Greater Saskatoon Catholic Schools Indigenous Education Initiative: A Partnership Between Education and Wellness, St. Mary's Wellness & Education Centre

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Preface

Nurturing Capacity:

The K-12 Indspire Institute is focused on dramatically increasing high school completion rates among Indigenous students by building strong foundations in their K-12 education. Through various programs, resources and events, the Institute fosters collaboration between educators, communities, and others to improve educational outcomes for Indigenous students.

Indspire conducts research to identify and document educational best practices from across Canada and shares these successful practices through the K-12 Indspire Institute. Indspire also champions Indigenous approaches to education, those that honour Indigenous culture, values, and world views.

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Table of Contents

Preface ....................................................................................................................... 2
Acknowledgements .................................................................................................... 5
Executive Summary .................................................................................................... 6
General Description of the Program ........................................................................... 7
Context of the Project .................................................................................................. 7
Indigenous Language Groups ....................................................................................... 9
Brief History of the Project ......................................................................................... 9
Developmental Focus of this Project ........................................................................... 10
  Education-focused Programming ............................................................................. 11
  Wellness-focused Programming ............................................................................... 11
Documenting Best Practices with an Evaluability Framework .................................... 11
Methodology ............................................................................................................... 11
  Program Document Analysis ..................................................................................... 12
  Participants and Procedures ..................................................................................... 12
  Interview Schedule .................................................................................................. 12
  Preliminary Final Document Meeting ...................................................................... 13
Partnership and Program Structure .......................................................................... 13
  St. Mary’s Holistic Approach to Partnerships and Support ...................................... 13
    Figure 1. ..................................................................................................................... 14
  St. Mary’s Division of Program Responsibilities and Activities .................................. 14
    Figure 2. ..................................................................................................................... 15
  St. Mary’s Holistic Program Model - Education and Wellbeing ................................. 15
    Figure 3. ..................................................................................................................... 15
St. Mary’s Wellness and Education Centre Logic Model .............................................. 17
Spiritual or Cultural Wellness ...................................................................................... 17
  Component: Cultural & Faith Practices ..................................................................... 17
  Component: Academic Achievement ......................................................................... 19
  Component: Education & Training ............................................................................ 19
  Component: Advocacy ............................................................................................... 21
  Component: Student Health Services ....................................................................... 22
Physical Wellness .......................................................................................................... 23
  Component: Physical Health & Wellbeing ................................................................. 23
  Component: Extra-curricular Activities ..................................................................... 25
  Component: Physical Health Education & Advocacy ............................................... 25
Emotional Wellness /Well-being .................................................................................. 27
  Component: Psychological Health and Well-being .................................................... 27
  Component: Extra-curricular Activities ..................................................................... 29
Component: Psychological Health Education & Advocacy ................................................................. 30
Intellectual Wellness / Learning ........................................................................................................ 32
Component: Academic Achievement ................................................................................................. 32
Component: Academic Community Services ..................................................................................... 33
Component: Extra-curricular Activities ............................................................................................ 33
Component: Education and Advocacy ............................................................................................... 34
Administration of Wellness and Education Centre .......................................................................... 36
Component: Community Relationships & Services .......................................................................... 36
Component: Administration .............................................................................................................. 38

Documented Program Success ......................................................................................................... 40
Stakeholder Interview and Assessment ............................................................................................ 41
Katrina Sawchuck (St. Mary’s Principal) .......................................................................................... 41
Gary Beaudin (Health and Wellness Consultant) .............................................................................. 45

Description of the Project Outcomes Achieved ............................................................................. 49
St. Mary’s Enrolment .......................................................................................................................... 49
Overall Student Enrolment ............................................................................................................... 49
Indigenous Staff .................................................................................................................................. 50
Home-Liaison Supports ...................................................................................................................... 50
Partnerships .......................................................................................................................................... 51
Summary Scores Literacy .................................................................................................................... 52
Intensive Support Specific Grade Level Literacy - Grades 1-3 ............................................................ 52

Lessons Learned and Future Directions .......................................................................................... 53
Final Reflection ...................................................................................................................................... 54
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The researchers would like to acknowledge and thank the Greater Saskatoon Catholic Schools, the educators, and healthcare professionals who created a space to share and help us understand the good work that is taking place within the St. Mary’s Wellness and Education Centre. It is with the best of intentions that we tried to capture the spirit, the energy, and the good feelings of working alongside one another in the process of documenting the holistic healthy learning environment that they have created.

The researchers would also like to give tribute to the Greater Saskatoon Catholic Schools for raising the standard for Indigenous education by offering more than just an innovative Indigenous education program: they provide the local First Nations, Métis, and Inuit community choice in Indigenous education programming. Through three separate schools, this school system offers students and parents three different ways to approach, support, and identify with Indigenous education, culture, history, and ways of being, of which St. Mary’s is one. Hay-hay.
Executive Summary

The St. Mary’s Wellness and Education Centre is located in the heart of Saskatoon in what is called the Pleasant Hill area. St. Mary’s school was built in 1913 and was the first Separate School built by the Greater Saskatoon Catholic School System (GSCSS). The Pleasant Hill area has long been an area of diversity. St. Mary's Wellness and Education Centre is a school with a distinct vision that continues to form innovative approaches around holistic well-being, where culture, academics and health are synonymous entities at the heart of programming for indigenous youth and community. A wide range of innovative practices take place within this educational setting including school wide focuses on literacy, numeracy support, strategic partnerships and professional health services on site. It is evident that indigenous ways of knowing implemented by indigenous staff members also add meaningfully to the creation of a community-based exemplary program that is worth following and recognized nationally.

The developmental focus of this particular program is specifically targeted to preschool-grade 8 students who are attending St. Mary’s. However, due to the community-based nature of this project it could be argued that this program contributes to the lives of those not attending school at this time. While the students have access to the facilities and programming, so do the community members. Thus in many ways this program shifts the notion of what “school” programming looks like and who “school” programming is for.

The outcomes that have been the focus and are quickly being actualized by the St. Mary’s Wellness and Education Centre are: (1) an improvement in learning of students when physical, mental, and social barriers are removed; (2) a reduction in school disengagement and an increase in graduation rates; and (3) the building of positive relations with children and youth, families, and the community that appear to be fostering resilience, success, and well-being. SMWEC has taken a holistic approach to education that focuses on the traditional four directions of wellness: spiritual, physical, mental, and intellectual well-being. To successfully provide this innovative model of education, the school has had to move beyond mainstream educational processes to offer a more comprehensive, multidisciplinary, collaborative care approach to education.

St. Mary’s Enrolment

The projected numbers with a focus on the early years highlights consistent growth and a waiting list of families to enrol in programming that starts at the pre-kindergarten level. The development of a waiting list is noteworthy where the need to develop more enhanced programming at the Pre-K level has been determined.

Overall Student Enrolment

Overall student enrolment numbers continue to rise across all levels at St. Mary's. The rapidly shifting school numbers also speak to the evolution of responsive programming goals led by this school site at all levels of implementation.
**Indigenous Staff**
There has been an increase of 40% over the past three school years in Indigenous staff hired, as part of a comprehensive and intentional plan to meet the emerging needs of the school community. The staff are not limited to teachers and include support staff, elders and traditional knowledge keepers. The numbers also do not reflect the large number of parental volunteers from the local community who add and continue to guide the school community process in meaningful ways.

**Home-Liaison Supports**
Over the span of three school years there has been an increased commitment to the home-liaison position as part of a school-wide strategic focus. As part of targeted data planning and responsive programming within the school site, 46 students were identified in the 2014-2015 school year as in need of various levels of school supports based on attendance figures, anecdotal reporting, and assessment. Of the 46 identified students with the support of home-liaison and other in-school support mechanisms, these students’ overall attendance has improved between 11%-15%.

**Partnerships**
From its inception, St. Mary’s has benefited from partnerships that have enabled the school to rebuild and capitalize on the depth of resources and commitment to supporting the core neighbourhood community. Over the last three years, the number of partnerships has grown by more than 25%.

**Summary Scores Literacy**
A DRA (District Reading Assessment) and strategic literacy focus was implemented by St. Mary's Staff based on quantitative and qualitative data.

**Intensive Support Specific Grade Level - Literacy Grades 1-3**
As a result of the comprehensive school literacy support plan, early intervention literacy programming with grades 1, 2 and 3 has improved grade level reading scores over the academic year.

**General Description of the Program**

**Context of the Project**
The St. Mary’s Wellness and Education Centre is located in the heart of Saskatoon in what is called the Pleasant Hill area. St. Mary’s school was built in 1913 and was the first separate school built by the Greater Saskatoon Catholic School System (GSCSS). The Pleasant Hill area has long been an area of diversity. In its initial years the area became populated by farmers moving from rural to urban settings. Then came European immigrants, and now First Nations, Métis, and Inuit peoples primarily populate the area. Due to the diverse population, since its inception in 1913 St. Mary’s has been a beacon for community education, and a leader in bridging the gap between community and school. However, even with progressive thinking and community engagement, the social determinants of health in areas like Pleasant Hill are often difficult to overcome. These determinants often lead to a variety of risk factors in one’s living conditions that influence the risk of disease, or vulnerability to a disease. As mentioned
earlier, the population in the Pleasant Hill area is predominantly comprised of Indigenous peoples, as well as immigrant and refugee families. There are high rates of children in foster care as well as homelessness in the area. The juvenile justice system is also prevalent in the youths’ lives in this particular area.

According to *Health Disparity in Saskatoon: Analysis to Intervention*, (Saskatoon Health Region, 2008), compared to their highly educated neighbours, Saskatoon residents who did not graduate from high school are:

- 55 percent more likely to have diabetes
- 30 percent more likely to think about suicide
- 141 percent more likely to have heart disease
- 61 percent more likely to have high blood pressure

Compared to children of parents who are highly educated, the Saskatoon children of parents who did not graduate high school are:

- 98 percent more likely to say they’re in poor health
- 96 percent more likely to be depressed
- 97 percent more likely to have low self-esteem
- 82 percent more likely to be smoking
- 52 percent more likely to have suicidal thoughts
- 147 percent more likely to be using marijuana

While these specific statistics do not rely solely on data gathered in the Pleasant Hill area the students in this particular area are impacted by a variety of risk factors and health disparities including low graduation rates. The social determinants, shaped by prevailing political ideologies, which have shaped a combination of poor public and social policy and unfair economic policy, have proven difficult to overcome. Given the correlation between graduating from high school and health determinants, it makes sense that many programs focus on increasing Indigenous student graduation rates. However, based on statistics from the Saskatchewan Ministry of Education, it seems these programs have historically been unsuccessful, as Indigenous student graduation rates have increased very little over the past 40 years.

