

**Hearing the Voices: Innu Helping Innu
Sheshatshiu Innu Draft Health and Healing Plan**

**Submitted by:
Camille Fouillard and Natasha Hurley
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HEARING THE VOICES: INNU HELPING INNU

1.0 Introduction

This draft plan was developed from the information gathered during the Sheshatshiu health needs assessment process in 2011. The three reports that came out of that process were reviewed:

1. *It takes a community to raise a child*, the community-based gathering voices process carried out by Natasha Hurley, Natasha Hart, Kanani Andrew, Elizabeth Antuan, Basile Penashue and Camille Fouillard
2. *The Labrador Needs Assessment: Summary of Results*, the numbers research conducted from existing sources conducted by Sarah Fleming, FNIH epidemiologist
3. *Labrador Innu Health System Capacity Assessment*, conducted by Abby Hampton and Jeff Wilson of Hampton and Hampton Consultants

~~This draft health plan focuses on healing and wellness. The health needs assessment focused on broad health determinants of the community, including physical, mental, cultural, political, economic, and social health. There is much that needs to be done to develop a comprehensive health plan that would address the needs in all these aspects of our lives. This draft plan should be seen as a first step towards developing a more comprehensive plan.~~

~~This plan is a draft and must be presented to the community to be reviewed, discussed and fleshed out. The strategies outlined need to be examined with regards to the community readiness to act on our needs. This needs to be done through a facilitated process. The community needs to own this plan. As well this plan will remain a living document, continually responsive to the community, able to change as the community changes. The plan needs to be reviewed on an annual basis to monitor how it is being carried out and to change it as needed. The Sheshatshiu Innu need to be supported in the further development and implementation of this health plan. They should be able to determine and select for themselves what support and resources they need.~~

~~As well, the document is not the real plan. The real plan must live in the minds and hearts of the people of Sheshatshiu. This plan outlines strategies and actions for how to begin. The detail to carry out these actions remains to be developed by those who will do the work.~~

2.0 Our vision for a healthy community

The gathering voices process asked people to share their thoughts about what a healthy community would look like. The vision created draws a picture that encompasses a broad range of health determinants. At the heart of this vision are healthy families, loving and caring families. ~~Children are well looked after and supported.~~ Parents and children spend

time with each other. Children spend times with their grandparents. ~~Parents provide supervision and set healthy boundaries,~~ including schedules, bedtimes, mealtimes, homework and rules.

~~The family provides opportunities and healthy choices.~~ We are eating healthy food and are active, with a wide range of activities to promote healthy living: a variety of sports, hunting and fishing, walking and exercising, playing and spending time outdoors. There would also be activities to learn both contemporary and traditional arts and crafts.

~~Children are learning values,~~ respect and the difference between right and wrong. Parents ~~are role models and lead by example.~~ They discipline their children as needed. Children can talk about their thoughts and needs and wants. There is trust between the children and parents. This family is sober and we look out for each other. ~~Children feel safe and comfortable in their homes~~ and there is an ~~adequate and steady income in the home.~~ The children grow up having learned the skills to raise their own families.

~~Children are learning about their culture.~~ Elders are sharing traditional knowledge and skills. Children know and are proud of who they are as Innu. They have regular opportunities to spend time in ~~nutshimit~~ to learn Innu practices, values and beliefs. They are also learning about being Innu in school. As well, the community has an Innu ~~cultural centre~~ that hosts events and activities to practice and celebrate all aspects of our culture.

In this vision, our children are also able to find a balance and choose the best of both the Innu and Akaneshau culture. Children ~~attend school regularly~~ and receive a meaningful and ~~quality education.~~ Our children are ~~graduating from high school and prepared to pursue further education or find a job and earn a living.~~ Opportunities for ~~education and employment are available to everyone.~~ Our children believe in the future. They know they can work to see their dreams come true. They grow up with a zest for life.

