re CPP and intro to their program.
Jun 9	Report to CPWC-Get approval for brochure for CPWG-Logic Model, CS Group Framework.
Jun 14	Report to HSPSC, Logic Model, Work Plan, Communication Strategy, Consultation Group Framework.
Jun 15-20	Begin initial phone calls to HSPSC members about receiving brochure and setting up initial Consultation groups.
Jun 15-Sept 30	Travel to do initial presentations and/or conduct Consultation and Strategizing groups.
Jun 24	Initial presentation to SHR Representative Workforce Committee.
Jun 29	Initial presentation to SHR Human Resources managers.
Jul 8	Initial presentation to NITHA Capacity Building Committee.
Jul 11	Complete Literature Review and send to CPWG members for comments.
Jul 12	Complete Con/Str Group Framework, Communication Strategy.
Jul 12	Initial phone contact with unions and professional associations.
Jul 13	Initial and follow-up phone calls to HSPSC members who may want to be part of CSG process.
Jul 14	Report to CPWG.
Jul 15	Send out new brochures to all stakeholders (RHAs, NITHA, unions, professional associations).
Jul 15	Final edit on Consultation and strategizing Framework-send to funders.
Jul 19	Third contact and follow-up with those people returned from holidays.
Jul 20	Second round follow-up phone calls re brochures to set up Consultation and Strategizing groups.
Jul 25	First revision of Literature Review. Email literature review to HSPSC members for comments.
Jul 26	Initial presentation to MCRRHA managers.
Jul 27	Further exploration of existing shortages in health sector.
Jul 27	Third round of phone calls to set up Consultation and Strategizing groups.
Jul 28	Initial meeting with human resource manager at PAPHR.
Jul 29	Initial meeting with RQHR managers.
Aug 6	Interim report completed and distributed to funders and CPWG.
Aug 9	Consultation with NAPN staff.

Aug 11	Final edit on Literature Review-send to funders.
Aug 15	Fourth round of phone calls to set up Consultation and Strategizing groups.
Aug 18	Report to CPWG.
Aug 23	Initial presentation to KYRHA.
Aug 25	Report to CPWG.
Aug 26	Presentation and consultation with CUPE Health Care Council.
Aug 26	Consultation group with GRAA.
Aug 31	Report to Aboriginal Workforce Committee.
Sept 1	Consultation group with Saskatchewan Learning.
Sep 8	Report to CPWG.
Sep 9	Report to HSPSC.
Sep 10	Presentation and consultation with SIIT.
Sep 14	Initial presentation to Sunrise RHA.
Sep 17	Report to CPWG.
Sep 17	Final draft of Communication Strategy, Consultation and Planning Framework and Logic Model/Work Plan.
Sep 20	Observe Representative Workforce Training-Wanuskewin.
Sep 20-25	Develop Concept Model.
Sep 27	Presentation and consultation with METSI.
Sep 29	Presentation and consultation with SALPN.
Sep 30	Core Criteria Framework completed.
Sep 30	All project sites confirmed and planning groups established.
Sep 30	RPL process developed and all linkages have been discussed and explored with training inst., employers, and other stakeholders.
Oct 4	Report to CPWG.
Oct 18	Presentation to Northern Health Sciences Program-P.A.
Oct 19	Presentation to College of Nursing-U. of S.
Oct 20-22	Participate and present to "Capture the Future Symposium".
Oct 29	Co-present with RQHR to Regina Employment Services.
Oct1-Nov 30	Write final report of Con/Str component-send to CPWG.
Oct 13	Report to CPWG-Seek final comments on Con/Str component, PLAR component.
Nov 1-15	Write report with all components and submit to CPWG members for final comments.
Nov 12	Presentation to Western Economic Development-Northern Agreement.
Nov 15	Planning meeting with PAPHR.
Nov 16	Planning consultation with NITHA.
Nov 17	Draft report of analysis-send to CPWG and FG participants seeking comments.
Nov 18	Presentation to the Regional Colleges SAOs.
Nov 29	Presentation to HRSDC-Regina.
Nov 30	Submit draft final report to funders.
Dec 1	Funding strategy completed and submitted to potential funders.

Dec 8	Draft final report and submit to HSPSC-seek comments.
Dec 9	Presentation to SIAST HSP Heads.
Dec 10	Develop and submit mentoring strategy.
Dec 14	Presentation to PNHR and CUPE.
Dec 15	Report to CPWG-seek final comments.
Dec 31	Consultations completed.
Dec 31	Evaluation Framework completed.
Dec 31	Complete a strategy for sustainable partnerships.
Dec 31	Submit final report HSPSC and funders to seek comments.
Dec 31	Revise final report and submit to funders-seek comments.
Jan 6	Presentation to FNIHB.
Jan 14	Revise final report and submit.

Table 3. Communication Strategy Timeline.

Beginning on page (36), the readers will find the PowerPoint presentation the Project Co-ordinator has used in introductory meetings with potential project partners and consultations with stakeholders. Following these document, on page (43) is the Briefing Document used as an information handout at presentation sessions with potential partners

Health Sector Partnership

Career Pathing Project

Bruce Chamberlin, Project Coordinator

SAHO'S Aboriginal Employment Development Program (AEDP)

- Prior to 1996 less than 1% of workforce Aboriginal
- SAHO signs agreement with Government and Aboriginal Affairs
- SAHO receives funding from Saskatchewan Health for AEDP
- Staffed by 1 manager, I educator, I administration support, (1 CPP Co-ordinator)

Health Sector Partnership Steering Committee

- 1999 Sask. Learning-Job Start/ Future Skills funding to SAHO for research and development of workforce strategy
- Partnered with health employers, unions, training institutions, Aboriginal governments, and provincial government
- Human resource and training needs analysis of the health sector completed

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HSPSC Membership

- Saskatchewan Health
- Saskatchewan Government Relations and Aboriginal Affairs
- Educational Institutions
- Unions
- Aboriginal partners
- Saskatchewan Learning
- SAHO
- Sask. Labour Force Development Board
- Saskatchewan RHA's
- Professional Associations
- NITHA

Health Career Pathing Project

Goal: To work with up to 20 Aboriginal employees within a project site to improve their employability and facilitate their successful integration into the health sector labour force

SAHO

Career Pathing Project Working Group

Objectives:
- To develop and implement a training project
- To facilitate career pathing of health care workers
- To support entry level employees to ladder into new careers
- To use a RPL model to achieve career laddering

SAHO

Steps in Phase One

- Contact potential partner by phone
- Mail out brochures w covering letter to all stakeholders
- Make presentations to all stakeholders
- Hold initial consultations
- Hold planning session
- Write plan and revise as necessary
- Synthesize all plans and make budget
- Develop funding strategy and submit plan

SAHO

Principles of a Representative Workforce

- Support of fair employment opportunities
- Equity in education and training
- Identification and elimination of barriers
- Innovative approaches to recruitment & retention
- Facilitation of cultural sensitivity
- Consistency of approach
- Partnership and collaboration
- Open communication
- Mutual respect and dignity
- Trust, fairness and accountability
- Monitoring and evaluation

SAHO

Career Pathing Project Sites' Criteria

- Participants are employees of Saskatchewan RHA's or come under the umbrella of NITHA.
- Regional Health Authorities need both union and management support.
- NITHA and its partners need formal agreement among the partners.
- A formal partnership agreement with SAHO.
- Observe principles of a representative workforce.
- Provide career laddering with a focus on Aboriginal employees.

SAHO

Proposed Employers' Roles

- Develop selection criteria
- Identify shortages and emerging needs
- Assist in career development mapping
- Develop and identify competency based qualifications
- Appoint Career Pathing Advisors
- Adopt the identified career pathing best practices from the career pathing projects

SAHO

Proposed Unions' Roles

- Assist in developing career mapping
- Explore competency-based qualifications
- Develop selection criteria with employer
- Participate in evaluation process
- Ensure there are policies and procedures in place within unions to support career pathing

SAHO

Proposed Education Providers' Roles

- Consult with employers about education and training requirements and availability
- Identify resources required for education and training
- Collaborate with partners and assist in training RPL Advisors and Mentors
- Advise participants about funding opportunities
- Support participants in all aspects of training

SAHO

Proposed Aboriginal Education Institutions' Roles

- Consult with employers about education and training requirements and availability
- Identify resources required for education and training
- Develop Aboriginal component in portfolio document
- Collaborate with partners and assist in training RPL Advisors and Mentors
- Advise participants about funding opportunities
- Support participants in all aspects of training

SAHO

Proposed Professional Associations' Roles

- Participating on working groups
- Developing competences for members
- Ensuring standards are maintained and competences met
- Partnering with an education institution for the implementation of RPL

SAHO

Proposed Provincial and Federal Governments' Roles

- Provide cost-shared resources when available
- Monitor and evaluate contract as applicable
- Provide linkages to other related government projects
- Participate on working groups
- Work in partnership with the health sector and Aboriginal governments

SAHO

SAHO'S Roles

- Hold and administer the contract
- Enter into sub-contract arrangements to accomplish work
- Monitor the project
- In-kind contributions
- Co-ordination of stakeholders
- Promotion and marketing

SAHO

Participants' Roles

- Resident of Saskatchewan and/or employed by a Saskatchewan RHA or FN; or someone with seniority in the organization
- Committed to participate in screening
- Committed to mentoring
- Motivated to advance career through training and project processes

SAHO

What is Career Pathing?

Career Pathing Concept Model

What supports are needed for Career Pathing?

- Workplace support

- Community and family support

- Education and training provider support

- Self-understanding and determination

Aboriginal Cultural Complements

- Self-assessment and recording of competencies

- Assessment of an individual's whole self

- Mentoring as education method

- Use of mental, physical, emotional and spiritual learning

Key Skills for Individuals to Career Path

- Personal awareness
- Support seeking
- Dealing with personal issues
- Communicating effectively
- Managing information
- Using numbers effectively
- Problem solving
- Positive attitudes
- Responsibility
- Adaptability
- Continuous learning and teamwork

SAHO

Aboriginal Culture and Portfolios

- Move employees beyond assessment of technical knowledge and skills to include the life/work context

- Have the ability to address problems associated with the training and educational needs of diverse populations

- Is a transformative learning process that is culturally conducive to Aboriginal approaches to learning, teaching

- Is a multi-purpose tool that can support healing, empowerment and self-knowledge

SAHO

Key Elements Needed for CP

- Time and staff resources
- Capacity assessment
- Complete staff involvement
- A clear and attainable career path and ladder process
- An integration of the organization's culture and philosophy
- Commitment of senior management
- Standards and prerequisites and
- Scheduled assessment meetings

SAHO

Key Organizational Strategies of Career Pathing

- Writing an implementation strategy
- Partnering with education providers for RPL assessment
- Developing competencies with partners for each occupation
- Developing selection criteria for participants
- Developing job profiles for CP advisors
- Developing a training strategy for advisors and participants
- Developing career paths with partners through and between occupations

SAHO

BRIEFING NOTE TO HEALTH CAREER PATHING PROJECT PARTNERS

Contains:
- Historical summary of project
- Project Deliverables
- Per cent completion of tasks

Historical Summary:

In 1999, SAHO received funding from Saskatchewan Learning (formerly Post-Secondary Education and Skills Training) through the JobStart/Future Skills Sector Partnerships Program to partner with key stakeholders to research and develop a human resource and training strategy using an industry sector approach.

A co-partnership (Health Sector Partnership Steering Committee) with health employers, unions, training institutions, the Aboriginal community, and government was established to collaborate in identifying, developing and implementing strategies that address the broad training and employment needs for the health sector with a focus on Aboriginal employment initiatives and the development of a Representative Workforce.

