

EVALUATION OF THE  
**ABORIGINAL  
PEOPLES  
EMPLOYMENT  
PROGRAM**

Final Report – Findings and  
Recommendations

May 7th, 2024

**ISC** INDIGENOUS  
SERVICES  
CANADA

 **ParriagGroup**

# APEP Overview



Created by and for  
Indigenous employees in  
2015 under Health Canada



Intended to strategically  
increase Indigenous  
representation within FNIHB



Framework of best practices  
to Indigenous recruitment,  
retention advancement &  
development at FNIHB

# APEP

APEP Staffing Mechanisms Developed specifically for APEP & for use by FNIHB Managers)

Indigenous Career Navigator

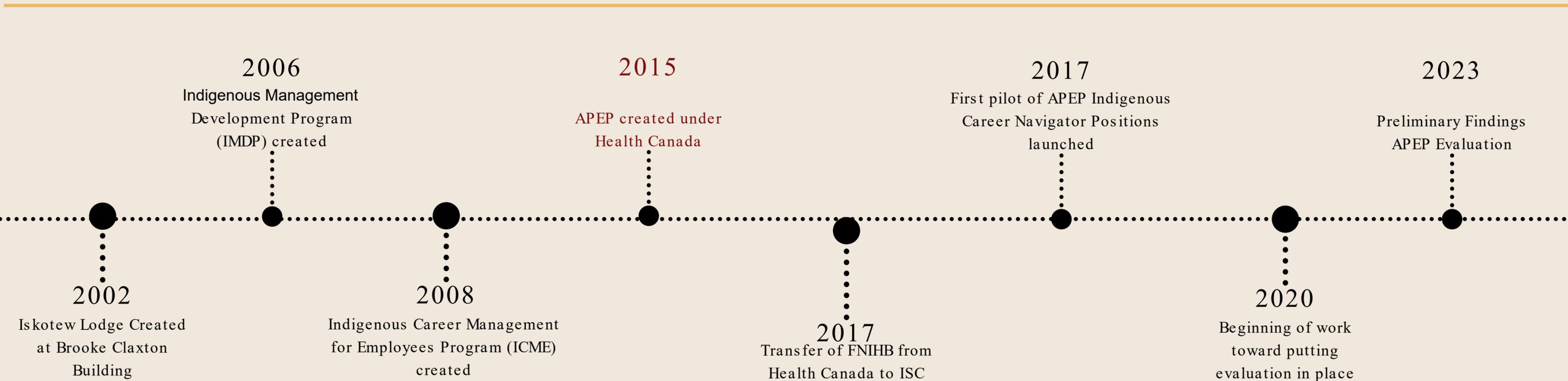
Indigenous Career Management for Employees (ICME) Program

Indigenous Management Development (IMDP) Program

Cultural learning program & the Iskotew Lodge

Communication & outreach activities  
Drop-in sessions, information sessions, presence within Indigenous employee circles and committees

**\*\*These initiatives are included under the banner of APEP, though some programs and initiatives predate APEP\*\***



# Introduction and scope of evaluation



## PURPOSE

Assess relevance, effectiveness and program management; good practices and lessons; inform the future of APEP within ISC



