

Innu Care Approach:

Practice Framework

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Child Welfare League of Canada
Ligue pour le bien-être de l'enfance du Canada

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Purpose

This proposal advances the Innu Care Approach (ICA) as the foundation for all Innu child welfare work going forward. It also outlines a concrete plan to build capacity for this work in the Innu communities. In the long term, the Innu assert their right to regain the responsibility to develop and deliver child protection services for Innu children. In the short and medium term, building prevention services managed by Innu and delivered by Innu health staff is seen as crucially important. That all these services are based on Innu values is a major step forward in the holistic development of healthy Innu children, families and communities.

In the short and medium terms, there are steps that can be taken to start building professional community based child and family services capacity. The ICA has been developed by a planning team made up of both local and outside expertise and is the stepping stone to move this work forward. It identifies the key principles of a practice framework. This proposal outlines a comprehensive phased approach to implement the essential elements of that practice framework. With a working practice framework under the ICA in place, the Innu will be able to build capacity in their communities in order to manage key child welfare services.

Background

The Child Welfare League of Canada (CWLC) was initially contracted by the IRTS to assist in determining the child welfare needs of the children of the Innu communities of Sheshatshiu and Natuashish. Working in conjunction with the IRTS, the CWLC conducted research with the two communities in order to provide insights into how to improve child welfare in the communities.

The Department of Child, Youth and Family Services (CYFS) has reported that, as of December 31, 2015, a total of 165 Innu children are in care of the Province (CYFS, 2015). The Innu population in Sheshatshiu and Natuashish is estimated at 2,200 (*Innu Nation, 2015*). In contrast the Labrador Inuit, who had a reported 125 children in care of the province and a population of 6,265 (*Nunatsiavut, 2015*). There are a disproportional number of Indigenous children in care and within this number; there are a disproportionate number of Innu children in care compared to other Indigenous groups. Many of these children are removed from the communities and as a result are at danger of becoming disconnected from their families and culture. It is widely accepted that this disconnection can have lifelong consequences. At the very least, many children who have left their communities have returned and faced hardship and difficulties in transitioning back to their families and culture. In response to this problem and acknowledging that in order to be healthy, children need to be connected to their families, communities, and culture. Innu leadership has strongly stated the need for prevention approaches that would provide services to enable children to stay in their communities and to transition home those in foster care outside their culture and communities. The working relationship agreement between CYFS

and the Sheshatshiu and Mushuau Innu First Nations has been a crucial step forward in preventing Innu children and youth entering into care. It has provided initial data that is encouraging.

Practice Framework

By definition, a practice framework is a theoretical map that amalgamates through a specific design an organizations approach to social service practice for children, youth and families (*Connolly, 2007*).

***CWLC has developed a visual map (appendix # 2 p. 20) for this proposal that represents the practice framework.**

The practice framework has been a team effort. The planning team which includes the CWLC, IRTS, CYFS, Sheshatshiu Social Health and Chignecto Consulting Group have been meeting regularly since early 2016 in order to develop a practice framework that would be used to guide prevention work in the two Innu communities. The Innu Working Group has developed the ICA based on Innu culture and values. The practice framework supplements the ICA and lays out a plan to begin developing the necessary tools for the Innu to manage prevention programs in their communities.

Methodology

The development of the practice framework is divided into four phases and will take an estimate of 24 months to implement.

***CWLC has developed a graphic on appendix # 1 p. 19 of this proposal to represent the phases of the project.**

Below is a table identifying the estimated work days required to complete the scope of work outlined in this project for CWLC and technical experts:

Phase	Timeline	Number of Personnel
Phase 1	September 1, 2016 to December 1, 2016	2-3
Phase 2	January 1, 2016 to June 1, 2017	2-3
Phase 3	June 1, 2017 to January 1, 2017	2-3
Phase 4	January 1, 2017 to June 1, 2018	2-3

Each phase there will be a site visit scheduled in order for the working group and CWLC technical experts to work on specific capacity building exercises with key personnel. Each of the phases includes practical components that are geared to augment the development of the practice framework within the ICA.