The intent was that through completion of a human resource and training needs analysis of the health sector industry, stakeholders would be able to assess and address labour force training and employment priorities focusing on critical human resource issues such as recruitment and retention, and workforce demographics.

Released in October 2000, the Health Sector Labour Force and Training Needs Assessment Final Report identified key findings, human resource and training issues in the health sector, as well as issues related to the employment of Aboriginal people in the health sector.

Since 2000, the steering committee has continued to meet to address the issues and priority needs of the sector study with a focus on the development of a Representative Workforce. SAHO currently co-chairs the steering committee with the Canadian Union of Public Employees (CUPE).

Based on the findings of the report, the steering committee developed recommendations and strategies, and identified the need to look at laddering opportunities in the health sector based on the following:
- There is a need for mentors and peer groups to provide support to enhance retention of Aboriginal employees;
- There is a need to strengthen and improve the collaboration and communication amongst the education and training institutions and health sector employers;
- Strategies to address the barriers to employment for Aboriginal people need to be implemented;

- The cyclical nature of entry-level employment leads to low retention and high turnover: succession planning and career pathing are recommended to address these issues; and

- Employment preparatory programs are needed to improve success for Aboriginal students entering into health career training programs or employment opportunities in the health sector.

To assist the steering committee in implementing priority strategies, a working committee, the Saskatchewan Health Career Pathing Sub-Committee, was established to develop and implement an innovative training project similar to the New York LINCs project (Ladders in Nursing Careers).

The mandate of the sub-committee is "to facilitate career pathing of health care workers in order to help meet the current and long-term health care labour force needs, and to build a Representative Workforce."

To facilitate moving their strategies forward the committee developed a preliminary proposal outline, Career Pathing in Health Careers. When implemented this initiative will facilitate the advancement and retention of current and future health care workers and promote a sustainable Representative Workforce through career laddering. The overall goal of the career pathing proposal is to support entry-level employees to ladder into technical, nursing and other hard to recruit health professions using a Prior Learning Assessment and Recognition (PLAR) model.

The Health Career Pathing Project proposal involves the development of a career laddering model between the various health care occupations, which may include the following employment support mechanisms:

- Pre-readiness/Pre-bridging
- Mentorship
- PLAR and Portfolio Development
- Training for PLAR and Portfolio Advisors
- Aboriginal Cultural Component in the Portfolio Development
- Social and Economic Supports
- Retention Strategies

Project Deliverables + Percentage Complete:

In Phase I of the Project a Project Consultant was hired to promote the project and initiate meetings with pilot sites. Project deliverables and tasks or activities for Phase I include:

- **Complete a literature review (100 per cent)** of existing resources including best practices and models of career development for Aboriginal people, PLAR advisors;

- **Review existing information (100 per cent)** regarding shortages in health careers;

- **Develop and implement a communication strategy (100 per cent)** to market and promote the initiative;

- **Develop a framework of the core criteria (100 per cent)** that all pilot projects will have to incorporate into their pilot strategy including: core criteria for project participants, a screening and selection process; and core criteria for Career Pathing Advisors including a screening and selection process.

- **Establish partnerships in each of the selected pilot sites (100 per cent)** that includes employers, labour, training and education providers and key stakeholders to enhance and modify the core framework to reflect the specific needs of each site;

- **Develop a process to recognize PLAR (75 per cent)** and ensure appropriate linkages are in place to support participants and employers to incorporate PLAR into their framework;

- **Facilitate consultation groups (99 per cent)** with labour, employers and key stakeholders to determine skill shortages and emerging occupations relevant to each pilot site and to assist in planning a pilot process at six sites while determining best practices for each site;

- **Develop an evaluation tool (25 per cent)** to evaluate project activities and pilots' projects;

- **Develop and implement a funding strategy (75 per cent)** to secure potential funding partners to fund Phase II of the initiative;

- **Complete an interim (July 31) (100 per cent) and final report (Dec 31) (95 per cent);** and

- **Enhance the membership of the Health Sector Steering Partnership Committee (100 per cent)** and explore strategies to develop a sustainable sector partnership that fosters continuous learning and long-term human resource strategic planning.

APPENDIX FOUR: CORE CRITERIA FROM THE FRAMEWORK

Core Criteria Framework

Core Criteria for Pilot Sites:
- Participants are employees of Saskatchewan RHAs or come under the umbrella of NITHA.
- Regional Health Authorities need both union and management support.
- NITHA and its partners need formal agreement among the partners.
- A formal partnership agreement with SAHO.
- Observe principles of a representative workforce.
- Provide career laddering with a focus on Aboriginal employees.

Core Criteria for Project Participants:
- Resident of Saskatchewan and/or employed by a Saskatchewan RHA or FN or someone with seniority in the organization;
- Interested in career laddering in a "hard to recruit"position;
- Employed as entry level workers in the health sector;
- Committed to participate in screening;
- Committed to learn with a mentor;
- Motivated to advance career through training and other project processes.

A Screening and Selection Process for Project Participants:
- Look for employees who are in entry level positions.
- Look for employees who are committed to career advancement.
- Look for employees who able to reflect on their learned experiences.
- Look for employees who are willing to be mentored or advised.
- Look for employees committed to a career laddering process.
- Look for employees with enough experience to know the tasks and competency outcomes for their position.

Core Criteria for Career Pathing Advisors:
- Individuals with experience in working with Aboriginal people or individuals with substantial cross-cultural training;
- Individuals who have a working knowledge of entry level positions in the health sector, like Special Care Aides and Home Care Aides;
- People with a fair amount of experience as on-the-job mentors.
- Individuals for whom respect for themselves and others is a way of life rather than a nice concept.
- Trained in PLAR and portfolio development with an Aboriginal orientation.

A Screening and Selection Process for Career Pathing Advisors:

- Look for people who have empathy for others with fewer advantages.

- Look for people who are committed to a career laddering process.

- Look for people who are committed to mentoring and/or are able to recognize competencies and required outcomes in the tasks that employees perform in their daily work.

- Look for people who are able to problem solve and arrange solutions for others.

- Look for people who are committed to representative workforce development.

APPENDIX FIVE: STAKEHOLDERS CONSULTED, MATERIALS USED IN FOCUS
GROUPS IN ESTABLISHING PARTNERSHIPS AND PROJECT CONCEPT PAPERS

APPENDIX FIVE: STAKEHOLDERS CONSULTED, MATERIALS USED IN FOCUS GROUPS in ESTABLISHING PARTNERSHIPS and PROJECT PARTNERS' CONCEPT PAPERS

Facilitate Focus Groups and Establish Partnerships

Reason for Consultation Groups and Methods:

Consultation groups were initially proposed to facilitate discussion with potential project sites about health sector shortages specifically affecting their organizations now and in the future and the projected needs for new health occupation classifications in the future. Evolution of this idea has lead to a decision by the Career Pathing Working Group, a sub-committee of the Health Sector Partnership Steering Committee, to have the consultations serve to consult broadly with all partner groups in the health sector. As well, the planning portion of the consultations at project sites is now to serve several purposes:

- To increase awareness and support for career pathing at the project sites;
- To gather data from the consultation group participants about the best methods for developing a career pathing process in organizations/communities/regions;
- To address union concerns and desires about the collective bargaining agreements and how career pathing can be accomplished within those agreements; and finally;
- To facilitate career pathing concept development at each project site.

Use of the Consultation Data:

Information gleaned from the consultation groups will be used to develop and publish a career development model that will include career pathing strategies, representative workforce strategies, prior learning assessment and recognition strategies, mentoring strategies and training strategies for participants and advisors in the RPL process.

Consultation Group Methods:

Consultation groups will be used to gather data and to develop concept plans. The methods of participatory action research will guide the process (Reason, P., 1994). These methods include but are not limited to: promoting the production of collective knowledge; promoting collective analysis; promoting critical reflection; promoting the building of relationships between personal and structural problems; linking reflection with action and theory with practice (ICAE, 1980).

Good consultation group methods as described in the qualitative research literature will be followed at all times. These methods will include but not be limited to:

- Maximum 20 participants;
- Respectful listening;
- Representative participants;
- Quality recording devices;
- Confidential handling of data;
- Verbatim transcripts;

- Return of transcripts to participants;
- Valid and reliable qualitative analysis;

Anonymous quotations in reporting to illustrate main themes (Kruger, R. and Morgan, D., 1998).

Participant Sample and Proposed Consultation Groups:

As the consultation groups have evolved into participatory action research groups, they will use existing joint management or representative workforce committees, or their designate, as the groups who are best suited to the purposes of the CPP. A purposeful sample, such as these groups represent, are better suited to the needs of the CPP than random or other types of samples. Purposeful samples seek specific information from knowledgeable people who can answer detailed questions about specific topics or situations. Organization staff lists would be too small for a random sample and a random sample could not guarantee a cross-sectional representation from all stakeholders. Each consultation will proceed with the following steps:

- Initial contact with the Health Sector Partnership Steering Committee representative.
- An Initial meeting with a presentation to consultation group members (see below) to provide information and answer questions and have an initial discussion about the CPP.
- A second consultation to discuss a series of questions about CPP best practices, and in the case of project partner sites to frame a concept plan for a CPP process on site.

Consultation groups that are planned include management and staff of those regional health authorities that have indicated they want to participate as project partner sites: NITHA and its partners, representative union management groups and representative health association groups. Each organization will make the final selections for consultation groups with advice or suggestions from the CPP Co-ordinator when requested. Individuals may be selected as regional representatives, occupational representatives, policy and decision makers, specialty experts or any other combination of individuals that the organization/community or region thinks appropriate. The organization/community or region site contact, a member of the Health Sector Partnership Steering Committee, will be responsible for co-ordinating meetings and facilitating the process within each organization/community or region. The CPP Co-ordinator would remain a neutral participant in the consultation as a facilitator and recorder.

Project site partners, where a career pathing plan would be initiated, will be responsible for the concept plan. The CPP Co-ordinator will be responsible for seeking and securing funding to allow for sustained career pathing in the organization. Introductory information on the role of the advisor and the main components of the advising process may be required by the project partners. Lori Petruskevich, Recognition of Prior Learning (RPL) Analyst with Saskatchewan Learning, could provide an orientation to project partners with an overview of the advising process as outlined in the Saskatchewan Learning Recognition of Prior Learning (RPL) Referral Guide.

Groups Consulted:
- Canadian Union of Public Employees.
- Saskatchewan Union of Nurses.
- Saskatchewan Registered Nurses' Association.

- Saskatchewan Association Of Licensed Practical Nurses.

- Native Access Program To Nursing.

- Métis Employment And Training Centre.

- Regina Qu'Appelle Health Region.

- Keewatin Yatthé Regional Health Authority.

- Northern Inter-Tribal Health Authority.

- Sunrise Health Region.

- Mamawetan Churchill River Regional Health Authority.

- Price Albert Parkland Health Region.

- Saskatoon Health Region.

- Government Relations and Aboriginal Affairs.

- Saskatchewan Learning.

- Community Resources and Employment.

- Northern Health Sciences Program (FNUC).

- University Of Saskatchewan College Of Nursing.

- Saskatchewan Indian Institute of Technology.

- The Saskatchewan Institute of Applied Science and Technology, Nursing and Science & Health Divisions. The Saskatchewan Regional Colleges, Senior Academic Officers.

- Regina Career & Employment Services.

- Prairie North Health Region

Facilitation/Discussion Questions for Project Sites:

- What are the current and future staff shortages for your area and what ideas do you have for resolving those staff shortages? (Probe for: representative WF strategy, RPL, recruitment ideas, etc.)

- Your organization has expressed an interest in becoming a CPP site. Have you to date discussed or planned to use Recognition of Prior Learning or any other strategy to address workplace shortages and if so what ideas can you share? (Probe for: philosophy, stages of development, strategies, obstacles, help needed, advice to others.)

