



Labrador-Grenfell Health

2008 07 25

Ms. Donna Brewer
Deputy Minister (Acting)
Department of Health and Community Services
P.O. Box 8700
St. John's, NL A1B 4J6

Dear Ms. Brewer:

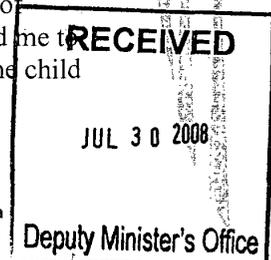
Re: Issues impacting CYFS Labrador-Grenfell Health

Through the recent house fire in Happy Valley-Goose Bay which claimed the lives of 3 adults and 2 children, I have once again become very consciously aware of the moral distress that plagues all of our staff in the reality of their everyday practice in working with Aboriginal children and families in Labrador. Although this has been stated over and over again for as long as I can remember, Labrador-Grenfell Health wants to acknowledge once more that we are very much aware that many children are not safe in this region, particularly Aboriginal children who live in environments of extreme mental health, addictions and violence that have evolved over decades.

From a personal perspective, I am deeply troubled by the fact that many children are "not safe" and experience daily trauma that would ordinarily be totally unacceptable in a modern world. Recently, our Vice-President of Children's Services (after reviewing a report of the deceased boy involved in the fire) came into my office in tears saying "it is one thing to understand the context of complete and utter social distress, but quite another to see the experience through the individual life of a boy." I have had many sleepless nights since this tragic fire and the realization once again that many, many more children are in extremely high risk circumstances. There is a helplessness and hopelessness that surrounds me which forces me to ask again for "real understanding and support" with this overwhelming situation.

This is not a new message and has been loud and clear in the "High Risk" case review, the Deloitte and Touche Operational review, the Minister's Round Table to discuss the Turner Report, the Provincial Children's Strategic Planning sessions, many Round Table Discussions and once again our own staff reviews of individual files. For years prior to CYFS becoming amalgamated with Labrador-Grenfell Health, our Vice-President of Children's Services has heard a long term former Regional Director of Social Services, Mr. Wayne Penney, say clearly at Provincial tables "If you asked me to apply provincial standards to communities like Davis Inlet, there would not be one child left in that community."

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I have also personally heard this message for the past 28 years that I have lived in Labrador. This message was re-iterated at the Minister's Round Table to discuss Turner by Ms. Connell, VP of Children's and Community Services. The long history of Aboriginal children at risk when compared to standards is not just well known to this region and Province, but to this country as was demonstrated in 1999/2000 when large numbers of Innu children sniffing gas were displayed across the media. Inuit children have similar risks stemming from intergenerational trauma.

Labrador-Grenfell Health has advised the Province of the significant stressors in this region but I will once again reiterate some of the more significant ones. They are:

- Significant social distress experienced by communities' ability to reduce the probability of an adverse event
- Intergenerational histories of excessive violence, substance abuse, and suicide
- Timely response to risks is compounded by geography, communication, community and cultural challenges
- Workload pressures:
 - High diversified caseloads
 - Inexperienced frontline practitioners with high burn out rates
 - Lack of infrastructure with regard to mental health and addictions across the full continuum of care and
 - Lack of caregivers to meet the complex challenges of many children and youth
- High prevalence of Fetal Alcohol Syndrome and lack of infrastructure to support those who have been impacted by it
- Communities with large percentages of the population who are highly dysfunctional and a small percentage of the community that is actually healthy
- Complex relationships between Aboriginal Governments and leaders, the Province and the Federal Government

Labrador-Grenfell Health would very much like to know that children are safe each night. Our leadership & staff views that there are two options:

Option 1

We can continue to take more Aboriginal children into care. Aboriginal children already make up a disproportionate number of children in care in this region and this province. Literature demonstrates that taking Aboriginal children into care frequently does not produce positive outcomes for these children. Five immediate actions would be required in order for CYFS to take more children into care:

1. The Rates and Services Report specific to Labrador would need to be actioned immediately to retain and recruit caregiver homes.
2. A strengthening of our recruitment initiatives by offering remuneration and special incentives over and beyond those offered elsewhere in the province.

