Making the Working Relationship Agreement Work: A Pilot Project to Enhance the Implementation Capacity of the Social Health Department

Pilot Project Overview

The Social Health Department of the Sheshatshiu Innu First Nation requests CYFS transfer four of the vacant front line social work positions in the Sheshatshit office to the Social Health Department of the Sheshatshiu Innu First Nation. Under the Working Relationship Agreement, these four Social Workers would be directly engaged in Innu led services delivery to more fully meet our obligations as envisioned by the Agreement. Supervision of these social work positions would be from the Clinical Manager of Social Health. The day to day practice responsibilities for these positions would be to partner with Innu social health staff in all aspects of the front line implementation of the WRA. The duties would be in 3 priority areas:

1. the development and ongoing support of increased CYFS placement options
2. the delivery of a full scope of client specific case planning activities and documentation, including participation in on call
3. child and family focused program development and facilitation

Starting as soon as possible, the pilot would take place over a year, and be evaluated quarterly based on expectations set out in an operational protocol agreed to by both CYFS and the Social Health Department.

Rationale

When the Sheshatshiu Innu First Nation agreed to join with CYFS in this very unique Working Relationship Agreement, it was done in the hope of making progress to address the many historical and systemic issues associated with child protection work in Sheshatshit that have negatively impacted our community as a whole. Our most obvious concern was and is the significant overrepresentation of our children in the provincial child protection system. As increasing numbers of our children have been placed completely outside of our community and culture, we fear the steps taken by CYFS to try and make our children safe, will in fact result in greater negative impacts for them.

The WRA sets out the partnership work at the community level. In short it expects Social Health and CYFS to collaborate to share information and do more effective case planning. At this point, we think the parties agree there is evidence we have been able to use this opportunity to begin to make some progress toward positive change.

Since January 2016, there have been a minimum of 15 formal meetings of the notification group held at Sheshatshit, most often in the Social Health boardroom. These meetings have included CYFS and Social Health participants as well as the CYFS Community Liaison Social Worker on most occasions. For reasons of office closures etc. some scheduled meetings have been cancelled, but currently, meetings are scheduled for both Tuesday mornings and Thursday afternoons. In addition there have been many after-

hours calls to the Social Health Managers, most frequently for immediate assistance with placement possibilities.

There have been a minimum of 50 shared notifications and discussions about those notifications at the formal meetings. Notifications have been provided by both CYFS and Innu health participants.

A significant volume of child protection concern continues to come forward for notification and case planning. However, we see evidence that the collaborative process of the WRA is bringing about positive change in the CYFS response to those concerns. In the last seven months since January 2016, we can report the following:

There have been 7 removals resulting in Innu children coming into legal custody arrangements. This involves 4 families. In fact, 5 of the removals took place in July and all 5 children were able to remain in Sheshatshit in foster home placements with relatives.

There have been 9 new Protective Care Agreements made between CYFS and families and in every case the child has been able to be placed with relatives in Sheshatshit.

There have been 10 new kinship arrangements opened, and again, each of these children remains living with relatives in Sheshatshit.

CYFS staff on the ground acknowledge that the collaborative work with Innu health staff is what has made this progress possible. When we recognize this, in spite of the very real ongoing challenges with communication and joint planning, we are also able to envision the possibilities for so much more progress, for much more proactive work with families. To see this realized, Social Health must have more social work resources at the front line to work directly with Innu health staff. As teams, these staff within Social Health would then collaborate directly with CYFS social workers, creating much more parity between the Social Health and CYFS resources.

We have to acknowledge that at the outset of the WRA we were not coming together as equal partners, with the same capacity to undertake this work to the best of our respective abilities. Social Health has been struggling with the implications of this in regard to our continued partnership under the WRA.

The Social Health Department has two Social Workers on staff: the Department Director and a Clinical Manager who is a long term resident of our community. The new Treatment Services Manager for Social Health is also a long term resident who has been very involved in the implementation of the Agreement to date. Her new role is making her continued involvement with implementation very challenging. These three individuals have given the leadership to all of the work of Social Health's implementation of the WRA to date. Doing this collaborative work with CYFS has taken a huge commitment of both time and energy from the Social Health staff most directly involved, even as the work under the Agreement has been in addition to our other ongoing programs and services.