In a healthy community we organize ~~regular family events,~~ entertainment and gatherings. There are activities for everyone: babies, children, teens, adults and our grandparents. We celebrate each other and our accomplishments. We give out awards to people for their achievements. This community is safe: ~~free of alcohol and drug abuse and there is no crime,~~ including ~~physical and sexual abuse.~~

People are open in this healthy community. ~~All members of the community share and communicate and feel respect.~~ We encourage each other to do the things we are good at. We give each other positive reinforcement. We work together as one. We support and help each other and we feel pride in helping each other out. When we see someone is doing well, we say "Why don't I do that too." We are able to talk about our problems and discuss issues with each other. Children learn that adults are able to be critical of ideas without putting each other down. We think positive and are always striving to better ourselves.

In a healthy community we come together to make decisions. We create our own destiny. We feel ownership of our future. We feel pride in ~~managing our own lives and our community. We are running our own agencies and programs.~~ Our children see leaders who make decisions not for personal gain, ~~but for the good of the whole community.~~ Innu ~~economic development and business ventures are owned not by individual Innu, but by the whole community,~~ and the benefits come back to the whole. Children grow up learning that we all need to contribute to creating a healthy community. Everybody has a role in keeping our community healthy.

3.0 The Challenge

Sheshatshiu, a traditional gathering place of the Innu people, was settled on a permanent basis in the 1960s. Sheshatshiu is a young community with over 40% of the population of ~~1,599 people under the age of 19 years.~~ Innu ~~aimun is still widely spoken,~~ with English as a second language among most adults. The community faces many socioeconomic challenges including an ~~unemployment rate of 30% and severe housing challenges~~ with 50% of the houses in need of major repair and over 30% of houses experiencing overcrowding.

Our community faces many health challenges. We know that many of our children are vulnerable and falling through the cracks. The suffering of these children touches all of our lives and we now have numbers to show the extent of the problem. Since 1983, ~~21 of our children have committed suicide: 19 boys and 2 girls.~~ In ~~2010-11, 1 out of 5 children under 18 years of age, or 104 children, were in the care of Child Youth and Family Services.~~ In 2010, there were ~~339 cases of family violence~~ reported to the RCMP. Our children are vulnerable even before they are born because high numbers of pregnant women are ~~smoking, drinking and doing drugs: 8 out of 10 pregnant women smoke and 4 out of 10 women are drinking or using drugs.~~ This is putting their babies at risk for stillbirths, asthma and FASD.

These numbers show that many of our families are broken. We also see many people suffering from ~~addictions, diabetes, and early death.~~ The average age of death in the community is ~~48 years,~~ well below the provincial average age of ~~74 years.~~

This plan should help us eliminate the current crisis mode we operate in. We need to be proactive and focus on prevention. We need to build on what we have that is working in our community and meeting our needs now.

3.1 Current health need priorities:

- 1) ~~Culture must be a priority and made integral to all aspects of our healing and lives.~~ Many Innu feel that for decades governments and agencies have been beating the Innu out of the Innu. The efforts of outside agencies and governments to settle, assimilate and integrate the Innu into Canadian society have resulted in the erosion of a once independent and proud people and culture. ~~The intergenerational trauma caused by the loss of control over our lives continues as outside agencies insist on~~

operating in ways that ~~undermine our culture and create chaos, confusion, hurt, pain, divisions and a sense of incompetence in our communities. For too long we have been trying to function according to expectations made of us from systems we do not understand. These systems do not make sense and go against our beliefs. We choose not to support them which results in making us look like we are doing the wrong thing. We think it is time we were listened to, that we are able to help ourselves in ways that are appropriate and make sense to us. When we are able to do this, we will be able to make healing a priority in our day-to-day lives as workers, families, organizations, agencies and the community as a whole.~~

We need to be supported, not managed, and the Innu way of life needs to be honoured. Our culture needs to be incorporated into all our dealings, front and centre in any situation. We do not need to be made to feel like our culture is no longer important and that we are incompetent. As well we need to ~~stop trying to meet the needs of the outside world. We need to define for ourselves what it means to function as healthy human beings.~~

2) ~~Vulnerable Children~~

Our vulnerable children are the children in care, the children who have been abused and bullied, children suffering from addictions, who are hungry, who are not attending school, who are out at all hours of the night, who have special needs, children with FASD, children who are themselves having children before they grow up, children who have no hope for their future. We cannot afford to lose any more children to CYFS, addictions and suicide. What we have lost is enough to stand up as a community and take responsibility for our children.