The lack of success in programming for Indigenous students, both on reserve and off, is a call to begin to think otherwise about what programming for Indigenous students might look like. How might schools and communities work together to come up with ideas for programming that have not been conceptualized, that do not just simply focus on increased graduation but on empowerment, voice, and education that goes beyond the school walls? Through our documentation process with the staff and students working at the St. Mary’s Wellness and Education Centre, we believe that this program is an example of something quite different.
Indigenous Language Groups
While FNMI students come from cultural communities that are immersed in a variety of traditional languages and protocols (e.g., Cree and Saulteaux), the Greater Saskatoon Catholic Schools is situated in an urban setting whereas most programming takes place in English.

Brief History of the Project

“Organizations can develop an excellent program to address community needs but if those members of the community for whom the program is designed have not yet been involved in the planning and implementation, the program may have little impact. The community will need to be true, equal partners, included from the beginning, whose opinions and voices are valued, respected and acted upon.”

Saskatchewan Learning- Adopting Community Education Philosophy Bulletin #2, June 2004

Many programs created for Indigenous students and communities resonate with the beginning quotation. They come up short, have little impact, and do little to empower those who are having the program implemented on them. Due to the lack of communication and respect for community knowledge, researchers and programmers feel as though they have the answers and that they can fix the problem by creating effective programming. However, drawing on the quote above, these decontextualized programs, often created with little consultation, do not allow for the voices and opinions of those who, in the end, are left to pick up the pieces. It is important to make this clear early in this report, as from our documentation we have come to see that the process undertaken to imagine what St. Mary’s might look like is as important as the program that has come to be.

Given the demographics, social determinants of health, and the risk factors prevalent in the Pleasant Hill area, a partnership was struck between the Department of Pediatrics (DOP) at the University of Saskatchewan, the Saskatoon Tribal Council (STC) and Greater Saskatoon Catholic Schools (GSCS). Each of these partners brought a variety of strengths, resources (human and financial), and diverse perspectives. Other secondary sources like the Saskatoon Health Region and Cameco provided resources and support.

The DOP looked to incorporate a rights-based approach to pediatric health. This rights-based approach to pediatrics was influenced by United Nations Convention on the Rights of a Child (www.ohchr.org/en/professionalinterest/pages/crc.aspx). The convention was adopted in 1989, became international law in 1990 and was ratified by Canada in 1991. Important to the St. Mary’s evaluation are four specific articles: Article 2, which speaks to the right to non-discrimination; Article 3, which speaks to the duty to promote the best interest of the child; Article 6, which speaks to the right to survival and development; and Article 12, which speaks to the right to be listened to and taken seriously. In 2007 the division of Social Pediatrics was established. Social pediatrics is theoretically framed by a philosophy that incorporates a rights-based approach to pediatric health, which stems from the Convention of the Rights of a Child. This particular frame denotes that the child exists within the context of the family, the community and, ultimately, society. It is the social determinants, not only the biological determinants that affect and the influence the health and well-being of children. These social determinants are
shaped by larger social constructs around economics, politics, race and gender that all influence health in complex ways. The partnership allows for the DOP to contribute to the community as well as incorporate an alternative model of care. It also allows the DOP’s students to be involved in residencies in communities that they may not otherwise experience prior to graduation. The DOP sees their role as providing clinical care as well as advocacy and education in a continuous and ongoing way.

St. Mary’s, drawing on the medicine wheel, situates the child in the middle of everything. In January of 2008 a group of senior students were gathered and asked about the Health Disparities Report with hopes of beginning a conversation around improving the neighbourhood. The students met regularly with a grade eight teacher and named themselves the Healthy Warriors. The initial stages of these meetings were focused on building relationships and trust with the students. Even with relational time, it seemed the students were reluctant to share their thoughts and knowledge. As they continued to meet, students began to open up and became an integral part in forming the program. The staff of the school, teachers and support, were also asked to engage in the process of beginning to think about what St. Mary’s might look like.

Along with students, parents and community members were consulted. Based on past dealings with programmers and policy makers it seemed the parents and community were tired of being surveyed and seeing little change from these surveys. However, like the students, as relationships began to build, the parents and community became more open and engaged in the project. When the parents and communities were initially asked about the facilities and resources in the Pleasant Hill area they seemed to be happy with what was there. However, as the group began to look at the facilities in other areas of the city, questions arose around why Pleasant Hill would not have similar facilities. Trips to other communities and community centers motivated the group to begin to think more broadly at what St. Mary’s programs and facilities might include.

The parents and community were then shown the Health Disparity paper, and engaged in a conversation that also seemed to be a turning point in the parents and community as they gained an awareness about the disparities in their area. While it seems the information was hard to hear, it also seems that community members were proud of their area. They became empowered to provide opportunities to their youth that were provided in other areas.

As mentioned earlier, this process of authentic relational consultation went far beyond the common needs assessment that often prescribes what may be needed to fix a community. Through meaningful consultation education took part for all involved and the Catholic School Community Council, student leadership group, staff, and wellness group identified the needs of the students and community and sought the assistance of larger community agencies, which possess the resources to assist the children.

**Developmental Focus of this Project**

The developmental focus of this particular program is specifically targeted to preschool-grade 8 students who are attending St. Mary’s. However, due to the community-based nature of this project it could be argued that this program contributes to the lives of those not attending school at this time. While the students have access to the facilities and programming, so do the community members. Thus in many
ways this program shifts the notion of what “school” programming looks like and who “school” programming is for.

**Education-focused Programming**
The first meeting at St. Mary’s happened on a cold morning. The research team entered the school the smell of sweet grass wafted through the hallways. All of the students, staff, and some community members were situated in a circle in the large gymnasium. They had just taken part in a morning smudge to begin the day. The principal ended the smudge speaking about the importance of being good to one another, and the importance of working hard in their classes on this particular day.

In many ways this brief introduction to the school emulates the connection between culture, faith, education and community. While it is always difficult to ensure that each of these diverse ways of knowing count within the school walls, St. Mary’s values the spiritual and the cultural alongside the academic. While in our first meeting we heard much about increased literacy markers and mathematics scores, we also heard about the importance of culturally infused classrooms, the variety of Indigenous languages spoken in the school, and how important community members are in the daily rhythm of the school day.

**Wellness-focused Programming**
As mentioned earlier, the Greater Saskatoon Catholic School (GSCSS) has partnered with the DOP at the University of Saskatchewan, as well as the STC. Each of these partners brings a variety of strengths, resources (human and financial), and diverse perspectives. Other secondary sources like Saskatoon Health Region, Corporate sponsors such as Cameco, provided resources that support wellness focused programming. Specifically we see the physical, spiritual, mental and social aspects of wellness being supported by these partnerships in ways that could not be supported in an isolated way. While the students have access to these resources so, too, do community members. We also see the goals of decreasing physical, mental and social barriers have a positive impact on the students and community. This aspect of wellness-focused programming is illustrated throughout this document.

**Documenting Best Practices with an Evaluability Framework**

**Methodology**
Documenting “best practice” using an evaluability framework is an evidence-based methodological approach to accurately describe all of a program’s core components, processes and goals that have a proven ability to achieve an intended effect.

The documentation process used the evaluability assessment methodology to conduct a systematic, objective and effective assessment of St. Mary’s. Using an evaluability approach developed by Rutman (1980) lends itself to evidence-based documentation of the best practices used by this program through four strategic steps:
1. Collect and assess all the written documentation that describes the program in terms used by the program administrators.

2. Develop a diagram of the program components and relationships between components in relation to the processes and goals outlined in a logic model.

3. Interviews with key stakeholders, educators, and healthcare professionals to capture their experiences of St. Mary’s and to explore their perceptions and interpretation of the program diagram and logic model.

4. Validation of the program structure, processes and goals leads to an accurate depiction and documentation of St. Mary’s. Validation of the document is further depicted through the co-composition of the document with key stakeholders, ensuring clarity and ethical processes in the formation of the document analysis.

Program Document Analysis
An analysis of St. Mary’s documents was conducted on several unique program documents that included school briefing notes and administration documents, planning and funding applications, brochures, and assorted materials. Each document was parsed for factual references about the St. Mary’s education and health service structure, service relationships, processes, and goals. The recent development of this program meant that there was limited material available for analysis; however, we were able to develop a program diagram and logic model based on the medicine wheel model outlined in several documents. These documents were used as the central document in the interviews with key stakeholders, educators, and healthcare professionals (see Figures 1 through 3). The interviews were then used as a subsequent data source for confirmation of the program diagram and logic model.

Participants and Procedures
The documentation of best practices with the program diagrams and logic model evaluation was conducted as an interview with multiple key stakeholders. Participants were asked to meet with the consultant to complete an interview based on a review of the St. Mary’s diagram and logic model and to explore experiential stories describing the program. All participants were informed of their rights as participants and volunteered to participate. Following the interviews, a preliminary final document was created and reviewed by the St. Mary’s administrators to discuss and complete the program documentation.

Interview Schedule
The consultation used two types of structured semi-qualitative interviews. The first type was an information interview whereby participants (e.g., Dr. Maryam Mehtar) provided an in-depth accounting of the services, processes, and goals of the different components of the program. This information was used in the development of St. Mary’s diagrams and logic model. In the second type of interview, participants were guided through a step-by-step procedure that examined, first, the structure of the St. Mary’s and, second, the processes and goals of the program outlined in the logic model. In interviews the participants were queried about the accuracy and veracity of the program, processes, and goals.
Participants in the second interview were asked to directly confirm, add, or make changes to the diagrams and logic model using their best understanding and experience of the St. Mary’s, regardless of others’ expectations. The information from the interviews was then integrated into a finalized comprehensive St. Mary’s report.