What is this about? Wouldn't there be an ADM role? Would it be replaced?

In February 2016, after a great deal of planning and groundwork laid over many years, the Social Health Department established a 90 day, 12 bed residential treatment program, Apenam's House, in a facility across the river from Sheshatshit. In additional to the residential program, day programming is also offered for adults and youth. This is a milestone for Social Health services. This Innu led program provides Innu community based supports and programming for Innu struggling with substance misuse

issues. It has become recognized by both CYFS and our community as a critical resource to Innu generally and very specifically to those Innu directly involved with CYFS. Apenam's House gives Innu a chance to do the work necessary to change behaviors that may be placing their children at risk of harm, and through addressing those risks, be able to reunite with their children.

The reality is that at this point in time we are working to sustain and grow the effectiveness of the Apenam's House program as well as the other services under Social Health, such as the Youth Program Director, Parent Support Workers and the Community Health Planner. This means that the front line staffing resources of the Social Health Department are stretched so thin that we cannot keep up with the growing need being presented within the community to effectively implement the processes for information sharing and planning with CYFS under the WRA.

We believe Social Health staff have demonstrated we have the skills to carry out notification and planning processes. We are able to obtain consents from parents who initially refuse to have anything at all to do with CYFS. We work to gain the trust of parents so they can experience and learn, sometimes for the first time, that as Innu we can help them through the processes with CYFS, even when those processes are challenging and many parents don't really understand what is happening or why.

More families are presenting to Social Health for help. Perhaps their " backs are against the wall" with CYFS and it is in this desperate state that they are looking to Social Health for help. We listen to what parents feel are the issues and when needed, we will challenge their perceptions about what is really going on. We respond after hours to CYFS staff who have run out of options or ideas and we do our best to create options and offer solutions to CYFS to assist children and families involved as best we can in specific circumstances.

All of this work continues to be done in the same context that existed when the WRA was signed, a context of "us and them". Our experience as a colonized People is a collective experience. We have had non Innu governments and institutions impose on us non Innu culture, ways of living, and ideas of superiority. The imposition of the child welfare system is no different. Simply because we have this Working Relationship Agreement in place does not mean that each new instance of CYFS involvement is viewed any differently by Innu now than it was before the Agreement was signed. We have learned over 40 years not to trust CYFS, either the individuals involved in the system or the system itself, because the measure of control over us and our children by "them" has changed very little over the decades. Some would argue CYFS exerts even more authority over us today than in the past, as the system has continued to grow and the decision makers are non Innu who live far from our community.

Almost every new child protection situation that arises in Sheshatshit, and becomes known in a public way, often through Facebook, elicits a negative emotional response from Innu in general. This happens because all Innu share knowledge of the negative history with CYFS. The workers in Social Health are not immune from, or even outside of this collective emotional response. Anger and fear is triggered throughout the community when the news that one of " us", a newborn, our neighbor's child, a relative child, has been removed by "them" and may be placed outside. This is why so often Innu parents or extended family go to elected leadership to try and have them intervene.

Working through this Agreement, Social Health staff must acknowledge the collective and historical experience of Innu with CYFS. As a first step we must listen to individual's stories, and acknowledge the anger, fear and desperation that many of our neighbours and family members are feeling. We then

have to ask if they are willing to trust us to work with them and CYFS in trying to sort through the issues that have brought CYFS into their lives. The day to day practice of Innu staff working directly with Innu parents and CYFS is a completely new step for Social Health staff and community members.

Over the last few months of trying to implement this Agreement, we have demonstrated to both CYFS staff and community members that we do have the skills necessary to try and help Innu through the complexities of CYFS involvement. However, we have learned that we need to receive and share information as soon as possible in each situation and then ensure there is sufficient time set aside to do the needed planning and work with the parents and extended families. It is common for meetings to need to take place in two languages. Essentially this takes twice as long as if the workers and clients both spoke the same language. However, that isn't the case here, and this must be factored into the time needed to do this work well. With such limited social work resources at the front line of Social Health to engage with CYFS and families through the notification and planning process, there are many times we feel we are going backward, not progressing. It only takes one specific case situation that is not going as all would hope and that quickly overshadows those situations that with time and effort have been successfully managed. There are Innu who still feel the best way to get attention to their situation is to go to elected leadership.