Practice Framework Components

A. Culturally Responsive

The communities of Sheshatshiu and Natuashish are uniquely positioned to provide prevention services. They are qualified to provide support for those children and youth who need support through culturally-informed and guided programming. Their knowledge and expertise in Innu culture are strengths that, when appropriately supported, can decrease the need for child protection intervention. As stated in the Enhanced Prevention Focused Approach Tripartite Accountability Framework, "building and relying upon community expertise is essential for the development and delivery of effective prevention services, to First Nations by First Nations in First Nations communities. Furthermore, it is important to also recognize a significant need for proactive programs, services and supports for children and parents to pre-emptively address risks to an Innu child and youth's health, safety and well-being" (*IRTS Business Plan, 2014*).

The *Healing Strategy (2014)* will be incorporated into the practice framework. The Innu vision for education reform is to build on successes achieved since devolution. The vision for post-devolution education programs and services includes the following:

- Instruction in traditional practices and skills
- Traditional education that will be integrated into the curriculum
- Elder involvement that will be a respected and essential part of the education system
- Innu place names to be used in geography
- History of the Innu
- Geography of Innu lands and their names
- Innu language and immersion
- Parenting courses
- Spirituality and traditions (taught to children)

Community Involvement

An effective framework integrates community leadership. Community leadership signifies community ownership of the prevention approach prompting shared responsibility and engagement of the community with key stakeholders. This is essential for longstanding success.

B. Prevention Focused

A strategic multiyear incremental approach to building a practice framework within the ICA needs to be rooted in prevention programs. The prevention plan would be coordinated and leverage through the following approaches.

- 1) Primary Prevention: Keeping Families Together
- 2) Secondary Prevention: Addressing the gap in Substance Abuse and Mental Health Services
- 3) Tertiary Prevention: Family Support Services

Primary Prevention: Keeping Families Together

- Strategies, activities, and materials will be developed that focus on the community. The ICA will promote the physical, mental and spiritual wellness of individuals, families and communities by instilling a sense of cultural pride and positive parenting.
- Recognize the importance of Innu connection to the land. This is a significant part of the Innu link to spirituality and culture that will be highlighted in the ICA whenever possible.
- Provide country-based delivery of prevention programs and services.
- Create materials that teach participants how to balance country life and settlement life, as well as modern evidence informed and traditional culturally informed values.
- Increase Innu community consciousness through community-based approaches.
- Strengthen and enhance the well-being and health of the entire community while ensuring the safety and security of children.

Secondary Prevention: Addressing the gap in Substance Abuse and Mental Health Services

- Cover a wide range of community issues such as substance abuse, youth at risk of suicide, young mothers/parents.
- Use strengths-based communication and positive reinforcements. Examples include in-home family support programs, sharing circles for children, adults, and families and recreation and culture-based activities for youth and adolescents.

Tertiary Prevention: Family Support Services

- Attend to children and youth who have been or are being abused or neglected.
- Attend to environments where abuse/neglect is currently happening.

C. Innu Office of Children's Services

***Subject to Sheshatshiu and Mushuau Innu Governance plan and outline.**

The development of an office dedicated to Innu children is a key step forward in capacity building in the Innu communities. As part of the practice framework, the CWLC in partnership with the IRTS is supporting the development of an entity that would work with CYFS to ensure the best interest of Innu children is represented. The CWLC in partnership with the IRTS and the planning group are laying out a foundation for a practice framework delivered through an office dedicated to providing prevention services to Innu children, youth and their families.

Each of the following positions is considered essential to this proposal to begin the prevention work in the Innu communities. This creation of this office is to start building capacity in the Innu communities with dedicated staff who are from the culture. The CWLC will assist the Innu to develop this office by building capacity through executive training, promoting best practices, and collaborating with outside expertise.

