A NEEDS ASSESSMENT FOR
WORKPLACE ESSENTIAL SKILLS
IN
FIRST NATION COMMUNITIES

An Exploration of the Assets, Needs, and Appropriate
Approaches for the Bella Bella Community

A Report Prepared for
The Canadian Union of Public Employees and the Hospital
Employees’Union

By

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Department

in collaboration with
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EXECUTIVE SUMMARY

This report describes the findings of a workplace essential skills needs assessment at Bella Bella Hospital initiated by the Canadian Union of Public Employees in collaboration with the United Church Hospital Services Society. The needs assessment was undertaken by Capilano University in partnership with Heiltsuk College, the post-secondary education institution serving Bella Bella.

The project began in the Fall of 2009 and completed in May 2010. It involved a review of best practices and interviews with entry level staff including people working as housekeepers, residential care aides and cooks. Hospital management and community organizations were also interviewed. The process was guided by an Advisory Committee that included representatives from the union and management as well as Capilano University and Heiltsuk College.

The needs assessment found that there is a need for a workplace essential skills program at the Bella Bella hospital and that CUPE, HEU and the UCHS are willing to work together to implement an appropriate model. The nature of the employee essential skills needs and the community context in which the hospitals are situated suggest that an alternative approach to workplace essential skills may be possible.

Overall this study concludes that:
- workers and management see the need for workplace skills development
- most workers have been involved over the years in various learning programs at Heiltsuk College and thus do not see a need for a traditional literacy program
- part-time hospital workers often work for more than one employer and therefore need transferable skills
- First Nation learners are most likely to be successful in learning if culture-based approaches are adopted
- learning opportunities that give learners the maximum opportunity for making their own decisions is an important component of curriculum models that address the impacts of colonialism, an approach consistent with union-based empowerment approaches
- Heiltsuk College has many of the resources, the proximity and community knowledge to support workplace essential skills
the Heiltsuk Tribal Council is committed to education and employment and has a capacity building plan to support their commitment

other community organizations also have workplace essential skills needs, many of the skills needs are held in common; and

groups in remote First Nation communities generally work collaboratively to meet their community goals.

A program that meets the need of the hospital as well as other employers in the community would contribute to achievement of the community education and employment goals. Such programs delivered in the community by the community would use existing assets and contribute to First Nation self-determination.

This study makes the following recommendations:

**Approach to Workplace Essential Skills**
Recommendation #1: Test the application of a community-centred approach to workplace essential skills for Aboriginal communities

Recommendation #2: Bring potential community partners together to plan an appropriate collaborative model

**Workplace Essential Skills Program Development and Delivery**
Recommendation #3: Design workplace essential skills programs in collaboration with other employers, Heiltsuk College and other post-secondary institutions to lead to a specific credential.

Recommendation #4: Deliver workplace essential skills programs in partnership with the First Nation post-secondary institution serving the community.

Recommendation #5: Develop workplace essential skills modules in collaboration with First Nation educators and adopt culture based approaches where appropriate.

Recommendation #6: Design workplace essential skills programs that incorporate the workplace skills needs of more than one employer and are delivered collaboratively.

Recommendation #7: Use existing community assets – computer lab, classroom space, instructors where possible.

**Funding**
Recommendation #8: Secure more information on Federal and Provincial funds available for workplace essential skills in First Nation communities.
Recommendation #9: Explore opportunities to access HEU training funds for specific training identified as needed.

Recommendation #10: Support the community in accessing Legacies Now funding for literacy planning and implementation.
INTRODUCTION

Over the years, unions and employers have partnered up to support workplace essential skills programs in workplaces across Canada. In particular, many major hospitals have previously had workplace essential skills program that support workers to increase basic skills to advance in their jobs and participate in higher levels of training. Canadian Union of Public Employees (CUPE) and the Hospitals Employees Union see these programs as an effective way to support workers in a time of significant technological and economic change. However, similar programs are often not available in small communities, especially small hospitals serving First Nation communities.

CUPE seeks to identify an appropriate model of workplace essential skills for First Nation members. It asked Capilano University Community Development and Outreach Department to undertake a needs assessment at the RW Large Memorial Hospital in Bella Bella to identify a model that could be applied in RW Large Memorial and other hospitals serving First Nation communities.

This report describes the findings of that needs assessment. It begins by providing an overview of the needs assessment approach adopted. The hospital being assessed is introduced and the community it serves described. A summary of current literature with respect to workplace essential skills provides a platform for analysis. A summary of what we learned through interviews is then provided and analyzed in terms of what we learned about essential skills for Aboriginal communities in the literature review. The report closes by introducing recommendations that flow from these findings.
NEEDS ASSESSMENT APPROACH

The goal of this project was to identify and document a community-sensitive approach to workplace education for small rural hospitals in Aboriginal communities. Specific objectives were:

- identify existing workplace training
- assess individual and group learning needs, and
- identify barriers to participation in workplace education.

In undertaking this needs assessment, the project also sought to strengthen relationships between health organizations, CUPE/HEU and First Nations communities. It explored the potential for collaboration with community-based health services and local post-secondary institutions with the view to working together to build capacity for First Nations people to progress in employment in the health sector and to support transition between employment in hospitals and employment in community-based health services.

The project adopted a participatory methodology (Appendix 1). This involved the following activities:

- a review of promising practices
- consultation with the hospitals and the First Nation communities served
- establishment of an Advisory Committee (Appendix 2).
- interviews conducted with 6 staff members, 3 members of hospital management, 2 staff members of other community organizations, and a union representative.
- an informal employee assessment; and
- a collaborative review and analysis of findings with the Advisory committee.

Staff interviews were held in the conference room or in the staff lunchroom and honorarium was given to those who came in on their time off but not to those who were on shift during the interview time. Management interviews were held in person and over the phone as were interviews with First Nation organization representatives.