~~The children need to feel like they are a part of the solution, not just the problem. They need to be embraced with love and care. Our children need to be at the heart of our vision of a sustainable healthy community. The children remind us of the urgency of the work we need to do. Their needs must be priorities in this healing plan, keeping in mind that everyone (elders, caregivers, workers, leadership, agencies, organizations, etc.) plays a role in implementing a vision driven by the dreams of our children. We need to support our children to become healthy adults. We need to remember that a sustainable healthy community is driven and owned by the Innu. Our children are our future leaders.~~

There is a need for services targeting vulnerable children. These include ~~counseling to deal with addictions, trauma and abuse. There is a need for more programming to promote healthy sexuality and relationships. More prevention programs are needed to provide opportunities for children to participate in healthy activities: programs to learn about the Innu culture, recreation program that includes sports and physical activity as well as a range of other activities: art, craft, cooking, music, camping, entertainment, etc.~~

3) ~~Our families~~

Much of the work that we need to do to support vulnerable children involves their families. Our families need to be supported in ways that does not make them feel like perpetrators or victims, but as human beings who have the capacity to change and make good things happen. Helping each other out is very important in our culture. We need to ~~move away from penalizing families for mistakes as this process only creates deeper and more unreachable expectations of them~~. We need to work at a pace that meets the ~~needs of the family who can in turn then meet the needs of the children~~.

Families need to be supported to reach their full potential, which lies in each and everyone one of us. Our families are carrying the hurts and pain of generations. It is within our families that the brunt of the intergenerational trauma of the last 4 decades is too often played out. Within our broken families, we no longer care for our children, our elders or each other. Our elders no longer hold their rightful place as our spiritual guides. Opportunities to share our stories and understand this history are needed to heal from the trauma. Our culture can also show us to way to reclaiming strong and health families.

4) Community divisions

How we live with each other in the community, especially ~~how we do politics, goes very much against the Innu way of life~~. Innu values clash with Akaneshau values. Too many of our leaders believe that our only hope in surviving or having a sense of self-worth is to value the Akaneshau way of life and doing things. The effects of intergenerational trauma are reflected in the dysfunctional ways we govern ourselves. ~~Politics have become corrupt in our community and this has created a great deal of hurt, division and chaos in the lives of individuals, families and the community as a whole.~~

5) Intergenerational trauma, mental health and addictions

Our ailing mental health and addictions issues stem from decades of inter-generational trauma, during which ~~we went from being a strong independent people living a subsistence economy to an impoverished people dependent on government handouts~~. We lost our way as a result of ~~losing control over almost every aspect of our lives needed to sustain health and well-being~~. We have been subject to foreign education and wildlife laws. We have lost traditional lands and resources. We have lost our connection to some of our spiritual ways, our values and beliefs, to traditional practices such as a ~~healthy diet and traditional medicines~~. During this time many of us ~~experienced physical and sexual abuse~~. We have even lost our ability to parent our children. Flowing from these assaults are patterns of negative behaviour that we now pass on from generation to generation. These include alcohol and drug abuse, family violence, sexual abuse, chronic rage and depression and a basic breakdown of our families and community life (trust, forgiveness, unity, cooperation,

etc.) Understanding this history and regaining control over our lives is key to combatting our addictions and healing our mental health.

4.0 ~~Our strengths~~

As we strive to create a healthy community, we need to start where we are and build on our strengths. Our strengths are the foundation of our healing.