The following sub-headings provide an overview of the considerations to take in developing an Innu Office of Children's Services.

Governance: In the context of Aboriginal Child and Family Services, the following activities are to be considered for governance:

- Setting office vision and establishing a strategic plan
- Establishing overall policy direction congruent with the Act
- Hiring of the Executive Director who has a background and experience in child welfare
- Ongoing relations with the First Nations governing body or. The governance structure will reflect the portrait and character of each community.

Agency Autonomy: The office should have a policy and/or protocol with the Band/Tribal Council/Nation to ensure the autonomy of child and family services with respect to:

- Service planning
- Office budget
- The delivery of all prevention, support, protection and intervention services
- Confidentiality of case files
- Case management
- Staffing

Office Activity: The Office would conduct periodic self-audits to ensure compliance with operational and practice standards. The Agency carries out two types of monitoring activities:

- Regular supervision of case practice

- Yearly assessment of organizational effectiveness

Orientation

- Orientation to the human resources policy and any other applicable policies related to the Act
- Orientation for new staff on the particular culture of the office
- Signed oath of confidentiality pertaining to client information and Office matters

Conflict of Interest

- Policies that address potential conflict between personal interests of the employees and the interests of the employer.

Duties of Employees

- Reporting relationship as outlined in the Act

Labour Relations

- Probation and annual performance reviews
- Harassment policy, including sexual harassment
- Standard Aboriginal operational and practice standards and indicators
- Grievance procedures
- Progressive discipline and corrective action
- Workplace health and safety
- Workplace violence
- Internal conflict resolution process for agency staff and management

Employee Benefits

- Compensation and benefits, including employee overtime, leave and vacation;
- Employee assistance program
- Cultural considerations and responsibilities that impact the employee benefits package

Administration

- Policies regarding personnel files which include provisions for confidentiality and security of employee files
- Job descriptions
- Policy pertaining to access to files and changes to files
- The inclusion of the employee's training plan on file

Training

- Plans for employee training consistent with the level of delegation of authority required
- Ongoing professional development to maintain and enhance current practice

Protection from Liability

- The Office has a plan to ensure that its social workers possess a combination of the requisite practice skills, educational background, and relevant training within the context of culture and the Aboriginal community
- The office develops long-term plans for staffing based on a projected demand for services
- A plan to review the human resources policy as the office obtains each new level of delegation and/or when there are legislative changes impacting human resources

Communications Plan

During the planning stage, the office will complete the following tasks:

- Obtain input from the community regarding service planning and service delivery concerns
- Develop a communications plan consistent with the practice framework
- Clearly documented the roles of the Office, Ministry, the Band, Board of Directors, INAC, and other human service agencies
- Develop protocols with the Ministry, band schools, police, and any legislated office dealing with CYFS
- Agree to establish a client complaint process
- Sharing of information when both the office and the Ministry have responsibilities to deliver services to a child or family

Accountability of Community, Chief and Council: The office has a governance model that reflects and reinforces the commitment of the First Nations governing body or Aboriginal community to developing a child and family service. The Office will provide services that both meet the needs of the children and families, and reflect traditional values.

Monitoring: The practice framework will establish a process to monitor its compliance with operational and practice standards, as well as reviews of its case practice.

Recruitment: Recruitment and hiring practices which include an interview format, screening mechanisms, including criminal record reviews and reference checks, and documentation indicating required academic qualifications and previous work experience, including disclosure of previous delegated responsibilities.

D. Curriculum Development

The practice framework will need to develop a curriculum that will focus on a culture based preventative approach that keeps families together, children in the community, and the community involved. The curriculum can be developed under the umbrella of the ICA and based on existing cultural knowledge, data, best practices, and existing reports such as the CWLC's *Innu Prevention Approach Report (2015)* and the *Innu Healing Strategy (2014)* are examples to be considered.