In order to increase community input into the needs assessment process, CUPE formed a partnership with Heiltsuk College, the First Nation post-secondary institution serving Bella Bella. Staff from Heiltsuk College reviewed the methodology and the findings and provided ongoing input to ensure that the recommendations are also consistent with overall community aspirations.
THE HOSPITAL IN THE CONTEXT OF THE COMMUNITY

This project aims to identify an appropriate model for workplace essential skills training for hospitals serving small First Nation communities by assessing the needs of RW Large Memorial Hospital in Bella Bella and drawing from that assessment a model that could be tested in other First Nation communities. A brief description of the hospital and the community highlights the structure of small remote hospitals and the nature of small communities.

RW Large Memorial Hospital

As noted above, the RW Large Memorial Hospital, affiliated with Vancouver Coastal Health and managed by United Church Health Services Society, serves a Central Coast catchment area of approximately 2000 people. In addition to the community of Bella Bella, it also serves Klemtu, a community of 300 people, Ocean Falls with 50 residents and Shearwater with 80 people. It has 11 beds, 4 of which are assigned to acute care and 7 to long-term care.

RW Large Memorial Hospital is one of three hospitals on the B.C. Coast managed by the United Church Health Services Society, the other two being the hospitals at Hazelton and Bella Coola. United Church Health Services Society is non-profit society governed by a board of directors with representatives from each community. Each community hospital also is guided by a community-based board.

There are approximately 17 positions at the hospital. There are 4.5 registered nurses (RN) and one licensed practical nurse (LPN). Entry level positions include:
- Laundry 1 part-time twice per week
- Housekeeping 2 fulltime
- Dietary 1 full-time and 1 part-time
- Patient care aides (PCA) 4 full time 1 part-time
- Pharmacy technicians 2 fulltime
- Clerical workers

The hospital also has a list of casual employees who they can call when needed, sometimes as infrequently as once per month.
The hospital strives to work in a way that is appropriate for the community. The professional staff work collegially with service staff, often assisting with training or on-the-job mentoring where appropriate. All staff are generally able to spend more time with patients than they might in a larger hospital. Many know the patients personally and help them to connect with their families and the community.

An example of a community-based approach that was successfully implemented was the development of the family room. In the Heiltsuk community, when someone is ill or in palliative care, the extended family is very involved, so much so that a single room is often not sufficient to meet the needs of a family supporting their loved one. The community raised funds and the hospital built a family room so that they could accommodate as many family members as want to be involved.

RW Large Memorial also strives to respond to the needs of its employees. A case in point is that many employees have children and often childcare is an issue. If a child gets off school before their parent is off shift and there is no childcare available, the hospital allows the child to sit in the cafeteria and wait for their parent to get off shift. The other employees generally know the child and the environment is a comfortable place for the child to wait for his/her parent.

However, despite efforts to accommodate community needs where possible, RW Large Memorial is perceived to be an entity that is quite separate from the community, as the RCMP is. This separation was attributed to the heavy workloads of hospital administrators, accountability to Vancouver Coastal Health and the Ministry of Health and the fact that many administrators and other senior staff are from outside the community. Community organizations would like to see a closer working relationship.

In sum, the RW Large Memorial functions much like other hospitals serving small communities. Its focus is on meeting the health needs of patients with professional staff who feel supported in their work. But there are also differences. With everyone knowing each other, the health care provided to patients and support for staff is sometimes at a more personal level than it in a large centre where patients and staff do not know each other. There are also other opportunities to work with other community organizations to expand the way they respond to community needs that have not yet been taken. Workplace education provides one such opportunity.
The Community of Bella Bella

Bella Bella, also known as Waglisla, is a remote community on Campbell Island on British Columbia’s Central Coast. It is inaccessible by road and served by air and ferry. An overview of the demographics, governance structure, and community services shows that Bella Bella is like many other First Nation communities in Canada with high proportions of young people, high unemployment and high levels of poverty. However, there is also a strong sense of community and commitment to language and culture. The Heiltsuk people are determined to overcome the impacts of colonialism, cultural genocide and residential schools and to regain self-determination. The Heiltsuk Tribal Council describes their community in the following way:

"Despite these forces acting upon the Heiltsuk, there remains today a Heiltsuk Nation that is striving to retain its lands, and culture. During this century the Heiltsuk have maintained close ties to their land and resources. The language and potlatch system survived. Traditional foods continue to be harvested and preserved from the land. These foods contribute significantly to the contemporary diet and local economy.

The Heiltsuk are now working to preserve their language. Today it is taught in the school. There is a challenge to maintaining the language. Funding for curriculum development is scarce. The Heiltsuk have never surrendered their aboriginal rights or title. Leaders of the community have struggled to address the land question through out this century.”

This section describes the community and highlights some of the demographic indicators of the impact of colonialism on the community. It then briefly describes the governance system and services developed by the community.

Community Demographics
In 2006, Bella Bella had a population of 1066, down 15 percent from the previous census. Ninety six percent of community members are Aboriginal, members of the Heiltsuk First Nation. Nine percent of Heiltsuk people speak Hailhzaqvia, part of the Wakashan Language Family.

There is a higher proportion of young people in Bella Bella than in British Columbia overall, with a median age of 34 compared to 41 in British
Columbia. Similarly 22 percent of the population are under 15 years of age compared to 17 percent in British Columbia overall. ¹

Although the community has a median income of $30,272, less than half that of the median income of British Columbia overall at $62,346, residents indicate that their impression is that a very high proportion of the community has an even lower income, depending primarily on income assistance. According to the 2006 Census, 55 percent of those over 15² have not completed high school, 23 percent have completed apprenticeships, college certificates, and university degrees. Unemployment is a significant issue in the community.

While the 2006 Census shows that 18.5 percent of residents unemployed and a labour force participation rate of 48.5 percent, a rate that on its own is much higher than the provincial rate, community members indicate that unemployment can seasonally be as high as 80 percent. In the past, families relied heavily on the commercial fishery for their primary income. With the fish stocks largely depleted, Heiltsuk people have had limited economic opportunity. Heiltsuk Tribal Council has responded by initiating an arms length economic development corporation (Heiltsuk Economic Development Corporation) that seeks to diversify economic development opportunities.

