

# **LABRADOR INNU COMPREHENSIVE HEALING STRATEGY EVALUATION**

**DRAFT REPORT**

**April 9, 2003**

**IER Planning, Research and Management Services  
and  
Aboriginal Research Institute**



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## LIST OF ACRONYMS

ADM	Assistant Deputy Minister
AFA	Alternative Funding Agreements
AGC	Auditor General of Canada
ARI	Aboriginal Research Institute
CMHealth Canada	Canada Mortgage and Housing Corporation
CONA	College of North Atlantic
CSW	Community Service Workers
CYSF	Child, Youth and Family Services
DIAND	Department of Indian and Northern Affairs Development
ESC	Evaluation Steering Committee
FAS/FAE	Fetal Alcohol Syndrome/Fetal Alcohol Effects
FNPP	First Nations Policing Policy
GNL	Government of Newfoundland and Labrador
Health Canada	Health Canada
Health CanadaS	Health and Community Services
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome
IER	IER Planning Research and Management Services
INAC	Indian and Northern Affairs Canada
LHS	Labrador Health Secretariat
LICHs	Labrador Innu Comprehensive Healing Strategy
MC	Memorandum to Cabinet
MIHealth Canada	Mushuau Innu Health Commission
MIHT	Mushuau Innu Healing Team
MIRA	Mushuau Innu Relocation Agreement
MIRC	Mushuau Innu Relocation Committee
NFLD	Newfoundland
OIC	Order in Council
PWGSC	Public Works and Government Services Canada
RCMP	Royal Canadian Mounted Police
RMAF	Results-Based Management and Accountability Framework
SOW	Statement of Work

## EXECUTIVE SUMMARY

### *Cause and Origin of the Labrador Innu Comprehensive Healing Strategy*

The Labrador Innu Comprehensive Healing Strategy (LICHS or “Healing Strategy”) is a coordinated response, initiated in the Fall of 2000, by three departments of the Federal Government (Indian and Northern Affairs Canada, Health Canada and the Solicitor General) to the worsening crisis of substance abuse and underlying social and health crises in the Labrador Innu communities of Davis Inlet and Sheshatshiu.

The Healing Strategy is comprised of five components: Community, Health, Mushuau Innu Relocation, Registration and Reserve Creation, Programs and Services, and Community Policing.

In the 1960's, the self-sufficient nomadic life the Labrador Innu had led for thousands of years came to an abrupt end with the settling of the two communities of Davis Inlet and Sheshatshiu. The sudden and large-scale change to the Innu's way of life led to quick deterioration of community, family and individual roles and responsibilities, confusion, frustration and anxiety, and ultimately, severe alcohol and substance abuse, suicides and accidental deaths.

Despite efforts by both the Innu communities and the Provincial and Federal governments in the 1990's to treat the addiction and social problems of the communities, the social crises only deepened in Davis Inlet and Sheshatshiu.

In November 2000, the leaders of the two communities called on the Federal government to provide a comprehensive healing strategy to help these ailing communities. In response, the Federal and Provincial governments made commitments to the Labrador Innu in November 2000, and took immediate action to treat gas-sniffing youth, and created the Labrador Innu Comprehensive Healing Strategy. The Healing Strategy funding was approved by the Federal Cabinet on June 15, 2001.

As a Federal government initiative, the Healing Strategy is designed by the Federal government, funded by Treasury Board and implemented by Federal government departments.

### ***Objective of the Labrador Innu Comprehensive Healing Strategy Evaluation***

In the summer of 2002, an Evaluation Steering Committee (ESC) was created to guide an interim evaluation of the Healing Strategy, which would report Strategy progress to date and make recommendations to the Treasury Board.

IER Planning, Research and Management Services (IER) and the Aboriginal Research Institute (ARI) were contracted by the ESC in October 2002 to conduct the evaluation of the LICHs.

The evaluation of the Healing Strategy is bound by the Statement of Work provided by the Evaluation Steering Committee.

The project's Statement of Work states that "the purpose of this evaluation... is to assess progress against plan for each of the five main components of the strategy, and provide an overall assessment of ongoing relevance and needs, early success and cost-effectiveness." (INAC 2002i).

### ***The Healing Strategy's Complex Nature***

The overall task of the LICHs is immense and complex, particularly as it is taking place in an overall environment of sensitive cultural/social and political issues.

In addition, building and moving an entire community located in a remote location in northern Labrador is particularly challenging. There are severe issues of geography (northern remote location, short building season), logistics, and relocation in the context of a sensitive cultural/social environment. Community healing is occurring in two different communities (Davis Inlet/Natuashish and Sheshatshiu), which are separated by distance and have different political, social and economic needs and capacity requirements.

As a complex initiative, and given the nature of the past relationship between government and the Innu, all parties seem to agree that the Healing Strategy is a step in the right direction. However because it is only "a first step" there is a tendency to look not at the step itself, but for most to focus on the long

road ahead -- and the potential obstacles that lie ahead. Accordingly, most respondents tend to look not at what has been accomplished with the first step but rather to look at what else has yet to be done. From the perspective of the consultants this is a natural occurrence given the overall nature of the situation existing within the Innu communities

Therefore, when evaluating the Healing Strategy, it is important to keep in mind the following facts:

- It is the first step in a major initiative;
- There is little precedence to rely on, so both parties (government and Innu) are learning as they go along;
- It is still very early in the process;
- Communities are in a sensitive situation, due to numerous social and cultural issues;
- There are a number of major activities taking place in a short period of time; and
- Communities have and are currently experiencing social disruption

In this context, there is much to be done and there are many areas where the process and Healing Strategy can be improved. However, judged in the context, the Healing Strategy remains relevant and is proceeding in an overall positive direction.