**Preliminary Final Document Meeting**
The objective of the preliminary final document meeting was to confirm the four components of the St. Mary’s structure based on the medicine wheel model (which included processes and goals) and finalize any remaining inconsistencies that were found. A final version was generated and prepared for the St. Mary’s administrators and the Indspire Institute.

**Partnership and Program Structure**
St. Mary’s Wellness and Education Centre is the product of multiple collaborators who recognized that disparities found in Saskatoon’s core neighbourhood for health and education need to be addressed holistically and in support of the community’s diverse cultural beliefs.

**St. Mary’s Holistic Approach to Partnerships and Support**
The Greater Saskatoon Catholic Schools initiated the process of developing this innovative approach to education and learning, but the project would not have been realized without key partnerships with the Saskatoon Tribal Council, University of Saskatchewan, and local community. It was the culmination of each group’s contribution that established all the necessary resources and guidance to allow this vision to be built.
St. Mary’s Division of Program Responsibilities and Activities
With the support of collaborating partners, St. Mary’s was able to develop a synergistic model of wellness and education that placed the holistic well-being of students and their families at the centre of the education process. This approach to education and learning is reliant on students flawlessly being able to access a set of services that holistically support the development of the child: spiritual, emotional, physical and intellectual development.

1 Partners were assigned to a direction arbitrarily. The use of the medicine wheel in this diagram is a figurative statement toward the partners’ commitment to provide holistic support to the needs of the local Indigenous community.
After analyzing St. Mary’s documents, an evaluation diagram was developed that mapped St. Mary’s Wellness and Education programming structure, services, and service relationships (see Figure 3). The evaluation diagram was structured in a manner that acknowledges Indigenous ways of knowing. This diagram emphasizes that students, families, and the community are the centre of St. Mary’s programming with a set of holistic services supporting these people. Service activities were grouped together within one of the four directions or central components, which reflects their contribution to a specific element of wellness. East (yellow) represents activities toward spiritual/cultural wellness, West (red) stands for strategies aimed at physical wellness, South (black) represents activities toward emotional wellness, and North (white) stands for strategies aimed at intellectual wellness. All of this programming is offered, organized, and protected by St. Mary’s administration and community partners.

St. Mary’s Holistic Program Model - Education and Wellbeing

After analyzing St. Mary’s documents, an evaluation diagram was developed that mapped St. Mary’s Wellness and Education programming structure, services, and service relationships (see Figure 3). The evaluation diagram was structured in a manner that acknowledges Indigenous ways of knowing. This diagram emphasizes that students, families, and the community are the centre of St. Mary’s programming with a set of holistic services supporting these people. Service activities were grouped together within one of the four directions or central components, which reflects their contribution to a specific element of wellness. East (yellow) represents activities toward spiritual/cultural wellness, West (red) stands for strategies aimed at physical wellness, South (black) represents activities toward emotional wellness, and North (white) stands for strategies aimed at intellectual wellness. All of this programming is offered, organized, and protected by St. Mary’s administration and community partners.

Figure 3.
St. Mary’s Program Structure – Responsive Co-constructed model

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2 Use of the four directions to organize the program’s strategic approach was proposed in a St. Mary’s document titled, 2009 Program Overview: A Social Pediatrics Approach.
St. Mary’s Wellness and Education Centre Logic Model

Academic achievement is a primary goal of all educators, which is also true for the stakeholders of the St. Mary’s Wellness and Education Centre. While this logic model represents their holistic approach to education and wellness, it is a process and goal system that is depicted in documents used by administrators to explicate different program activities that lead to academic achievement for their Indigenous students. In this manner, the logic model is the result of information gathered from program documents and stakeholder interviews. Honouring and respecting the original vision of education and health as a holistic process within the medicine wheel concept, the strategies, outputs and outcomes in this logic model have been structured within the five components (the four directions plus one administrative component). The information provided within the logic model is an approximation of the current practices and not a precise and detailed description of the program. The model was developed as a tool for documenting this program as a best practice for the reciprocal relationship that exists between education and health for First Nations and Métis students in the core neighbourhood of Saskatoon.

Spiritual or Cultural Wellness
(East – the direction of renewal, a place of spiritual and cultural faith)

Component: Cultural & Faith Practices

Strategies / Major Activities

- Celebrating the Creator and living in faith with religious ceremonies.
- Provide a spiritual and cultural place and opportunities for ceremonies.
- Encourage opportunities to participate and learn about cultural and spiritual practices.

Outputs and/or Indicators

- Students are provided access and encouraged to visit our Parishes, St. Mary and Guadalupe. Students have become active participants at both Parishes and they have a strong connection with Father Mick.
- Students are provided access and encouraged to visit the cultural/spiritual room and regalia, drumming, and singing room.
- School provides and supports events, e.g.:
  - Christmas Concert/Christmas Activities
  - Weekly Smudge
  - Oskayak Dance Troupe
    - Led by a parent and the students, they perform at events throughout the year.
  - Hoop Dancing
  - Jigging Practice
  - Métis Dance
  - Pleasant Hill Community Pow wow
• Cree language instruction is provided to improve understanding and identification with Cree culture.

• Students, teachers, and staff participate on the Faith In Action committee, which plans and delivers student-led liturgies, masses, and student and staff retreats throughout the year.

• The school hosts four seasonal feasts for the community and other schools to celebrate nature and the cycles of life.

• Promote and celebrate the four key teachings of St. Mary (i.e., love, hope, joy and agape) daily in the classroom and each week after smudge.

**Short Term Goal(s)**
- Increase student and family awareness and use of cultural and spiritual spaces.
- Students participate in daily prayers and smudge weekly with an Indigenous Elder.
- Students and families attend and participate in cultural and spiritual activities and events.
- Increase the number of students who engage in learning about Cree language and culture.

**Intermediate Goal(s)**
- Students and families increase their pride and comfort in the spiritual and cultural practices; participate regularly.
- Students increase their participation in prayer and smudges.
- Students and families find strength and resilience in using cultural and spiritual practices in their daily lives.
- Increase students’ spiritual and cultural knowledge.
- Increase students’ fluency in the Cree language.

**Ultimate Goal(s)**
- Increase academic achievement for students.
- Increase quality of life for students and families.
- Increase future opportunities for success for students and families.
- Increase student and family identification with spiritual and cultural practices.
Component: Academic Achievement

Strategies / Major Activities
- Students are taught about Indigenous history and culture.
- Instructors develop and incorporate Indigenous history and culture in the classroom materials and lessons.

Outputs and/or Indicators
- Academic content increasingly contains material and information about Indigenous history and culture.

Short Term Goal(s)
- Students become aware of the rich Indigenous history and culture that exists.

Intermediate Goal(s)
- Indigenous history and culture becomes an empowering component of student learning and classroom activities.
- Increased exposure to Indigenous history and culture increases pride in cultural heritage of students.

Ultimate Goal(s)
- Increase academic achievement for students.
- Increase quality of life for students and families.
- Increase future opportunities for success for students and families.
- Increase student identification with Indigenous history and culture.

Component: Education & Training

Strategies / Major Activities:
- Provide health education to the school children and the community within a culturally and spiritually sensitive context.
- Exposing, teaching, and training paediatric residents, medical and nursing students about the needs of a culturally and spiritually diverse community; promote an alternative model of health and healthcare that meets these needs of this community (oppressed by poverty).
- Provide professional development and offer support to teachers and staff about issues related to culture and spirituality through the Greater Saskatoon Catholic’s First Nation and Métis Education Team.
Outputs and/or Indicators

- Create culturally and spiritually sensitive health education tools to help paediatric, medical, and nursing students to understand the challenges faced by students and their families.

- Nursing students provide health education to the students and the community within a cultural and spiritual context.

- Paediatric residents and medical students learn to better understand the dual effects of family (family needs, including culture), and neighbourhood poverty.

- Expose paediatric residents, medical and nursing students to a non-traditional model of healthcare, e.g.:
  - Reciprocal learning with patients
  - Cultural alternatives to health issues
  - In-school placements

- Teachers and staff attend retreats, conventions, and conferences related to culture and spirituality through the Greater Saskatoon Catholic’s First Nation and Métis Education Team.

Short Term Goal(s):

- Address health education needs of students, teachers, and community with a culturally and spiritually sensitive approach.

- Increase the understanding and use of culturally and spiritually appropriate information in health materials and school resources.

- Improve paediatric residents, medical and nursing students’ understanding of the cultural and spiritual health challenges of the school population and community.

- Increase awareness and acceptance of non-traditional models of healthcare.

- Increase teacher and staff opportunities for cultural and spiritual development.

- Increase teacher and staff ability to provide cultural and spiritual guidance to students and community.

Intermediate Goal(s)

- Increase the promotion, acceptance, and practice of health education using a culturally and spiritually sensitive approach.

- Increase the amount of school-based culturally and spiritually appropriate health resources.

- Continue to develop the training for culturally appropriate, non-traditional models of healthcare.

- Increase the number of paediatric doctors, medical professionals and nurses who support cultural and spiritual health practices aimed at challenging issues of poverty in the community.
- Increase the number of teachers and staff who are culturally competent and actively engaged in supporting student and community spirituality.

- Staff will increase their cultural competency and ability to guide students and community using culturally and spiritually appropriate skills.

- Increase the professional development materials related to culture and spiritual practices.

**Ultimate Goal(s)**

- Increase academic achievement for students.

- Increase quality of life for students and families.

- Increase future opportunities for success for students and families.

- Increase cultural and spiritual understanding and capacity of health and education professionals.

- Maintain or improve the holistic well being of students, families, and the community through a reciprocal relationship between health and education.

**Component: Advocacy**

**Strategies / Major Activities**

- Advocate for cultural and spiritual environments that are familiar/non-threatening to students, families, and the community.

- Advocate for an ongoing reciprocal working relationships between educators and health professionals on behalf of students’, families’, and the community’s cultural and spiritual support needs.

- Advocate with the Ministries of Social Services, Education, and Housing against social, cultural, and spiritual exclusion in supportive services for students, families, and the community.

**Outputs and/or Indicators**

- The school and community partners provide safe, non-threatening environments that support cultural and spiritual activities.

- Accommodate diverse cultural and spiritual needs of students.

- Educate students, families, and the community about their health and education policies and their rights related to cultural and spiritual support.

- The educators and health professionals collaborate to develop and provide cultural and spiritual supports for students, families, and the community’s cultural and spiritual support needs.
• Improved acceptance and inclusion of cultural and spiritual supportive services to students, families, and the community.