**Governance**
The community is governed by the Heiltsuk Tribal Council which provides a broad range of services to its people. They co-manage the fisheries in the area, and conduct fisheries and natural resource-related activities on behalf of the Heiltsuk Tribal Council. They provide a continuum of child-centred programs to families, children and youth in the community. Since 1975, they have also operated the Heiltsuk Cultural Education Centre that supports preservation, revitalization and continued cultural development.

**Health and Social Services**
In addition to RW Large Memorial Hospital, the people of Bella Bella are served by the Hailika’As Heiltsuk Health Centre, an accredited organization that offers public health services, Elder Care, dental services and social development support. Managed by a Board of Directors,


² This is the population grouping used by Statistics Canada
Heiltsuk Health Centre strives to apply an integrated approach to community wellness in collaboration with other community services.

**Education**

Heiltsuk First Nation is a participating First Nation in a negotiation process with the Federal government to complete a Canada-First Nation Education Agreement that will give First Nation communities control over K-12 education in Phase 1 and early childhood and post-secondary education in Phase 2. Bella Bella has two main educational institutions, a community school and a community college.

The Bella Bella Community School is a vibrant part of the community and plays an active role in supporting Heiltsuk cultural heritage. The school teaches grades K-12 through both modern and traditional ways, and includes Heiltsuk cultural activities such as singing and dancing into school programs as appropriate. The school has 130 computers and supports students to gain the technological skills necessary for day-to-day communication, post-secondary education and employment. The school is governed by a community-based board. It hires qualified teachers and administrators from the community where possible and, where required, also provides students with the support of a school aide. The school aide provides both community and cultural support.

Heiltsuk College is a non-profit society that has been serving the community for over 30 years with post-secondary programs, job skills training and adult secondary learning opportunities. It is largely funded by the Heiltsuk Tribal Council, the recipient of funding under the Indian Act. It is accredited through the First Nation Schools Association and offers accredited post-secondary programs in collaboration with other public post-secondary institutions.

Heiltsuk College is comprised of two components, Heiltsuk College that provides post-secondary programs and job skills training initiatives, while Waglislal Adult Learning Centre provides adult secondary learning opportunities. Located in various buildings within two blocks of RW Hospital, the College facility includes a 15 station computer lab and several classrooms.

Heiltsuk College has the following mission:

“provide personally relevant and challenging educational opportunities to all learners within a safe, caring and supportive environment.”

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Heiltsuk College seeks to empower students and support self-governance. Their programs seek to foster:

- self-identity
- Heiltsuk history
- learning opportunities; and
- life-long learning

As Heiltsuk College Founder Pauline Waterfall describes Heiltsuk in the following way:

*Heiltsuk College’s mission and goal, articulated by our students, is to create whole learners who are nurtured, supported, and counseled as needed to remove barriers to personal and academic growth. Although we operate in a remote setting, we have experienced astounding outcomes. I can say without a shadow of doubt that once a student leaves Heiltsuk College and transitions into public systems, success and retention is 98%. We are coming full circle; Hilistis*3

In the past, Heiltsuk has offered Resident Care Attendant programs which provided training for many of the existing hospital employees. In January 2010, it began offering a Licensed Practical Nurse program in collaboration with Camosum College and RW Large Memorial Hospital. Currently there are five students. In addition to secondary and post-secondary programs, Heiltsuk College also offers Hailzaqv language courses to support the community in preserving and revitalizing their language.

**Context Summary**

In sum, RW Large Memorial Hospital is a significant employer in Bella Bella, as hospitals often are in small communities. It is an employer that is seeking to improve opportunities for its staff and other community members. It is open to doing things differently. However, the staff base is still quite small for a workplace essential skills program. Yet there are other employers in the community with similar essential skills needs. The community is strongly committed to education and employment and it has its own capacity to deliver post-secondary training and support. These are significant assets that should be considered in the design of workplace essential skills for communities like Bella Bella.

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WHAT ARE WORKPLACE ESSENTIAL SKILLS?

In order to develop an appropriate workplace essential skills program for hospitals in First Nation communities, it is useful to define essential skills and identify the role of a union in supporting the development of essential skills. It is also helpful to identify best practices in work essential skills and/or adult education in First Nation communities.

Overview of Essential Skills

Essential skills are defined by the Government of Canada (Undated) as:

“the skills needed for work, learning and life. They provide the foundation for learning all other skills and enable people to evolve with their jobs and adapt to workplace change.”

The Government of Canada has identified that there are nine essential skills including: reading text, document use, numeracy, writing, oral communication, working with others, continuous learning, thinking skills, computer use.

A 2005 Conference Board of Canada report tells us that there are twelve factors that contribute to success in workplace essential skills programs:

- creation of a learning environment in the workplace
- recognition of the literacy needs of staff
- collaborative planning before initiating
- adequate funding and support for the program
- inclusive decision-making
- an effective curriculum appropriate to the specific workplace
- an appropriate instructor for the work and community environment
- a good delivery mix responding to different learner needs
- a process to garner support for the program
- engagement of supervisors
- encouragement at all levels for employee participation; and
- program monitoring that is realistic and appropriate.
Union-based Essential Skills Programs

Unions have been focusing on essential skill development in workplaces for many years. In the last 20 years, communities have experienced significant economic and political change, resulting in corresponding restructuring in many work environments. In response, unions have negotiated, for their membership, various forms of protection from this change, including training. According to the Canadian Labour Congress (2000, p9), “training has become a key means of ensuring greater job security and mobility for workers.” Correspondingly, literacy is a key means to accessing job training and thus ensuring job security.

One approach adopted by many unions is the BEST Program which seeks to empower working people to:

- take control of their lives both individually and collectively
- better speak with their own voices
- be better able to have those voices heard; and
- question, criticize, evaluate, and act as full citizens, with a broad social vision in a democratic society.

Appendix 1 highlights the tasks required by hospital housekeeping staff and food service workers that have been identified in the HRSD Profile and a subsequent needs assessment of essential skills in the workplace conducted by Capilano University in partnership with HEU, CUPE and the British Columbia Ministry of Advanced Education.