Components of the curriculum can encompass but not limited to:

- Support services for families
- Voluntary care agreements
- Special needs agreements
- Establishing residential resources
- Preventative and support services for families
- Community residential services for children and youth
- Enter into agreements and contracts for the provision of services
- Promote the participation of the Aboriginal community in the planning, development and delivery of services
- Enter into agreements for parental contributions to the maintenance of a child in care

These operational standards are the minimum expectations of performance for the Agency.

E. Skills Development

Organizational knowledge transfer is important to maintaining ongoing capacity development. The day-to-day provision of services rooted in a good Practice Framework will assist with the transfer of organizational knowledge. The following areas are to be developed to build organizational knowledge transfer capacity:

- Develop skills within communities
- Follow regulation standards
- Follow sector best practices
- Develop standard templates
- Build information technology capacity
- Implement cultural practice
- Prevention approaches
- Work towards Ministry standards

F. Training

Executives, managers, supervisors, and staff will require qualified individuals in both communities. A strategic training initiative embedded in the practice framework is recommended to address immediate, medium, and long term challenges.

Examples related to training needs to be considered for future staff are:

- Develop and provide consistent training to community workers, foster parents, and other individuals directly involved with children and youth
- Embed all training in traditional Innu values and child welfare practices

- Develop incremental training strategies that take place over a period of time with programs that are accessible both in person and remotely

Staff would require the practice skills, educational background, personal suitability, and training relevant to working in First Nations communities, which qualifies them to:

- Assess child development, understand family functioning
- Recognize family strengths and assess family needs
- Identify and understand sources of stress for children and families
- Recognize the indicators of abuse and neglect
- Be knowledgeable about the duty to report child protection concerns to a fully delegated child protection social worker
- Help families identify their strengths and coping mechanisms to meet the goals the family has defined. To work with families to plan and implement strategies to assist families to resolve issues

G. Supervision Materials

Supervision is an integral element of organizational practice through the relationship between a supervisor and supervisee. Direction to the supervisee is founded on sound social work theory, best practice, cultural appropriation, competency, and ethical content considerations embedded in the practice framework. Supervision includes numerous interconnected functions and responsibilities. These functions and responsibilities are crucial to ensure there is a professional standard that is in place to protect the organizations and most importantly the service users.

The following components are items the CWLC recommends exploring with the Innu in order to build capacity for future supervision components within the Practice Framework:

- Administration
- Education
- Support
- Cultural Awareness and Cross-cultural Supervision
- Consistent evaluations for staff
- Performance Monitoring
- Supervision Guidelines for Managers and Staff
- Written Evaluations
- Face to Face Meetings

H. Instrumentation

Assessment instruments are a key component of a system of care and are crucial to good practice. They provide organizations with a tool to gather data to best assess the needs of their clients. It has quickly

become an important tool for any system of care. Instrumentation provides value and focuses to a broad set of circumstances and enables organizations to specifically focus on their most important needs.

Instrumentation commonly found in social science should be considered in the development of the practice framework. Examples below are but a few instruments examples extracted from education, health, and social service sectors:

- Pseudo Social Measures
- Educational Assessments
- Program Evaluations
- Behavioural Test
- Assessment Scales
- Surveys
- Aptitude surveys
- Content Assessment

Some basic components to take into consideration in developing future instruments for the practice framework include:

- Data collection
- Matrix Plans
- Tracking measures
- Quality Control Assessments
- Safeguards
- Standard Forms
- Interviews
- Statistics
- File Reviews
- Missing Data Records

I. Records Management

Structured document management is an essential component in good organizational practice. The practice context for child and family services involve is to work closely with vulnerable children, youth, and families necessitate a high level of professional and organizational accountability. Ensuring records are well kept; maintained, stored, and secured is crucial to organizational development. Systematized and replicable documentation collection can be used over time to identify potential service user trends and ensure effective monitoring.

Organizations are constantly evolving. The social services sector can have high staff turnover rates. Good record keeping provides continuity over the long term. Good record keeping provides information for new workers or replacements that will need to get acquainted with a service file and collateral documents.