**Short Term Goal(s)**
- Increase the interaction of students with educators and health professionals in non-threatening (non-medical treatment related) atmosphere.
- Increase the number of students who receive cultural and spiritual support toward lessening issues related to education and health.
- Improved cultural and spiritual response and services to the needs to students and families.
- Increase awareness of the need to consider culture and spiritual needs in health and education policies.

**Intermediate Goal(s)**
- Increase awareness of and education to the community and to institutions about the impact of cultural determinants of health.
- Increase student and family resilience through cultural and spiritual acceptance and practice.
- Increase the number of policies that are supportive of culture and spirituality.
- Improve health and education policies and community rights related to cultural and spiritual support.

**Ultimate Goal(s)**
- Increase the sense of belonging, that the community’s challenges are also the school’s concern.
- Increase academic achievement for students.
- Increase quality of life for students and families.
- Increase future opportunities for success for students and families.
- Increase cultural and spiritual understanding and capacity of health and education policy makers.
- Maintain or improve the holistic well-being of students, families, and the community through a reciprocal relationship between health and education.

**Component: Student Health Services**

**Strategies / Major Activities**
- Cultural and spiritual practices and principles are part of student health services.
Outputs and/or Indicators
- Develop culturally and spiritually relevant approaches to health services.

Short Term Goal(s)
- Establish the importance of culturally and spiritually relevant approaches to health services.

Intermediate Goal(s)
- Increase the number and scope of culturally and spiritually relevant approaches used in health services.

Ultimate Goal(s)
- Provide all health services within a cultural and spiritual framework.

Physical Wellness
(West – the direction of testing and perseverance, a place where one is challenged and rewarded for ability)

Component: Physical Health & Wellbeing

Strategies / Major Activities
- Physical education and activities are offered to students to (1) increase health and (2) to develop physical literacy skills related to sport, arts, and cultural activities.

- Financial support is provided for students to participate in physical activities and events that are typically inaccessible (e.g., yoga, swimming, hockey, etc.).

- Students, families, and the community are provided direct access to healthcare services at the school and supported in accessing healthcare services throughout the city.

- Students, families and the community have access to a state of the art fitness facility and walking track.

Outputs and/or Indicators
- Kinesiologist provides fitness and developmental opportunities to students and families that improve the development of movement patterns such as running, jumping, balancing and skipping (based on available funding and resources).

- Students are provided access and support with students participating (e.g., yoga, hockey, swimming, weight training).

- Health professionals are engaged to help with prevention and intervention services for issues often related to low-income environments: exercise, nutrition, undiagnosed medical issues, diabetes, vision, asthma, etc.

- Health professionals help directly in the school to identify students at risk or experiencing problems and offer supportive interventions. E.g.,
- Paediatrician identifies, diagnoses, and treats physical health and medical issues. A core service.
- Pulmonologist provides spirometry testing for children with asthma.
- Optometrist screens for basic vision (and provides glasses when necessary).
- Nephrologist screens for children at risk of diabetes and other kidney-related diseases.
- Dieticians provide healthy eating education, advising in-school meal plan.

**Short Term Goal(s)**

- Increase students’ engagement in physical activities that lead to improved physical health and loss of weight.
- Increase students’ repertoire of physical activities, thus increasing sustained physical activity.
- Increase student, family, and community awareness and engagement with available health services.
- Increase management of physical health, and the detection of issues related to low-income environments: exercise, nutrition, undiagnosed medical issues, diabetes, vision, and asthma.

**Intermediate Goal(s)**

- Reduce barriers and increase access to healthy activities for students.
- Increase the physical health and positive health outcomes of students and families, e.g., happiness and fulfilment.
- Increase students’ and families’ response and resilience to health issues now and throughout their lives.
- Help students become more active, lose weight, and reduce their chances of acquiring adult onset diabetes.
- Improve reading, learning, and classroom participation due to good health.
- Ensure that the majority of students get early assessments and interventions that facilitate their learning.
- Decreased wait times with no referral, flexible scheduling, prioritization policies, and transportation.

**Ultimate Goal(s)**

- Provide ongoing, complete clinical support to students and families.
- Reduce the impact of negative health issues on quality of life for students and families.
- Increase academic achievement for students.
- Increase future opportunities for success for students and families.
• Maintain or improve the holistic well being of students, families, and the community through a reciprocal relationship between health and education.

Component: Extra-curricular Activities

Strategies / Major Activities
• Provide extra opportunities for students, families, and the community to participate in activities that supports physical health.

Outputs and/or Indicators
• School provides and supports extra-curricular activities, like:
  o Summer recreational programs
  o Oskayak Dance Troupe
  o Yoga
  o Hoop Dancing
  o Hockey
  o Jigging Practice
  o Swimming
  o Métis Dance
  o Weight training
  o Cross country running
  o Indoor track and field
  o Volleyball
  o Basketball

Short Term Goal(s)
• Increase students’ and families’ awareness of the available activities that lead to improved physical health and loss of weight.

Intermediate Goal(s)
• Expand students’ and families’ repertoire of physical activities, thus increasing sustained physical activity.

Ultimate Goal(s)
• Increase students’ and families’ resilience to health issues throughout their lives.
• Increase physical health and health outcomes - happiness and fulfilment.

Component: Physical Health Education & Advocacy

Strategies / Major Activities
• Establish the school as a health education and advocacy resource to students, families, and the community.

• Develop materials for physical health education to students and families.

• Promote student and family engagement in physical activities and health education.
- Prepare paediatric residents, medical and nursing students to advocate with students and families about the importance of physical health.

- Provide and promote professional development and support for teachers and staff about issues related to physical health.

- Advocate for social accountability related to the community health needs.

- Help identify and find solutions to barriers that limit students’ and families’ engagement in physical health activities.

**Outputs and/or Indicators**

- Provide events and health education tools for the promotion of physical health within the school curriculum and outside of the school to the students and families.

- Promote accessible physical health services:
  - Socially inclusive / familiar environment for students / families
  - Provide transportation
  - Flexible appointment scheduling
  - Direct access – no referral required

- Peer-led health promotion: older students develop health presentations for younger students (an intermittent class activity based on student interest).

- Nursing students provide health education to students and the community.

- Health promotion activities about nutrition, physical health issues are provided to teachers and students.

- Paediatric residents, medical and nursing students are educated about the physical health needs of a community experiencing poverty and social exclusion.

- Kinesiologist develops new approaches to physical education that facilitate the physical health needs of a community experiencing poverty and social exclusion (based on funding and resource availability).

**Short Term Goal(s)**

- Increase physical (e.g., hand washing, nutrition, exercise, sleep) and environmental health (e.g., needle safety, first aid, frost bite).

- Enable students and families to identify the effects of poor physical health and how to address these issues.

- Add physical health materials to school-based resources.
• Students develop interests in physical health education related to the needs of the school and community.

• Improve paediatric residents’, medical and nursing students’ understanding of the physical health challenges of the school population and community.

**Intermediate Goal(s)**

• Increase the physical health knowledge of students and families.

• Impact the physical wellbeing of students and families.

• Establish widespread acceptance of different practices for physical health.

• Increase the number of paediatric doctors, medical professionals and nurses who support practices aimed at challenging physical health problems in the community.

**Ultimate Goal(s)**

• Increase the sense of belonging; the community’s challenges are the school’s concern too.

• Establish physical health and well-being as an important life goal.

• Increase academic achievement for students.

• Increase future opportunities for success for students and families.

• Maintain or improve the holistic well-being of students, families, and the community through a reciprocal relationship between health and education.

**Emotional Wellness /Well-being**

*(South – the direction of strength and heart; a place to prepare for the future and what is ahead)*

**Component: Psychological Health and Well-being**

**Strategies / Major Activities**

• Psychological and mental wellness one-on-one support is offered to students to increase their awareness of the linkage between education and the development of coping skills for learning and socialization.

• Students, families, and the community are provided direct access to healthcare services at the school or support accessing healthcare services in the city related to psychological well-being (e.g., psychologist, counsellor, social worker, addiction services, etc.).

• Needs are identified and efforts are made to provide in-school prevention and intervention services that help to identify students at risk of psychological or developmental issues that may interfere with learning and effective socialization.
Outputs and/or Indicators

- Provide professional evaluation and treatment, crisis intervention and counselling, follow-up, and referrals are offered through the school.

- Use an outreach/school-based mental health model where student clients are seen at the school and with their parents. Home visits are supported.

- Approximately 80% of students who receive counselling or behavioural consultation are related:
  - Aggression and other disruptive behaviour disorders
  - Anxiety
  - Depression and suicidal ideation
  - Attachment disorders
  - Low self-esteem and related issues (e.g., bullying, anorexia, self-image).
  - Learning or developmental disabilities
  - Coping and adjustment difficulties: poverty, visible minority, foster care (including attachment disorder),
  - Grief and loss

- Poor developmental outcomes are an ongoing concern due to:
  - Inadequate age-appropriate screening as part of routine paediatric primary care
  - Lack of continuity of care
  - Lack of resources or accessibility to resources

Short Term Goal(s)

- Increasingly identify and try to intervene with students who would benefit from psychological support.

- Improve accessibility of services for students and families who have not typically had adequate access to psychological health services.

- Teach students the necessary skills they need to become centred and calm while managing stress and other basic psychological issues (i.e. anxiety, depression).

- Identify students with developmental concerns and intervene at the earliest point possible.

- Increase access to services through referral-free appointments, flexible scheduling, prioritization policies, and transportation.

Intermediate Goal(s)

- Reduce barriers and increase access to psychological support for students.

- Ensure that the majority of students get early assessments and interventions to facilitate their learning.

- Increase student and family awareness and coping mechanisms for improving resilience against the negative determinants of psychological health.
• Increase the positive perception of psychological health services.

• Identify, develop, and establish additional psychological and mental health supports at the school.

• Improve learning and classroom behaviours.

• Decrease wait times for services through flexible scheduling and prioritization policies.

Ultimate Goal(s)
• Address mental health disparity that exists for disadvantaged populations.

• Increase trust to dissipate issues around institutional racism and colonialism.

• Increase student and family resilience to psychological issues throughout their lives.