- What are your organization's expected outcomes for a career pathing project during the pilot phase of the Career Pathing Project?

- Does your organization have a career develop strategy (Why or why not?) and what are its principles and planned actions?   Does the career development strategy include a representative workforce strategy (Why or why not?)?   (Probe for: philosophy, stages of development, strategies, obstacles, help needed, advice to others) **(If not, proceed to number 4.) (If so, proceed to number 5.)**

- If you have no plans about developing a representative workforce, what information do you need to continue?

- How can the CPP be of assistance?

- What criteria do you still need to meet to fulfill the requirements for a project site? (Probe for interest, solidity of met criteria, missing criteria.)

- If you have discussed, planned to use, or are using, RPL or another strategy in your organization for career development, what ideas can you share about necessary criteria for participants, necessary training for staff and staff advisors, mentoring, competency recognition and development in classifications, and portfolio development, staff covering-off, honouring collective agreements, and honouring staff with special needs? (Probe for: general wisdom and ideas about proceeding with RPL or other strategies.)

Facilitation/Discussion Questions for Non-project Partner Consultations:

- What are your views of the shortage situation in the health sector labour force in Saskatchewan? What are the causes of the shortages? Why do you think these causes exist?

- Career pathing and career laddering have been suggested as a means to reduce shortages in the health sector. In your opinion what are some of the best practices for organizations to use in developing career pathing plans? What are the best practices for individuals? For other essential partner organizations like unions, training institutions, governments and others?

- What do you see as the strengths and challenges of a career pathing strategy for building a representative workforce and relieving some of the health sector workforce shortage situation in Saskatchewan?

- One of the possible tools of any career pathing strategy is a "Recognition of Prior Learning" model of credentialing workers. How would RPL work in the Saskatchewan health sector? What would be the strengths and challenges of RPL in the Saskatchewan health sector?

- What is your organization willing to do, inside your organization, to move the career pathing strategy forward? When would it be possible to begin to make the necessary changes to allow your organization to participate fully in a career pathing strategy in the health sector in Saskatchewan?

Steps in the Consultation and Strategizing Process:

- Contact a RHA, union representatives, professional association or a NITHA representative by phone.

- Mail out brochures with covering letter to CEO, RWF representatives and union representatives.

- Make a presentation(s) regarding CPP and the steps and proposed roles of each stakeholder to all stakeholder groups.

- Hold an initial consultation with group(s) within the organization.

- Hold further group meetings to continue discussion and planning.

- Write up the project site organizations' plans and distribute to stakeholders.

- Revise plans as necessary.

- Synthesize plans and comments from all project sites and stakeholders into a final report on CPP best practices and workforce needs in the Saskatchewan Health Sector.

- Develop a funding strategy for all project sites and a coordinator for Phase II of the CPP.

- Submit final report to funders.

Principles of a Representative Workforce:

- Support of fair employment opportunities for Aboriginal people;

- Equity in education and training;

- Identification and elimination of potential barriers for Aboriginal people entering the workplace;

- Creative and innovative approaches for the recruitment and retention of Aboriginal people;

- Facilitation of cultural sensitivity and constructive race relations;

- Consistency of approach;

- Partnership and collaboration;

- Open communication and understanding;

- Mutual respect and dignity;

- Trust and fairness; and

- Accountability, monitoring and evaluation.

Career Pathing Project Sites' Criteria:

- Participants are employees of Saskatchewan RHAs or come under the umbrella of NITHA.

- Regional Health Authorities need both union and management support.

- NITHA and its partners need formal agreement among the partners.

- A formal partnership agreement.

- Observe principles of a representative workforce.

- Provide a career pathing process.

Proposed Employers' Roles:

- Develop selection criteria for participants and select participants.

- Identify shortages and emerging needs.

- Assist in career development mapping.

- Develop and identify competency based qualifications.

- Appoint Career Pathing Advisors.

- Adopt the identified career pathing best practices from the career pathing literature review.

Proposed Participants' Roles:

- Be a resident of Saskatchewan and/or employed by a Saskatchewan RHA or FN or someone with seniority in the organization.

- Commit to participate in screening.

- Commit to mentoring.

- Is motivated to advance career through training and CPP processes.

Proposed Unions' Roles:

- Assist in developing career mapping.
- Explore competency-based qualifications.
- Develop selection criteria with employer.
- Participate in evaluation process.
- Ensure there are policies and procedures in place within unions to support career pathing.

Proposed Professional Associations' Roles:

- Participating on working groups.
- Developing competencies for members.
- Ensuring standards are maintained and competencies met.
- Partnering with an education institution for the implementation of RPL.

Proposed Education Institutions' Roles:

- Consult with employers about education and training requirements and availability.
- Identify resources required for education and training.
- Collaborate with partners and assist in training PLAR Advisors and Mentors.
- Advise participants about funding opportunities.
- Support participants in all aspects of training.

Proposed Aboriginal Education Institutions' Roles:

- Consult with employers about education and training requirements and availability.
- Identify resources required for education and training.
- Develop Aboriginal component in portfolio document.
- Collaborate with partners and assist in training PLAR Advisors and Mentors.
- Advise participants about funding opportunities.
- Support participants in all aspects of training.

Proposed Provincial and Federal Governments' Roles:

- Provide cost-shared resources when available.
- Monitor and evaluate contract as applicable.
- Provide linkages to other related government projects.
- Participate on working groups.
- Work in partnership with the health sector and Aboriginal governments.

Suggested Principles for the Development of a RPL Process:

The Canadian Labour Force Development Board (1999) had developed 14 principles as guides for an effective and fair national RPL system. The Saskatchewan Labour Force Development Board (2003) adapted and synthesized these guidelines to yield 8 principles. They are:

- Accessibility: The delivery of RPL must be inclusive and respectful of the diversity of the Saskatchewan population;

- Transparency: Criteria, standards of assessment, and RPL processes must be well understood;

- Effective: All personnel involved in the RPL process must have appropriate skills and knowledge, relevant to their roles and responsibilities in the process;

- Flexibility: The assessment and recognition process must be flexible so that different forms of documentation are considered.

- Quality Assessment: All assessors must be content specialists and the assessment tools must be valid and reliable;

- Relevance: The RPL outcomes will be recognized by individuals, employers, educational institutions, professional regulatory bodies, and credit awarded will be transferable between different organizations;

- Efficiency: RPL processes will be efficient and timely while making best use of resources;

- Right of Appeal: If a person is not satisfied with the RPL assessment, an appeal process must be available.

Developmental Steps for Project Sites:

For those organizations that wish to become Project Sites, there are a number of suggested steps to move the process along:

- Have a representative workforce co-ordinator or who ever is your organizations version of that in your organization.

- Contact the CPP co-ordinator have him do a presentation about CPP to senior people in the organization and the representative workforce committee or who ever is the version of that in your organization.

- Find champions in your organizations.

- Gather information about your organization's Labour Force shortages, retention issues and emerging needs.

- Keep the CPP Co-ordinator in the information loop.

- Form a planning group (managers, unions, Aboriginal employees, etc (Preferably before the end of Sep. 2004).

- Set a date for a planning retreat (some where away from interruptions).

- Work with the CPP Co-ordinator to plan the planning retreat.

- Hold the planning retreat (Preferably before the end of Oct. 2004).

- Determine goals and objectives, participants, resources required, career pathing process, advisors, partners, future steps, timelines, responsibilities, budget, etc.

- Write up the resulting concept plan.

- Share the plan broadly within your organization as consultation process.

- Revise as necessary with received comments.

- Submit the plan to the CPP Co-ordinator for the development of a funding strategy and proposals, and for inclusion in the CPP Final Report (Preferably before the end of Nov, 2004).

Model for Concept Plan:

A suggested model for a concept plan and one that helps organizations to "operationalize" a plan is as follows.

A Vision Statement: A clear statement of where the organization wants to be at a point in the future. This can often be a speedy exercise done with eyes closed and a guided visualization. "By 2006, our organization will be a place where all people will feel welcome and valued as employees and where employees will have a clear understanding of available career paths within the organization and the supports necessary to achieve their goals."

Several Goal Statements:

- Slightly more focused statements, aimed at achieving the vision, of what will be different and by when.

- "Human resources will have an Aboriginal recruitment and retention plan in place by the end of March 2005." or

- "Planning and Policy Development will have conducted a literature search of available research and other organizes strategies about career pathing and reported the results to the Leadership Team by the end of December 2004."

Several Objectives each related specifically to a goal: Clear concise statements of what will be different, who will accomplish it and by when. I use the acronym "ROAST" (Reliable, Observable, Achievable, Specific and Time-oriented).

- "The Aboriginal Career Development Co-ordinator will have devised career pathing plans with entry level employees, based on the best practices specified in the Planning and Policy Development Career Pathing Literature Review by the end of March 2005."

Actions: A specific task based on a planning time-line and related directly to each objective, specifying who will do what by when.

- "The Aboriginal Career Development Co-ordinator will participate with the planning people in Planning and Policy Development so that she is knowledgeable about and conversant with the information and has a working knowledge of the best practice guidelines when the report is complete." or

- "The nursing staff group will have competency statements for general nursing duties available for the HR department to use in its Aboriginal recruitment and retention planning work by October 2005."

Concept Paper Planning Framework:

Executive Summary:
   1. Title
   2. Two sentence statement of the problem and the solution
   3. The name and address of the organization
   4. The names, addresses, titles and organizations of co-operating partners
   5. The names, addresses, titles and organizations of the Co-ordinating/Advisory Committee or Board
   6. The name, address, title of a contact within the organization
   7. The estimated length of the proposed project
   8. The preferred start date of the project
   9.

Problem Statement:
   1. A brief back ground of why the problem exists and past attempts to change it-less than 200 words
   2.

Program Narrative:
   1. What is the goal statement of the project
   2. Why the project is needed now and how it will be of benefit to the organization and/or clients?
   3. What is the project relationship to the over-all RWF Strategy?
   4. What will be done if funding is granted?
   5. What will be the impact/effects of the project?
   6. How will the effects and quality of the project be determined?
   7. How will others find out about the project and be able to use the information?
   8.

Resources and Budget:
   1. A preliminary list of resources
   2. A preliminary budget
   3.

Curriculum Vitae:
   1. C.V.s of the main people involved in managing and co-ordinating the project
   2.

Letters of Co-operation: 1. Attach Letters of Co-operation from partners and stakeholders.

Why Write A Concept Plan?

A concept plan is a request to give your organization:

1. Approval
2. Funds
3. Equipment
4. Personnel

Essentially you are saying, if you give my organization (xxx), we will do (yyy) and this is how it will benefit all of us. You will therefore need to:

1. Prove that you know the subject matter (including previous actions taken to alleviate this or a similar problem).
2. Prove that you are a good risk (by demonstrating efficiency, pragmatism, logicality and financial feasibility).
3. Presenting a clear and concise action plan.
4. Demonstrating how everyone will win from support for your proposal.