The province-wide needs assessment of essential skills noted above made some recommendations that have implications for small, remote hospitals. In particular, they recommend that a provincial advisory committee be established to focus on this workforce and that this advisory committee be supported to learn and create a meaningful plan together. They further recommend that a best practices guide for essential skills in workplace learning be developed building on the worker-centered learning models developed by Capilano University and HEU/CUPE. The best practices guide should be supported with appropriate resources and curricula. They further recommend that a human resources strategy be created for entry level hospital jobs and that a working and learning career connection centre be created in every hospital in British Columbia.

Essential Skills Development for Aboriginal Communities

In order to identify an appropriate approach for Aboriginal communities, it is useful to consider the literature on literacy and essential skills.
Needs Assessment for Workplace Essential Skills for Aboriginal Communities

developed by Aboriginal scholars. When doing so, there are many nuances that should be considered in the development of an appropriate workplace essential skills for hospitals in First Nation communities. The differences begin with how literacy is defined:

“Aboriginal adult literacy is the transmission of culture, orality, symbolic systems and communication from within our own diverse nations. It is a tool that provides equal opportunity for each individual within our communities to become multi-literate/multi-lingual and to have a choice to participate in western society, while revitalizing and preserving our cultures, languages and governance systems. Most importantly, Aboriginal adult literacy legitimizes and empowers Aboriginal ways of knowing, being and doing.”

Nicola Valley Institute of Technology Aboriginal Literacy Project identified the following Aboriginal Workplace Essential Skills:

- understanding and ability to use reports, letters, and equipment manuals
- communicating effectively
- understanding and ability to use numbers by themselves or charts and tables
- thinking critically and acting logically to solve problems and make decisions
- using computers, technology, tools and information systems effectively
- ability to build and work in teams
- positive attitude toward change; and
- willingness and ability to learn for life.

An assessment of Workplace Essential Skills programs in Aboriginal communities in British Columbia was undertaken by Douglas College in collaboration with five First Nation employment organizations in 2008-2009. This report recommended that the organizations promoting essential skills development should:

- develop holistic programming to provide essential skills, life skills and occupation specific training, linking directly with employers wherever possible
- assess and explore methods to deliver cost effective training/education to remote learners; and
• provide ongoing essential skills training that provides First Nations educators and practitioners with the knowledge and skills needed to successfully deliver essential skills training and education to their community of learners.

A survey of Aboriginal workforce and essential skills development programs undertaken by Oars Training Inc and the National Indigenous Literacy Association (Undated) shows some differences in the key success factors of essential skills programs serving Aboriginal communities. In that survey, the following factors were identified as critical for success:

• the program should be learner-centred, recognizing the whole person who may need supports beyond the classroom to support learning
• participation should be voluntary and there should be financial support instructors in the program should be experienced adult educators with awareness of the issues impacting their students
• the instructor should use a wide array of instructional and evaluation strategies adapting to the diverse needs of learners
• culturally relevant materials should be integrated
• ongoing communication between the instructor, workplace and the learners should be facilitated
• employers should be supportive and, if possible, champion the program throughout the organization
• the environment should be safe, allowing learners take risks and learn regardless of their literacy levels.

Drawing from research on literacy approaches for First Nations, to indigenize workplace essential skills would be to incorporate indigenous curriculum, values, and perspectives within academic programs and to adopt teaching styles that are most suited to the learning styles and academic needs of Aboriginal students. Specific strategies for indigenizing the teaching of literacy are:

• promote principle of thinking the highest thought, promoting students to “imagine a good or ethical life for Aboriginal communities
• use story-telling as the foundation of knowing and understanding the world and thus a model for Aboriginal literacy-narrative discourse
honour Aboriginal English as a legitimate dialect, teaching standard English as an additional dialect

support reading and writing skill development using a constructivist approach that encourages learners to relate what they are learning to their lives, privileging prior learning in their own culture

support learners to become self-directed learners by applying a learner directed approach

promote collaborative learning rather than competition between students

support a critical pedagogy that raises awareness of social oppression and empowerment with an understanding of their own capacity to create change

promote multi-literacies by incorporating technology and promoting access to mass media.

This overview shows that an appropriate workplace essential skills program for a hospital serving First Nations ought to be very different from that serving the general population in a large urban setting. An appropriate model clearly incorporates culture and language and contributes to the community overall. Teaching strategies might also be different with a much greater focus on collaborative learning and use of stories as the basis for learning.

What union based models and Aboriginal approaches to literacy have in common is a commitment to self-directed learning, critical analysis of oppressive structures or environments and learner/worker empowerment. However, unions also recognize that Aboriginal educators have developed a strong understanding of cognitive and pedagogical approaches that increase learner success and support the community in reclaiming their culture. They seek to support a model for workplace essential skills for Aboriginal communities build on that foundation.
WHAT DID WE LEARN?

This needs assessment found that the community and work environment is different in Bella Bella than in non-aboriginal communities. This difference has important implications for the design of a union supported workplace essential skills programs.

Key differences are the involvement of the whole community in the education and in health care overall. The employees are intentionally hired, when possible, from the community they serve, a characteristic that links hospital staffing needs with community goals. Community-based staff have strengths that clearly contribute to the delivery of quality health care to First Nation communities. However, there are also challenges that require innovative approaches to staffing. Lastly, there are skills gaps that are very different from those that might be experienced in larger communities.

The Role of the Community

The community has a strong commitment to education. It has undertaken an assets inventory and developed a long-term plan. The presence of Heiltsuk College is integral to that commitment. They have built capacity as a First Nation college; developing a culturally based approach to education and hiring and supporting qualified local educators.

They stress the importance of conducting assessments using measurement tools in conjunction with culturally based cognitive approaches in a safe environment. This approach continues with education and training modules that utilize culturally based materials and models wherever possible. They work in partnership with other post-secondary institutions to provided accredited programs that best meet the needs of the community. As a result of this deep commitment, a high proportion of community members have participated in education programs through Heiltsuk College.

However, in part a result of this long-term commitment, there is also significant distrust of external organizations seeking to identify and respond to needs in their community. They are qualified educators with a thorough understanding of their own culture and thus see themselves as

"I took time off work to study and then the bills piled up and I had to go back to work right after Christmas as soon as I had written my exam."