- 1) ~~Our Culture:~~ Our greatest strength is our culture. It needs to be put front and centre to everything we do. From the strength and values of our culture will flow healing. Our language remains strong. It is the key factor to communication and our identity. We need to make sure our children are learning about their culture and know who they are as Innu. A strong sense of identity is key to becoming healthy adults. We have a deep pool of cultural knowledge and practice to draw on. Our elders need to take their rightful place in our lives. Our culture is about gathering, sharing and supporting each other. Our culture can show us how to make our families strong again.
- 2) ~~A growing healing movement:~~ Within our community we have a growing number of individuals who have been able to break through the cycle of intergenerational trauma and addictions, and have learned to take care of themselves and their families. They are role models and heroes. A number of these people are frontline workers and providing leadership in the development and operating of programs and services. We have seen a drop in some of our social ills, such as suicide.
- 3) ~~Families:~~ We need to continue to support families that are doing well so we can sustain the momentum for change and a healthy model for others. Much of the work that needs to be done to support vulnerable children needs to happen at the family level. We have families who can show us the way – parents who have changed their lives and taken charge of their family life and men and women who have worked out their relationships and dealt with problems of abuse and violence. We continue to be connected and support each other through extended families.
- 4) ~~Our resilience:~~ Despite the hardships we have endured, particularly over the last 5 decades, we are resilient and we survive as Innu people. We have seen people turn their lives around. Our children especially are resilient. We have seen how our children can bounce back from great adversity. A loving home, a positive experience in nutshimit, participating in treatment and healing activities can transform a traumatized child into a happy child.
- 5) ~~Our social health:~~ Despite all the dysfunction and years of intergenerational trauma we have experienced, we have proven in the past that we can work together and achieve great things as a community. We need to harness the power, energy and unity we had when we fought against low-level flying and wildlife laws and for the

Tshash Petapen Agreement. We need to come together now and focus on our health, build on past and ongoing efforts to address crisis issues such suicide, the high number of drug dealers, and children in care.

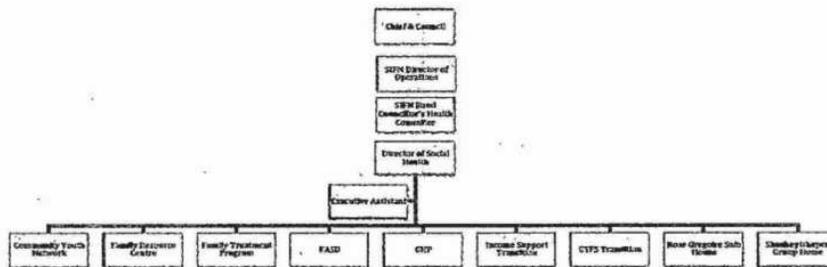
- 6) **A growing capacity:** A growing number of people are recognizing the importance of education and returning to school to obtain their high school diploma and going on to complete college and university programs. We are running our own social health programs and our own school. We have services and programs in place that we can build on and improve.

5.0 Health Services Governance and Management

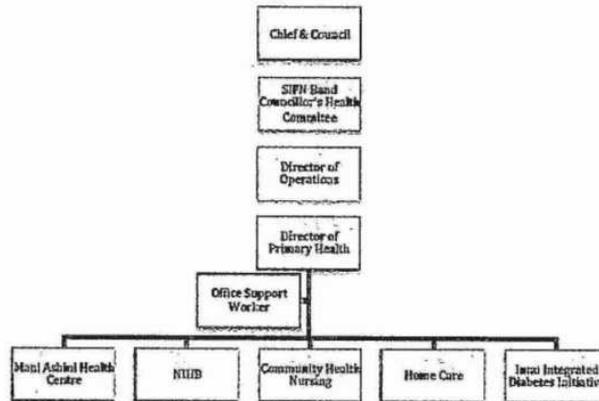
The Innu of Sheshatshiu receive health services through a combination of provincial, federal and Innu-run programs and services. The community has a primary health care centre with a full complement of staff, including a diabetes program and public health nurses. Being close to Happy Valley Goose Bay, community members can access specialist health services and emergency care. Air travel is required for some tertiary care.