### ***Definitions of "Success"***

As a process designed and delivered by the Federal government, the evaluation process and criteria are built into the Healing Strategy. The basic question upon which the entire evaluation rests, is: "How successful has the Healing Strategy been?"

In order to help answer this question, the Evaluation Steering Committee provided the IER/ARI study team with two tools to guide the evaluation process (see Appendix A):

- (1) an Evaluation Framework with a series of broad evaluation questions; and
- (2) a table of performance areas and associated indicators developed for the Healing Strategy's October 2001 Results-Based Management and Accountability Framework (RMAF).

Both of these tools were designed by the Federal government. The RMAF focuses on progress against planned objectives/activities. From a government perspective, "success" or "progress" will be defined in terms of achieving the established benchmarks set out in the RMAF. As the report is intended to indicate progress against these indicators, the end result is a report that emphasizes a "quantitative" definition of "success" (i.e., numbers, facts and figures).

In the LICHS evaluation, however, success is defined in a myriad of ways, depending on the perspective of the persons involved in, or affected by, the Healing Strategy and its component program areas.

In addition, given the facts that the Healing Strategy has been in existence for 1-1/2 years, and that community healing is a slow process, it would be difficult to evaluate the degree of success of the community healing at this time.

### ***Dual Perspectives among Respondents***

As with any social program or strategy evaluation, this evaluation can be perceived as having two types of respondents: 1) those who deliver the program; and 2) the recipients/beneficiaries of the program. In the LICHS evaluation, the differences between respondents is quite dramatic and multi-faceted. In this case, the "deliverers" of the program are Federal government departments with head offices in Ottawa; while the "recipients" are Aboriginal peoples living in remote regions with a history of strained relations with both the Federal and Provincial governments. Under these circumstances, we have two deeply conflicting perspectives on what "needs" must be addressed by the Healing Strategy, and what means are to be used to satisfy those needs.

As a Federal government initiative, imbedded in the Healing Strategy is an approach that defines the situation terms and concepts from a government perspective. Typically, in the government-based approach, Aboriginal people are not accorded the status of equal participants in making the decisions to address these needs.

Regardless of how the Healing Strategy is conceived or implemented, there will always be two highly contracting perspectives. The best that can be done under the circumstances is to be aware of these polar views, and in the future, attempt to evaluate the Healing Strategy from both perspectives.

Consequently, across all of the components of the Healing Strategy evaluation, there will be differences between the two main parties to this initiative: government and Innu.

### ***Summary of Evaluation Findings***

In the course of this evaluation, the IER/ARI study team conducted 86 interviews with a cross section of various representatives of INAC, Health Canada, the Solicitor General of Canada, the Province, and the two Innu communities that have specific knowledge of and involvement in the Healing Strategy. Our team also reviewed 352 documents, files and secondary sources. Using the Evaluation Framework approved by the ESC, the LICHS evaluation generated the following main findings:

#### **Meeting Innu Needs**

- The majority of respondents agreed that the Healing Strategy is meeting some needs very effectively (for example, the housing needs of the Mushuau Innu).
- Most respondents also agreed that, since there are many needs, the Healing Strategy has not yet met all of the needs of the Innu communities.
- The majority of respondents agreed that a holistic strategy is still required (however they might define it) because the multiple underlying needs of the Innu still exist.
- Most respondents agreed that the federal and Provincial departments currently involved with the Healing Strategy are appropriate and generally felt that the five components of the Healing Strategy are still appropriate.

#### **Information Collection and Sharing**

- Most respondents were able to identify very few sources of baseline information against which to measure the success of the Healing Strategy to date.

- Some respondents from the federal and Provincial departments felt that the mechanisms established for collaboration, such as the Main Tables, should enable the sharing of data among the three parties.

#### **Consultation with the Innu**

- Respondents from the federal government and from the Innu communities agreed that the Innu were not consulted prior to the development of the Healing Strategy or during its development.
- The planning process was led out of Ottawa by three federal departments, INAC, Health Canada, and the Solicitor General's office. The Innu communities had limited involvement in the planning of the Healing Strategy.

#### **Collaboration Among Parties**

- Respondents from the federal and Provincial governments appeared satisfied with the extent and nature of collaboration to date, pointing to multi-lateral involvement in the wide variety of committee structures associated with the Healing Strategy as proof of successful collaboration
- Respondents from the Innu communities were less satisfied with the level of collaboration to date than were government respondents, as they felt that collaboration had really only taken place in the last year.
- The majority of respondents were generally unclear as to how decisions related to the Healing Strategy were, and are, being made and who is making those decisions. However, secondary source documents indicate that a framework for decision-making with respect to the Healing Strategy was developed at the outset.

#### **Capacity Building**

- The majority of respondents agreed that the extent of existing capacity within the communities and within the government departments involved was not adequately considered in the planning and development of the Healing Strategy.
- The majority of respondents agreed that capacity building has not been adequately addressed to date in the implementation of the Healing Strategy.
- All respondents identified capacity as having an impact on the pace of

implementation

***RMAF Findings***

In addition to points about collaboration, the RMAF provides numerous indicators for the 5 components of the Healing Strategy, in terms of outputs, immediate outcomes, intermediate outcomes, and ultimate outcomes. In general, the evaluation provided most of the information sought in outputs and immediate outcomes; some information for intermediate outcomes; and no information for ultimate outcomes. A completed version of the RMAF is provided in Appendix H.