Until there are more social workers within Social Health who can assist the current staff to focus on the growing volume of work under the Agreement, we will likely continue to see protests and threats against CYFS. We know this is not the way to work together or do effective Innu child welfare work.

Elsewhere in the province, all of the legally mandated front line child welfare services under the Child and Youth Care and Protection Act are carried out by Social Workers under the direction of CYFS. For the most part, these workers are from the same culture as the children and families with whom they are working. For the most part, they likely speak English, the language of most of the children and families with whom they are involved. For the most part, these workers likely live in or are a part of the community life where they undertake their day to day work. None of these statements are true for the CYFS workers at Sheshatshit. This continues to be a significant barrier for CYFS social workers trying to develop a helping relationship with Innu clients. We know that when a Social Health staff member can be involved in the relationship with a parent, that involvement is critical to creating opportunities for engagement and planning with CYFS social workers that would not otherwise exist.

Priority Areas for Social Workers within Social Health

The following briefly describes the focus of the work for the social workers who would genuinely want to work in our community along with Innu Social Health staff in helping to implement the Working Relationship Agreement to its potential.

1. **Placement development and support**

A priority initiative under the WRA was for Innu health staff and CYFS to complete a review of all the Sheshatshiu Innu children placed outside of our community and " look for ways to assist in bringing children and youth home". The review of thirty six children's out-of-community placements was completed in May 2016. The first step in a 3 step action plan focused on nineteen of the thirty six children and youth;

" placement planning for a return to Sheshatshit should be undertaken, and or continue if already started, for 19 of the children/youth currently placed out of the community. This would include children and youth of four sibling groups as well as the youngest of the children that are placed out-of-community. "

To the best of our knowledge at this time, one child has returned to her parent's custody. The other eighteen children and youth remain placed away from our community. It was agreed by all the parties doing the review that there are no compelling reasons why these other 18 children and youth need to remain in placements outside of Sheshatshit, except that there are no current placements available for these children in Sheshatshit. This status quo is not acceptable.

We know that if trained social workers worked with Innu health staff on the recruitment of Innu caregivers and homes that we would create more safe, appropriate options for placements in Sheshatshit. The approval of these homes would be the responsibility of CYFS but the Social Health Department staff would do all the groundwork to help assist Innu families to be open to the entire placement process, to understand the need for documentation and follow through with the needed steps.

Are there people well & available?

It will take a concerted effort by Social Health to do this but it is obvious CYFS does not have the resources themselves to focus on developing placement options. This means Innu children and youth remain in non Innu placements away from their culture and extended family because the system is failing them. Parents and leadership in Newfoundland wouldn't accept their children being placed outside their communities and culture into non Newfoundland culture and communities. We are proposing a solution to this situation which continues to have a disproportionate negative impact on our children.

In addition to this specific need, since the signing of the WRA, it has become a relatively common request by CYFS to ask Social Health staff to suggest possible new placement situations. This might happen in the planning process for a newborn or in a crisis response to a foster home breakdown. The fact is the CYFS staff on the ground often have nowhere to turn, and will go to the Social Health Manager, sometimes after hours, knowing that she and Social Health staff generally have knowledge of family connections and history that most CYFS social workers don't. Again, if trained social workers were able to work with Innu health staff to proactively identify Innu families and then assist those families through the processes involved in being considered as a placement, it would be meeting a critical need that currently is going unmet.

? separate from CYFS SW's ?

It is only in the last four years that placements of Innu children, especially babies, have been outside the Innu community. The many crises that have developed as a result of placements not being planned for and or available in the community has had a very negative impact on the way CYFS workers are viewed by the community. Instead of being seen as helpers, they are seen as being part of the problem, and this greatly impacts the working relationship between CYFS staff and Social Health staff.

→ is this accurate ?

Coming up against this "wall of no placements" takes a toll on Social Health staff as well. We feel frustrated and helpless because even when we are able to identify a potential placement, it is likely already at a point of crisis and there is much work that still needs doing before any final placement approval. All of this is bound to have an impact on how CYFS and Social Health workers work together because even though we can identify the problem, we can't seem to get around to finding the solutions.