An outline for a concept plan looks like this:

1. Introduction
   - Statement of the problem (brief history, other attempts to solve the problem)
   - Statement of the solution (brief statement of what you see as the solution and brief statement of why you think it will work)
   - Statement of how everyone wins (how your idea fits into the funding criteria-i.e. the funder wins, your organization wins and the clients win)

2. Background
   This is a more detailed review of the problem, why it exists and how you your proposal will address it as well as how your idea will benefit the funder and you and your clients (flesh out the above statement s with evidence.
   - Explanation of key terms (explain key terms and ideas)
   - Proof that you know the issues surrounding the problem (what research evidence can you provide that a problem exists) and why you think it is important to address
   - Proof that you know of other similar programs, how they worked and what the results were
   - Proof that you acted to attempt to alleviate the problem in the past
   - Proof that you or your staff can carry out the action plan

3. Action Plans and Requirements
   - A set of objectives (what will be accomplished using the ROAST model) (remember ROAST from strategic planning notes). The following table may help to frame your work:

Objectives	Action Plan	Explanation of Resources Needed	Evaluation

   - An action plan (who will do what and by when) keyed to the objectives
   - A description of what you need to implement the plan (dollars, staff, equipment, space)
   - A cost/benefit analysis of the plan

Expense	Recipient	Source	In Kind Contribution	Cost-Shared Funds Available	Annual Amount Needed

4. Benefits
- An explanation of why the plan will work
- A set of outcomes keyed to the objectives
- A description of how you and the public will benefit
- Proof that you are the best organization to undertake the action plan
- A statement demonstrating that your plan is the best approach to solving the problem.

Concept Papers from the Project Partners

Request for Funding:
Sunrise Health Region Career Pathing Pilot Project

Submitted By:
Christina Denysek,
Executive Director of Human Resources
Sunrise Health Region
270 Bradbrooke Drive
Yorkton, SK S3N 2K6

Table of Contents

Executive Summary

Currently, and in the foreseeable future, Saskatchewan health care employers will experience shortages of qualified health care workers. The Sunrise Health Region is among those employers proactively seeking short and long term solutions to recruitment and retention issues. By incorporating the Career Pathing Project within our organization, our goal is to increase and retain the number of Aboriginal people working at all levels of the organization, including identified hard-to-recruit positions.

Identified potential partners for this initiative include:

- Parkland Regional College
- Health Sciences Association of Saskatchewan
- Saskatchewan Union of Nurses
- Canadian Union of Public Employees
- First Nations and Métis organizations
- *Yorkton Tribal Council*
- *Tribal Councils in the Region*
- High Schools in the Region
- Can-Sask Career and Employment Services
- Society for the Involvement of Good Neighbors (SIGN)

Please refer to Appendix A for a sample letter to the potential partners in this project.

The Sunrise Health Region Representative Workforce Steering Committee has been approached to provide guidance for this project. Please refer to Appendix B: Representative Workforce Steering Committee Minutes Item 6.1 (November 30, 2004 meeting) for confirmation of the Committee's support for this project.

Committee Chair: Christina Denysek, Executive Director of Human Resources

The estimated length of the proposed project is approximately 24-36 months, with ongoing evaluation of the project planned throughout that time period. The preferred start date of the project is April 2005.

Problem Statement

Regional Health Authorities in Saskatchewan have identified a potential staffing crisis that is expected to occur in the next 10 year period. At the centre of this problem is an aging workforce. An ongoing surveillance of hard-to-recruit classifications has indicated that, in many of these classifications, the number of employees eligible for retirement in the next 5 – 10 years has the potential to critically impact the health services available in many geographical areas of the province.

The Sunrise Health Region is one such Regional Health Authority where the potential for these critical shortages exist. A contributing factor to this issue is the Region's minimal success in recruiting and retaining Aboriginal employees, a group that makes up a large sector of our potential workforce. As well, demographical forecast of our region indicates that the number of Aboriginal employees as a proportion of our potential workforce of will continue to increase in the future, making it crucial that we find ways to improve our recruitment abilities in this area.

Historically, Sunrise Health Region has experienced challenges in both recruiting and retaining Aboriginal employees. As an organization (and also as 3 distinct organizations prior to amalgamation), Sunrise Health Region has undertaken several initiatives over the past 10 years to introduce Aboriginal people to employment in health care. In reviewing the numerous initiatives that have been undertaken, there have been many qualitative benefits recognized through our efforts; however, the quantitative outcomes have not shown great success. Overall, the number of Aboriginal people employed at all levels of our organization has not increased to the desired levels.

One potential solution that has been identified is to participate in a Career Pathing Pilot Project in conjunction with the Saskatchewan Association of Health Organizations (SAHO). We believe that career laddering will greatly enhance the organization's ability to recruit, retain, and plan for a qualified workforce.

Sunrise Health Region's goal in participating in this project includes enhancing the partnerships between Sunrise Health Region, the Aboriginal community, and other community partners (unions, education and training institutions, government, and others). Additionally, we believe this project will provide specific tools to introduce Aboriginal people to our workforce and provide opportunities and create enthusiasm for future long-term employment with our organization.

Goal Statement

Goal 1:
Develop a sustainable workforce that is representative of the culturally diverse communities in the Sunrise Health Region

Goal 2:

Provide the tools and supports for career development and career laddering to Sunrise Health Region employees in primarily entry-level positions, including Aboriginal employees.

A defined strategy for retaining Aboriginal people in our organization and providing opportunities for career development and enhancement is needed to fully achieve a representative workforce.

Career Pathing is a process of assisting employees to identify and document their credited and experiential learning as it applies to required competencies of occupations in the health sector (SAHO). Career pathing has the potential to address short and long term recruitment needs while also supporting Sunrise Health Region's goal of a sustainable representative workforce.

Specific components of the career pathing project will be identified. They include:
➢ The hard-to-recruit classifications we will be targeting,
➢ Training requirements necessary for career laddering to the identified classifications,
➢ Assessment/evaluation tools that will be utilized, and
➢ Support mechanisms required.

When implemented, this project will assist in the following objectives, which will benefit both Sunrise Health Region and the participants of the Career Pathing Project:
➢ Development of a sustainable representative workforce,
➢ Enhance retention of Aboriginal employees by improving the employability of Sunrise Health Region Aboriginal employees, and
➢ Assist with recruiting into identified hard-to-recruit positions.

Project Relationship to Representative Workforce Strategy

Career pathing has the potential to be a key contributor to successfully achieving a representative workforce. We propose that Sunrise Health Region's Representative Workforce Steering Committee act as an advisory group for the implementation and execution of this project.

Implementation Plans Pending Funding Approval

Implementation plans will include:
➢ Conducting a workforce survey
➢ Conducting a workplace audit (to supplement information gathered in an audit previously conducted in the central part of the Region)
➢ Develop selection criteria for participants – determine any return-in-service requirements for participants
➢ Succession planning
➢ Developing a prior learning assessment and recognition (PLAR) process in partnership with appropriate educational institutions
➢ Train/appoint career pathing advisors and mentors

Impacts / Effects of the Project

Provision of opportunities to Sunrise Health Region's Aboriginal employees to obtain training and/or recognition of prior learning and experience to enhance their skills and enable them to compete for employment in an identified area of need.

Develop models for potential career-laddering in our organization for other interested employees, which may assist with future recruitment activities.

Measurement of Effects & Quality Indicators

The following quality indicators will be reviewed:
- ➢ Evidence of career laddering: Successful placement of Aboriginal employees into positions for which they have been newly trained.
- ➢ Retention rate of Aboriginal employees

Communication and Dissemination of Project Outcomes

Progress and evaluation reports will be completed throughout the duration of this project. This information will be provided to other organizations that may wish to participate in a similar project.

Required Resources

Human Resources:

Sunrise Health Region's Representative Workforce Coordinator will be responsible for key components of this project.

Sunrise Health Region's Representative Workforce Steering Committee will play an advisory role.

Involvement from members of the Human Resources Department will also be required for the process of obtaining support from our identified partners (educational institutions, unions, etc).

Educational Resources:

Sunrise Health Region will approach the Parkland Regional College to provide assistance with this project. Parkland Regional College's potential involvement includes:
- ➢ Pre-readiness/pre-bridging (upgrading to meet entrance requirements for identified programs)
- ➢ Prior Learning Assessment & Recognition (PLAR)
- ➢ Portfolio Development

Financial Resources:

Potential Funders could include
- ➢ Health Foundation of East Central Saskatchewan
- ➢ CUPE / SAHO Provincial Employment Strategy Committee
- ➢ Unions (HSAS, SUN, CUPE)
- ➢ Funding opportunities identified by the Health Sector Partnership Steering Committee

Preliminary Budget

➢ ½ salary of Representative Workforce Coordinator for the term of the project
➢ Travel costs
➢ Equipment
➢ Office space/supplies
➢ Development of promotional information
➢ Meeting expenses
➢ Services of educational institutions for PLAR, portfolio development, career counseling, etc.

Career Pathing Project Leaders

The Career Pathing Project will be coordinated by a collaborative team within Sunrise Health Region's Human Resources department.

Christina Denysek, Executive Director of Human Resources
Diane Jamieson, Director of Human Resources
Representative Workforce Coordinator (currently recruiting)
Pat Kuspira, Manager of Employee Services
Carmelle Paddock, Employment Coordinator
Linda Kezima, Manager of Labour Relations
Lisa McMurchy, Employee Education Coordinator

The Region's Representative Workforce Steering Committee will act as an advisory group for this project as well.

Contact Information

We thank you for reviewing this proposal and look forward to further exploring this potential project with you. If you require additional information, you may contact:

Christina Denysek
Executive Director of Human Resources
Sunrise Health Region
270 Bradbrooke Drive
Yorkton, SK S3N 2K6
(306) 786-0116 (ph)
(306) 786-0122 (fax)
christina.denysek@shr.sk.ca

MAMAWETAN CHURCHILL RIVER HEALTH REGION CAREER PATHING CONCEPT MODEL
MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
Millie Goulet, Aboriginal Employment Development Program Coordinator Mamawetan Churchill River Health Region Box 6000, La Ronge, Saskatchewan, S0J 1L0
3. Tel: (306) 425-4804   **Fax:** (306) 425-5513 **Email:** millie.goulet@mcrrha.sk.ca
PROJECT TITLE BUILDING A REPRESENTATIVE WORKFORCE THROUGH 'CAREER PATHING'.

BUDGET SUMMARY

  (a) Advisor $60,000.00
- market RPL, select participants, develop career paths in project sites
- assist participants in obtaining bridge training,
- assist participants in developing career/personal portfolios
- provide on the job mentoring for participants,
- assist with identifying long-term and short-term career pathing for participants
- identify supports needed by participants

(b) Travel and Accommodation
Advisor

Location	#ofP	meals	Miles	Accom			
Sandy Bay	1 x 8 x 36 + 8 x 300 + 8 x 90				$3,408.00	Pinehouse	1 x 8
x 36 + 8 x 150				1,488.00		Weyakwin	1 x 8
x 36 + 8 x 100				1,088.00			
Creighton	1 x 8 x 36 + 8 x 250 + 8 x 90				2,408.00		

Participants

La Ronge	8 x 2 x 36 + 2 x 290 + 4 x 90		1,516.00	Sandy Bay	4 x 2 x
36 + 2 x 300 + 2 x 180		1,248.00			
Pinehouse	4 x 2 x 36 + 2 x 170 + 2 x 180		988.00		
Weyakwin	2 x 2 x 36 + 2 x 100 + 2 x 90		524.00		
Creighton	2 x 2 x 36 + 2 x 250 + 2 x 90		824.00		
			13,492.00		
Total...			$73,492.00		

PROJECT DESCRIPTION

Overview of the Project and its Objectives
Each year in Saskatchewan the employment gap between Aboriginal and non-Aboriginal people increases by one percent. By 2005, 46,000 new Aboriginal people will enter Saskatchewan's workforce. Northern Health Regions have difficulty filling and retaining employees in several health occupations, such as nurses and technicians. Furthermore, by 2007, over 1400 nurses in Saskatchewan will be eligible to retire.