The findings summarized above are provided in more detail in Section 3 of this report.

## 1. INTRODUCTION

### *1.1 Purpose and Structure of this Report*

#### **1.1.1 Purpose of the Labrador Innu Comprehensive Healing Strategy**

The Labrador Innu Comprehensive Healing Strategy (LICHS or “Healing Strategy”) is a coordinated response, initiated in the Fall of 2000, by three departments of the Federal Government (Indian and Northern Affairs Canada, Health Canada and the Solicitor General) to the worsening crisis of substance abuse and underlying social and health crises in the Labrador Innu communities of Davis Inlet and Sheshatshiu.

The Healing Strategy is comprised of five components:

- Community;
- Health;
- Mushuau Innu Relocation;
- Registration and Reserve Creation;
- Programs and Services; and
- Community Policing.

Federal Cabinet approved the Healing Strategy in June 2001, providing funding for three years (2001-2002 to 2003-2004). In the Fall of 2002, IER Planning, Research and Management Services (IER) and the Aboriginal Research Institute (ARI) were contracted to conduct an evaluation of the LICHS, in preparation for Treasury Board review of the Healing Strategy in June 2003.

#### **1.1.2 Report Structure**

The LICHS evaluation report consists of the following five main sections. Each is briefly discussed below.

Section 1 - Introduction - explains the report's purpose and scope, and background on the Labrador Innu and the Healing Strategy itself.

Section 2 - Methodology - describes how information was collected and analyzed to produce the report.

Section 3 - Evaluation Findings - provides a brief evaluation of the Healing Strategy as a whole, followed by detailed, evidence-based findings of each of the Healing Strategy's components.

Section 4 - Conclusions - provides the observations and conclusions reached/attained, based on evaluation findings.

Section 5 - Recommendations - provides the recommendations on the Healing Strategy based on the scope of mandate.

### **1.1.3 Statement of Work**

The evaluation of the Healing Strategy is bound by the Statement of Work (SOW) provided by the Evaluation Steering Committee.

The project's SOW states that "the purpose of this evaluation... is to assess progress against plan for each of the five main components of the strategy, and provide an overall assessment of ongoing relevance and needs, early success and cost-effectiveness. The results will be used to report back to Cabinet in June 2003, and seek on-going funding for the future years" (INAC 2002i).

The SOW acknowledges that at this stage of the evaluation (only 1 ½ years since receiving Cabinet approval), tangible outcomes will be few. In addition, it is recognized that time will be insufficient to perceive outcomes in areas such as improved health and social conditions. Therefore, this evaluation is focused on measuring the progress of implementing the Healing Strategy's 5 components to date, and providing answers to broad evaluation questions regarding the relevance, success and cost-effectiveness of the Healing Strategy. The broad evaluation questions and performance areas and indicators (see Appendix A) were provided by the Evaluation Steering Committee as part of the SOW, to guide the evaluation.

The SOW states that the evaluation should consist of a combination of:

- interviews with key individuals in federal and Provincial government departments/ministries in the Healing Strategy, and with Innu representatives;
- focus groups with Labrador Innu; and
- review of secondary information, documents, administrative files and databases.

Products of the evaluation include data collection instruments, bi-weekly progress reports, presentation of key findings, a draft report, and a final report.

#### **1.1.4 Limitations of this Report**

The report is limited in its ability to fully explore the significantly different cultures, perspectives and understandings of the various parties involved in the Healing Strategy. As important as the impacts of these differences are, our mandate restricts the evaluators to a discussion of differences in terms/concepts (such as consultation, collaboration, holistic, capacity building).

### ***1.2 Context /Background to Labrador Innu***

#### **1.2.1 Labrador Innu pre-1960**

In the 1960's, the self-sufficient nomadic life the Labrador Innu had led from thousands of years came to an abrupt end with the settling of the two communities of Davis Inlet and Sheshatshui. According to the Innu elders, for as long as they were nomadic, the Innu society was a productive and close-knit society – although life was often harsh and sustenance was difficult to find.

When Newfoundland and Labrador became part of Canada in 1949, the Innu were not recognized as Indians under the Indian Act (INAC 2002g, p.1; INAC 2002k, p.1). Over the years, the Federal and Provincial governments developed a shared responsibility for the Innu through agreements and commitments on health and safety issues, justice and policing, education and other programs and services (INAC

2002g, p.1).

### **1.2.2 Labrador Innu 1960's**

In the 1960's, the Federal government enforced programs to settle the Labrador Innu in permanent settlements.

The majority of the Sheshatshi Innu settled in government housing in 1964. Prior to this time, the community consisted of a church (built 1959) and a few houses built by the Innu (1954-onwards). The RCMP started to make visits to the community in 1965 and in 1967, the first Sheshatshiu Innu children were enrolled in the Peenamini McKenzie School (Innu Nation 2003a, Tab 41, Fig. 1).

The Mushshuau Innu were settled on the island of Iluikoyak (Davis Inlet) in 1967. Prior to 1967, the Mushshuau Innu did not spend much time at Davis Inlet: they would go there only to trade at the Hudson's Bay post and visit the priest (Innu Nation 1995, p.1).

### **1.2.3 Labrador Innu post-1960's**

Soon after settling in the communities of Davis Inlet and Sheshatshiu, signs of addictive behaviour and social/family dysfunction became apparent. For example, widespread alcohol use was prevalent by 1970, followed by the first Innu Alcohol Program in 1975 (Timeline 900 AD to 2000AD). Research by Dr. Colin Samson and others (Samson et al 1999, p.9) has shown that the source of these problems is sedentarism and colonialism, which dramatically destabilized Innu society and caused deep psychological trauma.