• Provide ongoing, complete clinical support to students and families.

• Reduce the impact of negative health issues on quality of life for students and families.

• Increase academic achievement for students.

• Increase future opportunities for success for students and families.

• Maintain or improve the holistic well being of students, families, and the community through a reciprocal relationship between health and education.

Component: Extra-curricular Activities

Strategies / Major Activities
• School provides opportunities for students, families, and the community to participate in activities that support psychological well-being.

Outputs and/or Indicators
• School provides and supports extra-curricular activities that recognize achievement, transition, and personal improvement, e.g.:
  o Grade 8 year-end trip
  o Leadership opportunities
  o Summer recreational programs
  o Yoga, hockey, fitness programming
  o Cultural activities (e.g., dancing, drumming, ceremonies)

Short Term Goal(s)
• Students engage in activities that lead to improved psychological health via personal accomplishment, community service, and skill development.
• Students develop a better understanding of themselves in different contexts, leading to increased resilience.

**Intermediate Goal(s)**
• Expand the repertoire of activities for students and families, thus increasing psychological well-being and coping.

**Ultimate Goal(s)**
• Increase student and family resilience to psychological issues throughout their lives.
• Increased well-being and associated benefits - happiness and fulfilment.

**Component: Psychological Health Education & Advocacy**

**Strategies / Major Activities**
• Establish the school as a psychological health education and advocacy resource to students, families, and the community.

• Develop materials for psychological health education to students and families.

• Promote student and family engagement in activities that promote well-being and awareness of psychological health.

• Expose and prepare paediatric residents, medical and nursing students to advocate with students and families about the importance of psychological health in poorer neighbourhoods.

• Advocate for social accountability related to the community's health needs.

• Advocate on behalf of students and families with community organizations about the impact of mental health and/or behavioural problems on school attendance and performance. Provide one-on-one services.

• Advocate for students involved with the juvenile justice system about undiagnosed mental health needs; support the child in the context of their family without passing judgment.

**Outputs and/or Indicators**
• Develop health education tools to promote psychological health within the curriculum and in the community for students and families:
  o Services available, cultural accommodations
  o Relationship between mental health and behaviour
  o Patient rights (e.g., confidentiality)

• Promote accessible psychological health services:
  o Socially inclusive/familiar environment for patients and families
  o Promote the need to provide transportation for students and families to attend appointments across the city
- Flexible scheduling
- Direct access – no referral required for Clinical Psychologist

- Peer-led health promotion: older students develop health presentations for younger students.
- Teachers and staff learning events about psychological health.
- Paediatric residents, medical and nursing students are educated about the psychological health needs of a community experience poverty and social exclusion.
- Advocate with the Ministry of Social Services for therapy for children in their care.

**Short Term Goal(s)**
- Enable students and families to become aware of the effects of poor psychological health.
- Increase ability of students and families to address psychological concerns by identifying the school as a support.
- Improve the understanding of paediatric residents, medical and nursing students of the physical health challenges of the school population and community.
- Improve the understanding of teachers and staffs of the psychological health challenges found within the school, community, and those in children in social service care.

**Intermediate Goal(s)**
- Increase the positive impact of psychological health education on the psychological well-being of students and families.
- Establish awareness and willingness of students and families to access supports for psychological health.
- Increase the number of paediatric doctors, medical professionals and nurses who support practices aimed at challenging psychological health problems in the community.

**Ultimate Goal(s)**
- Increase the sense of belonging; that the community’s challenges are the school’s concern too.
- Establish psychological health and well-being and an important life goal.
- Increase academic achievement for students.
- Increase future opportunities for success for students and families.
- Maintain or improve the holistic well-being of students, families, and the community through a reciprocal relationship between health and education.
Intellectual Wellness / Learning
(North – the direction of wisdom and knowledge, a place of learning and understanding the world)

Component: Academic Achievement

Strategies / Major Activities
- Provide academic programming that teaches all students numeracy, reading, and writing using a stratified approach. Within the classroom with small groups:
  - Each student receives *quality core instruction* (environment instruction, assessment, curriculum)
  - *Plus instruction* provides individual focused instruction (e.g., guided reading)
  - *Level literacy intervention and math coaching* help students reach grade level expectations
  - *Specialized instruction* is offered to developmentally delayed students, and
  - *Intense instructions* are provided to highly specialized students.

- Incorporate Indigenous history and culture into the course curriculum.

Outputs and/or Indicators
- Students are provided educational programming to support:
  - Language arts
  - Mathematics
  - Health
  - Physical education
  - Religion
  - Science
  - Social studies
  - Arts education
  - Computer education
  - Cree language instruction
  - Kindergarten programming
  - Pre-Kindergarten programming

Short Term Goal(s)
- Teach students how to learn, numeracy, reading, writing, and other academic and practical subjects.

- Introduce students to Indigenous history and culture.

Intermediate Goal(s)
- Improve learning and encourage student interest in personal academic goals.

- Improve numeracy, reading, and writing.

- Improve students’ understanding of Indigenous history and culture.
Ultimate Goal(s)
- Increase academic achievement for students.
- Increase future opportunities for success for students and families.
- Strengthen student support and identification with Indigenous history and culture.

Component: Academic Community Services

Strategies / Major Activities
- Provide the community with the opportunity to continue learning.

Outputs and/or Indicators
- Provide adult learning through the Community Learning for Success program and the Family Literacy program.
- Give adults in the community the skills that will enable them to resume and complete their education in order to find work or to secure a job.

Short Term Goal(s)
- Engage adult community members in education.
- Provide support for adult community members to complete their education.

Intermediate Goal(s)
- Remove barrier for adult community members to access and obtain education goals.
- Increase the number of community members with education.

Ultimate Goal(s)
- Increase academic achievement for adults and families.
- Increase future opportunities for success for adults and families.
- Increase the community’s positive perception of the value of education.

Component: Extra-curricular Activities

Strategies / Major Activities
- School provides opportunities for students, families, and the community to participate in activities that support improve and advance learning.
- Celebrate academic achievement and success.

Outputs and/or Indicators
- School provides and supports extra-curricular activities to enhance and expand student skills and learning opportunities:
Extended learning opportunities
- Fine arts (dependent on funding and resources)
- Social justice initiatives (e.g., students helped to install the vamps for the missing/murdered Indigenous women at Wanuskewin)
- Cultural activities (e.g., dancing, drumming, ceremonies)

- Yearly activities and events are held to celebrate the achievements of students and their progress through their academics (e.g., kindergarten celebrations, grade 8 farewell, celebrations).

Short Term Goal(s)
- Students engage in activities that lead to improved academic ability via personal accomplishment and skill development.
- Students develop a better understanding of themselves in different contexts that leads to increased resilience.

Intermediate Goal(s)
- Expand the repertoire of activities for students and families in support of their educational goals and interests.
- Celebrate education as a worthy goal for students, family, and the community.

Ultimate Goal(s)
- Increase academic achievement for students.
- Increase future opportunities for success for students and families.
- Increased well-being and associated benefits - happiness and fulfilment.

Component: Education and Advocacy

Strategies / Major Activities
- Establish the school as a respected educational institute for students, families, and the community.
- Promote community engagement in education through the provision of a comprehensive and holistic set of services aimed at helping the whole child, including their families and the community.
- Expose and prepare paediatric residents, medical and nursing students about the role of health in education.
- Provide and promote professional development and support for teachers and staff that facilitate holistic approaches to learning.
- Help families and the community negotiate the barriers that limit access to education for students and families.

- Advocate on behalf of students and families with community organizations about the impact of the determinants of health on school attendance and performance.

- Advocate for students involved with the juvenile justice system about health as it relates to academic achievement.

**Outputs and/or Indicators**
- Provide education promotion events in and outside of the school to students, families, and the community about St Mary’s holistic approach to education.

- Promote the socially inclusive and familiar environment for diverse student and family needs.

- Teach paediatric residents, medical and nursing students to be aware and supportive of the holistic approach to education as a strategic approach to dealing with poverty and social exclusion in the core neighbourhood.

- Teachers and staff continue to learn through the school’s encouragement of professional development (e.g., teacher conventions, conferences, staff retreats, and the promotion of stewardship).

**Short Term Goal(s)**
- Enable students and families to identify the effects of determinants of health on education.

- Increase the ability of students and families to address their education concerns and goals.

- Increase student, family, and community engagement and access to education opportunities.

- Improve the understanding of teachers, staffs, paediatric residents, and medical and nursing students of the effects of determinants of health on education in the community.

- Improve the understanding of paediatric residents, medical and nursing students about an alternative and holistic approach to education.

**Intermediate Goal(s)**
- Continue to promote community engagement in education and well-being.

- Establish awareness and willingness to access widespread supports for education and well-being.

- Increase the number of education stakeholders who support education holistically with health services.

- Reduce health barriers to educational success.
• Increase the number of teachers, staff, paediatric residents, and medical and nursing students who support in-school practices that aim at challenging health problems in the school and the community.

Ultimate Goal(s)
• Increase the sense of belonging; that the community’s challenges are also the school’s concern.
• Establish learning as an important life goal.
• Increase academic achievement for students and families.
• Increase future opportunities for success for students and families.
• Maintain or improve the holistic well being of students, families, and the community through a reciprocal relationship between health and education.

Administration of Wellness and Education Centre

Component: Community Relationships & Services

Strategies / Major Activities
• Building relationships with students, families, the community around cultural, spiritual, physical, psychological, and intellectual health.

• Building relationships with community partners to provide services that support cultural, spiritual, physical, psychological, and intellectual well-being for the community:
  o Greater Saskatoon Catholic Schools
  o Saskatoon Tribal Council
  o University of Saskatchewan, Paediatrics, Nursing, Kinesiology
  o Saskatchewan Lung Association
  o Saskatoon Health Region
  o Ministry of Social Services
  o Others Partners: PotashCorp, Cameco, Urban Camp, Breakfast for Learning, Sasktel, SIIT, and many more

• Develop multidisciplinary teams that provide holistic support for education and health, including Elders.

• Provide accessible cultural and spiritual health services to students, families, and the community.

• Encourage community partners to act as role models and/or mentors in the lives of students and with other organizations who provide services to the community.