## TEAM

Indigenous and non-Indigenous members



## SCOPE

Evaluation covers the period from 2015 to 2024



## PRINCIPLES

- Indigenous ways of knowing and doing
- Intersectionality
- Ethical guidelines

# Evaluation questions

See Annex 1



Component 1: Program Relevance and Design



Component 2: Program Implementation & Impact



Component 3: Program Management Effectiveness



Component 4: Other Evaluation Issues

# Methodology



Document and literature review



Qualitative data

46 engagements involving 86 interviewees



Quantitative data

# Limitations of evaluation

Contracting  
timelines

Mobilizing  
participants

External and  
internal  
disruptions

Distinguishing  
remarks between  
Health Canada and  
ISC

# Limitations of findings

Data gaps and  
limited reporting

Lack of student  
perceptions

Unavailability of  
certain key players



# Findings





## PROGRAM RELEVANCE AND DESIGN

Aligns with  
Government of  
Canada

Need for cultural  
relevance

Barriers to  
Indigenous  
employment

FNIHB/ISC structure  
and functioning  
created barriers

Facilitators of  
Indigenous  
employment

APEP Pillars and  
Indigenous  
representation

Program design  
and employee  
priorities

GBA Plus



# PROGRAM IMPLEMENTATION AND IMPACT

Progress and Contribution to Outcomes by  
Pillar

Recruitment Plan

Professional  
Development &  
Training

Retention

Student Outreach  
and Bridging

Marketing Plan

Evidence of Progress towards Higher Level  
Outcomes

30% target not met

Employer of choice

Positive changes in  
lives of employees

Component 3



## PROGRAM MANAGEMENT EFFECTIVENESS

One-year positions  
contributed to  
challenges with  
continuity

Resources and  
structures not  
adequately resourced  
and supported

Limited performance  
measurement and data  
systems in place



## OTHER EVALUATION ISSUES

Transfer of  
FNIHB from  
Health Canada to  
ISC

Similar goals to  
other programs

COVID-19  
pandemic

Promising practices  
moving forward

# Recommendations





APEP needs to be revitalized and re-branded accurately as a framework (APEP 2.0), leveraged across ISC and adequately resourced to support the well-functioning elements in the long-term. Strengthen the less well-functioning elements.



Executive championing will move APEP 2.0 closer to success. Leverage leadership to support APEP growth consistently across FNIHB and all ISC sectors, in HQ and regions. Bring initiatives with APEP-aligned goals into a hub so they can build and refine in concert with one another.



APEP 2.0 should include an implementation plan with an updated logic model and key performance indicators to track program performance so progress can be clearly attributable. This will allow for program adjustments on an ongoing basis.

# Recommendation 1

APEP needs to be revitalized and re-branded accurately as a framework (APEP 2.0), leveraged across ISC and adequately resourced to support the well-functioning elements in the long-term. Strengthen the less well-functioning elements.

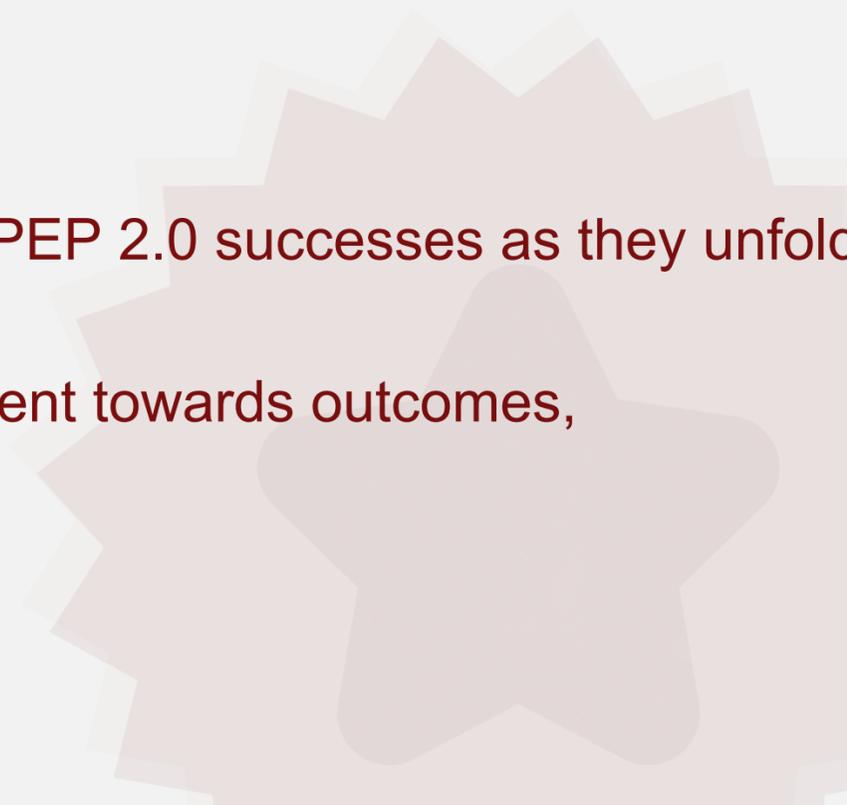
- The Department needs to commit to the program objectives
- Hire permanent resources to run the program



# Recommendation 2

Executive championing will move APEP 2.0 closer to success. Leverage leadership to support APEP growth consistently across FNIHB and all ISC sectors, in HQ and regions. Bring initiatives with APEP-aligned goals into a hub so they can build and refine in concert with one another.