→ why would they need to work with Social Health staff?

We are not seeking a formal role in the CYFS placement approval process. We are seeking the resources of social workers to work with current Social Health staff so that we can help to do the work of building up the natural resources to care for our children within extended families. We think there is still untapped potential but this work has to have a real focus. We would share all of this information with CYFS through consents, so that together we could address any potential issues, such as prior criminal records. We all agree the need for placement resources is critical. Provide us the resource of social workers to begin working on this and we will help to create and support much needed placement resources in our community.

So they would seek out/ locate resources & CYFS still do approval?

2. Case planning activities

The WRA establishes a " notification and case planning process to guide the ongoing day-to-day connection between CYFS staff and Innu staff, and ensure opportunities for Innu contribution to CYFS decisions about individual Innu children, youth and families " . This is another priority area under the WRA where we see what is possible with consistent daily collaboration, but, with only two Social Health staff focused on this daily front line work, and only one staff exclusively, the imbalance in the respective capacities of CYFS and the partners to work together has had significant implications.

Over the last months we have seen the evidence of better outcomes for children and families when there is timely notification and thoughtful case planning, but this is unfortunately most often not the norm. Timing and mindfulness are crucial elements of case planning. Whenever possible, we need to be involved in situations as soon as possible and be planning to strengths, not trying to fix the last minute results of little or no planning. CYFS practice in our community has been characterized as very much crisis response. Under this Agreement, Social Health has found itself in too many individual situations being just like CYFS, and reacting to the crisis and the results of little or no planning.

We need to shift our day to day focus, and the collaborative work we do with CYFS, away from the current emphasis on crisis response to be much more active and anticipatory in terms of knowing and responding to individual situations. We must reduce the number of situations where the planning becomes almost a panicked response.

Something we all want

As partners under the WRA, we made the decision together in early January that we needed to move from an ad hoc process of notification to a weekly scheduled notification meeting between partners. Last month, in response to continued frustrations with the timeliness of notifications and insufficient deliberate case planning, we made the decision to meet twice weekly for scheduled notifications and case planning. Setting aside almost a full morning and afternoon each week is a significant commitment of time from both partners, but in an effort to support ongoing collaboration this was seen as critical.

With a social work resource at the front line of Social Health, working with other Innu health staff, we could significantly increase our ability to participate fully in the notification and case planning process as envisioned under the Agreement. Notifications would still be received by the Manager of Social Health, but there would be dedicated workers to whom the Manager could refer all of the details for follow up in actual case planning.

For example, if the notification involved an expectant birth with a family already involved with CYFS, we know the family would be fearful and distrusting of any work with CYFS in regard to the expected baby.

The Social Health social worker and Innu health staff would seek consent of either/both parents to work with CYFS. Then the social worker and Innu staff person would do their own assessment, especially in regard to the needs of the parents. The Innu health worker would be able to speak Innu aimun with the parents and would have some understanding of their histories. This would be shared with the social worker who would use his or her skills to frame the assessment process, to try and determine the challenges as well as the strengths of the family. If either family violence or substance misuse were issues identified in the CYFS notification, the social worker and Innu health staff would begin to work one on one with the parents to clearly identify and break these issues down into meaningful steps for action. If substance misuse treatment was warranted, they would work with the addictions staff within Social Health. If criminal court processes were involved, maybe they would arrange and attend meetings with the parents with the Justice support worker of the First Nation.

Prevention with Expecting moms

A significant focus of the role of the social worker and Innu health staff working directly with parent/s would be to model trust in the helping process. Mistrust is a huge barrier to effective engagement and collaboration. Innu have minimal experience with social workers except as child protection workers, hence the commonly held belief by Innu that what social workers do is take away children. Having social workers within Social Health who demonstrate core social work values and principles, which are also held by their counterparts in CYFS, would be a support for the CYFS staff and even more importantly would help Innu health staff as well as Innu clients begin to see worth in the social work role as both helper and advocate.