Key Respondent
having a central role in education and training initiatives in their community.

The strength of Heiltsuk College is partly due to the consistent leadership of their long-time administrator who is planning to retire at the end of this spring. Changes in leadership in small communities may require the ongoing task of building relationships to keep partnerships vibrant and committed.

**Staff Strengths**

Generally, employees at RW Large Memorial Hospital are long-term employees. Staff often start out in casual roles and work their way into full-time roles as jobs become available. The working conditions are good and the jobs are well paid. The majority of employees interviewed had participated in some type of post-secondary training, primarily residential care attendant programs. The employees and the employer feel that, generally speaking, they have the skills to do their job, as well as a good work ethic.

In addition to the basic skills needed, employees from the community know the patients and are able to communicate with them and with their families. They are able to provide information to other health care staff about the patients’ cultural background and family history and support non-resident staff to giving quality care in their community.

Because many of the patients are Elders, RW Large Memorial Hospital staff give them an opportunity to age in their home community, ensuring that they get out to Elders events or connect with their families. The Care Aides know their family history and are able to talk to them about it.

**Challenges for Staff**

Although all staff interviewed are very happy to have employment at the hospital, many also have challenges that impact their ability to work fulltime. Some challenges include:

- health issues such as arthritis, back issues or diabetes
- childcare needs, particularly for on call work; and

“Every morning when he wakes up he says “Where am I?” I tell him, “Bill, you’re here in Bella Bella in the hospital and we’re looking after you now.”

*It helps the patients with dementia if you can talk to them and settle them.*

Key Respondent
• financial issues because with high unemployment in the community, many employees are the only ones in their families working.

When staff work on a casual basis, the employees accrue seniority that is then applied when the hospital is seeking to fill permanent positions. This system is consistent with unionized positions elsewhere but has limitations for small First Nation communities. It particularly impacts casual employees with children. Many would like to work more hours but because they are called infrequently, they do not have regular childcare arranged and are not be able to access childcare as quickly as required when called in early in the morning. As a result, they are unable to respond to casual requests.

“\nThere are more people available now with high school. There are more people with the interest and commitment.\n”

Key Respondent

Another issue is that some staff would like to be able to work in different roles in the hospital and, in some cases, are hired to do so. Some noticed that the other health services in the community seem to offer different training opportunities. These staff indicated that they would like to participate in cross-training for other jobs or in the community.

At a management level, there has been some capacity for cross training. They have a long-term maintenance supervisor who has worked with staff to support them to gain skills in different roles. However, he is retiring this year and therefore the capacity for on the job training is significantly diminished. However, with his retirement is also an opportunity. This staff member has many years in the field and the capacity to develop and/or support culturally appropriate training modules for targeted areas.

Skills Gaps

Although the literacy levels at RW Large Memorial Hospital are appropriate to the employment level, the unique characteristics of a small hospital lead to some very specific skills gaps. These include:

• because specialized equipment is not used that often, employees may be trained but not have the confidence to use it the next time it is required

• the hospital is not large enough to have qualified kitchen staff or program staff to support activities for long-term care patients
• communication conflicts in the community sometimes affect the work environment
• the hospital is only beginning to computerize all its records and many staff are new to technology; and
• the hospital is very remote, and thus when new products are used they are often not supported with training needed to use these products effectively.

Training Needs

Generally, the staff interviewed felt that they can do what they need to do in a pinch but they feel that more training would help them feel more confident. Specifically, staff mentioned that they would like more review on using the patient lift and century tub, as well as practice so that when they are called on to use them, they can do it with ease. Similarly, staff have been trained in using the sterilizer equipment but those staff members who work on call do not use these skills often. They would like to have a review and practice on a regular basis.

Technology training was also identified as an area where they would like to grow; specific mention was made of use of the alarm system and computers. Computer use was also highlighted by management. They are wanting to keep staff informed of changes and opportunities via e-mail and could only do that if all staff regularly use their e-mail. Similarly, admissions is now computerized. Being such a small hospital, there is not an admissions clerk on shift evenings, nights and weekends. The staff who are present are called on to do tasks that may often be outside their job descriptions because there are so few on shift at any one time.

Communication training is also needed. Specific themes identified were:
• active listening
• dealing with difficult people
• teamwork
• collaborative decision making; and
• personal-centred care.

"I like to do a good job so when somebody shows me how to do things the right way, it helps me do the job better."

Key Respondent

"Sometimes when I see who I am working with I get a knot in my stomach that won’t go away."

Key Respondant
Respondents also indicated a need for ‘cross training.’ Many staff members work in housekeeping and also in the kitchen. Others work with Elders and need to know how to develop and support activities to enhance patient quality of life. Both staff and management see value to training that supports multiple roles in the hospital.

Some staff also work as care aides with the health centre. The health centre, the school and some community businesses also have similar training needs. Management of both the hospital and the health centre as well as hospital staff indicated that training delivered in partnership amongst the different employers would achieve efficiencies and support collaboration in achieving community education and employment goals.

The way training is offered was also highlighted as a need. Management in particular highlighted the need for training designed specifically for small, remote hospitals serving Aboriginal communities. In their view, this training ought to be in modules that could be completed on a part-time basis and should lead to an accredited certificate.

**Other Community Needs**

Other community organizations provided services that require similar skills to that of hospital workers. Specifically, the Health Centre provides home support, foot care, meals for Elders, activities for Elders. The school also provides food to students and aides to work with children with special needs.

Each staff member is called upon to have a broad range of skills, often beyond the specific training that they have received. Yet most organizations cannot afford to bring in professional development solely for their own organizations. Similarly, many staff work in different organizations, posing the potential for a type of position that could be shared and training for positions that include the skills needed in small isolated communities like Bella Bella.
Assessment and Training Approaches

Appropriate, culturally relevant assessments that consider the learner in the context of their lives are needed. Training approaches need to be relevant and useful to the day to day lives of learners. Compensation for participation is also important. Lastly, it is important to use multi-media in training programs but in a way that also promotes learner interaction and group work.