Social health and wellness statistics indicate that the Labrador Innu have lived for decades in extremely poor social conditions. For example:

- According to the Memorandum to Cabinet, the educational situation for the Labrador Innu is bleak, with school attendance around 25%: only 13 Innu have graduated from high school between 1985 and 1999; and only 1 University graduate (MC). While failing to equip most young Innu to function successfully in Euro-Canadian society, the school effectively separates them from their own cultural roots. The result leaves most Innu children ashamed and confused, feeling that they belong fully in neither world (Samson et al 1999, p.22).
- An Innu child in Sheshatshiu is 3 times more likely to die before the age of five than the average Canadian child; an Innu child in Davis Inlet is 7 times more likely to die before

the age of five than the average Canadian child (Samson et al 1999, p.7).

- In 1990, investigators found that between 80 – 85% of Davis Inlet residents over 15 years old were alcoholic, and that half of these were intoxicated on a daily basis ( Samson et al 1999, p.6). Alcohol is a major factor in the astonishingly high rates of both successful and attempted suicides: according to the Band Council’s own figures, almost a third of all adults in the community tried to kill themselves in 1993 (Samson et al 1999, p.6). From 1990 - 1998, there have been eight successful suicides in Davis Inlet – equivalent to a rate of 178 suicides per 100,000 population, compared to a Canadian rate of 14 per 100,000 (Samson et al 1999, pp.6-7).
- Health professionals admit that the situation of poor health in Davis Inlet is exacerbated by poor physical conditions – the lack of running water and flush toilets, inadequate garbage collection and overcrowded houses – they also tend to explain most health problems in terms of the ‘ignorance’ or ‘irresponsibility’ of the Innu themselves (Samson et al 1999, p.25).
- A November 1999 study of Sheshatshiu Innu youth (12-18) revealed that using the median score for Labrador, 88% have low self-esteem, 74% were highly distressed, and 72% have feelings of low support (Sheshatshiu Innu 2001, p.10).

The Labrador Innu have been caught in a cycle of addictions for many years. Efforts at dealing with addictions have not worked. For example in 1993, children were taken out of the community of Davis Inlet for addictions treatment and then returned to their families who may have still suffering from addictions. The result was relapse by many of the youth into addictions (Draft Immediate Response Plan 2001, p.1).

### ***1.3 Origin & Purpose of the Labrador Comprehensive Healing Strategy***

This sub-section provides an overview of the addictions crisis and government response that initiated the Healing Strategy, and details about the Healing Strategy’s objectives, principles, themes, expected outcomes and structures.

#### **1.3.1 The Innu Crisis**

In November 2000, the Innu leadership of both the Mushuau Innu and Sheshatshiu Innu sought government intervention in order to take children that were sniffing gas into immediate care and protection for detoxification and assessment ( ESC 2001, Annex E p.26). This request set in motion a number of meetings between

the Labrador Innu leadership and the Federal/Provincial governments to address the immediate and long-term healing needs of the communities. This evolved into the Labrador Innu Comprehensive Healing Strategy.

The Province apprehended 19 high risk Sheshatshiu Innu children under the Child, Youth and Family Services (CYFS) legislation, and placed them in Alternative Living Arrangements in Goose Bay for stabilization, detoxification and medical and psycho-social assessment (Federal and Provincial Efforts, p.1). Thirty-seven Mushuau Innu children were taken to Grace Hospital in St. John's for stabilization, detoxification and psycho-social assessment, under voluntary care agreements between the parents and the Province (Federal and Provincial Efforts, p.1).

### **1.3.2 Government Commitments to the Labrador Innu**

In November 2000, a series of commitments were made to the Labrador Innu by ministers of Federal and Provincial governments, as a result of the gas sniffing crisis that faced the Labrador Innu children. In general, the commitments were meant to provide immediate and longer term treatment to the Innu children and address other matters such as jurisdiction, community health and safety issues (INAC 2001a, p.3). These strategy commitments are meant to address the short, medium and long term needs of the Labrador Innu to heal their communities.

The government commitments made to the Labrador Innu in November/December 2000 are summarized in Table 1.1 below.

Table 1.1 - Government Commitments - November 2000

Government Department	Commitment	Component
Health Canada	<ul style="list-style-type: none"> <li>· <i>Ensure that all Innu children receive the necessary treatment for their gas-sniffing addiction</i></li> </ul>	Health
	<ul style="list-style-type: none"> <li>· <i>Establish a regional detoxification centre in Labrador with appropriate staff and programming</i></li> </ul>	Health
	<ul style="list-style-type: none"> <li>· <i>Explore other long term initiatives to repair the cultural and social fabric of both Innu communities''</i></li> </ul>	Health
INAC	<ul style="list-style-type: none"> <li>· <i>Register the Innu of Labrador under the Indian Act and create reserves for their two communities (Sheshatshui and Natuashish)</i></li> </ul>	Registration and Reserve Creation
	<ul style="list-style-type: none"> <li>· <i>Continue to implement the Mushuau Innu Relocation Agreement, and cover the additional costs associated with housing in the new community of Natuashish</i></li> </ul>	Relocation
	<ul style="list-style-type: none"> <li>· <i>Continue providing emergency services funding for the community of Davis Inlet until the new community of Natuashish is ready</i></li> </ul>	Relocation