If Social Health had four social workers as part of the team of Innu health staff, there would be the opportunity to create a Social Health department after hours on call system. Initially this would enable Social Health to draw up an on call roster so a social worker and Innu health staff person would consistently be available by phone for afterhours support to CYFS. Currently there are only two staff within Social health who do this so there is no ability to offer a consistent, effective after hours service.

Social Health is also aware that confidential, respectful documentation of all of this work needs to be taking place. Unfortunately, maintaining written English records of client contact is not a confident skill of most Innu health workers. Another role for social workers within Social Health would be to help organize a simple but confidential case record management system which would ensure necessary and accurate information is being maintained of all client contacts by Social Health staff. Obviously this is important for evaluation purposes as well as for program planning.

3. Program development and facilitation

The Working Relationship Agreement could be compared to seeds that were planted on very rocky ground. To date it has been a genuine surprise to see small green shoots coming up. However, as these small shoots appear, they prompt us to pay attention to what else is needed to nurture this beginning growth.

It is obvious from both the nature and volume of individual child protection situations presenting for collaborative work that more services and programs need to be put in place as supports for Innu children, parents and families already involved in the child protection as well as for those who could

potentially be at risk of future involvement. This is an acknowledged gap within Social Health supports. At present, there are few if any programs or services uniquely suited to meet these needs outside of our community, so we know we have to develop them here.

Unfortunately, on their own, most Innu health staff who are young community members, don't have the confidence to undertake the development and delivery of programs and services which by non Innu agency standards, including CYFS, might not be viewed as rigorous enough in content and delivery. Certainly the ideas are present among the Innu health staff but being able to take an idea and develop it into a program or service requires the support of social workers working with Innu health staff.

Using the Innu Care Approach as our framework, we can envision the establishment of a whole range of supports and services such as support groups for first time moms/dads, or parents of teenagers, where elders would be invited to share their knowledge and experience and encourage this generation of Innu parents to understand the vital importance of their parenting role.

Furthermore, we could increase our capacity to do much more work on addressing trauma, the trauma which has resulted in the overrepresentation of Aboriginal children in child protection systems. We need social workers to help Innu health staff with this work. The child protection situations which present among us are often complex, intergenerational situations of trauma that have never been resolved. Many parents themselves "survived" very difficult lives as children where they were often unsafe. They may not have been formally "removed " by CYFS from family or community as a result of what was going in in their family and the larger community, but, they likely have never had the opportunity to learn how both the collective and individual experience of trauma has impacted their lives. If not done very well, doing work in trying to resolve trauma carries risks of further harm both to Innu clients as well as to the Innu health workers who would undertake this work.

Tragically, within the last decade over a very short span of time, Sheshatshit lost its most experienced, strong Innu health workers in trauma work, with the untimely deaths of Rose Gregoire, Mary May Osmond and Apenam Pone. Each had a rare courage to reach out to others, even in the most difficult of life circumstances. Their lived experience will never be replicated. However, the next generation of Innu working in Social Health today deserve and need support to become confident in the supports they can offer . This would be a very significant role for social workers within Social Health. Partnering with Innu health staff and Managers, they would support Innu health staff on a daily basis to use their existing skills and knowledge and learn new skills, and push themselves to take on new challenges. They would know the social workers would be available to help sustain them in this difficult work.

SO Health Staff don't have the level of skill req'd to do the work. Is he anticipating these SW's will be Innu?

In many respects, like the seeds showing growth, we can't know all the possibilities for program supports, services and facilitation of those programs services that might grow with the support of committed, competent social workers working within Social Health.

Summary

It is fundamental to the ongoing implementation effectiveness of the Working Relationship Agreement that the Social Health Department have social workers as an integrated part of the Innu health team. They need to be professionally trained and be willing to learn from Innu health staff as well to work

directly with Innu on the growing volume of individual child protection situations which are coming forward for collaborative work between Innu and CYFS.