Mamawetan Churchill River Health Region has been involved in a formal Partnership Agreement since 1996

and has hired over 56 Aboriginal people since then. The current percentage of self identified Aboriginal employees is 31.63% as of March 2004. Generally our retention rate of the self identified staff is around 89%. Yet, many of these new Aboriginal employees are hired in entry level positions due to the necessity to hire casually. Our solution to retaining these new Aboriginal employees is through an innovative long-term succession planning approach via career pathing, in order to meet supply and demand for our health region.

The Career Pathing Project will facilitate the advancement of current and future health care workers and promote a sustainable and representative workforce through options such as career pathing. The Career Pathing Project will work with 20 Aboriginal and non-Aboriginal employees at our project site, within different occupational levels, to develop career paths towards health occupations where there are shortages and difficulties in recruiting.

With the help of the Project Coordinator, we will identify shortages, develop a career pathing model, and a strategic short/long-term succession plan that includes, selection criteria for participants and communication and marketing tools. We will collect information for the Project Coordinator as the project unfolds, reporting regularly and evaluating the process and impact of the project and establish benchmarks for future planning.

We will hire a Career Pathing Advisor to assist participants in obtaining bridge training, develop career/personal portfolios, liaise with education providers to provide an assessment of their prior learning, and provide on the job mentoring, as well as other identified necessary supports for participants to ensure their long-term success. We will use a selection of and a combination of pre/readiness, mentoring, Prior Learning Assessment and Recognition, social/economic supports and retention strategies.

WORK PLAN AND TIMELINE

January to February 2005: Complete career pathing strategic plan. (organize, coordinate and facilitate strategic planning)

March 2005: Select advisor and participants (co-ordinate meetings, marketing and communication)

April and May 2005: PLAR training for advisors and participants (Co-ordinate employees attending training and their replacements.)

June September 2005: Provide professional tag-along and other at-work opportunities as well as portfolio development assistance (Assist participants to complete their portfolios)

September to November 2005: Bridge training and on-the-job mentoring (provide work leave to various job experiences)

November and December 2005: Reporting, including evaluation (Participate in the evaluation and provide data to evaluator and Project Coordinator.

EVALUATION PLAN

Data Sources: Participants, employers, advisors, union reps, educators.

Methods: Regular monthly reflection and review of current data will be used to strengthen the project and correct any errors as the project unfolds.

Indicators: Number of participants, quality of portfolios, work time provided to participants for development, drop-outs versus numbers waiting,

Advisor roles: Provide the evaluator and the Project Co-ordinator with information about employees relevant to the evaluation of the project. To make employees available for interviews.

Reporting Dates: On going

ETHICAL CONSIDERATIONS

Confidentiality policies and regulations regarding employees and clients as well as collective agreements will be followed at all times.

"Career Pathing for Northern First Nations' Health Employees"

NITHA's Project in Partnership with the SAHO
Career Pathing in Health Careers Project

Executive Summary

The Challenge

In implementing transfer agreements, the Partner First Nations have faced major capacity issues, and struggle with minimal resources for supporting community and human resource capacity development to effectively provide accessible and quality community health and social development services.

The Opportunities

As a partner in the SAHO Career Pathing in Health Careers Project, NITHA Partners would benefit as a project site in developing and implementing an innovative model of career development for:
- increasing the professional capacity of health employees to meet the growing demand for qualified health staffs,
- ensuring effective and quality health and social development services for communities,
- instilling community awareness of and capacity for career planning and development,
- supporting continued capacity and community development efforts, and
- providing community role models for Northern First Nations youth.

Concept Paper Submitted By

> Northern Inter-Tribal Health Authority (NITHA)
> PO Box 787, 306 5th Avenue East
> Prince Albert SK S6V 5S4

The NITHA Partnership Members

Lac La Ronge Indian Band Box 480 La Ronge SK S0 1L0	**Meadow Lake Tribal Council** 8002 Flying Dust Reserve Meadow Lake SK S9X 1T8
Peter Ballantyne Cree Nation PO Box 2320 Prince Albert SK S6V 6Z1	**Prince Albert Grand Council** PO Box 2350 Prince Albert SK S6V 6Z1

The NITHA Capacity Development Working Group (CDWG) Partner Members

Mary Carlson, Health Director Lac La Ronge Indian Band Box 480 La Ronge SK S0 1L0	**Marie McCallum, Health Director** Meadow Lake Tribal Council 8002 Flying Dust Reserve Meadow Lake SK S9X 1T8

Arnette Weber-Beeds, Health Director Peter Ballantyne Cree Nation PO Box 2320 Prince Albert SK S6V 6Z1	**Sandi McLachlan, Finance & Services Manager** Prince Albert Grand Council PO Box 2350 Prince Albert SK S6V 6Z1

The NITHA CDWG Member & Project Contact

Paulette Campbell, Capacity Development Advisor
Northern Inter-Tribal Health Authority (NITHA)
PO Box 787, 306 5th Avenue East
Prince Albert SK S6V 5S4

Estimated Length of Proposed Project

Stage 1: Consultation/Promotion, Development of Model and Selection of Participants - 1 Year

Stage 2: Implementation of Model and Development of Ongoing Strategy – 5 Years

Stage 3: Evaluation of Model and Adoption of Strategy for Continued Application – 1 Year

Preferred Start Date

February 1, 2005

Challenge Statement

- **Human Resource Capacity Development Resources:** The First Nations transfer agreements involve responsibility for managing health services in a milieu of self-determination and community capacity development. The challenges to acquiring, retaining and supporting qualified staff, and training within the community, are an opportunity for learning, but very frustrating. The transfer agreement resources for capacity development at the community level for training, updating and upgrading have been minimal in comparison to the needs for this implementation approach.

- **Recognition of and Training for First Nations Community Focused Jobs:** Positions have been established in First Nations health services that have a strong community development focus. Jobs with this type of focus are not typically found in the main stream system and hence training / education institutions rarely support, within their mandates, training for these positions. As well, minimal focus has been given to establishing consistency and clarity about the nature of these positions in the early implementation stages of the transfer agreements. Consequently, the positions lack recognition and accreditation status reflective of the level of expectations of individuals in these positions.

- **Increase First Nations Representation in Health Professions:** First Nations members have been working in community entry level health positions gaining knowledge and skills related to the health profession fields through on-the-job work experiences and credit and non-credit training. Given their experience and desire to stay in the community, it would seem logical some of these individuals would be interested in laddering into health careers at various levels within the Partner organizations. This presents an excellent opportunity to support and model a learning pathway for these individuals to gain the necessary qualifications to fill these positions.

- **Need for Specialty Health Professionals:** The ability of Northern First Nations organizations to attract health professionals such as nutritionists, dentists, pharmacists, physiotherapists, speech and language pathologist/audiologists, psychologists, and environmental health officers is difficult given existing shortages within the country. These are careers many First Nations may never have considered. Exploratory and preparatory training would assist First Nations health workers, and their youth, in considering these career options, and encouragement to strengthen academic skills for these fields.

- **Establishing Best Practices for Community and Human Resource Development:** The initial implementation of transfer agreements included very basic community and human resource development strategies. Many experiences were gained in implementation and establishment of management practices, but innovative approaches are now needed for First Nations health services to support human resource and community

capacity development. This task would be very challenging to complete in a timely manner without key resource supports.

- **Career Preparation, Planning and Development:** In the past, First Nations communities often had limited employment opportunities for their members. Community professional positions were and continue in many cases to be filled by external candidates, due to lack of qualified community members. Thus, a role model gap exists of successful employment examples related to career planning, making it difficult to consider a need for and the practice of career planning and development. A key need related to this project is an up front awareness development initiative at many levels within the First Nations organizations and communities to instill ownership, an understanding of the processes for supporting success, an opportunity to provide input into the model design, and incentive to pursue the preparatory activities for realizing career goals.

- **Creating Awareness, and Involving Northern First Nations Members in the Development of a Career Pathing Model to Fit Their Needs:** In a consultation session on the Career Pathing concept with Partner community members on November 16, 2004, it became clear many had not heard of this concept before, and were hopeful about the opportunities it could create for themselves, fellow staff, and their youth. One of the key comments shared was that this information needs to be shared with other staff and community members, and community leadership needs to be aware of this approach and prepared to support its adoption. It was also clear many Northern First Nations members have found their own career paths, but not without facing hardship, barriers and frustration. There are unique situations Saskatchewan Northerners and First Nations face in developing their careers. Their insights are needed to develop an effective model. Partner members need to have an opportunity to participate in creating the model so as to claim ownership and ensure success.

- **Preparatory Academic Skill Needs for Health Professions:** A majority of the health career employment opportunities at the community level and for First Nations in the Province of Saskatchewan require preparatory academic skills in math and sciences. This continues to be a major challenge for First Nations in terms of achieving the level of skills in these areas in order to succeed in health field training programs. Solutions need to be identified and put into practice to support First Nations in overcoming this barrier to success in their health career pursuits.

- **Increased Quality in and Access to Appropriate Health & Social Development Services:** Most recent research studies on the state of First Nations' health indicate that they continue to lag considerably behind the rest of the country. One of the internationally recognized key indicators of health for individuals is social and economic stability. First Nations communities are challenged by the lasting effects and impacts of colonialism that dismantled their historical social, cultural, and economic survival practices. In order for First Nations communities' to establish their rightful place and to support the improvement of First Nations standard of health, they need ongoing support from the country to develop capacity and resources for self-direction and decision making.

- **Northern Saskatchewan Partnerships and Ways of Doing Business:** The various cultural groups, organizations and leadership in Northern Saskatchewan have realized they can achieve the best for their people by working together in collaborative and partnership ways. Given some of the challenges of wide territory and sparse population, coupled with unique economic opportunities, the leadership has applied these ways effectively to the benefit of all. Likewise, in the area of health services, the NITHA Partners have entered into a working relationship through the Northern Health Strategies Initiative to plan and coordinate services in the North with Provincial Health Authorities in priority areas. Similarly, any human resource development approaches initiated by the Partners in health should be in consultation and collaboration with the Provincial Health Authorities to ensure win-win situations.

Program Narrative

The Project Goal Statement

Use innovative career development strategies for Partner staffs, through access to supports and collaboration with various partnering agencies, to address the challenges in:
- acquiring qualified health and social development staff,

- retaining staff,
- supporting ongoing development to meet rapidly changing methodologies and technologies,
- promoting awareness about and adoption of career planning and development practices,
- increasing community capacity and development,
- improving quality of health and social development services for communities, and
- creating community professional health role models for youth.

Need for Project and Benefits to Organization / Clients

Labour Shortages & Staffing Needs:
- Partners need qualified applicant to fill their health and social development positions which are often vacant for long periods of time.
- First Nations, as the number one growing Saskatchewan labour force resource, require training to qualify for the growing employment opportunities, as positions in many fields, presently held by individuals soon to retire, become vacant.
- First Nations community members need support in acquiring awareness of and support for pursuing career planning and development strategies in order to take advantage of growing employment opportunities.
- First Nations community members need community health career models for role identification.
- First Nations health and social development clients need services provided in a culturally aware and community focused milieu.

Recognition and Accreditation Needs:
- First Nations health and social development positions, with a community development focus, require consistency, standards of best practice, accredited training, and ongoing professional development.
- Human resource development strategies need to support teamwork and knowledge transfer between all levels of staff to provide coordinated and effective community services.

Community Ownership and Support Needs:
- Awareness of career planning and development concepts needs to be created at the community level.
- Role modeling of community members' accomplishments in acquiring employment needs to be occur in the community and Partnership.
- Community members need career planning support mechanisms to pursue employment opportunities.
- The Partner communities need to have input in the model design so that it meets their needs.
- The Partner communities' leadership needs to be aware of the model and prepared to support its adoption.