There are a variety of efforts being carried out by the Innu, and provincial and federal health authorities to support increased Innu control, ownership and responsibility relating to their health needs. This includes LICHs and its efforts to support the Innu in providing their own programs and services. A new social health facility has just opened housing a variety of Innu-run services including the Family Resource Centre, Innu-Uauitshitun, the family treatment program, an FASD coordinator and a health planner. Other social health programs include a women's shelter and the Rose Gregoire Safe House, a group home, a day care and Aboriginal Head Start Program. Two Innu directors oversee local health services: a director of primary health care services and a director of social health services. (See the two figures below for the organizational chart of Innu primary and social health services.)

**Sheshatshiu Innu First Nation
Social Health Organizational Chart**



**Sheshatshiu Innu First Nation
Primary Health Organizational Chart**



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Despite these efforts, we continue to have ~~inadequate involvement in the planning and delivery of health care services~~. With the health needs assessment there is ~~strong evidence for long-term government-funded Innu healing programs~~ to build on the work that has been done and to address ongoing serious health needs and gaps in services.

This new phase of the Strategy is an opportunity for a ~~renewed relationship between the Innu and its federal and provincial partners~~. As stated in both external evaluations of LICHS (2004 and 2009) and reiterated during the health needs assessment process, healing strategies ~~must incorporate the Innu perspective~~ and the Innu must be involved in the design and delivery of healing services. A number of Innu frontline workers in Sheshatshiu recognize their responsibility and leadership role to improve the health of Innu individuals, families and the whole community. ~~This new phase of the Strategy must be truly community based and supportive of their leadership and of the need to work towards greater Innu capacity and self-government.~~

5.1 ~~Action plan: The Innu Healing Roundtable (IHR)~~

The Innu and governments need to ~~redefine their relationship~~. A true collaborative ~~relationship between the Innu and governments should be renegotiated through the proposed Innu Healing Roundtable~~. The Roundtable would be a joint planning mechanism that would bring together representatives from Sheshatshiu, Natuashish, ~~Health Canada, FNIH, AANDC, LGRHA and the provincial departments of CYFS and Health to support Innu-driven health service planning, management and delivery~~. It would also have a mandate to oversee the development and implementation of a

devolution process for Innu control of health services. This tripartite body needs terms of reference that outline clear and reciprocal roles, responsibilities and accountability. An arms length secretariat would be set up to support the work of the Roundtable.

5.2 Action plan: Sheshatshiu Innu Health Board

Sheshatshiu will establish an Innu Health Board. This board will replace the existing SIFN Health Committee. Board membership will retain the three existing committee members who are elected band councilors and expand to include an elder, representatives from the Social Health Department and Primary Health Services and other community members. These new members would be selected for their experience and knowledge of health and the community. A clear process and criteria for community membership will be defined to ensure that members are not subject to political appointment or interference. These board members would provide continuity to the board when new councilors came on board after an election. The board would undergo a facilitated organizational development and capacity building process to define its mission, mandate, and terms of reference.

5.3 Action plan: Re-establishment of an Interagency committee

A multi-program approach to priority issues is required. An interagency committee has just been re-established. Modeled from the ad hoc crisis response interagency team previously set up to address the suicide crisis in the community, this interagency committee needs to be sustained, meet regularly, and address prevention as well as crisis needs. The committee has already met to begin discussions on addressing the crisis numbers of children in care and teen pregnancy. An interagency committee provides a forum for information sharing and can develop a plan for integration of services and a collaborative case management approach to service delivery. Membership includes representatives of Innu programs and services as well as LGRHA, CYES, LIS, the RCMP, the Innu school, CJAY, and the SIFN departments of housing and recreation. The interagency committee will undergo a facilitated organizational development process to articulate its mission and mandate, and to define roles and responsibilities. The interagency committee would provide a forum for communication and liaising. All programs will need to allocate staff time to interagency work. The Innu Health Board could set up of working subcommittees or crisis intervention teams to address different issues according to need, e.g. teen pregnancy, intergenerational trauma, etc.