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3. Client costs associated with CYFS would need to be reimbursed 100% .
4. A Labrador model of therapeutic residential services needs to be developed for those children and youth who can not be cared for within the foster care environment. This is needed now to support the high numbers of children & youth already in care. And,
5. Placement options outside of this region (in other parts of this province) must be developed close to specialist services like psychiatry for those children and youth who require regular intervention.

Option 2

We can choose to support families better to reduce risks to children within high risk family environments. In order to achieve this, attention would have to be focused at building capacity within these high risk family environments. The Family Intervention briefing note submitted in last year's budget process was aimed at doing this. As you are aware, we received significantly less resources than was requested and were not funded to hire any Family Intervention Workers until January, 2009. This would need to be reviewed if we are to take immediate action to reduce risk and begin to facilitate positive outcomes over the life span for children and youth in Labrador.

The recent response by the Department of Health to the tragic fire suggests that the reality of working with Aboriginal children, families and communities may not be clearly understood by those outside of it.

The chaos in which our inexperienced frontline workforce exists creates a high level of moral distress for all of them and contributes to the persistent burn out of staff. It also creates moral distress for those of us attempting to provide leadership to staff in Labrador. We can either attempt to build and strengthen this workforce or we can defeat them even more by reviewing individual files out of the context of the larger reality in which they are working and they have been completely open and transparent about for years. This will surely cause them to feel even more inadequate than most of them already feel and in the long term will weaken our ability to respond to children and families in this region.

There are no easy solutions to the complex environments in which Aboriginal children exist. My hope is that one day all Aboriginal children will experience healthy, loving, supportive family and community environments, free from substance abuse. At the same time, there is a clear realization that the extreme social conditions cemented in this region did not evolve overnight and they will not be resolved overnight either. There is no "quick fix".

Labrador-Grenfell Health believes that it has made many positive improvements to children's services since CYFS was amalgamated with this Authority. Just a few of the significant improvements being made are:

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- Our involvement and strong partnership with Nunatsiavut in implementing Social Work Education in Labrador to more appropriately train and prepare Social Workers to work in the North with Aboriginal families & communities;
- Our new management structure to enhance clinical support to inexperienced front line workers;
- Our leadership in Labrador-based initiatives like the Labrador Integration Project, the Integrated Case Management Model for Sheshatshui and the FASD training project.

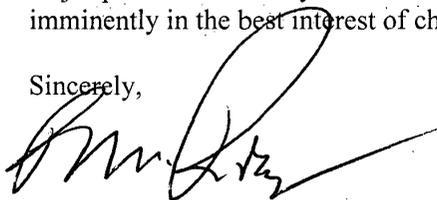
These improvements sometimes feel like baby steps in an environment of continuous crisis intervention. Labrador-Grenfell Health has a vision for how we can support children and families in our region which includes strong supports to families as well as a highly supported in-care program. Substantial recognition, clear understanding, and strong support from the Province is essential if we are going to provide better support to children and families in Labrador and provide higher levels of safety for children.

The problems are overwhelming in this region and we are the first to say "many children are unsafe". However, we can spend our limited resources on moving forward our broader plans and building capacity that will benefit all Labrador children or we can distract from this by responding to file reviews, etc. when we acknowledge upfront these will often not measure up to provincial standards.

Strong provincial support is being sought for Labrador-Grenfell Health Authority to move forward with our plans to better support Aboriginal children and families which may or may not always fit neatly into the provincial agenda. In this regard, we would welcome all efforts by provincial staff to visit some of our communities and speak directly to front line staff, our leadership, Aboriginal leaders, children and families, and anything else that assists in helping others understand the issues as well as both our short term and long term initiatives.

We are faced with a complex situation in Labrador that threatens to explode into a major public issue at any time. A decision must be made on a future course of action imminently in the best interest of children and families at risk.

Sincerely,



Boyd Rowe
Chief Executive Officer

BR/jmh

c.c. Delia Connell