Government Department	Commitment	Component
	· <i>Fund a social services co-ordinator in both Innu communities</i>	Programs & Services
	· <i>Fund an outpost program for the Innu of Labrador on a two year trial basis</i>	Health
	· Encourage private sector contributions for Innu recreation facilities	Other
<b>Provincial</b>	· Access the affected children and provide the necessary treatment	Health
	· Apply Provincial savings realized as a result of registration and reserve creation to the new school in Natuashish, in addition to other agreed upon initiatives	Programs & Services (Education)
	· Fund a Recreation Director in both Innu communities	Other

The government commitments in Table 1.1 was generated from the document “Government Commitments” dated October 25, 2001. The government commitments stem from the public announcements made jointly by Federal/Provincial/Innu representatives in a communique dated **November 2000** and in the Mushuau Innu Relocation Agreement (1996). The government commitments were made to address the long-standing social, health and cultural challenges facing the Innu in both communities. These commitments are the basis for the Labrador Innu Comprehensive Healing Strategy (Source: ESC # 2001a, p.2).

### 1.3.3 Process of Creating the Healing Strategy

The Labrador Innu Comprehensive Healing Strategy (LICHS) was created over six months. The creation process primarily involved INAC, Health Canada, the Solicitor General of Canada, the RCMP and, to a lesser degree, the Province. The LICHS brought together existing initiatives (e.g., relocation of the Mushuau Innu), initiatives in progress (e.g., registration and reserve creation) and new initiatives under a single “umbrella”, with newly created committees to guide and monitor the process.

Two separate Treasury Boards submissions were prepared to seek the appropriate resources for the LICHS: one for the Mushuau Innu Relocation Project; and one for all other aspects of the Healing Strategy (INAC 2001a, p.4). The LICHS received Cabinet approval on June 15, 2001 (ESC 2001, Annex E p.6).

By October 2001, the document entitled *Labrador Innu Comprehensive Healing Strategy* had been produced to guide the Healing Strategy's implementation.

#### **1.3.4 Healing Strategy's Objectives**

The stated objective of the Healing Strategy is to address the health and social conditions of the two Innu communities, including the commitments made to the Innu in response to the gas-sniffing crisis in their communities by:

- Supporting and enabling the Innu on their path to healing and repairing the social fabric of their communities;
- Addressing health and social needs, safety issues and capacity building including coping mechanisms; and
- Positioning the communities to take advantage of economic development opportunities in the long term, which will result in building a sustainable future for the Innu (ESC 2001, Annex B p.4).

#### **1.3.5 Healing Strategy's Principles of Success**

According to the document, *Labrador Innu Comprehensive Healing Strategy* (ESC 2001, Annex B p.4), the approach to implementing the strategy will rely on the following basic principles:

- Approach Innu related issues in a holistic fashion, building on assets;
- Address the root causes of social dysfunction in the two Innu communities;
- Support children, families, community members and foster opportunities for the Innu to acquire skills, training and education;
- Establish a recognized legal framework for the Innu;

- Provide for proper community infrastructure;
- Provide for sufficient, effective and culturally appropriate community policing; and
- Ensure the Innu are full partners within their capacity.

### **1.3.6 Major Themes of the Healing Strategy**

Initiatives included as part of the Healing Strategy have been built around three major themes:

- Restoring health and hope;
- Creating strong communities;
- Ensuring a future (ESC 2001, Annex B p.4).

Each of these themes includes immediate as well as medium-term initiatives, were intended to be implemented within 2 – 5 years from the initiation of the Healing Strategy (ESC 2001, Annex B p.4).

#### **Theme #1: Restoring Health and Hope:**

- It is critical that all of the children and their families affected by the recent crisis receive appropriate treatment and access to longer term care to begin healing.
- The Minister of Health Canada has publicly committed to a series of measures to address the short and medium term goals of the Innu.
- Immediate attention will be given to address special needs education programs for those with FAS/FAE.
- Long term care and support for affected individuals will be required.
- It is INAC's intention to work with Health Canada and the Province to develop a range of social services which are comparable to other First Nations in Canada (ESC 2001, Annex B p.5).

**Theme #2: Creating Strong Communities:**

- This theme will address basic community needs by completing the Mushuau Innu Relocation Project, providing for proper physical infrastructure in Sheshatshui, strengthening the community safety net and providing necessary substance abuse treatment and aftercare, and ensuring a safe and secure environment by creating appropriate legal structures and making community leaders more accountable.
- The implementation of a First Nations Policing Agreement and registration and reserve creation will provide the Innu with the tools necessary to create a more stable environment. Police detachments and enhancing policing services in both communities will provide a safe working environment and ensure that the new investments in infrastructure are protected (ESC 2001, Annex B p.5).

**Theme #3: Ensuring a Future:**

- Planning is a critical element for all communities, particularly those communities experiencing social problems. To this end, both INAC and Health Canada will work collaboratively in developing an overall community plan for both Innu communities.
- Key planning components may include such items as: needs assessment, capacity requirements, human resources, accountability and economic development (ESC 2001, Annex B p.5).

**1.3.7 Expected Outcomes of the Healing Strategy**

The *Labrador Innu Comprehensive Healing Strategy* states that the following are expected to be realized from the implementation of the Healing Strategy:

- Individuals will be treated for their addictions and encouraged to stay clean;
- Care will be provided to individuals suffering from FAS/FAE;
- The slow process of community healing will begin;
- School attendance rates will improve;

- The Innu will be provided with opportunities to improve their skills and capacity;
- The new community at Natuashish will be completed and infrastructure in Sheshatshui will be brought up to federal standards;
- Band and reserve creation will be implemented providing an interim step to self-government;
- First Nations policing agreements will be implemented in both communities along with a police detachment in Sheshatshui and Natuashish (as part of the Mushuau Innu Relocation); and
- Better federal/Provincial relations will improve the likelihood of coordinating our efforts to deal with Innu issues in the future (ESC 2001, Annex B p.6).