• Promote stewardship with teachers and staff focused on the cultural, spiritual, physical, psychological, and intellectual well-being of students and families.
Outputs and/or Indicators

- Provide opportunities for students, families, and the community to come together with nutritious meals (e.g., Welcome Back Pancake Breakfast, Fall/Winter/Spring/Summer Feasts).

- Acknowledge and respect people’s life experiences using non-judgemental approaches in the process of encouraging cultural, spiritual, physical, psychological, and intellectual health and well-being.

- Work with community partners who acknowledge and respect people’s life experiences and cultural, spiritual, physical, psychological, and intellectual needs.

- Community partners are engaged to participate in addressing the holistic needs of students and families.

- Community partners act as role models and mentors in promoting the cultural, spiritual, physical, psychological, and intellectual wellbeing of students and families.

- Teachers and staff increase their ability to identify, intervene, and support students and families in their pursuit of cultural, spiritual, physical, psychological, and intellectual well-being.

- Provide a safe and secure full-service school that supports students and family education, wellness, and culture.

- Encourage community integration and utilization of the school.

Short Term Goal(s)

- Students, families, and the community identify the school as a social support for cultural, spiritual, physical, psychological, and intellectual well-being.

- Identify community partners able to provide supportive services for the cultural, spiritual, physical, psychological, and intellectual well-being of students and families.

- Assist community partners in the provision of supportive services for the cultural, spiritual, physical, psychological, and intellectual well-being of students and families.

- Increase capacity for multidisciplinary teams to work for the cultural, spiritual, physical, psychological, and intellectual well-being of students and families.

- Increase the presence of role models in the school and community promoting cultural, spiritual, physical, psychological, and intellectual well-being.

- Address systemic issues that prevent the community from achieving cultural, spiritual, physical, psychological, and intellectual well-being.

- Teachers and staff identify students’ need for cultural, spiritual, physical, psychological, and intellectual intervention and support.
Intermediate Goal(s)

- Increase community partners’ impact in the cultural, spiritual, physical, psychological, and intellectual well-being of students and families.

- Develop a network of local and provincial partnerships that support the cultural, spiritual, physical, psychological, and intellectual well-being of students and families.

- Positively impact the school and community with broad support from the community for cultural, spiritual, physical, psychological, and intellectual well-being of students.

- Increase family and community perception of the school as a centre for support of the cultural, spiritual, physical, psychological, and intellectual well-being of students.

- Increase the number of teachers and staff who are capable and actively engaged in supporting the cultural, spiritual, physical, psychological, and intellectual well-being of students and families.

- Address systemic issues that prevent the community from achieving education success and well-being.

Ultimate Goal(s)

- Increase the sense of belonging; that the community’s challenges are the school’s concern too.

- Establish learning as an important life goal.

- Increase academic achievement for students and families.

- Increase future opportunities for success for students and families.

- Maintain or improve the holistic well-being of students, families, and the community through a reciprocal relationship between health and education.

Component: Administration

Strategies / Major Activities

- Administration of St. Mary’s Wellness and Education Centre is managed under a reciprocal arrangement between two distinct entities, the education- and health-centred departments.

- Use interdisciplinary case management with students at risk for underachieving or with health problems.

- Community guidance and support is an important component of management and operations.

- Celebrate and promote Catholic identity, cultural diversity, educational success, health, and community resilience.
Outputs and/or Indicators

- Promote that every student has the right to education and the highest standard of healthcare; both are necessary for students’ future success in the core neighbourhood.

- St. Mary’s has established and maintains a standard of care:
  - The standard of care for all patients as part of a continuum of services
  - With patient and/or parental/guardian consent; patients have a choice in accessing our services
  - Maintaining patient confidentiality
  - Respectful
  - No judgment, build relationships with patients, families and communities
  - More frequent follow-up

- St Mary’s is accountable to students, families, the community, partners, and education stakeholders.

- Case conferences/team meetings are held to discuss holistic support for students. This includes collaboration across sectors, disciplines, and professions.

- The School Community Council AGM provides the community an opportunity to provide insight and guidance in the administration of the school.

- Students, families, the community, teachers, and staff participate in religious and cultural ceremonies together.

Short Term Goal(s)

- Ensure the highest level of education and care to students and families.

- Maintain a standard of care for students and families.

- Increase the number of students whose care is managed with an interdisciplinary team.

- Continue to involve the community in decision-making activities.

- St. Mary’s is identified as an innovative institution that promotes equality and diversity for religion, education, culture, health, and the community.

Intermediate Goal(s)

- Enhance the reciprocal relationship between education and healthcare stakeholders in the core neighbourhood.

- Improve the education, health and well-being of students living in poverty who may have complex health needs.

- Improve the comprehensive and responsive health services offered to students, families, and the community.
Ultimate Goal(s)

- Be a leader in education innovation.
- Increase the sense of belonging; that the community’s challenges are the school’s concern too.
- Establish learning as an important life goal.
- Increase academic achievement for students and families.
- Increase future opportunities for success for students and families.
- Maintain or improve the holistic well-being of students, families, and the community through a reciprocal relationship between health and education.

Documented Program Success

The outcomes that have been the focus and are quickly being actualized by the St. Mary’s Wellness and Education Centre are: (1) an improvement in student learning when physical, mental, and social barriers are removed; (2) a reduction in school disengagement and an increase in graduation rates; and (3) the building of positive relations with children and youth, families, and the community that appear to be fostering resilience, success, and well-being.

SMWEC has taken a holistic approach to education that focuses on the traditional four directions of wellness: spiritual, physical, mental, and intellectual well-being. To successfully provide this innovative model of education, the school has had to move beyond mainstream educational processes to offer a more comprehensive multidisciplinary collaborative care approach to education. Through multiple consultations with the community, stakeholders, and knowledgeable experts (e.g., teachers, clinicians, Elders), the school has been able to successfully partner with different community stakeholders to blend reciprocal education and health services into a unified education program that have all been well received by students, families, and the community.

Proof of success for the SMWEC approach to education can be found in a demand for services that is slowly outpacing the capacity of these services to meet the needs of students and families. Ever-increasing engagement in, and desire for education and wellness programming is a new issue for a community that has historically underutilized these resources. Over five years, SMWEC has positively impacted the lives of students, supported the health and well-being of families, and redefined the resilience and capacity of Saskatoon’s core neighbourhood.

Education Centre programming: a number of indicators support the achievement of SMWEC objectives. For example, the District Reading Assessment/Benchmark scores have significantly improved from 2012 to 2014: a 33% reduction in the number of students who are one grade level below. In addition, the school’s success as a centre for learning in the community has led to the provision of adult learning opportunities to develop skills that will enable them to resume and complete their education: the Community Learning for Success program and the Family Literacy program.
Wellness Centre programming: a number of indicators support the achievement of SMWEC objectives. For example, a growing demand has prompted an increase in the number of services that are provided (e.g., doctor, optometrist, nephrologist, pulmonologist), which is complemented by a high follow-up rate. In an effort to further reduce barriers, self-referrals or word-of-mouth referrals have been allowed, which has increased service use and forced the clinic to move from 2 ½ days a week to 4 ½ days. Wait-times are unavoidable and non-urgent and follow-up appointments have increased from the same week to up to 3 months.

Stakeholder Interview and Assessment
Three school site visits were conducted to interview stakeholders (i.e., school principal, health and wellness consultant).

Katrina Sawchuck (St. Mary’s Principal)

Narrative Beginning: We walked as a team of researchers into the gymnasium for the first assembly of the school year...invited as guests alongside the school and community in this teaching process. As we walked into the gymnasium we were surrounded by youth of different ages sitting...listening closely to the words of Elder M and the affirmations of their Principal. The silence was noteworthy as the youth listened carefully...paying attention to the teachings shared. The welcoming sweetgrass and sage filled the air...creating a gentle space that invited us all in...both community and school...youth and adults, to participate in a good and meaningful start to the day. It is the gentle introspective reminders and teachings of what the belief...the practice... and the way of being in relation with one another is lived out within this school space that stays with me as a researcher and participant in this process. The youth were showing us a way that it is possible to be alongside one another in a school space that is both educative and forward-looking in its conceptualization.

In conversation with Principal Sawchuck ...

Tell us about the beginning process of St. Mary's Wellness and Education Centre? What was the vision?

To start this place they (community/education stakeholders) had to do so much work...community meetings, consultations...imagine a school type of place. When I first came into the office, there was paper filled with ideas. I took 3 weeks and read it...a dominant theme was norms and routines.

The community wanted tight norms and routines...an outcome of that I believed is our attendance...students are here for the whole day and they know what to do with their learning for the whole day...kids come at 8:30 to start the day – this has changed here.
Can you share some parts of your vision for St. Mary’s Wellness and Education Centre? What is it that you believe as an Instructional Leader?

I believe a solid outcome (in school) is attendance...not just being here for part of the day....here for the whole day and knowing what the expectations will be when they(students) are here. It provides a purpose for the school day. Kids and families know why they are here and what we believe as a school. We don't wander around the hallways; we have a purpose and a plan each day.

It is important to have kids in class; it is hard to teach when students are not in class...so that is really big for us here. It is our belief.

Tell us more about your belief and process as a school staff...

We practice "Calm" here...the idea of "Calm".

How does this idea of "Calm" look?

We have beliefs here that how kids start the day is how their day can be.

We want to be welcoming...predictable. We want to have a routine set out for the students.

We need to teach regulation and calm skills...routine, visual schedules and feedback.

We breathe a lot here. We practice our breathing...as a way to think and enact "Calm" strategies.

We talk about wait time with staff. We encourage and model wait time in dialogue with children...process is important when children are not in a calm state.

Typically I let students have the first word and the last word...especially when they are not in a calm state. This is an important part of our process here at this school. You can feel that belief system within the school.

We use articles based on research and sound pedagogy to reinforce the teachings of regulation and calm to create a space and practice within this space.

Regulation, regulation, regulation....in terms of accessing the curriculum is an important part of our process.

There were 64 new kids by Tuesday...70 new kids by Friday...we think of naysayers that would say the kids are too transient...they can't do it. About one-third of the students it was their first smudge at St. Mary’s school...they could do it...you could see it.
Visibility as a tool...

Visuals, visuals, visuals: before you speak a word, know what you are visualizing and asking is what I ask the staff to practice. This is what the kids and the community have asked for within this school.