Training Opportunities

There are assets in the community that could be utilized in the provision of essential skills training. Specifically, the hospital has videoconference equipment that can support tele-learning. As noted above, Heiltsuk College and the Heiltsuk Community School have well equipped computer labs. More importantly, Heiltsuk College has skilled educators who can support learners at a community level.

Role of the Union

RW Large Memorial Hospital is a Hospital Employees Union workplace, providing opportunities that are clearly valued by employees and appreciated by management. The unionized positions at the hospital are sought after jobs in the Bella Bella community because they pay well and generally working conditions are good. Although all staff members interviewed were aware of the union membership, only some could recall receiving information about the role of the union. Most staff members and staff were not aware that they could access support for training through the union, perhaps because, being an isolated community, the connection between the community and union is infrequent.

Community and management highlighted areas of incompatibility between union-based and community-based approaches. Most notably, union use a different negotiation and conflict resolution approach than do First Nations. As well, as noted above, it is sometimes difficult to fulfill union staffing requirements in small hospitals in small communities.

For its part, the union recognizes that the union relationship is likely not a priority for First Nation communities. CUPE and HEU would like to strengthen the relationship in an appropriate way for First Nation people and provide more opportunities for First Nation members to reach out to the union for support.

Unionized work environments are guided by the collective agreement and thus are standardized in all HEU workplaces. However, HEU, supported by CUPE, are committed, where possible, to working with First Nation
members in a way that works for First Nation communities. The union expressed an interest in learning about how to better support First Nation members and play a role in building capacity and supporting First Nations communities to have control over education and health services in their communities.

They express an openness to finding a workplace education model that is guided by First Nation culture and community goals. Indeed, many of the principles of culturally appropriate post-secondary education identified by First Nation educators are consistent with union principles for workplace education. They seek to express those principles collaboratively in action in communities, starting first with pilot projects in communities served by the United Church Community Services Society.

WHAT DOES THIS MEAN FOR WORKPLACE ESSENTIAL SKILLS?

The needs assessment found that there is a need for a workplace essential skills program at the Bella Bella hospital and that CUPE, HEU and the UCHS are willing to work together to implement an appropriate model. The nature of the employee essential skills needs and the community context in which the hospitals are situated suggest that an alternative approach to workplace essential skills may be possible.

Overall this study concludes that:

- workers and management see the need for workplace skills development
- most workers have been involved over the years in various learning programs at Heiltsuk College and thus do not see a need for a traditional literacy program
- part-time hospital workers often work for more than one employer and therefore need transferable skills
- First Nation learners are most likely to be successful in learning if culture-based approaches are adopted
- learning opportunities that give learners the maximum opportunity for making their own decisions is an important component of curriculum models that address the impacts of colonialism, an approach consistent with union-based empowerment approaches
- Heiltsuk College has many of the resources, the proximity and community knowledge to support workplace essential skills
the Heiltsuk Tribal Council is committed to education and employment and has a capacity building plan to support their commitment

other community organizations also have workplace essential skills needs, many of the skills needs are held in common; and

groups in remote First Nation communities generally work collaboratively to meet their community goals.

A program that also meets the need of other employers would contribute to the community education and employment goals. Programs delivered in the community would use existing assets and contribute to First Nation self-determination.

RECOMMENDATIONS

Approach to Workplace Essential Skills

Recommendation #1: Test the application of a community-centred approach to workplace essential skills for Aboriginal communities

Recommendation #2: Bring potential community partners together to plan an appropriate collaborative model

Workplace Essential Skills Program Development and Delivery

Recommendation #3: Design workplace essential skills programs in collaboration with other employers, Heiltsuk College and other post-secondary institutions to lead to a specific credential.

Recommendation #4: Deliver workplace essential skills programs in partnership with the First Nation post-secondary institution serving the community.

Recommendation #5: Develop workplace essential skills modules in collaboration with First Nation educators and adopt culture based approaches where appropriate.

Recommendation #6: Design workplace essential skills programs that incorporate the workplace skills needs of more than one employer and are delivered collaboratively.

Recommendation #7: Use existing community assets – computer lab, classroom space, instructors where possible.
**Funding**

Recommendation #8: Secure more information on Federal and Provincial funds available for workplace essential skills in First Nation communities.

Recommendation #9: Explore opportunities to access HEU training funds for specific training identified as needed.

Recommendation #10: Support the community in accessing Legacies funding for literacy planning and implementation.
APPENDIX 1: PARTICIPATORY METHODOLOGY

Background
The Canadian Union of Public Employees (CUPE) and Hospital Employees Union in collaboration with Capilano University has been working for several years to support workplace education for employees working in unskilled or semi-skilled positions such as housekeeping in hospitals across Canada. They have developed appropriate skills for understanding and addressing the learning needs of employees in those hospitals. However, they have not developed appropriate tools for hospitals with a large First Nation employee base. Capilano University Community Development and Outreach Department has been asked by CUPE to conduct a needs assessment for workplace education in hospitals serving First Nation communities. In consultation with the CEO United Church Health Services and the COO for the site, Bella Bella hospital was chosen as an appropriate hospital to undertake a participatory needs assessment and Heilsuk College was invited to be a project partner. This proposal summarizes key aspects of the project.

Goals And Objectives
The goal of this project is to identify and document a community-sensitive approach to workplace education needs assessment for small rural hospitals in Aboriginal communities. Specific objectives are:

- identify existing workplace training
- assess individual and group learning needs, and
- identify barriers to participation in workplace education

The project also aims to explore the potential for collaboration with community based health services and local post-secondary institutions with the view to working together to build capacity for First Nations people in the communities to progress in their employment in the health sector and to support transition between employment in hospitals and employment in community-based health services.

Needs Assessment Approach
The project will adopt a participatory methodology. This will involve the following stages of activities:

1. Review of promising practices. Examples include:
   - Mt Currie Care Attendant program
   - Squamish Nation Traditional Healers Program
2. Consultation with the hospitals and the First Nation communities served
3. Establishment of an advisory committee comprised of representatives from the following groups: potential staff learners, hospital management, First Nation groups, union representatives, Heiltsuk College, Capilano University.