Quality of Services & Capacity Development Needs:
- First Nations need to realize increased health and living standards through addressing their determinants of health priorities.
- Training, education and employment opportunities are key factors to supporting strategies for increasing health and living standards.
- Supports and resources are required to increase capacity in First Nations communities to address determinant of health issues.
- Access to effective and quality health and social development services at the community level is crucial in addressing health issues.

Partnerships and Collaborative Working Relationship Needs:
- Project activities need to be coordinated with other initiatives in the region so as to connect efforts and support goals.
- Working relationships need to be facilitated with the professional organizations and training / education institutions to support project model goals and objectives.
- Project participants will need access to support systems in the region and province to achieve their goals, including funding, training and related services.

Benefits:
- Increased representation of First Nations in all health and social development positions.
- Culturally and community focused services for members.
- Retention of qualified staff in the community.
- First Nations members utilizing effective career planning and development approaches.
- First Nations having preparatory skills to succeed in training programs.

- First Nations obtaining employment in a variety of health and social development fields with provincial health authorities.
- Community First Nations health and social development employee role models for youth.
- Acquired accredited training for community development focused positions.
- First Nations mentors supporting employees achieve career goals.
- Career pathing and development model supported by community and leadership.
- Community members supporting youth to explore career development options and practices.
- Opportunity to build synergy for project through linkages with similar regional initiatives.
- Participants supported with just-in-time funding and support for success.
- Governments supportive of model and activities.
- Professional associations and training / education institutions providing training and support services for participants.
- Access to quality health care services for community members enhanced.
- Increased supports for capacity and community development.

Project Relationship to Representative Workforce Strategy

The Partner First Nations have adopted approaches to support development of their communities and members to assume health and social development positions at 1st, 2nd and 3rd levels of service. This is an ongoing priority and fits with the goals of this project.

The Partners also believe and support diversity in the work place and do not consider this project to be solely for their First Nations health and social development staff.

The Partners also support this initiative because of the benefit their members will reap in obtaining employment in other organizations in the province.

Project Funding Used To

- **Hire a Project Coordinator to:**
    - promote awareness of project at the Partner level;
    - develop the career pathing model with participation of Partner representatives;
    - establish Partner community agreement strategies for participating in the project;
    - hire, coordinate and support development of advisors;
    - establish process for receiving and accepting applicants;
    - establish and maintain collaborative relationships with key organizations;
    - support specific program areas to implement position analysis and create competency profiles and outcomes;
    - support development of accreditation approaches for specific program areas;
    - plan and coordinate activities with the four Partner Career Pathing & Development Advisors;
    - assess effectiveness of activities and make necessary adjustments;
    - track activities and prepare regular reports;
    - coordinate project activities with the SAHO initiative;
    - develop strategies to support ongoing adoption of model; and
    - initiate evaluation of project.

- **Hire four Career Pathing and Development Advisors to be assigned activities within a given Partner region to:**
    - participate in the SAHO project training program for advisors;
    - promote model in communities and follow up with interested employees :
    - promote model with communities' leadership and obtain support for project;
    - assist in development of resources for promoting and supporting project;
    - work with Partner and community managers and supervisors to create awareness and support for participation of employees;
    - organize and coordinate process for selection of Partner participants;
    - provide training for supervisors of participants;
    - establish mentorship approaches for communities;
    - provide mentorship training for mentors and mentees;
    - support participants in their career planning process;

- support participants to develop portfolios;
- support participants to pursue RPL with institutions;
- support participants to apply and gain access to needed training opportunities;
- support participants in accessing funding for training;
- identify role models in the community and link them to project activities;
- promote project objectives with the youth in the community;
- encourage community participation in project activities where appropriate;
- compile and submit required reports;
- contribute and participate in the NITHA project activities;
- establish linkages in the community and Partnership for incorporation of project model achievements in their processes; and
- participate as a team member with the project coordinator and other advisors.

- **Support Resources For:**
  - coordinator and advisor travel costs:
    - air travel for isolated regions,
    - community visits,
    - attending training activities, and
    - attending regionally and provincially advisors/coordinators meetings;
  - office supplies and space;
  - materials for participants;
  - promotional materials;
  - hosting consultation and planning sessions;
  - participant travel costs to attend training related to career planning;
  - provision of mentor, mentee, and supervisor training;
  - contracted training services;
  - advisor / coordinator training; and
  - conduct project evaluation.

Project Impacts / Effects

- Community awareness created about career pathing and development.

- A NITHA Career Pathing model developed for application in the project.

- Participating Partner communities and leadership support project for their members.

- Career pathing model supports community health care service providers ladder up or across into various health and social development positions within Partner organizations, and/or in other First Nations organizations and provincial health authorities.

- Partner health and social development employees and community members enrolled and succeeding in preparatory training and career training programs as per their career plans.

- Partner health and social development employees and community members receiving prior learning recognitions for components of their training program.

- Established position competency profiles and outcomes for selected community health and social development service positions.

- Implemented action plans for accredited training for development of core skill and knowledge outcomes for selected community health and social development service position competency profiles.

- Health and social development community employees' stories of success and approaches to overcoming barriers in developing their careers used as community role models.

- Community youth encouraged and supported to create career plans in health and social development fields.

- Mentees and mentors trained for supporting career planning and developed approaches.

- Partner health and social development employees and community members maintaining portfolios to document their learnings.

- Resource materials accessible for employees and interested community members on career planning, mentorship, portfolio development, and training.

- The approaches applied, statistical data, and related descriptors of project activities documented and collected for identifying an appropriate model for adoption in the Partnership.

- Best practices, polices and procedures, and related human resource and community development strategies established at appropriate levels for the ongoing application of the model in communities and the Partnership.

- In the long term, increased capacity in First Nation communities and Partners to address member needs.

- In the long term, increased quality in and access to health and social development services for all Northern Saskatchewan residents.

Assessment of Project Effects and Quality

Various tools and techniques will be used to assess effectiveness and quality of project accomplishments including:
- Surveys of awareness created at community and staff levels.
- Tracking of participants, their planning processes, and achievements.
- Preparation of statistical reports.
- Follow up with Partner leadership, supervisors, and management regarding approaches and need for changes or adjustments.
- Participant evaluations.
- Assessment of effectiveness of resources used.
- Feedback from community leadership on their impressions of effectiveness.
- Using visitations, surveys, and focus group discussions obtain project Partners assessments of effectiveness.
- Assessment of established working relationships and partnerships established with other organizations.
- Regular reporting to the NITHA Capacity Development Working Group and CEO.
- Regular reporting to the SAHO project coordinator.

Provision of Project Information and Access to Use of Model

All SAHO Career Pathing Project Partners will have access to the information developed and ability to use those aspects of the model which meet their needs.

Since the model will be developed in collaboration with the Northern Provincial Health Authorities and the Northern Health Strategy, they will have access to the information and reports developed.

Funding agency requirements for reporting and information sharing will be followed.

Resources and Budget

Preliminary List of Resources
- Project Coordinator
- Four Career Pathing Advisors
- Advisor training
- Mentorship training
- Supervisory training
- Developing competency profiles and outcomes training
- Hosting consultation and evaluation focus groups
- Resource materials for:
  - Promotion of model
  - Career planning
  - Portfolio development

- Mentorship development
- Competency profile and outcomes development
- Computers for coordinator and advisors
- Office space, telephones and internet access
- Office supplies
- Travel support for project coordinator, advisors and participants

Preliminary Budget

The following budget items are very preliminary and will be clearly outlined and developed in the initial stage of consultation with the Partners to develop the model and identify participating communities.

Stage 1: One Year – Consultation and Promotion, Development of Model, and Selection of Participants:

Project Coordinator...	$ 62,000.00	
Travel expenses..		20,000.00
Career Pathing Advisors 4 for 6 months..		100,000.00
Travel expenses..		12,000.00
Benefits...		29,160.00
Promotion & resource materials...		5,000.00
Office space...		18,000.00
Office supplies and equipment..		18,000.00
Consultation Sessions..	20,000.00	
Subtotal..		**284,160.00**
Administration..		51,149.00
Total..		... 335,309.00

Stage 2: Five Years – Implementation of Model and Development of Ongoing Strategy

Yearly Preliminary Budget

Project Coordinator...	$ 62,000.00	
Travel expenses..		8,000.00
Career Pathing Advisors (4) for 6 months		200,000.00
Travel expenses..		48,000.00
Benefits...		47,160.00
Promotion & resource materials...		5,000.00
Office space...		30,000.00
Office supplies and equipment..		20,000.00
Contracted training...		8,000.00
Subtotal..		**428,160.00**

Participants/Supervisors:		
Travel to participate in training..		30,000.00
Replacement costs...		10,000.00
Subtotal..		**40,000.00**
Administration..		84,269.00
Total..	552,429.00	

Stage 3: One Year – Evaluation of Model and Adoption of Strategy for Continued Application:

Project Coordinator...	$ 62,000.00	
Travel expenses..		12,000.00
Benefits...		11,160.00
Evaluation report..		5,000.00
Office space...		6,000.00

Office supplies and equipment..	6,000.00
Consultation Evaluation Sessions.....................................	20,000.00
Subtotal...	**122,160.00**
Administration..	21,989.00
Total..	**144,149.00**

Letter of Co-operation

A motion of support was passed by the NITHA Health Directors Working Group on November 30, 2004 and the project concept proposal reviewed by the NITHA Capacity Working Group on December 1, 2004. The finalized proposal is being submitted to SAHO with a letter of support on December 3, 2004.

CAREER PATHING PROJECT IN PRINCE ALBERT PARKLAND HEALTH REGION

Health Sector Employers currently face difficulties in both recruiting and retaining employees, especially in particular skilled classifications. It is our belief that our best opportunity to retain employees is to find opportunities that allow entry-level employees to advance through the organization into higher level positions where they will achieve increased wages and benefits and will be able to utilize higher skills levels . A strategic plan utilizing the career pathing or laddering process to assist these employees is desirable for both the Employer and the employees.

Contact

Barb Thomas, Representative Workforce Co-ordinator
Prince Albert Parkland Health Region, 1220 – 25th St. West, Prince Albert, SK   S6V 5T4

Project Timelines

The estimated length of the proposed project is three years, from inception to completion.

- January, 2005 – Communications to Departments
- February, 2005- Strategic Planning
- March – Criteria established; Selection of Candidates
- April – Interviews with Candidates and Advisors
- May 2005 Advisor training
- June and July 2005 Portfolio development
- *Fall, 2005 – March 2008 Implementation*

Problem Statement

The employment gap increases annually between Aboriginal and non-Aboriginal people by one percent. It is projected in the next five years, 46,000 Aboriginal people will enter the workforce

In the Health Sector, most Aboriginal employees are hired in entry level positions but, for various reasons, do not stay in these positions; in fact many leave the Health Sector. The Career Pathing Project provides an opportunity for entry level employees to advance into other classifications that are at higher skills levels and provide increased rates of pay.

The project is needed to retain Health Sector employees by increase their opportunities for career advancement within the Health Sector. Such a plan benefits the employees and assists the organization in finding innovative solutions to retention issues.

Goal

To provide opportunities and support for employees who desire to advance into higher level
positions through a Career Pathing Project.

Our Project's Relationship to the Representative Workforce Strategy.

A Representative Workforce Strategy in Saskatchewan has the support of all stakeholders in the health sector. Its goal is to develop a representative workforce where Aboriginal people are employed in all classifications in proportion to their potential labour force numbers in the population. Hence, assisting Aboriginal people to career ladder into health occupations where there are shortages is a step toward building a representative workforce in our organization.

What will be done

It is anticipated that our project site can accommodate up to 20 employees., Our project will assist and support them to advance into higher level classifications where shortages are identified using a variety of methods including, program using pre-readiness, mentoring, RPL (recognition of prior learning), social/economic supports and monitoring. Prince Albert Parkland Health Region has established a Planning Committees to assist in determining criteria, and selecting and orienting the candidates and the advisors.