We have visual strategies and essential skills, smile, body language. During supervision there is an adult presence. There is a principal presence in classrooms and in hallways. There is an actual supervisor that has a visual vest to identify as a tool for both students and staff.

Healthy play as a strategy...

A part of the process I see as marginalized in wellness is providing kids strategies. The idea to “move your body” is somewhat male-oriented. As part of the budget I buy sidewalk chalk... movement does not have to be playing a sport it can be other activities...a walk, chalk art...movement...blowing bubbles...there are other ways to wellness.

Details...

We have the highest FNM (First Nation, Métis) teachers, and staff in district other than the Cree Immersion program at St. Frances.

The front-line staff are diverse in regards to Indigenous peoples...Salteaux, Cree, Michif, Métis.

We have many language and teachings within our school and within the school staff.

We believe in professional development around teacher-student relationships...based on pedagogy and research.

Developmentally our learning improvement plan is tied to relationship. This is why we do not use deficit thinking in this school and how that relates to staff philosophy.

We have so many partners – over 50 ... it is hard to keep straight.

Language and diversity amongst staff and students is important to keep in mind. It is important for the kids to see themselves, to connect with others that know of their teachings and their knowledge systems.

How do staff negotiate access to health?

We all know each other...have to use confidentiality when working with teachers but interest in the fuller context supports the child. I get calls from all over the city...but kids need to live in this geographical area.
How is health directly impacting educational outcomes? How is this demonstrated?

How does the community impact the outcomes is a great question. A student who came from a nearby reserve needed help with intake. Here we can support the student right at the beginning part of the process...right at the beginning of access. That is when it works best...moving through the barriers.

We want your child in school as soon as possible. Glasses are very important to our learners. We have an optometry clinic upstairs once a week. We have Occupational Therapy once a week providing us with professional development for our youth and teachers.

We have counselling services and continuity with care.

From an appreciative lens, what can we do as a school to help...reduction of barriers. Something as simple as access to Internet is important for our community and families.

The following list is an example of some of the services and programs that are offered at St. Mary's Wellness and Education Centre. This list is not exhaustive and does not include all of the programs and services within the scope of St. Mary's Wellness and Education Centre. These areas of the school were highlighted through a guided walking tour and documented through point-form notations and direct quotes from the Principal as participant. The italicized sentences represent the participants’ reflections.

**Paediatric Clinic**

Researcher notes: Dr. M is working with students from the University of Saskatchewan as residents...it is a teaching space. There are many partners in this school; the University of Saskatchewan is a strong partner organization.

**Gymnasium**

The Cree Language is implemented in Physical Education classes, and through the movement and activities the students are learning the language.

Principal S points out numerous offices and the number of days support staff work within the school, also highlighting the many volunteers within the school community.

**Kindergarten Class**

This learning space is an evolving program. It is Reggio Emilia-inspired with a focus on natural learning environments. They go to families for the first week and meet them in the community. In Pre-Kindergarten and Kindergarten the emphasis is on oracy and parent and family engagement. The space is filled with climbing, playing and creative opportunities.

**Pre-K classroom**

Principal S: "There are 64 Pre-K students. We have approximately 100 students that want to come to school here. We get referrals from multiple places including the health board."
Kitchen

400 kids are served breakfast, snack and lunch.

The kitchen is a multipurpose space also used for community events.

Volunteers working together in the kitchen...one of the staff members has been in the kitchen for 22 years as a family... an important part of community.

Learning Assistant Room

Wrap-around assistance; very purposeful and goal-oriented, including a focus on transition to high school.

Teaching space for Learning Assistance teachers.

Computers used as a regulation strategy.

Mental math strategies seeking to make improvements.

Track-Health and Wellness Centre

Full community-oriented space alongside members of the community.

Multipurpose walking/running track, high level fitness equipment and space.

Classes offered within the space; excellent for both students and community members and connected to overall vision of school as a wellness centre. Excellent partnerships helped bring this vision alive.

Gary Beaudin (Health and Wellness Consultant)

On the original concept and vision of St. Mary's as a place of wellness...

We need to understand the relationship between education and health; it does not matter where you go around the world it is a common... whenever a population becomes literate they become healthier. If you graduate you get healthier. What impacts change is the question. People and organizations do different things, for example, teen pregnancy: there are education campaigns and interventions... handing out material... resources, but nothing impacts these rates like graduating and getting an education. When kids get grade 12 the rate of untimely pregnancy drops.... on average, when you get a diploma in college, there are healthier outcomes overall in that group of people... and it continues go up as you get a degree, and so on, and so forth.

At St. Mary’s the health disparity report that was conducted was the guiding document for the work. We extrapolated data that was available through the ministry... we broke the city into 3 areas: low income, high income and middle income. We looked at the number of diseases per area and broke this down. Our work is connected to British studies around health disparities and
civil servants. What was found in this particular study was that as status and income went up, health outcomes improved. Status and income, as you know, are very different entities. Status and wealth [are] at the top in this British study: the directors were healthier than the managers. We looked at this and thought of this study in relation to Saskatoon. What do we know about Saskatoon...simply that there was not a lot of access. Overused emergencies and PR...fewer services were available for some community members in Saskatoon...there was not access like you and I have to services. Pediatrics was one of these areas. Outpatients primarily saw kids middle income and up, but the kicker is in the core area of Saskatoon, the prevalence of disease in ages 7-15; the highest disease rate was in the core areas.

They (Saskatoon Health Region) responded and moved 1.5 FTE Pediatrician into the core area of Saskatoon. This is the right thing to do and they did it. Typically if you looked at the city from up above as a map...and if you look at the city you can see 5 affluent neighborhoods. In the city, for example...in the low income neighborhood there are 6 areas where 70 percent of income went on basics like food and shelter and then, of course, you have the middle income.

Essentially there is very little agency...very little choice...constant stress. Income governs moves you make, (which) we found very connected to the British study. There is no agency or power to do anything. This is a driver for the pediatric programming in the core neighborhood.

Further to this, when we looked at services and access we found in areas where the disease rates were higher there were less services. Where the people were healthiest, we found soccer centres, libraries, swimming pools. If a young mom wants to get healthy or go to the library, work out...[access] immunization centres – these services were clustered in areas that were difficult to get to physically in Saskatoon...especially from those who most need these services to get healthy. If we did the model properly based on disease rates most of the services should be closer to the core neighbourhood...where people needed these services.

Both you and I can access services....if they moved the service we could get there....we could fly there if we had to...we can travel. Part of St. Mary's is that we went to these areas and lobbied because the youth and the kids have a right to these services...also there is a fiduciary responsibility that these services should be provided for all youth.

The first move was when I was working with the Saskatoon Health Region and we got a grant and looked at health determinants...self-determination in First Nations people. One of the things that we found that many of the services were not in favour of First Nations people to be in charge of overseeing the health services...that was very interesting. We moved some resources from the health region to the core neighbourhood. I then transitioned to a new job and they asked me to do some community development around this new school that was being built at St Mary's. I worked closely with Gord Martell. I then started to go connect with service providers that I knew...like paediatrics, and asked what the plan was for the 1.5 FTE doctors that would be coming to the core area. The department didn't have a plan so we proposed that we offer a space and then I went to the school division to see if they would be interested in this service.
Everyone was on board...people started coming on board...3.5 months later we opened up Canada's first in-school pediatric site...and then it kept going. How about optometry...private practice optometry for the kids on site is important. We then brought in a private psychologist who works through billing through AANDC...we gave the psychologist a free space to work.

We were clustered in this school and then the ministry said “We will build a new school. “ We made requests for the running track...partners IT support...the medical centre...and the running track and clinic space we solidified and put our money in this also. I worked closely with the pediatrician. I would get the resources and keep visioning and visioning the model with school and community leaders.

**Outcomes...**

People would ask us, do we have outcomes? I would hear from many people. I think that statement is loaded with judgment. Essentially are they asking me, are the kids getting healthier, and how this relates to school outcomes? I turn that statement back at them on this evaluation. I say, “Your kids are in Saskatoon schools...do your kids see a physician?”...“Yes, of course,” they would say. I would then ask, “How is the physician? How are the physicians impacting your child's education?” What I am saying is, how do we evaluate medical clinics within the city? “What do you mean?” they would say. “We don't evaluate medic clinics; why would we do that?” Then what I am asking on the same note is, why are we? If we are moving resources to poor kids...then we have to justify the existence of this. Why is that? Because for some reason when you give something to the poor you have to justify...these kids are entitled to this care...it is the law in the health act. We didn’t move them (paediatricians and services) in there to have their reading outcomes improve...these kids were coming in with vision and health issues...we had the evidence...the teachers would not have to deal with this...the clinicians could work with the kids on this...it is their right. Kids could function and think. When kids are hungry how do they think?

Kids are entitled to these services...“Those kids are so lucky,” people would say...“Wish we had all those at our school,” people would say....my response is “Oh yes, they are so LUCKY.” I said, “You do get all that: look at your services in your neighbourhood.” We are not trying to get more services in a core area....we are just trying to get half way to equal. These kids do not have the services and can’t afford to play sports...music...clubs... or have academics subsidized. The model had to be sincere. Clinicians came with a mission, and said they are entitled to these services and do not have to explain or justify. We tried to take an appreciative approach. We want a positive correlation at the end of this...when services go up, academics go up....wow, that is complex... a very complex situation.

We should have baselined 8 years ago, and did longitudinal studies...we took kids that had almost no access to medicine and took them from zero to 100 and now they have the best access to the best medicine, and now they have had it for 8 years. That is substantial...these kids who started at St. Mary's in grade 1 and had access to the best paediatrician in Canada for all their
school life...the best child psychologist... optometrist...sports program..fitness equipment. It has changed for them.

As income goes up, exercise goes up...let's give these kids what they have the right to.

Income and academics are tied together on average...we like the narrative that if we work really hard, it will all come out in academics....Well, what we know that this is not true...because somewhere in there you have to account for income and wealth....outcomes are connected.

“Eat better” is another area...eat good or eat bad...income can dictate many choices around this...income goes up, so do the healthy choices...there is more exercise in wealthy populations. Do people choose smoking or does smoking choose people? This is a great question...perhaps connected to stress...breathing deeply...fight or flight...could this be possible?

