Background Information

In January 1993, the Union of New Brunswick and P.E.I. Indians was informed that funding for Brighter Futures was available for developing a five-year strategic plan framework. This was achieved and priorities were established by each of the 16 First Nations. The committee was formed to review the best possible ways the program could be introduced taking into account the time requirement to complete the proposal, funding, location & size of communities, and also program requirement, e.g., how a small First Nation could deliver a part of all the components of Brighter Futures—Mental Health, Injury Prevention, Child Development, Healthy Babies, Solvent Abuse, and Parenting Skills. In addition, a lot of Bands’ priorities were higher in other areas such as Mental Health rather than Healthy Babies. I raised this because funding was broken down in these six components and proposals would have to touch on all these components.

The committee that was formed under the Commission of Health & Social Programs decided that one (1) comprehensive proposal on behalf of the 16 First Nations would be more logical because
it could meet the requirements and provide flexibility for the Bands. This was submitted and at the same time each First Nation submitted their priorities. See attached Appendix 2.

A number of meetings were held to determine how the funding would be broken down and the Regional Brighter Futures Funding Formula was used and modified so that each First Nation would receive funding and services like Training, Board of Directors Meetings, Crisis Intervention, and later V.O.N. Services would be provided by the UNBI. Through the Training Institute, the training was determined from the lists we received from the First Nation staff such as C.H.R.’s, NNADAP Workers, C.H.N.’s, and other staff.

The types of workshops that were put on by the UNBI Training Institute were:
1) Emergency Response Training; 2) Mental Health; 3) Family Violence; 4) Computer Training; 5) Tobacco Strategy; 6) Training For Trainers, 7) Anger Management and Skills Development; 8) Cultural Awareness; 9) Nutrition; 10) Community Action Pack Kit (How to use it.); 11) How to use the manual “Training for Trainners” which was developed by UNBI (see copy); 12) First Respondents (42 First Nation Staff are registered); 13) AIDS Workshop (UNBI also contributed funding to assist the Native AIDS Assoc.) that was reorganizing in Nova Scotia; 14) Prenatal Nutrition Workshops were held and some were delivered to First Nations; 15) Resources were purchased such as videos, pamphlets, etc. These are still available to First Nation people from our resource room for Alcohol & Drug, C.H.R.’s, C.H.N.’s, and others; 16) Mental Health Care Studies; and 17) Solvent Abuse.

Current Situation in New Brunswick & P.E.I.

In January, 1997, Bands started to request their funding from the Union of N.B. Indians partly because of transfer agreements and the breakaway of the three largest Bands--Tobique, Burnt
Church, and Big Cove which led to other Bands requesting their funding. Presently, the Union of N.B. Indians manage the three First Nations under the Brighter Futures & Building Healthy Communities Programs. All of the funding to these programs, except for the Brighter Futures P.Y. Funding is forwarded to these First Nations. The takeover of responsibility, we feel, is good because we had bought time for them to develop the program and put in place their program which I believe is still running. We gave them a good foundation to start from, but at the same time created problems for us in providing training and having C.H.S.P. meetings.

Our role has changed largely, as the Bands take on more responsibility. The programs at the UNBI are also changing as is evident in the workshop review held in Red Bank in 1998 (see attachment #3).