Impacts and Effects

- **Comments received from various personnel and committee members have been positive with feedback such as: "…this program is a positive approach to pursue in assisting, promoting and retaining employees within the health region."**
- Career pathing will become a retention strategy for the long term and will assist in the building of a quality, skilled workforce.
- The skills levels of entry-level employees will increase and will result in increased employment opportunities for the individual employees.
- All levels of the organization as well as partners will be involved in the process; this approach should assist with acceptance and support of the program.

Evaluation

- **Through constant monitoring and evaluation, using identified best practices.**
- Continuous sharing with other partners or project sites.

4. How will others find out about the project and be able to use the information?
    - **Communication to all departments using various methods such as newsletters, displays, presentations, etc.**
    - **A final report submitted to all funders, workshops and conferences**

Resources and Budget

1. A preliminary list of resources
    Personnel involved in Planning Committee within the health region.

    **Representative Workforce Co-ordinator**
    Potential pool of applicants
    Advisor
    Mentors (from within employee group)

2. A preliminary budget

Advisor/Mentor	$57,000
Travel	7,000
Marketing/Communication	5,000
Office Supplies/Equipment	10,000
SUBTOTAL	$79,000
Participants x 20, Training Portfolio Development	5,000
Training costs for 20 Participants	50,000
(Tuition/fees)	55,000
TOTAL	$134,000

Executive Summary:

Title: Career Pathing Pilot

Problem Statement: The Saskatoon Health Region needs to increase the representation of Aboriginal persons within all occupational groups within all occupational groups. A career pathing project will provide a bridge for existing staff to move into higher skilled health careers.

Organization: Saskatoon Health Region c/o Human Resources, Royal University Hospital, Box 50, 103 Hospital Drive, Saskatoon, SK S7N 0W8

Cooperating Partner: Victoria Gubbles, Manager, Aboriginal Employment Development, SAHO

Co-ordinating Advisory Committee: The joint union-management Representative Workforce Committee will have responsibility for providing advice on the career pathing project.

Organizational Contact: Vicki Towriss, Manager of Workforce Planning

Project Length: 12 months.

Start Date: April 1, 2005

Problem Statement:

There is an ongoing under representation of Aboriginal peoples working in the health care system. Attempts to increase this under representation have been limited by the smaller numbers of Aboriginal peoples who have accessed training in health care professions in the past.

A significant proportion of the Region' s workforce will be retiring over the next decade. Aboriginal people are the largest growing segment of the provincial workforce. It is absolutely imperative that the numbers of Aboriginal people moving into health careers be increased.

The major strategy has been the active outreach recruitment of Aboriginal peoples. This strategy is limited by the low numbers of Aboriginal people who have been trained in health care occupations. Many of the Aboriginal people who have been recruited have gone into entry-level positions, not higher skilled and in-demand occupations. There has been a turnover of Aboriginal staff that has been higher than that experienced among non-Aboriginal staff.

Program Narrative:

Goal: The goal is to advance employees in the Health Region on a path towards higher skilled health careers and/or occupations in demand. The longer-term goals are to successfully bridge employees into employment in career areas that are in demand and retain them as employees of the Saskatchewan health system.

Need and Benefit: This project will meet two needs of the Saskatoon Health Region. It will assist the region in increasing the numbers of Aboriginal peoples moving into in-demand occupations. And it will assist us in addressing the coming shortage of trained health care workers. The benefit to our organization and the people we serve is to ensure that we will have a trained and competent workforce.

Relationship to Representative Workforce Strategy: The Saskatoon Health Region's Representative Workforce strategy has identified career pathing as a strategy for retaining Aboriginal staff.

Actions: The first stage of the project will be establishing a capacity to provide an effective career pathing experience. This will mean hiring a career pathing advisor, identifying primary occupational areas, developing program content that sets out objectives, establishing selection criteria for participants, working with managers and developing strong partnerships with educational institutions, local unions and professional associations to ensure a common understanding of the project.

The second stage of the project will require the identification of suitable candidates and delivery of the career pathing program.

Anticipated Impact of the Project: At the conclusion of the pilot we will have developed a capacity to support career pathing. We will have a model for the delivery of career pathing. We will an initial assessment of career pathing as a strategy for increasing the supply of skilled workers and as a support for retention.

Determining the Effects of the Project: While the evaluation of the project is to carried out by SAHO we will be able to assess the effective ness by determining the effect upon the desire of participants to remain with the health region and by their success in beginning to bridge into further development.

Communicating Success of Program: Information on this program will be communicated externally to organizations that were involved in the Career Projects Steering committee. Within the healthcare system information on the progress and effectiveness of the program will be communicated to the Joint Committee on Health Human Resource Planning. This committee has a membership of human resource decision makers from the Regional Health Authorities, Saskatchewan Health and SAHO.

Internally, information on the project will be provided to our senior managers, generals managers, directors and professional leaders group.

Resources and Budget:

Resources: Resources required for this project are:

♦   Career Pathing Advisor
♦   Computer for Advisor
♦   Office Space
♦   Materials such as paper, etc.
♦   Materials to promote program (brochures)
♦   Materials for participants (e.g. workbooks or guides)

Budget:

Salary and Benefits for Advisor .... $ 66,000
Travel (within region, meetings with other pilot sites)................................ $ 4,000

Marketing materials (design, printing) .... $ 2,500
Workshop fees (training for advisor if not covered by SAHO) .... $ 3,000
Participant Materials (purchase, printing) .... $ 4,000
Office supplies .... $ 4,000
Honorariums (elders and others) .... $ 1,000
Release time ($30/hr x 20 hrs x 20 participants) .... $ 15,000

Total .... $ 99,500

REGINA QU'APPELLE HEALTH REGION
CONCEPT PAPER FOR A CAREER PATHING PILOT PROJECT

EXECUTIVE SUMMARY:

TITLE:

Regina Qu'Appelle Health Region Career Pathing Pilot Project

PROBLEM AND SOLUTION:

The Regina Qu'Appelle Health Region's career pathing pilot project is part of a province wide strategy in Saskatchewan to address labour shortages in the health sector and to develop a representative workforce in the Province. Our challenge in the RQHR is to prepare, recruit and retain skilled employees for our future workforce. We believe that career development will improve recruitment and retention within our Region.

THE ORGANIZATION:

Regina Qu'Appelle Health Region
1440 – 14th Avenue
Regina, Saskatchewan
S4P 0W5

POTENTIAL PARTNER ORGANIZATIONS:

➢ Saskatchewan Association of Health Organizations
➢ Saskatchewan Learning
➢ Career & Employment Services
➢ Saskatchewan Institute of Applied Arts and Sciences
➢ University of Saskatchewan
➢ University of Regina
➢ First Nations University of Canada
➢ Metis Organizations
➢ First Nations Organizations
➢ all Unions in the Region those being:
   ➢ HSAS, SUN, RWDSU, CUPE & SEIU

CAREER PATHING PILOT PROJECT ADVISORY COMMITTEE:

The Representative Workforce Partnership Steering Committee will oversee the project; a sub-committee of this larger group composed of the Manager of the Representative Workforce Program, the Staffing Manager, Education and Development Manager and the Representative Workforce Coordinator will initiate the work of the committee. As the project progresses other partners will be invited to participate on the sub-committee.

CONTACT PERSON:

Joyce Racette
Representative Workforce Coordinator
Regina Qu'Appelle Health Region

PROJECT LENGTH:

Five years – January 01, 2005 to January 01, 2010
(with an annual operating plan and budget)

START DATE:

January 01, 2005

January to February 2005: Hire a Project Advisor/Coordinator; organize partnership organizational meetings for buy in and support; workforce audit; research career pathing streams; develop a strategic plan.

March 2005: Communication of the project internally/externally (marketing and communication). Start to identify potential participants; select participants; seek out mentors.

April to May 2005: Participate in the PLAR training for the Advisor and participants; Advisor to assist participants to complete portfolios. Work with Managers whose employees attend the training for replacement of those individuals.

June to September 2005: Continue with portfolio development.

September to November 2005: Participants attend bridge training and on-the-job mentoring (provide work leave to various job experiences).

November to December 2005: Report on progress and compile evaluation pieces.

PROBLEM STATEMENT:

BRIEF BACKGROUND OF THE PROBLEM:

There is a challenge for health sector employers today to prepare skilled employees for the workforce of the future. There are several hurdles to overcome to deal with this challenge. Saskatchewan has an aging workforce with significant numbers of employees, in certain classifications nearing retirement. Experience indicates that it is difficult to recruit into several classifications within the Region, there is fierce competition even between health regions to attract and retain staff. Reduced transfer payments from the Federal Government, have resulted in cutbacks and the inability of some Regions to fill vacant positions. Today, one third of all new school entrants in Saskatchewan are Aboriginal and within the next ten years, twenty-five percent of the labour force entrants will be Aboriginal. Historically, RQHR has experienced challenges in both recruiting and retaining Aboriginal employees; many leave because of the casual nature of their employment. By adopting a more focused approach to workforce development through a representative workforce strategy, the RQHR will be well equipped to address the changing demographic scene in a proactive way. The best way to tap into Saskatchewan's large pool of potential Aboriginal employees is by developing partnerships with Government, Unions, Education and Training institutions and the Aboriginal community.

PROJECT NARRATIVE:

GOAL STATEMENT:

The overall goal of the project is to facilitate the career pathing of RQHR employees in order to help meet our current and long-term health labour force needs, and to build a representative workforce.

THE NEED AND BENEFITS OF THE PROJECT:

The need for the project is articulated throughout the concept paper. The benefits of such a project to the employer and the employee are as follows: To the RQHR the project will promote the employer as an "employer of choice" for Aboriginal people; it will promote recruitment and retention; it will align employee learning with organizational goals; it will address current and future labour shortages; it will assist in succession planing and it will develop a representative workforce overtime. For the employees the project will increase the awareness of individual strengths; support and guide

individualized career development; enhance employment and career opportunities; promote self-directed, life-long learning; increase awareness of self in a social context and increase self-confidence.

PROJECT RELATIONSHIP TO THE REPRESENTATIVE WORKFORCE STRATEGY:

When the project is implemented it will facilitate the advancement and retention of current and future

health care workers and promote a sustainable representative workforce through career laddering.

PLANS PENDING APPROVED FUNDING:

Plans will include: Form a sub-committee (partnership development) to assist in carrying out the project;

develop a communication plan to rollout the project within the region; conduct consultations with

internal staff; develop a career pathing strategic plan (including timelines) conduct a workforce audit;

develop selection criteria for participants; succession planning; developing a prior learning assessment

and recognition process in partnership with appropriate educational institutions; train/appoint a career

pathing advisor and mentors.

POTENTIAL PROJECT IMPACT/EFFECTS:

When employees see that the RQHR has a plan dedicated to employee advancement it will help with

recruitment and retention. Career pathing will become a retention strategy for the long term; it will also

assist the region to become an employer of first choice for Aboriginal people. It will also build the best

community relationships as all partners work together for the betterment of Aboriginal people.

HOW WILL THE EFFFECTS OF THE PROJECT BE DETERMINED?

Through continuous monitoring and evaluation (scheduled progress and assessment meetings of the

sub-committee). Participant and partner feedback, interest in the program, successful movement

across/up appropriate career ladders. Documentation of all activity.

HOW WILL OTHERS FIND OUT ABOUT THE PROJECT AND BE ABLE TO USE THE INFORMATION?

The plan will be made public both internally/externally through the development of a communication

plan.