No timeframe, however, was provided for these expected outcomes. Given that they are prefaced by the assumption that progress will be slow, it can be assumed that the expected outcomes are long-term.

Federal government documents have cautioned that the roots of health and social problems among the Labrador Innu are complex. The Innu social problems developed over many generations, and it is expected that it will take many generations to resolve (Federal and Provincial Efforts, pp. 3-4).

### **1.3.8 Healing Strategy Implementation**

Both INAC and Health Canada have established secretariats, with the responsibility of coordinating and implementing various aspects of the Healing Strategy pertaining to their area of responsibility. These secretariats directly link into the Federal/Provincial Crisis Response Committee and the Interdepartmental Steering Committee to ensure continued inter-departmental as well as federal/Provincial collaboration (Federal and Provincial Efforts, p.6).

INAC is responsible for reporting back to Cabinet on a regular basis to inform of the progress being made on the implementation of the Healing Strategy (ESC 2001, Annex B p.6). The Healing Strategy received initial funding for a three-year period, from 2001-2002 to 2003-2004.

### 1.3.9 Healing Strategy Committees

Nine Committees are described in the *Labrador Innu Comprehensive Healing Strategy* (ESC 2001, Annex C pp. 9-12). Each committee's role is briefly described below:

*DIAND/Davis Inlet/Healing Strategy Steering Committee*

- to provide strategic direction to INAC staff working on the Mushuau Innu Relocation and the Labrador Innu Healing Strategy

*ADM Interdepartmental Committee*

- to provide strategic federal coordination in the implementation of the various components of the healing Strategy by federal departments

*Inter-departmental working group(s)*

- to ensure coordination/consultation among federal government departments of the delivery of federal programs and services, including funding, and other initiatives to the Labrador Innu

*Federal/Provincial Coordinating Committee*

- to ensure federal/Provincial cooperation in a coordinated implementation of the Labrador Innu Healing Strategy and other federal government initiatives affecting the Labrador Innu

*DIAND/NFLD Labrador Innu Main Table*

- to ensure federal/Provincial coordination of all Innu activities in particular registration, reserve creation and land claims (

*Tripartite Land Claims Table*

- to negotiate and conclude a comprehensive land claim settlement

*Federal Labrador Caucus*

- to ensure coordination/consultation among regionally-based federal government departments on delivery of programs and services, and other initiatives

*Mushuau Innu Healing Main Table*

- to coordinate all healing activities for the Mushuau Innu

*Sheshatshui Innu Healing Main Table*

- to coordinate all healing activities for the Sheshatshui Innu

Information on reporting mechanisms among the numerous committees and sub-committees under the Healing Strategy has not been provided.

### 1.3.10 Healing Strategy's Risks and Government Mitigation Measures

INAC considers the Labrador Innu Comprehensive Healing Strategy to present a certain level of risk to the Federal government due to the complex nature of the strategy and the comparative size of the funds. In order to reduce risks to acceptable levels without interrupting the delivery of critical services, both INAC and Health Canada have taken measures such as third party management. Other measures, such as the unique multi-governmental governance structure of this project, and the sharing of information that it provides, the maintenance of consensus by the involved departments, the rigorous control framework in place, the sourcing of dedicated human resources and other measures are all intended to help the Healing Strategy to achieve its objectives while minimizing risks (ESC 2001, Annex E pp. 32-33). It must be noted that for the Mushuau Innu, third party management was imposed for both INAC and Health Canada programs; for the Sheshatshiu Innu, third party management was imposed only for INAC programs.

## 2. EVALUATION METHODOLOGY

### *2.1 Overall Approach to the Evaluation*

The evaluation of the Labrador Innu Comprehensive Healing Strategy (LICHHS) was conducted as per the Statement of Work (SOW) provided by the Evaluation Steering Committee (ESC)/INAC. The SOW provided evaluation questions and a framework of performance indicators (Appendix A) to guide the evaluation. The use of five data collection methods were suggested to answer the questions. The following were carried out for this evaluation: (1) review of secondary information; (2) document review; (3) review of administrative files and databases; (4) interviews with key stakeholders (i.e. representatives of the Federal government, Provincial government, and the Innu); and (5) focus groups. In conducting the evaluation of the LICHHS, the IER/ARI team has used the evaluation materials, suggested consultation approaches and contact information, as per the SOW.

In general, the evaluation was conducted in two parallel streams of activities: the first stream consisted of verbal data collection (interviews and focus groups); the second stream consisted of written data collection (secondary sources, documents and files). Key findings from both verbal and written data were collected and presented to the ESC. Detailed findings from both streams were brought together, integrated and analyzed in the process of producing the draft version of this report.

Confidentiality was a primary concern throughout this evaluation and was maintained by:

- Informing interviewees prior to the interview that all information would be kept confidential;
- Preserving confidentiality of interview data through a coded interview system whereby personal information was separated from interview transcripts;
- Documents were reviewed within the departments or were sent to IER, to be reviewed and promptly returned to the originators;
- Innu requests for confidentiality regarding documents sent to IER for review were respected; and

- Ensuring that no information contained in this document or any other document produced by the research team would be attributed to individuals.

## ***2.2 Information Gathering Methods***

The data and information gathering methods used in this project are briefly described below. They are:

- Guidance/information from the Evaluation Steering Committee;
- Creation of the evaluation framework;
- Production of interview guidelines;
- Conducting interviews;
- Conducting focus groups;
- Document review; and
- File review.