There are additional benefits to maintaining high quality document management practices. Good record keeping can allow for the continuous collection of data that can provide a window into the needs of a community. Data collection and analysis may provide justification for the development of new community programs and strengthen the organization's policies with strong evidence.

There are several types of documentations that may be important in a practice framework. The following examples of record management crucial to good practice:

- Request for service report
- General case notes
- Case conferences
- Case planning
- Activity report of client meetings (time, location, place)
- Communications log form (telephone calls, emails)
- Organizational report
- Public awareness campaign reports
- Social histories
- Critical incident report
- Missing person report
- Adverse occurrence report

J. Monitoring and Evaluation

It is critical to develop ongoing evaluation mechanisms for all interventions, programs and services to ensure that the needs of the communities are being met. These mechanisms should include a range of measures in order to capture a complete picture of the movement towards the desired outcomes. The successful application of this form of accountability is dependent upon the development of clear and measureable outcome goals. There are a range of types of measures that can be used, but each should be culturally appropriate while also meeting the demands of the funders. The evaluation measures should include:

- Outputs
- Outcomes
- Supervisions
- Evaluations
- Internal protocols
- Questionnaires
- Core assessment records

Ethical Principles

The guiding principle of helping professionals is ensuring the safety, well-being, and dignity of individuals who seek help. The Practice Framework will need to set ethical guidelines that will serve to direct practice and staff behaviour for the delivery of services (Mi'kmaq, 2006). The following will serve as a provisional reference tool:

- Do not exploit professional relationships
- Ensure personal problems do not conflict with professional work
- Inform service users of their right to refuse consent
- Inform service users of the professional obligations of all staff and personnel
- All staff and personnel should understand their limitations and know when it is appropriate to terminate their relationship with clients
- Professionals must practice within their legal mandates
- Professionals must transfer clients to accredited organizations and/or individuals who provide high quality professional care
- If the service user is accessing multiple services at the same time, clear boundaries between professionals must be maintained

K. Overall Project Overview Budget

Gross estimates based on operational assumptions. Some adjustments can be anticipated with a project of this breadth and scope. Four site visits, have been included in the Summary. These estimates are for a 24 month period.

PRICING SUMMARY	TOTAL
Personnel On Site	\$ 30,000.00
Personnel Off Site	\$ 136,000.00
Technical Tools	\$ 5,000.00
Admin (10%) Includes Personnel Summary & Tech tools	\$24,000.00
Travel & Accommodations	\$ 40,00.00
Contingency	\$ 5,000.00
PROJECT TOTAL	\$ 240,00.00

Personnel On Site	Site Days	Daily Rate	Total Cost for Site Days
Executive Lead	20	\$1,000	\$ 20,000.00
Project Lead	20	\$500	\$10,000.00
Technical Consultant	20	\$1000	\$20,000.00
ON SITE TOTAL			\$ 30,000.00

Personnel Off Site	Off Site Days	Daily Rate	Total Rate for Site Days
Executive Lead	30	\$1,000	\$30,000.00
Project Lead	100	\$500	\$50,000.00
Project Assistant	60	\$250	\$ 15,000.00
Editor	20	\$400	\$ 8,000.00
Technical Consultant(s)	33	\$1,000	\$ 33,000.00
OFF SITE TOTAL			\$ 136,000.00

The travel overview is subject to change depending on the agreed amount of time that will need to be confirmed for this project.

This table projects the estimated cost of the Executive Lead, Project Officer and potential Technical Experts to NL over the 4 phases. At least 1 week per phase will be spent on site. *Potential site visit to Natuashish may be planned.