These are big questions morally. Poverty is connected to all these areas we are discussing...but it makes people uncomfortable to acknowledge this. We now have access to these areas where kids did not have this before...mental health and physical health. We have sick kids...in core area and were sick as kids...when they were very little.

**Measurement Outcomes**

One indicator of success is all the services that were not in the core area... are now here. That is a huge indicator! That is a measurable... that connects to our learning and to our success as a community. The knowledge of services has gone up...the lived experiences has shifted as a mom and a child now know about services whereas [before] they did not know.

Parents could tell you that it has changed for them...they now know different which impacts their children...which impacts their learning. These parents now have an expectation of a service that they should have had access to all along.

In some of our communities the people do not know what a paediatrician does...the parents at St. Mary's, they now know...we have children advocates...our paediatrician has a standard of practice in the way in which we respect the community. This is a game changer for our families.

Our model is different... it puts the power in the hands of the child and the parent....parents are the knowledge holders and we do that in this medical model. We should do this in education but we don't.

Our model must change...when it's just about the teacher, not the child, that is problematic.
Description of the Project Outcomes Achieved

St. Mary's Enrolment

One area to highlight regarding growth and measurable markers within schools is projected numbers that highlight snapshots of a school and community population. It is evident at St. Mary's that the strength of the program remains the connection between school and community, and the focus on a high level educational programming that is responsive. The projected numbers with a focus on the early years highlights consistent growth, and a waiting list of families to enrol in programming that starts at the pre-kindergarten level. The development of a waiting list is noteworthy where the need to develop more enhanced programming at the Pre-K level has been determined. There are now 4 classes offered at the Pre-K level as of the 2013-2014 school year with an emerging waiting list of applicants eager to enrol their children in St. Mary's programming. This snapshot is evidence of quality programming and does not represent an overarching trend across school districts within the community.

![Enrolment in Kindergarten](image)

* First time establishing a wait list  ** Increased numbers of classes, wait list still needed.

Overall Student Enrolment

Overall student enrolment numbers continue to rise across all levels at St. Mary's. This is a noteworthy marker of program change and innovation within Indigenous education and schooling contexts. The numbers continue to shape the program and offer a glimpse of the excellence achieved as part of a school- and district-wide focus. The rapidly shifting school numbers also speak to the evolution of responsive programming goals led by this school site at all levels of implementation. Examples of innovative strategies to meet a growing student population are the emphasis on hiring and retaining Cree and Indigenous language staff to meet the needs of youth and families. Other developments include specific strategies within this school site that move from authentic to more fluency focused programming around language that is shaped and developed by knowledge keepers and elders within the school community.
Indigenous Staff
Through anecdotal interviews with five current staff members, the researchers were able to determine that there has been an increase of 40% over the past three school years in Indigenous staff hired, as part of a comprehensive and intentional plan to meet the emerging needs of the school community. The staff are not limited to teachers and include support staff, elders and traditional knowledge keepers. The numbers also do not reflect the large number of parental volunteers from the local community who add and continue to guide the school community process in meaningful ways. The increase of staff hired over the last three school years is noteworthy and an indicator of meaningful shifts and changes that are responsive to community need. These numbers move in the opposite direction of data that often cites high attrition rates of indigenous staff members in urban settings. This area is one that could be highlighted longitudinally for future studies as it is a notable indicator that is markedly different than provincial data.

Home-Liaison Supports
Over the span of three school years there has been an increased commitment to the home-liaison position as part of a school-wide strategic focus.

Increased time with families in direct support by 30-40% over the past three school years. The process of increased time has become more significant to the overall school as it directly impacts school and community relationships and breaks down barriers between parents and school. The results have led to several innovative targeted strategies that wrap around services to those students identified through this process as needing extra supports. This is significant and can be linked to an increased attendance overall where students and families are engaging in the process of school at increased levels. These are areas of growth that would be captured in longitudinal district data that at this point is on a year-to-year basis. The evidence to support increased attendance is captured monthly at a classroom level but also through the home-liaison support who engages in outreach services via home visits, phone calls and email. The process provides data that enlists targeted interventions for students. Anecdotally it has been determined that there has been an increase in attendance and decreases in behavioural interventions. Although these are school site indicators it would add to the overall process that has been very successfully implemented.
As part of targeted data planning and responsive programming within the school site 46 students were identified in the 2014-2015 school year as in need of various levels of school supports based on attendance figures, anecdotal reporting, and assessment. Of the 46 identified students, with the support of home-liaison and other in school support mechanisms, overall attendance has improved between 11%-15%. Although this data only offers a glimpse of a school-wide population it is very noteworthy as the school site and administration has purposeful and intentional mechanisms that ease the transition between home and school, and also the educational service delivery and learning environment. The programming focus is at a very high level of implementation and continues to directly impact in positive ways the schooling experiences of indigenous youth and families. Eleven to 15 percent on average is significant improvement on a month-to-month basis. As part of a school-wide focus of support for students and community it is noteworthy to highlight that increased counselling supports over the past three school years have risen from 20% to 50% based on a school-wide strategy plan, and also through the needs of a growing and diverse school community. The increase is in relation to the holistic approach that is enacted throughout the school as part of a comprehensive vision for learning and achievement. Based on data from school front office staff, on average there are over 100 phone calls per day in the month of October, 2014. The data was tracked at the office and 784 phone calls directly related to students were received, and, as part of a school site implementation plan, appropriate action items were created and implemented including but not limited to academic supports, crisis supports, grief supports, home-liaison, culture and language, transition etc. This data is noteworthy as it links to an overall plan that is smoothly implemented by a responsive school community and led by an administrator who listens very carefully to both qualitative and quantitative measures that provide students with a high level academic program in relation to their diverse needs.

Partnerships
From its inception, St. Mary’s has strategically sought and benefited from partnerships with numerous institution, companies, and community organizations. These partnerships have enabled the school to capitalize on the depth of resources locally available to benefit the local community, and improve health and academic achievement of the students and their families. The success of these partnerships has improved the perception of the school and led to an ongoing increase in the number of collaborations that support educational and wellness programming.
Summary Scores Literacy
DRA (District Reading Assessment) and strategic literacy focus were implemented by St. Mary's Staff based on quantitative and qualitative data. It is noteworthy to highlight that sight word analysis and phonemic awareness are part of a strategic and comprehensive literacy approach for St. Mary's students. The individual and connected approach speaks to the high level placed on academics as part of an overall educational vision within this school site. Year-to-year data has been provided to represent the shifts in reading scores as part of an overall literacy implementation plan within St. Mary's.

Intensive Support Specific Grade Level Literacy - Grades 1-3
As part of a targeted literacy approach within this school site it is important to highlight the growth, which is part of a comprehensive school literacy support plan. The following data is based on identified student supports in literacy at grade 1, 2 and 3 as part of the school-wide literacy focus and process. The exemplars with the highlighted cohorts are significant examples of a literacy plan that has identified processes at various levels and that carries on throughout the school year in multiple grades. The focus on early interventions is evident and part of a larger assessment plan. The growth is noticeable on average and the participation is also an example of the attendance and engagement indicators within this school site.
Literacy Data Exemplars

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<tr>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
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<tbody>
<tr>
<td>• 10 students</td>
<td>• 12 students</td>
<td>• 11 students</td>
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<tr>
<td>• 355 of 530 lessons taught as part of intervention program</td>
<td>• 573 of 683 lessons taught as part of intervention program</td>
<td>• 559 of 722 lessons taught as part of intervention program</td>
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<tr>
<td>• 66.9%-67.1% possible lessons taught to identified literacy group</td>
<td>• 84.1%-86.3% possible lessons taught to identified literacy group</td>
<td>• 77.42%-77.73% possible lessons taught to identified literacy group</td>
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Growth Markers

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<tr>
<td>• September to February: all 10 identified students in cohort moved from below grade level reading scores.</td>
<td>• September to February: highest growth area within program.</td>
<td>• September to December: highest growth area within program.</td>
</tr>
<tr>
<td>• On average in identified cohort moved 5.67 reading levels over 10-month assessment period.</td>
<td>• On average identified cohort moved 7.4 reading levels over 10-month assessment period.</td>
<td>• On average identified cohort moved 4.67-4.83 reading levels over 10-month assessment period.</td>
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Lessons Learned and Future Directions

The integration of wellness and education in response to community need is the true manifestation of community education. When schools purport to exercise a mandate that reaches into the community, those schools commit to journeying with the community no matter where that journey leads. In the case of the St. Mary's Wellness and Education Centre, the development of partnerships and the expansion of the mandate of the school rose up to meet community voice and vision. Like any new relationship, there were bumps in the road as non-traditional partners began to work together to address community wellness. Maintaining these diverse partnerships requires an infrastructure that is not typical of schools and may be difficult to sustain at times. The rewards of risk and stepping outside of the status quo in the education sector can be great, though, not only for enhancing the relationship with the local community by serving as allies, but by recognizing that educational outcomes cannot be achieved in a vacuum. The adage that it takes a village to raise a child is demonstrated every day at St. Mary's. When the education sector recognizes its limitations and the broader community accepts its role and responsibilities within the context of the school, great things can happen.

With the results of the innovation evident, the goals of sustainability and expansion gain primacy. A disruptive innovation contributes by demonstrating the possible. Sustainability requires the hard work of expanding the network of allies in promoting systems change so the policy and funding structures rise up to meet the hard work of innovation. Ideally, the initiative of the community in addressing its own challenges would be met by similar levels of risk and change on the parts of governments and institutions. The next chapter of the social paediatrics component of the St. Mary's Wellness and
Education Centre needs to include better evidencing of the role of wellness in learning outcomes, supporting community capacity building to enhance voice and participation, and blurring the lines between wellness and education. The track record of the community demonstrates that the will is there and that when supportive partners reduce barriers to access and participation, genuine community strength sought shines through. The St. Mary's community can be described as good and getting better. Where a few short years ago there was despair over potentially low health outcomes, the local and broader communities have rallied around to change the trajectory of their community and start to re-vision the education sector as a whole.

Final Reflection
St. Mary's and its district leaders have continued to stay the course moving forward in their initial conceptualization of school as a place of wellness. The partnerships forged continue to grow and the model continues to take on different shapes as innovation and creative leaders within the school and community continue to provoke understanding of what education alongside Indigenous youth can possibly be.