For some time, it has been clear that CYFS struggles to recruit and maintain social workers in the Sheshatshit office. These chronically vacant positions are a very valuable resource to the overall healing work that we have undertaken in our community. The WRA recognizes and highlights the principles of Innu healing work including " to help Innu capacity building and develop Innu organizations within the framework of the Innu Healing Strategy. "

This pilot project fully reflects the principles outlined in the WRA and is consistent with the overall intention of the WRA, which is for CYFS and Innu together, to do more effective work in relation to the best interests of Innu children, youth and families. Simply put, we need social work resources. As CYFS has social work resources which it is not able to effectively use we respectfully request that the Social Health Department be afforded the opportunity to recruit for these positions to be placed within Social Health. We would work with CYFS in region to create a detailed protocol outlining how this social work role would be undertaken and evaluated in the ongoing implementation of the Working Relationship Agreement.

Making the Working Relationship Agreement Work: A Pilot Project to Enhance the Implementation Capacity of the Social Health Department

The program has completed a review of Social Health's proposal, *"Making the Working Relationship Agreement Work: A Pilot Project to Enhance the Implementation Capacity of the Social Health Department."* Please see feedback below.

Brief Summary of Report

The Social Health Department of the Sheshatshiu Innu First Nations has proposed that Children, Seniors and Social Development (CSSD) transfer four vacant frontline social work positions to complete the following duties:

1. Developing and supporting increased CSSD placement options for Innu children and youth in care
2. Delivering case planning activities and documentation, including an on call system
3. Developing and facilitating child and family focused programs

These four positions would be directly engaged in Innu led service delivery and are proposed to strengthen the Working Relationship Agreement and enhance the department's ability to work collaboratively with Innu children and families.

Review and Feedback

- Social Health is proposing to continue to assist CSSD in improving our relationship with Innu children and families by collaborating at a more meaningful level in the development of case plans, reducing placement of children outside of the community, and finding community placements for children and youth who are currently in placements outside of the community
- There has been an improvement in the collaborative relationship between Social Health and CSSD since the Working Relationship Agreement was signed, as indicated by the number of children remaining in placements in the community
- This proposal supports the well-being of Innu children and families
- Overall, based on the information outlined in the proposal, there appears to be no immediate policy or legislative implications.
- However, while the proposal contains practical considerations for the enhancement of CSSD and Social Health collaboration, more detail needs to be provided around all three duties noted above
- The program considers this to be a reasonable proposal to enhance collaborative practice and outcomes for Innu children and families, however, further detail is required regarding how this proposal will be operationalized and whether it will impact CSSD's ability to carry out our mandate

IRT SECRETARIAT – Prevention Regime Development Business Plan

The program has completed a review of the Innu Round Table *"Prevention Regime Development Business Plan."* Please see feedback below.

Brief Summary of Plan

The business plan identifies six prevention goals as well as the resources required to achieve those goals. The six goals include:

1. Develop and provide coordinated enhanced prevention services to Innu children, youth and families.
2. Implement initiatives focused on the prevention of child abuse and neglect, maintaining safe living environments for children and increasing family resiliency.
3. Help prevent Innu children from being removed from family, community and culture.
4. Provide Innu children with culturally appropriate and nurturing placements who require temporary/permanent care outside the familial home.
5. Decrease the incidences of Innu children and youth in care and custody residing in placements both outside their province and their respective communities of Sheshatshiu and Natuashish.
6. Build agency capacity to enhance services and promote best practices to children and families

The Sheshatshiu and Mushuau Innu First Nations intend to meet these goals by implementing community-based prevention services to Innu children and families who are living on reserve in Sheshatshiu and Natuashish.

Review and Feedback

- The business plan identifies several community based prevention initiatives that are anticipated to reduce risk to children and subsequently reduce protective intervention services by CYFS.
- Prevention services to be provided include:
    - In home support
    - Group support
    - Connections to community programs and services
- The proposed plan supports the best interest and well-being of Innu children and youth
- The information contained in this business plan does not have implications for the delivery of the mandate of the Department of Children, Seniors, and Social Development (CSSD)
- The plan is clear in stating that while prevention services will be provided at the community level, child protection services remain the responsibility of the CSSD
- Community based prevention work can be viewed as a complement to the work being completed by this Department in the Innu zone
- Completing prevention work with families at the community level provides opportunity for Innu children and families to avail of social programs targeted at reducing risk to children and enhances service delivery between CSSD and the Sheshatshiu and Mushuau First Nations leadership.

- Given the information outlined in the plan, the program recognizes the potential positive impact the plan could have on outcomes for Innu children and families