4. Conduct interviews with key respondents at all levels including potential staff learners, hospital management, First Nation groups, union representatives.

5. Informal employee assessment (draft attached). Support provided for online learning if requested.

6. Review findings with Advisory committee and facilitate collaborative analysis.

7. Prepare plan and review with Advisory Committee.

Outcomes

The intermediate outcome (2-3 years) is: a meaningful workplace education program is serving the needs of the health sector serving First Nation communities.

The short-term outcomes of the project are:
- relationships between health organizations, CUPE/HEU and First Nations communities are stronger
- CUPE, the employers and the communities understand the workplace education needs and how to address them
- CUPE, the employers and the communities are working together to design and implement a meaningful workplace program
- CUPE understands how to conduct workplace education needs assessment in collaboration with First Nations communities.

Deliverables

The key deliverable on the project is a collaboratively generated report detailing methods used, needs identified, plan for addressing barriers and meeting needs, and workplan for the next three years.
APPENDIX 2: ADVISORY COMMITTEE MEMBERS

Sylvia Sioufi, Literacy Coordinator, CUPE

Randy Arsenault, Chief Operating Officer, RW Large Memorial Hospital

Mary Jean Morrison, Chief Executive Office, United Church Health Services Society

Gary Housty, Head of Nursing, RW Large Memorial Hospital

Lois-Anne Hanson Arnold, Heiltsuk College
APPENDIX 3: LIST OF KEY RESPONDENTS

Andre Turpin, LPN RW Large Memorial Hospital
Angel Wilson, Care Aide
Randy Arsenault, Chief Operating Officer, RW Large Memorial Hospital
Mary Jean Morrison, Chief Executive Office, United Church Health Services Society
Kathryn Innes, RW Large Memorial Hospital
Alida Reid, Coordinator, Home Support Program, Health Centre
John Waterfall, Maintenance Supervisor, RW Large Memorial Hospital
Pauline Waterfall, Educator, Heiltsuk College
Marcy Cohen, Hospital Employees Union
APPENDIX 4: INTERVIEW QUESTIONS

Questions for Hospital workers

Name__________________________________
Job title__________________________________

1. How would you describe your job at the hospital?
2. How did you get into the job?
3. What do you think are your strengths that you bring to in the work?
4. Are there parts of the job that are hard to do?
5. What other jobs have you had?
6. What kind of training have you had?
7. What skills or training do you think you need?
8. How could that training happen for you?
9. What sort of support would you need to be able to get the training you want?(financial, social, emotional, equipment?)
10. What could make your life work better?
11. Educational Background: Where did you go to school? How old were you when you left school? What do you like to read? How are your computer skills?
Bella Bella Hospital Administrator

Interview Questions

1. Tell me about how people come to work in the hospital in entry level positions.

Probes
- What positions are they typically hired for?
- Do they usually start they full-time, part-time or casual?

2. Describe the people who work for you in entry level positions

Probes
- What strengths do these employees bring to their jobs?
- How does this work connect with their roles in their community/family?
- How long do they usually work at the hospital?
- What challenges do you experience in retaining employees?

3. Have you noticed changes in the skill requirements for entry level positions in recent years?

Probes
- If so, how?
- How does the hospital currently support staff to meet these changing needs?

4. Tell me about the training that currently takes place?

Probes
- Where can people get the training they need?
- Who participates?
- Who doesn’t?
- How do you provide incentives for people to participate?
- Does it work? How well?
- Are you able to provide more/different incentives?

5. What training do you think needs to take place?

Probes
- How should this be offered?
- Where should it be offered? How much of a factor is it for people to leave the community for training?
• Are there community people who are not currently employees but could participate in the training and fill the jobs? Why or why not?

6. What keeps people from participating more in training opportunities?

**Probes**
- What supports are in place currently to help people with training?
- Where are the gaps in the supports?
- What can be done to bridge the gaps from your point of view?

7. What approach should be taken to improve literacy and work performance?

**Probes**
- How should assessments be undertaken?
- How should multi-media be used?
- How should on-line learning be used?
- How should on the job training be structured?

8. What partnerships do you think are needed to support this approach?

Thank you for your time!
Interview Questions for External Partners

As you know, Capilano University and Heilsuk College are working with union and management partners and the entry level workers at the Bella Bella Hospital in a participatory needs assessment to identify learning needs of entry level workers. This needs assessment will result in a report with recommendations on some form of workplace education program. We are talking to people who share an interest in supporting Aboriginal workers to advance in their organizations. We would like to ask you some questions about your experience in meeting the needs of health care workers and developing programs that are relevant to Aboriginal workers.

1. What role, if any, do you have in supporting Aboriginal health care workers?

Probes:
- As a funder, do you have any responsibility for training programs?
- Is training an accreditation requirement? What types of training are required for entry level workers?
- What is the role of the union in supporting Aboriginal health care workers in small communities? Are there additional resources to meet the unique needs of these communities?

2. What types of training supports are currently provided? Who provides that?

3. What gaps do you see in training for entry level workers?

4. Has your organization been involved in any culturally based health training programs?

Probes:
- How does link to medical models used in your work?
- Does this have a wider application in the health sector?
- What did you learn from this project?

5. Do you have knowledge of any programs that use a culturally based approach to health care training?

6. What opportunities for partnership on the delivery of workplace training in Aboriginal health organizations do you see?

7. Is there anyone else within your organization that you think we should talk to?
## APPENDIX 5: ESSENTIAL SKILLS PROFILE

### Housekeeping Essential Skills Profile Revisited

The following table provides a list of tasks officially assigned to Housekeepers (according to their Essential Skills Profile) along side those identified as additional or different by the housekeepers who responded to our study. These are organized according to the nine essential skills identified by Human Resources and Social Development Canada (HRSDC).