### **2.2.1 Guidance/Information from Evaluation Steering Committee**

At the outset of the project, the Evaluation Steering Committee (ESC) provided the IER/ARI team with advice in regard to the evaluation procedure. Since that time, the ESC has given the team important information, such as contact names for interviews and information, and advice on evaluation methods. In addition, the ESC provided the team with strategic advice and assistance in overcoming obstacles in the Healing Strategy evaluation process.

### **2.2.2 Evaluation Framework**

An evaluation framework was produced based on the interview questions and RMAF indicators provided by the client. This framework was designed to guide the evaluation activities throughout the project. The evaluation framework integrated the interview questions and RMAF indicators and identified the stakeholders from whom relevant information could be expected. The type of research method that would be used to gather research data was also identified.

A draft Evaluation Framework was submitted to the ESC on November 11, 2002. Based on feedback provided by the ESC, a final Evaluation Framework was produced by IER/ARI, and approved by the ESC on November 16, 2002.

### **2.2.3 Interview Guidelines**

A set of interview questions were produced based on the Evaluation Framework approved by the LICHS Evaluation Steering Committee (Appendix B). Three interview instruments were produced:

- A general interview guide that related to the overall planning, development and implementation of the Healing Strategy;
- Specific interview guides based on the five components relating specifically to the RMAF performance indicators; and
- Community interview guidelines

The general interview guide probed for understanding in the areas of capacity development, collaboration, cost-effectiveness and the efficiency of a multi-departmental approach to the Healing Strategy. The general and specific interview guidelines are attached as Appendix C.

The interview guidelines were submitted to the ESC on November 19, 2002 and were approved.

### **2.2.4 Conducting Interviews**

A total of 86 interviews were conducted with all the Federal departments, Provincial departments and Innu representatives that are directly involved with the Healing Strategy. Interviews were conducted from November 2002 to February 2003.

Individuals interviewed included personnel from many levels of the Federal and Provincial government departments, as well as professional workers and respected authorities in the Innu communities.

Table 2.1 below provides a cross-section of the types and numbers of personnel from the various parties involved in the Healing Strategy who were interviewed for this evaluation. Many of the interviewees have long-term involvement with and knowledge of the Healing Strategy.

Table 2.1 - Interviews by Position

Federal Government	Provincial Government	Innu	External
Directors General	Assistant Deputy Minister	Chief Band	Engineering
Regional Directors General	Department Director	Council Member	Firm
Directors	Assistant Directors	Coordinators	
Senior Negotiators	Executive Directors	Consultants	
Senior Advisors	School Principals	Elders	
Senior Policy Analysts	Nurses	Community	
Strategic Analyst	Sectoral Negotiators	Workers	
Program Officers	Sr. Negotiator	President	
Coordinators	Solicitor	Vice President	
Project Administrator	Sr. Analyst		

Interviews were arranged based on a combination of contact information provided by the ESC, and community members identified by the Innu leaders.

The interviews were structured using questions based on the interview guidelines approved by the ESC. Each interview typically lasted 1 – 1 ½ hours to complete. To expedite the interview process, each stakeholder was asked questions regarding the component and/or aspects of the Healing Strategy in which they were involved, rather than all possible questions.

The questions asked of the Innu stakeholders were carefully re-worded so as to be culturally appropriate. Some interviews with Innu respondents were conducted in their language with the aid of an interpreter from the community and replies were interpreted back into English.

Interview notes were taken for each interview. A reference number was given to each interview, for the sake of information management and preserving confidentiality.

### 2.2.5 Focus Groups

Several focus groups were conducted as part of this evaluation: an informal focus group with three Solicitor General representatives; and small informal focus groups in each of the Labrador Innu communities (2 – 3 persons in each group). Focus groups were conducted from December 2002 to February 2003.

The focus groups were conducted as some stakeholders felt more comfortable speaking in a group setting rather than individually. The questions asked in the focus groups were the same as those asked in the interviews. Notes were taken and a reference number was provided for each focus group held.

### **2.2.6 Document Review**

Secondary sources and documents were gathered in response to requests for relevant documents to the ESC members and to the individuals interviewed. Some secondary sources and documents were gathered from government offices and communities. A total of 262 documents and secondary sources were reviewed in the course of this evaluation. Documents were reviewed from December 2002 to March 2003.

A database was created to record all documents received, and to track documents reviewed. Each document was given a tracking number, and information regarding title, author, date produced/published, source received and corresponding LICHs component were recorded. In consideration of the large number of documents reviewed, this database was instrumental in keeping track of the documents that were received.

### **2.2.7 File Review**

Files were gathered by the IER/ARI team when present in government offices for interviews. A total of 90 files were reviewed in the course of this evaluation. Files were reviewed from December 2002 to February 2003. Files were given a tracking number and entered into the same database used in the document review.

## ***2.3 Methods of Synthesis and Analysis***

### **2.3.1 Synthesis**

Different methods in synthesizing the oral and written sources were used. Synthesis was conducted in February and March 2003.

Notes from the interviews and focus groups were summarized in a matrix, so that the range and variety of answers could be determined for each question. This information was then further synthesized in the RMAF framework and the draft final report.

For the synthesis of the written sources, each source was summarized into a table format. Key points and page numbers were noted, and grouped according to component or theme, for quick reference. The information was then synthesized, based on the relevant component and question in the Evaluation Framework, in the RMAF framework and the draft final report.