6.0 Health Programs and Services

Many people during the health needs assessment process spoke of the need for sustained, quality, culturally appropriate Innu programs and services implemented by a trained and skilled workforce. At the same time our programs and services need to be flexible and responsive. Many suggestions were made about the type of programming required and new services that are required. Some suggestions for programming could be addressed through existing programs and services. Others would require new programming and funding.

The healing of our vulnerable children and their families needs to become the focus of our programs and services. ~~Special attention needs to be directed towards children between 7 and 14,~~ where there appears to be a dearth of services and programs. Families need to be able to access programs and services as individuals and as a family. Existing services need to be reviewed to see how they can support our vulnerable children and their families. From there we need to identify the gaps and develop programming to address those needs.

6.1 ~~Action plan: Creating a safe climate for healing individuals and families~~

Healing work cannot be forced but something individuals and families want. ~~We need to create a climate that draws people to healing.~~ We need to understand the level of readiness and understanding of each individual and meet them there. We cannot impose solutions. We need to ~~have patience and acknowledge that people are learning.~~ We need to better understand the barriers to participation in our services. Our approach of working with individuals ~~needs to start with building relationships.~~ We need to create an environment where we accept people for who they are. Trust and respect are the basis of working with families. They need to know that our workers are ~~there to help them learn and build their capacity.~~ We need to work on their strengths and move away from ~~penalizing families for mistakes, a process that only creates deeper distress and destroys hope for change.~~ Individuals and families need to feel accepted and honoured. This will create a basis for motivation and help them to aspire to continue on their healing journey. Our work needs to be about instilling hope for our children and families. Our work needs to be about empowerment. We need to ~~help people come out of their isolation and hopelessness and feel connected again.~~ We need to promote families helping families, buddy systems between families. Families need opportunities to spend time and heal in ~~nutshimit.~~

6.2 ~~Action plan: Developing, sharing and integrating workplans~~

Further discussion is required to determine which strategies and actions as outlined in the health needs assessment and other forums are priorities. At this time all frontline workers have developed workplans specific to their programs and individual positions. ~~Each program needs to review the health needs assessment reports to capture information relevant to their service and reflect on how their current program goals, objectives, actions and outcomes line up with community needs.~~ Workplans need to be adjusted accordingly. A community process needs to be organized to share, exchange feedback, and integrate revised workplans. The process should be facilitated to help maintain focus and help with documentation, and local coordination of follow-through. This process will be important in breaking down the existing silo approach to program delivery in the community.

6.3 ~~Action Plan: Accreditation of health programs and services~~

~~Social health programs will undergo an accreditation process.~~ This process will ~~build the capacity of frontline workers to provide sustained and quality services and programs.~~ The accreditation journey would ~~involve a culturally relevant team~~

approach to self-study, external review, capacity building and organizational development, not only to meet standards but also to continuously find ways to enhance services and programs. Many of the needs identified through the capacity needs assessment could be addressed through participation in the accreditation journey, including:

- human resources and organizational development. While a SIFN human resources policy manual exists, there is a need to develop human resources and program manuals that detail policies and procedures specific to the primary and social health programs and services. While some policies and procedures exist, such as a code of ethics and confidentiality policies, these need to be reviewed and revised, and a comprehensive manual needs to be developed and workshopped with all frontline workers. As well SIFN human resources policies need to be implemented, including annual performance appraisals.
- policies and procedures for case management, collaboration and partner relationship
- the development of recordkeeping and information management processes, as well as an evaluation framework.
- fostering a culture of learning, competence and empowerment within and amongst programs through the sharing of organizational information, developing employee knowledge and skills set, and promoting shared accountability/decision making at all levels within health organizations.