<table>
<thead>
<tr>
<th>Essential Skill</th>
<th>Relevant Tasks from HRSDC Essentials Skills Profile</th>
<th>Additional Task Examples from our Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading text</td>
<td>• Read notes from supervisors to receive work assignments and from co-workers sharing information.  &lt;br&gt;• Read cleaning products to understand how to use them.  &lt;br&gt;• Read WHMIS documents and Material Safety Data Sheets of products being used for the first time.  &lt;br&gt;• Read memos from management explaining various workplace issues, such as changes to the benefits package.  &lt;br&gt;• Read pamphlets to get information on, for example, new floor finishing products.  &lt;br&gt;• Level 1 – 3</td>
<td>• Reading and comprehension has increased, there is a higher demand placed on literacy skills. Individuals are working more independently and not able to solicit help from others.  &lt;br&gt;• Read ongoing training memos and sign them to verify receipt.  &lt;br&gt;• Read documents on procedures to clean hazardous spills and to accurately perform and document the potentially high-risk job of cleaning isolation rooms, operating rooms, and birthing rooms.</td>
</tr>
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<td>Relevant Tasks from HRSDC Essentials Skills Profile</td>
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</tr>
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<td>----------------</td>
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</tbody>
</table>
| **Document Use** | • Read WHMIS labels on products to understand how to use them.  
• Complete timesheets.  
• Use forms to record the completion of assigned tasks.  
• Refer to assembly drawings for specialized sweeping equipment when removing and emptying canisters.  
• Read lists of discharged patients and their room numbers to identify cleaning priorities.  
• Level 1 – 3 | • Read documents on procedures to clean hazardous spills.  
• Read documents on procedures for cleaning isolation rooms.  
• Identify signs and symbols such as WHMIS symbols or signs on rooms that need special cleaning for isolation rooms for example, C-difficile. |
| **Writing** | • Write brief notes to themselves about supervisor’s instructions or notes to co-workers about tasks to be done.  
• Leave notes for patients to communicate information about service provided.  
• Write inspection reports to describe problems and maintenance requirements for their supervisor’s review.  
• Complete accident reports, inventory sign-out sheets, and logs to record the completion of assigned tasks.  
• Write lists of supplies and equipment taking inventory.  
• Level 1 – 3 | • Communication through writing to supervisor or co-workers or patients; writing continues to increase. |
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| **Numeracy**   | • Estimate the correct volume of cleaning fluid which needs to be added to a bucket of water.  
• Estimate the time it will take to complete a task.  
• Estimate the quantity of supplies such as towels or soap.  
• Level 1 – 3 | • Estimate weights when deciding on whether to request additional help when lifting equipment.  
• Mix own cleaning fluids only occasionally. |
| **Oral Communication** | • Interact with supervisor to receive work assignments, discuss priorities and report problems.  
• Assign tasks and monitor work of more junior housekeepers under their direction.  
• Participate in group discussions during staff or safety meetings.  
• Talk to co-workers to coordinate tasks and work schedules.  
• Level 1 – 2 | • Interact with patients and their families and respond to their needs.  
• Communicate concerns to the supervisor or other healthcare workers in a timely manner.  
• Communicate to staff about room cleaning priorities assigned when asked to change priorities. |
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</table>
| Problem-Solving | - Deal with equipment breakdowns such as a broken floor-waxing machine. Housekeepers must troubleshoot using mechanical reasoning skills and past experience.  
- Deal with emergency situations, such as leaking pipes, they assess the seriousness of the problem and take actions to minimize the damage before contacting the appropriate authority.  
- Housekeepers may find mould growing in shower rooms. With co-workers, they determine the cause of mould, consider all potential variables and then correct the problem.  
- Level 1 – 3 | - Work at speed, and achieve accuracy at full speed, in all aspects of the job. |
| Thinking skills | Decision making | - Decide about personal safety when using toxic cleaning products and cleaning isolation rooms.  
- Decide on how to best accomplish cleaning tasks in the allocated time.  
- Decide when to call the police when faced with disorderly individuals.  
- Level 1 – 3 | - Decide when to request assistance from co-workers or supervisor. |
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<tbody>
<tr>
<td>Critical Thinking</td>
<td>• Not collected for this profile.</td>
<td>• Judge whether eliminating or varying a sanitation task will compromise the procedures for infection control and put patients, workers, staff, the facility and community at risk.</td>
</tr>
</tbody>
</table>
| Job Task Planning and Organizing | • Manage conflicting demands on their time.  
• Prioritize tasks to complete work in time allocated.  
• Significant Use of Memory.  
• Memorize layout of a building and the task routines for each floor.  
• Level 1 – 3 | • Prioritize work tasks, time management and organizational skills needed as volume of work increases. For example isolation rooms for contagious viruses take significantly longer to clean than other rooms.  
• Follow slightly different protocols from shift to shift, depending on their supervisor. |
| Finding Information | • Refer to policy and equipment manuals to find out what to do in an emergency or how to use a particular piece of equipment.  
• Level 1 – 3 | • Memorize codes and abbreviations to use when filling in information on forms. |
| Working with Others | • Monitor the work performance of others.  
• Inform other workers or demonstrate to them how tasks are performed.  
• Orient new employees.  
• Assign routine tasks to others.  
• No level assigned. | • Co-ordinate work with co-workers. |
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</tr>
</thead>
<tbody>
<tr>
<td>Computer Use</td>
<td>• Not collected for this profile.</td>
<td>• Use of computers will continue to increase for completing online forms and email. For example, recording completed beds on an online task sheet.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use pager systems, understand pages - what it means and what has to be done.</td>
</tr>
<tr>
<td>Continuous Learning</td>
<td>• Learning may be acquired from co-workers, through reading at work, and using materials obtained on worker’s own initiative. • No level assigned.</td>
<td>• Know how to dispose of hazardous or infectious materials. • Know how to avoid repetitive strains and joint injuries. • Maintain personal safety when dealing with infectious materials and patients. • Identify and report any safety hazards or concerns and unsafe work practices in the workplace to the supervisor.</td>
</tr>
</tbody>
</table>
REFERENCES


Evans, Sarah and Twiss, Diana. 2000. Basic Education for Skills & Training: the Hospital Employees’ Union program Coordinator’s Workbook Evans, Sarah & Diana Twiss North Vancouver: Capilano College.