### **2.3.2 Analysis**

The analysis provides a comprehensive review of the findings, and developed conclusions and recommendations as defined by our mandate.

IER/ARI's process for the analysis provided an interactive and inclusive view of the research findings and their implications for the overall evaluation. Components included a review of the data collected, input from senior consultants and researchers involved throughout the research, a compilation of all of the research material and a discussion among IER/ARI's team members on the meaning of the evaluation findings and how they can be framed most usefully in the report.

In producing this report, both quantitative and qualitative information were analyzed. Quantitative information (e.g., number of houses build, degree to which a task/component is complete) was checked across sources for validity and represented in numbers so that quantities and magnitudes could be measured, assessed and interpreted. Qualitative information (e.g., description of strategy issues, points of view from interviewees) was analyzed while acknowledging that the information provided reflects the perspectives of the information source. Every effort was made to be objective in the analysis process. The difference in perspectives were note and the validity of any perspective were not questions.

## ***2.4 Limitations to Methodology***

This evaluation project has several limitations.

- Scope of the mandate;

- Timing;
- Logistical; and
- Information sharing.

Each is briefly described in the following sub-sections.

#### **2.4.1 Scope of the Mandate**

This evaluation of the Labrador Innu Comprehensive Healing Strategy is focused on the Federal government's roles and responsibilities in the Healing Strategy rather than on the Provincial government's roles and responsibilities. Although for the sake of clarity, some background information is provided regarding developments that led up to the creation of the Healing Strategy, it is not in our mandate to evaluate issues or actions of any party that pre-date the Healing Strategy (January 2001).

While it is true that a Healing Strategy as complex and diverse as the LICHS is related to many other issues – such as relations between Aboriginal and non-Aboriginal peoples, government bureaucracy, and Provincial-Federal relations – these issues are outside our mandate and therefore no comment is made in regard to them.

The limitation of this report is the inability to fully explore the different cultures, perspectives and understandings of the various parties involved in the Healing Strategy. As important as the impacts of these differences are, our mandate restrict us to a discussion of differences in terms/concepts (such as consultation, collaboration, holistic, capacity building).

Our mandate is also limited to an evaluation of the Healing Strategy itself, rather than an evaluation of the effectiveness or actions of any particular party involved in the strategy. The evaluation is not meant to identify who is “right” or “wrong”, nor meant to resolve any disputes among parties. The evaluation is meant to determine what progress has been made since the initiation of the Healing Strategy and whether or not that progress is on track.

#### **2.4.2 Timing Limitations**

There are two timing limitations associated with this evaluation: the project's length of time, and the stage at which the Healing Strategy is being evaluated.

It is important to highlight that this evaluation is being conducted only one and half years after the LICHS received Cabinet approval (June 15, 2001). Given the inherently slow nature of social change, many of the indicators contained in the RMAF framework provided by the ESC could not be evaluated at this time.

Any "results" that may be realized at this stage are tentative. This evaluation is therefore only a "report card" of progress made to date: with such a short history to go by, it is not possible to predict the progress of the Healing Strategy far into the future.

The LICHS evaluation is complex undertaking involving sub-evaluations of five components; working with five Federal government bodies, three Provincial government bodies and three Innu parties. The evaluation also involved carrying out 86 interviews and the review of 352 documents and files. All these tasks were conducted in a time span of five months. Due to this time constraint, some key people could not be interviewed in person (due to previous commitments and limited number of opportunities to visit the communities), and files were screened for review in government offices in tight timeframes.

#### **2.4.3 Logistical Limitations**

At the time of the LICHS evaluation, various other research projects were being conducted in the Labrador Innu communities each of which requested Innu community members to participate in committees or interviews. In Sheshatshiu, for instance, seven research projects were being carried out at the time when the LICHS evaluation was being conducted. The presence of so many competing research projects placed high demands on community participation.

#### **2.4.4 Information Sharing Limitations**

On the subject area of cost effectiveness, the budgetary information for the Healing Strategy is not being shared and therefore inhibits a discussion on cost-effectiveness.

### **3. EVALUATION FINDINGS**

### ***3.1 Overview of the LICHS Evaluation Findings***

The purpose of this section is to provide an overview of the key findings with respect to the Labrador Innu Healing Strategy and, in particular, to address the broad areas of the evaluation framework that relate to the Healing Strategy in its entirety, namely:

- Context for the evaluation;
- Meeting the needs of the Innu;
- Consultation with the Innu;
- Collaboration among the three parties;
- Capacity building; and
- Cost effectiveness.

More detailed information on the findings related to each of the Healing Strategy's five components (Community Health, Relocation, Registration and Reserve Creation, Programs and Services, and Community Policing) can be found in the following Sub-sections 3.2-3.9, along with a discussion of the RMAF indicators and the qualitative and quantitative information that resulted from the research process.

The evaluation is intended to provide a "progress report" on the Healing Strategy, and its various components, to date. The overall degree of completion for each component is provided in Figure 3.1.1 below.

Figure 3.1.1 represents the degree of completion as of January 28, 2003, according to INAC's "*Critical Path*" document. The progress for each component is a cumulative average of all the activities and sub-components within the component<sup>1</sup>. Figures illustrating the degree of completion for sub-components are provided in Sections 3.2 to 3.9 of the report.

<sup>1</sup>For example, if component "X" has 3-sub-components: "a" (20% complete), "b" (40% complete) and "c" (90% complete), the overall progress for the component will be  $20\% + 40\% + 90\%/3 = 50\%$ .

It is important to note that, Registration and Reserve Creation are treated separately, as the source document does not group them together.