6.4 ~~Action plan: Bringing our culture to life in our day-to-day lives.~~

All programs need to be reviewed to determine how to incorporate Innu culture, values, beliefs, healthy practices. All programs should have access to elders as program resources. The approach should be to determine how elders can be given their proper status in our culture, rather than how we can fit elders into our existing programs. Our programs and services need to help people explore how culture can bring healing and good health into their lives. We need to go back to basics and draw from the values and beliefs of our culture. Our culture holds a world of endless opportunities to rebuild ourselves in a positive and healthy way.

~~We need to do more work in educating outside service providers, agencies, funders and partners about our culture, values, beliefs, language and practices.~~

6.5 **Action plan: Improving communication and outreach**

Communication needs to improve on many levels within the community. ~~There needs to be greater communication between Innu services, and between the Innu and their outside partners.~~ There is a general lack of information about what Innu programs and services are and Innu workers lack information about how outside agencies work. Leaders lack information about what community programs are doing, as do community members and people who need to access the services.

~~A communication plan needs to be developed.~~ Information can be communicated through pamphlets, the radio, public meetings and a website. Community forums such as the successful annual health conference need to continue and can serve as models to develop other opportunities for sharing information. Program and services need to work on making their programs more accessible, on providing information that will enable the community to understand the services and programs available to them. More work needs to happen in the community as opposed to offices. More meetings need to happen between Innu program staff and outside agencies. These meetings need to be open and provide opportunities for mutual learning to develop strong partnerships and real collaboration.

~~7.0 Capacity building and professional development~~

The capacity needs assessment identified both strengths and needs with regards to Sheshatshiu Innu capacity related to health services and programs, as well as management and governance. A number of existing capacity building efforts are underway. They need to be supported to continue and new opportunities need to be developed. As mentioned above the process of program accreditation will involve relevant capacity building. Culture needs to be considered in all training opportunities and elders need to be involved in training and capacity building.

The need to learn and build capacity exists at all levels: individual, family and the community as a whole. We need to grow existing capacity. The capacity is there and needs support to ensure lifelong learning.

~~7.1 Action Plan: Individual and family healing~~

The healing work must begin with healing individuals and families. ~~There is a growing core of 60 individuals in the community who have participated in intensive treatment programs and committed to their healing journey.~~ A variety of treatment options need to be available. ~~The Brentwood model in particular is providing an effective service and in-community resources and programs with continuous intake.~~ Aftercare is provided and individuals committed to their ongoing healing meet regularly to support each other, to continue to learn and grow, and to encourage others to embark on their journey. They are ~~becoming important role models in the community,~~ demonstrating new ways of living healthy. Funding is required to continue to be able to provide these residential and day program opportunities for interested individuals. Opportunities for individual and family treatment in Nutshimit must also be an available option. ~~Aftercare support also needs to continue and be expanded.~~

~~7.2 Action Plan: Self-care and support for frontline workers~~

The health of frontline workers is paramount to their ability to do their work. Building the capacity of frontline workers to practice self-care will help create a climate of mutual support and prevent burnout. Other types of support include access to professional counseling. Regular staff meetings as well as circles can nurture teamwork and more

trusting and caring relationships amongst workers. A team spirit can also be nurtured through staff retreats and gatherings, and organizing activities such as team sports. Within this climate workers can support each other and hold each other accountable for their own health and healing. They can become a model of health living that the rest of the community will come to also want to achieve.

7.3 Action plan: CONA/MUN partnerships for training and post-secondary education

Efforts are underway to work with CONA and MUN to provide training and build capacity of Sheshatshiu Innu to work in health programs and services. CONA is now providing a certification program for addiction workers. The two health departments need to continue to work with CONA to develop and provide on site tailored certification programs for Innu health workers. The Social Health Director is in negotiations with MUN to develop post-secondary opportunities for Innu students that include support services. As well, the social health director is working with MUN to develop a cultural education component for its medical program and MUN is investing resources to promote its programs in Innu schools.