Site Visit	Travel Estimates (2016-2018)	Estimated Cost (2-3 people)
Phase 1	Ottawa – Goose Bay (Return)	\$4,000.00
Phase 2	Ottawa – Goose Bay (Return) *Natuashish	\$8,000.00
Phase 3	Ottawa – Goose Bay (Return) *Natuashish	\$8,000.00
Phase 4	Ottawa – Goose Bay (Return)	\$4,000.00
	Travel Daily Per Diems	\$ 4,000.00
	Accommodations	\$ 6,000.00
	Local Travel	\$3,000.00
	Contingency	\$3,000.00
TOTAL		\$40,000.00

L. Project Working Group

The project working group currently exists and will be a key pillar moving forward. They will lead the work being done moving forward and be called upon to make important decisions

Jack Penashue	SIFN Director of Social Health
Gord Phaneuf	CWLC
Steve Joudry	IRTS
Steven Tremblay	CWLC
John Higham	Chignecto Consulting Group

M. Project Program Committee

The project program committee will be called upon periodically. They will review deliverables and provide their expertise. Combine these 3 individuals account to over 90 years of Indigenous child welfare experience.

- CWLC Aboriginal Child Welfare Task Force

N. Project Clinical Consultative Committee

The project clinical committee will be called upon on an as needed basis. They will ensure that the clinical needs comply with emerging and current best practices.

- Members to be specified

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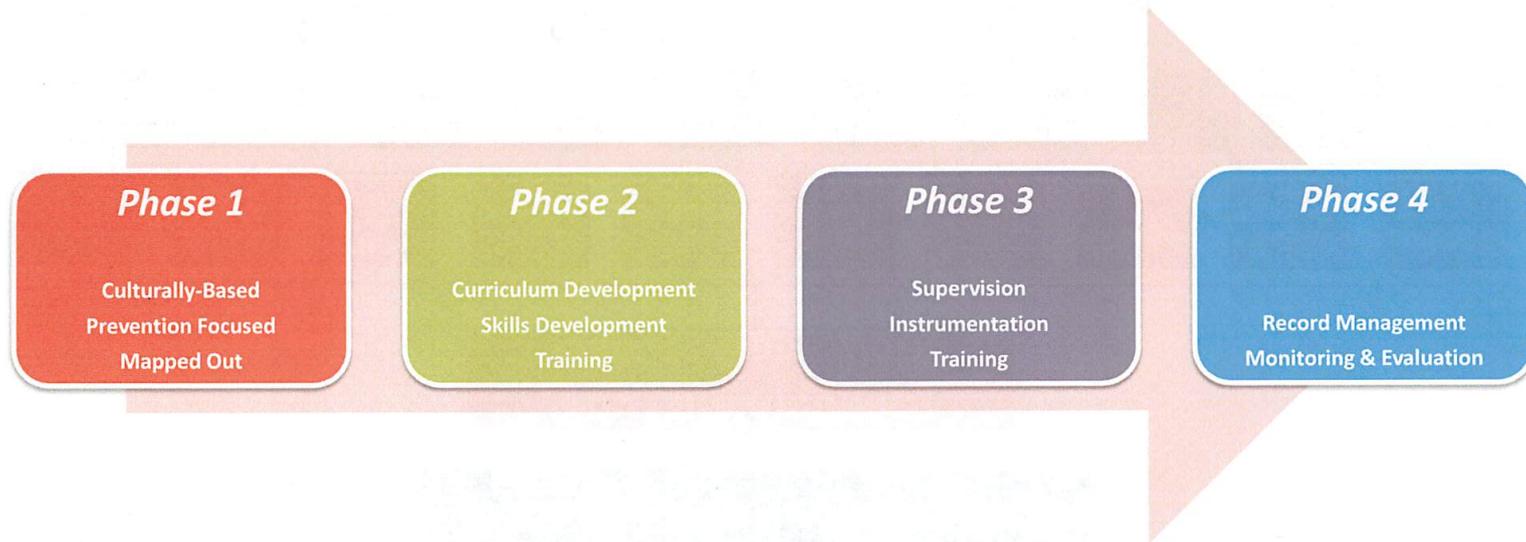
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Appendix 1

Practice Framework

Project Phases

*Each of the components that need to be realized is represented in this graphic. It is recognized that the sequence of work are interrelated. The sequence and who may undertake the work will be defined over time.