RESOURCES AND BUDGET:

PRELIMINARY LIST OF RESOURCES:

The project will need a project advisor; travel and accommodation; PLAR portfolio training and portfolio training for participants; marketing and communication tools; supplies and equipment; replacement costs; evaluation and reports.

A PRELIMINARY BUDGET:

Project Advisor	60,000.00
Travel & Accommodation	10,000.00
PLAR/portfolio training	5,000.00
Marketing and Communication Tools	1,000.00
Office Supplies and Equipment	10,000.00
Participant Portfolio Training	5,000.00
Replacement Costs	20,000.00
Evaluation and Reports	5,000.00
Total funding for the first year of the project	116,000.00

LETTERS OF SUPPORT:

Letters of support still in progress.

APPENDIX SIX: EVALUATION TOOL

APPENDIX SIX: EVALUATION TOOL

Logic Model For The SAHO's Health Career Pathing Project: Phase 1: Research And Consultation

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Project Goals:

Goal: To assist in the development of a representative workforce where Aboriginal people are represented in all classifications and at all levels.
Goal: To improve the employment levels of Aboriginal people within the health sector in viable, necessary careers.
Goal: To encourage Aboriginal people to seek training and employment in the health sector.
Goal: To increase retention of Aboriginal employees within the health sector.
Goal: To facilitate workers successful integration into a health sector labour force through the use of PLAR.

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Population:

SAHO member organizations,
Partnership Steering Committee members,
First Nations,
Métis Nation,
Employers,
Labour,
Educators
And all stake holders in the health sector.

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Process Objectives:

Objective: To provide Aboriginal employees with meaningful opportunities and goals for advancement.
Objective: To guide their understanding of how to complete the required training courses in the most efficient way.
Objective: To provide a career planning preparation program including prior learning and mentorship supports.
Objective: To promote the health sector as a positive career choice for Aboriginal people.
Objective: To demonstrate for employees realistic career goals.
Objective: To facilitate the workers successful integration into a health sector labour force through the use of PLAR.
Objective: To work with up to 20 employees within a pilot site to improve their employability.

End of Project	*Objectives*	*Indicators*	*Assumptions*	*Principles and/or Values*	*Activities*	*Progress to date*
October-December, 2004	Develop an evaluation strategy and tool to evaluate project activities and pilot projects by October 2004.	A complete evaluation plan reviewed and accepted by committee	• All that has gone before will yield enough information to write an evaluation plan and that the Committee accepts it.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility •Efficiency • Right of Appeal	• Determine desired outcomes • Prepare logic model for next phase • Develop goals and objectives • Determine indicators • Determines method(s)	Evaluation logic model completed in April 2004 for Phase I. Logic model completed for Phase II in December 2004.
	Complete and submit a final report by December 2004.	A complete final report reviewed and accepted by Committee.	• The committee accepts the report.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility •Efficiency • Right of Appeal	• Assemble all information • Summarize lit review. • Review literature summary once more • Assemble all	Draft report submitted by November 30, 2004. Waiting on project sites to submit concept papers and letters of support for final.

					information • Write report	
	Provide option strategies for development of sustain able continuous learning and HR development partnerships within the health sector by December 2004.	Report included in final report as a section or appendix	All previous activity will yield enough information to provide option strategies	Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility •Efficiency • Right of Appeal	Assemble all information and summarize to include as a section of the final report	Partnerships established and concept papers from project submitted in December 2004. Plans in place to have strategic plans done by the end of February 2005 that will include option strategies.
	• Develop a funding strategy to secure funding for Phase II by the end of November 2004. Implement the funding strategy before the end of December 2004.	• A written funding strategy reviewed and ready to implement.	The political and economic climate will remain conducive to Aboriginal participation in the work force.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	• Seek in formation from Committee members about their organizations funding abilities and commitments • Summarize funding strategy • Write proposals to be included in the strategy. • Consult with possible funders about their funding criteria. • Write	A concept model for quick reference in communicating the Career Pathing Project to first time viewers. An information including brief history, progress and next steps has been prepared. Interviews and presentations done with potential funders, proposals submitted by January 2005.

					strategic report	
	Complete consultation groups with all health sector stakeholders seeking information on Career pathing and recommended best practices by November 2004.	• X number of focus groups completed and a Final report including key findings from focus groups.	All consultation groups will be completed and data analyzed and there will be no impediments to organizing and completing focus groups such as strikes, holidays, season, etc.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	• Call key stakeholders about possible participants, get contact info • Arrange time for focus groups • Develop focus group questions • Analyze data • Write data summary	Consultations completed with all stakeholders except SEIU by December 2004. Information summarized and reported in final report.

Middle Of Project	*OBJECTIVES*	*Indicators*	*Assumptions*	*Principles And/Or Values Check*	*Activities*	*Progress to date*
July to September, 2004	• Complete and submit an interim report by the end of July 2004.	• Written report including progress to date, summary of lit review, the funding strategy.	*All the information needed for report will be available in a useable form*	• Accessibility • Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Assemble all information, summarize and write report.	Report submitted to HSPSC at the end of July 2004. Final report to the funders by the end of August 2004.
	• Develop a framework of the core criteria for each pilot site, including: participant criteria, advisor criteria and process criteria by September 2004.	• Criteria can be found or surmised from literature.	*There will be enough research done and criteria published to determine the best for use in the development of a framework*	• Accessibility • Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	• Pull criteria for participants, advisors and process from lit review and put in a framework for sites • Search on web and in published articles, books etc. for criteria for participants, advisors, and process. • Write report	Objective postponed. CPWG decided it would make better sense to wait for the project sites to have their strategic plans in place and have criteria specific to local needs.

Beginning of Project	*Objectives*	*Indicators*	*Assumptions*	*Principles and/or Values Check*	*Activities*	*Progress to Date*
April to June, 2004	• Complete a literature review of existing resources including: best practices, models of Aboriginal career development, and current information regarding skill shortages in the health sector by the end of May, 2004.	• A 3 sectioned literature review report reviewed and approved by Committee	• It will be possible to obtain all required information and not be disrupted by strikes and holiday periods	• Accessibility • Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	• Search on the internet and distil reports and other information into summary • Approach steering committee members about other sources of data that may be available from their organizations • Find other published information in libraries etc. • Write report and submit	Literature review completed and submitted to HSPSC by the end of July 2004. Additional edits and new information added by the end of December 2004.
	• Establish a partnership in each of the pilot sites (A minimum of 7) that includes employers, labour, training and education providers, and key stakeholders	• A list of people contacted with notes and commitments to work together.	All people will be willing to work on this project.	• Accessibility • Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	• Find out where the pilot sites are • Contact key people at each site and explain the project and determine the best timing for focus groups	Partnerships have been established at seven sites with on-going presentations and meetings and decisions being made. There is a possibility of

	by the end of June 2004.					an eighth joining in January 2005.

LOGIC MODEL FOR THE SAHO HEALTH CAREER PATHING PROJECT: PHASE 2
PROJECT SITE IMPLEMENTATION

Project Goals:

Goal: To assist in the development of a representative workforce where Aboriginal people are represented in all classifications and at all levels.

Goal: To improve the employment levels of Aboriginal people within the health sector in viable, necessary careers.

Goal: To encourage Aboriginal people to seek training and employment in the health sector.

Goal: To increase retention of Aboriginal employees within the health sector.

Goal: To facilitate workers successful integration into a health sector labour force through the use of PLAR.

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Objective: To provide Aboriginal employees with meaningful opportunities and goals for advancement.

Objective: To guide their understanding of how to complete the required training courses in the most efficient way.

Objective: To provide a career planning preparation program including prior learning and mentorship supports.

Objective: To promote the health sector as a positive career choice for Aboriginal people.

Objective: To demonstrate for employees realistic career goals.

Objective: To facilitate the workers successful integration into a health sector labour force through the use of PLAR.

Objective: To work with up to 20 employees within a pilot site to improve their employability

END OF PROJECT	OBJECTIVES	INDICATORS	ASSUMPTIONS	*Principles And/Or Values*	ACTIVITIES
September 2005 to March 2006	All participants at each project site will implement their career plans.	Progress is being made toward the completion of the plans.	There will be no impediments to the progress of the participants in implementing their plans.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Work with the participants assist them to overcome any road blocks they encounter along the way.

Middle Of Project	*Objectives*	*Indicators*	*Assumptions*	*Principles And/Or Values Check*	*Activities*	*Progress to Date*
March-September 2005	Each project partner will have completed research to identify and target occupation classification where there are current and projected shortages and recruitment difficulties.	Targeted strategies and operational plans for filling classifications where there are current or projected shortages.	There will be a designated staff resources available to do the research and write a summary.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Gather available information, determine priorities and target occupation classifications	
	Each project partner will have a career pathing advisor hired.	There is an employee designated as the Career pathing advisor.	Funding will be available through SAHO to hire an advisor for each project site.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency	Advertise, conduct interviews and hire according to established criteria from the strategic plan.	

			• Right of Appeal		
	Each project partner will have identified and recruited participants for the career pathing process.	A list of participants who match the selection criteria.	There will be employees wiling and able to participate in the career pathing process.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Advertise the project, speak to potential employees, conduct interviews and compile list.	
	Each career pathing advisor will work with the participants to develop career paths for their individual needs.	Written career paths for each participant.	Career pathing Advisers will have enough experience and training to assist the participants in the process of career path plans and portfolios.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	
	A project evaluator will be hired by SAHO to implement the evaluation plan.	A designated person on contract to or employed by SAHO as an outside evaluator to assess both Phase I and Phase II of the project.	There will be funds available to hire an external evaluator.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Determine criteria for evaluator, advertise, recruit, interview and hire.	
	There will be a comprehensive evaluation plan completed by the CPP Co-ordinator at SAHO.	A written evaluation plan approved by the CPWG.	Comprehensive strategic plans and operational plans will be completed by the project sites.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Get the strategic plans developed work with an evaluator to develop a comprehensive evaluation plan and process.	

Beginning Of Project	OBJECTIVES	Indicators	Assumptions	Principles And/Or Values Check	Activities	Progress to Date
January-February 2005	Each project site will have an Aboriginal Workforce Co-ordinator in place.	An employee in the organization is designated as the Aboriginal Workforce Co-ordinator (or someone with similar responsibilities and title)	Each site will be able to recruit a suitable candidate before the beginning of the project implementation phase.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Hire a suitable candidate, coach them on the organization's goals and objectives	
	Each project site will have a committee identified that is responsible for the career pathing work and decisions.	A committee of employees with relevant experience and scheduled meetings.	There will be enough staff time resources and willingness to participate to develop a well functioning committee.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Recruit committee members, educate and begin the process of gathering information from various departments and submitting to the committee.	
	Each Aboriginal Workforce Co-ordinator (AWFC) will implement the communication strategy within the organization and among regional partners.	All partners, employees and potential partners are familiar with career pathing and the organization's plans to implement the process.	Employees, partners and potential partners come to information sessions and read notices sent to their departments.	•Accessibility •Transparency • Effective Service • High-Quality Assessment • Flexibility • Efficiency • Right of Appeal	Advertise the project and educate employees, partners and potential partners about the project according to the communication plan.	
	Each project partner will develop strategic and operational	* Written plans specific to each site's needs with goals and	All project sites will have a person designated as an Aboriginal	•Accessibility •Transparency • Effective Service • High-	Organize a retreat or special planning day or days to	

plans, including participant and advisor criteria, recruitment, strategies and communication plans by the end of February 2005.	objectives as well as activities and timelines.	Workforce Co-ordinator	Quality Assessment • Flexibility • Efficiency • Right of Appeal	develop a strategic and operational plan for the project site.	

APPENDIX SEVEN: LETTERS OF SUPPORT FROM PROJECT PARTNERS