7.4 Action plan: On the job training and mentorships

On the job training and mentorship opportunities need to be designed and funded to provide hands on individualized and/or group training. For mentorships to succeed, mentors and mentees much be matched to ensure there is trust and compatibility. Roles, responsibilities and expectations should be clearly defined as mentorship opportunities are developed.

8.0 Recordkeeping, data collection and information management

As indicated in the capacity needs assessment report, efforts to develop recordkeeping, data collection and information management processes for Sheshatshiu health programs have largely been ineffectual. Frameworks and templates imposed to date have not been appropriate to the capacity or needs of the Innu workers and have primarily served the information needs of governments and not the Innu. There exists in the community resources and processes for the effective collection and management of information, e.g. CYFS and CJAY. These resources should be tapped to develop appropriate processes and templates for the other health programs.

The quantitative component of the health needs assessment amassed a range of baseline health data that can inform health planning for the community. As well, Sheshatshiu health leaders are working on a collaborative health information project with the Newfoundland and Labrador Centre for Health Information. A database of health data specific to Sheshatshiu is being developed. Project members are in the process of identifying indicators that will be useful to support community and program planning. Given the low level of numeracy in the community, more work needs to be done to improve translation of the health data collected within both these processes.

8.1 Action plan: ~~Creating Innu processes and templates for data collection~~

Practical methods to collect reliable information need to be developed for all health programs. Existing efforts with FNIH and LGRHA to support data collection at the community level need to be reviewed to ensure they are organic, tailor-made and appropriate for the community and Innu workforce. ~~The data collected must not only meet the accountability needs of governments but respond to the information needs of the programs and the community.~~

Methods need to be simple and understandable and able to be applied to an Innu context and understanding. Existing templates based on the linear logic model should be reviewed to see whether they can be adapted to the Innu context and language. If the Innu have had difficulty to apply the logic model to date, it may be that the problem is with the model itself. The limitations of this cause-and-effect approach need to be considered especially in measuring results that are subject to a wide range of variables and messy realities that are beyond the scope of any program. The logic model involves an oversimplification of life, which needs to be well understood in any application of it.

9.0 ~~Healing community divisions~~

Many people discussed the issue of community divisions and politics in the health needs assessment process. The capacity needs assessment also addressed the issue of governance and the need for transparency. Awareness of the divisions and the debilitating pain and chaos they create in the community is high and a strong desire to do things differently was clearly articulated during the gathering voices process.

8.1 Action plan: ~~Develop a plan for healthy governance~~

The community needs a forum to come together to devise a plan on ~~how to do politics differently and how to hold everyone~~ leaders and community members responsible and accountable. This process could help eliminate a lot of conflict between leadership and the community. It would eliminate unfair practices, create greater equality and ways to move beyond the existing backbiting, corrupt and dysfunctional ways of doing politics. Leaders need to be involved and take their direction from the people. ~~We need to review our governance structures and the community needs to have input.~~ Our leaders need to build their capacity to better understand their roles and responsibilities in order to govern effectively and fairly. ~~Leaders need to be healthy individuals, educated and have a vision and direction for the community.~~ Planning needs to occur with the involvement of the whole community. Leaders need to communicate regularly with the community. This need to report regularly to the community also applies to Innu programs and services. Policies and procedures need to be developed and/or implemented to ensure there is fairness and equality in opportunities including: housing, employment and education. ~~Hiring practices and appointments to boards and committees need to be based on competency and~~

~~fairness not political or family alliances.~~ The community needs to have an opportunity to know how leaders are managing their budgets. While leaders have an important role to fight for the rights of the Sheshatshiu Innu, ~~political interference in community services and programs needs to stop.~~

The SIFN and Innu Nation need to develop policies and procedures to ensure that ~~elections are carried out in ways that are safe, that promote democracy and that ensure that we are electing the best possible leadership.~~ An election board governed by rules and regulations should be put in place to monitor candidates. Our election process needs to be a part of our plan to create a safe and healthy community.