- Ensure that the grassroots nature of the program is not lost as this will help progress against structural barriers inherent in FNIHB/ISC.
- Lead with accountability; include meaningful indicators under APEP 2.0.
- Champions should build communications into APEP 2.0 implementation. Showcase APEP 2.0 successes as they unfold.
- Knowledge of human resource processes, other complementary initiatives, measurement towards outcomes, communications, and professional development will all support APEP 2.0.



# Recommendation 3

APEP 2.0 should include an implementation plan with an updated logic model and key performance indicators to track program performance so progress can be clearly attributable. This will allow for program adjustments on an ongoing basis.

- Review current program performance measurement processes.
- Create a usefriendly mechanism to capture administrative and exit interview data related to APEP Leads, Indigenous Navigator roles, and program objectives.
- Consider holding an annual gathering for Indigenous employees to tell the story of APEP 2.0.
- Build capacity among APEP 2.0 Leads and Navigators so there is consistency in data collection and reporting.



# Next steps and feedback



Placeholder title

Miigwech

Ekosani

Mahseecho

Wela'lin

Meegwetch

Mutna

Wopida

Hei Hei

Marci Cho

Quanaqqutit

Nakurmik

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Woliwun

Merci

Kukwstsétsemc

Thank you

Annex 1.

Evaluation Questions

# COMPONENT 1: PROGRAM RELEVANCE AND DESIGN

- 1. What needs does the program seek out to address? To what extent is the need still present?**
  - a. What are the barriers and facilitators (including systemic) to employment and advancement of Indigenous employees in FNIHB? (disaggregated by Indigenous employee sub-group, as available)
  
- 2. To what extent is the program design appropriate to address the needs it is seeking to address?**
  - a. To what degree is APEP design responsive to the barriers and facilitators to Indigenous employment and advancement?
  - b. To what extent has intersectional analysis (GBA+) been applied to meet the needs of various Indigenous employee sub-groups?
  
- 3. To what degree does this program align with the priorities of Indigenous employees; of the Department; and of the Government of Canada?**

## COMPONENT 2: PROGRAM IMPLEMENTATION AND IMPACT

**4. To what extent did APEP progress against planned activities for its five program pillars? What evidence is there of equitable progress against outcomes for different Indigenous employee subgroups?**

- a. Pillar 1: Recruitment Plan
- b. Pillar 2: Professional Development & Training
- c. Pillar 3: Retention Plan
- d. Pillar 4: Student Outreach and Bridging
- e. Pillar 5: Communication Plan

## COMPONENT 2: PROGRAM IMPLEMENTATION AND IMPACT

### **5. To what extent did APEP achieve its main objectives between 2015-2020? What evidence is there of equitable progress against outcomes for different Indigenous employee subgroups?**

- a. Did APEP strategically increase Aboriginal Peoples representation within FNIHB from 23.5% to 30%?
- b. To what degree did APEP ensure better distribution of Indigenous employees across functional categories and classification levels in areas that will have the most positive impact on program delivery and health outcomes?
- c. To what degree did APEP support the Department in fulfilling its mandate by evolving toward becoming an employer of choice for First Nations, Inuit and Métis who wish to serve the interests of their communities and populations?
- d. To what extent did APEP contribute to employee professional development and promotion for Indigenous employees?

## COMPONENT 2: PROGRAM IMPLEMENTATION AND IMPACT

- 6. What difference has APEP made in the lives of Indigenous employees in FNIHB?  
(consider the experiences of different Indigenous employee subgroups)**
- 7. What are the drivers of, and obstacles to, program success?**

## COMPONENT 3: PROGRAM MANAGEMENT EFFECTIVENESS

- 8. Were the resources and structures for delivery and oversight adequate to manage and operate APEP?**
- 9. To what degree has the performance measurement and data system been adequate for measuring program outcomes and for informing/implementing program improvements and decision making?**
  - a. To what extent is APEP data disaggregated by Indigenous employee sub-group?**

## COMPONENT 4: OTHER EVALUATION ISSUES

- 10. What other initiatives, plans and programs in ISC advance similar intended outcomes as APEP?**
- 11. What were the effects of the transfer of FNIHB from Health Canada to ISC on the program?**
- 12. In what ways was the program affected by COVID-19 (in terms of: program delivery and achievement of outcomes), and how did it adapt?**
- 13. What promising practices could enhance APEP moving forward within FNIHB? Within ISC?**