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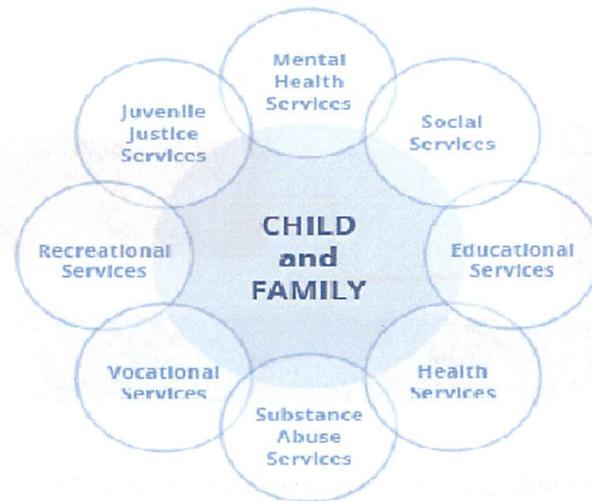


*Interrelated developments of the components may be concurrent

Appendix 3

System of Care

For the purpose of this model, a system of care is made up of key services and programs that are arranged into a cohesive flexible network. It seeks to address the vulnerability of children and their families. The actual constellation of services may and does vary from community to community through ability and requirements.



By definition a system of care is:

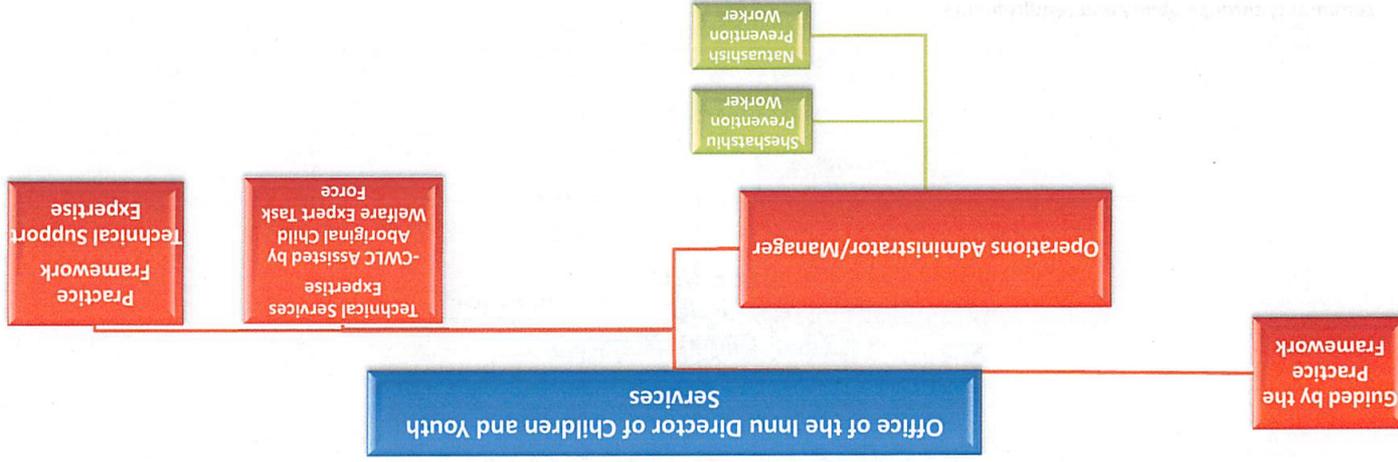
(Stroul, Blau & Friedman, 2010) (Kinark, 2015)

- 1) Community-Based
- 2) Family Driven and Youth Guided
- 3) Culturally and Linguistically Competent

22

CWLC, 2015

*This table is to be put under consideration by the planning team



*Subject to SIFN and MIFN Governance Approval

Innu Office of Children's Services

Appendix 4