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**Proposal to Health Canada and DIAND
from the Community of Sheshatshiu
November 07, 2000**

Introduction:

Sheshatshiu is a community in crises. We are facing social, economic and health issues which overwhelm us as a Band Council and as a people. We are resolved to address these issues and we have the political will and the community support to do so. But, we need partners who will share with us the resources and the expertise required to address this crises. We are seeking your help.

We recognize that there are serious health and social problems facing our community. It will require extraordinary efforts over the long run to resolve these issues. We have put together a package of information that looks at the needs of our community and offers solutions to the problems we are facing.

This proposal looks at; 1) The coordination of services and 2) A Family Treatment Program.

Coordination of Services:**A Proposal for Social Development Services Coordination**

Last spring, the community of Sheshatshiu saw a frightening rise in the number and younger age of children sniffing. A child tragically died in a house fire as a result of sniffing. There was also the suicide of a young teenage boy. These very disturbing events brought together all of the community's social development agencies who then expressed common concerns in trying to address these serious social problems. These concerns were:

1. individually, agencies and their staff felt isolated from one another and alone in their attempts to address the serious social problems in Sheshatshiu
2. no one agency on its own had/has sufficient resources, financial or human, to respond adequately to the major social challenges in Sheshatshiu such as the ongoing use of solvents by children
1. agencies had no established communication process to share information with one another, whether to plan strategies through case conferencing or to develop joint proposals to address concerns and offer new services
2. different policies and procedures of individual agencies were seen as barriers to effective interagency communication, cooperation and services delivery

All of these concerns were seen to be standing in the way of the ability of agencies to work together as an effective team to provide the best help and support to families and children in the

community.

To address these mutual concerns the Sheshatshiu Interagency Working Group was established with representation from each of the social development agencies in Sheshatshiu. The interagency group identified the following objectives:

1. create an opportunity for all agencies to come together on a regularly scheduled basis to practice open communication regarding issues and ideas focused on social development work that is in the best interests of families and children in Sheshatshiu
2. identify new resources, programs and/ services seen as beneficial to the overall service delivery system for families and children and advocate as a collective on behalf of families and children for those resources, programs and/ services
3. establish sub groups/committees to work on specific ideas or concerns; eg. a case-conferencing group for front-line agencies to meet weekly, and in a way respectful of individual families and children, cooperatively plan service delivery to those individuals and families

The interagency group worked with a great deal of enthusiasm through the spring and early summer. A volunteer chairperson was asked to arrange meetings, keep minutes etc.

Four sub committees were set up: one to look at specific legal issues around children and solvent use, one to begin to do regular case conferencing, another to work at the planning and development of a community gathering and one to develop of a crisis response team and plan for Sheshatshiu.

Also, three specific proposals were developed in response to critical concerns of agencies and submitted for funding. One proposal was funded and very successfully carried out in the summer. This was a 28 day residential family treatment program for 5 families that was a joint effort between several agencies, most specifically the Youth Restoration Center, Child, Youth and Family Services, Mennonite Central Committee and Innu Uauitshitun. The other two proposals, one for an on-call system for after hours workers and the other, a child welfare placement resource at the family shelter, remain on the table for possible funding.

In addition, a very successful children's softball program introduced by the RCMP took place over the summer with interagency cooperation and support.

The interagency group resumed its meetings this fall after a summer break. However, the level of commitment by agencies to the process of interagency work seems to have diminished. There are a number of valid reasons for this. There have been a number personnel changes in some agencies over the summer as well as real staff shortages at some agencies.

Perhaps most significant is that at this time, the alarm we felt in the community last spring does not now seem as acute. However, those who take an honest look at the community acknowledge the ongoing distress is community wide and as great as it was last spring. The reports coming to the interagency group from the school alone, clearly indicate this. (Since the preparation of this proposal there has been another terrible tragedy in the community which involved the deaths in a house fire of five community members, two young grandparents and their three pre-school aged grandchildren.)

Although weekly meetings of the interagency group continue, gaps and weaknesses in the process are becoming more clear. Some key agencies have not been able to maintain a consistent level of participation. We have learned that regardless of the reasons, as long as several key agencies are not able to participate consistently, the process itself cannot be effective. All too quickly, because of frustration and fatigue, individual agencies become defensive and territorial. We have also learned that in this community, with the extraordinarily high levels of social distress that are present, we need to use extraordinary means and ways to address the challenges. As it presently exists, the interagency working group cannot go far enough, with sufficient strength, to address those extraordinary concerns that initially brought the agencies together.

We need to be able to manage, integrate and coordinate services at the level of service delivery. To do this would mean " service providers sharing information, planning comprehensive programs, implementing collaborative programs and coordinating efforts for individuals and families." To do this means we need an overall service delivery coordinating body and this is what we are proposing through the establishment of a social services coordination office.

The coordination office would work to provide the much needed coordination and administration of the various social and healing services in this community. In short, this office would do the work to tie together and make stronger the many strands of the social support network in Sheshatshiu.

This office would be staffed by a full time director and administrative assistant. They would have the responsibility to develop a process that would nurture and support an ongoing team of frontline workers drawn from all of the key social development agencies in the community, regardless of employer.

This would be done through a partnership agreement which would ask the key agencies to give their wholehearted support to the involvement of particular frontline workers from their agency to this team. The team would then meet on a regular basis several times a week to discuss issues in relation to best practice as well as do individual case planning and management. These team members would take direction from the coordination office and still work out of their individual agencies clear about who was doing what, with whom and for whom. Supervision and evaluation of the team work would be the director's responsibility as well as maintaining strong communication with each of the agencies in the interagency circle.

The team members would be linked together with a holistic focus on helping and supporting

families and children. The core group of agencies from which team members would likely be drawn are Child, Youth and Family Services; the Family Shelter, RCMP, Youth Restoration Center, Group Home and Innu Uauitshitun. This team would begin to build the bridges between existing resources in the service delivery system.

This proposal is a step toward the structural integration of services that will provide more opportunities for partnerships and joint planning and programming. It will also provide opportunities for more effective use of the skills and commitment of community workers who will actually be working together with a common mandate.

Funding is sought for salaries for a coordination director, assistant and for office space as well as office up keep and supplies. Also funding would be needed to provide team training and development opportunities.

Working together through a coordinated effort, we know we can do much more for families and children than we can separately. We simply need help with the resources to undertake this coordination work.

1. John McCready, Sheshatshiu: Community Assessment August 1999

The leadership is very interested in seeing the issue of self government resolved. In the interim though we recognize need to make sure that federal, provincial and band responsibilities are coordinated in an effective manner.

Family Treatment Programs

The clearest message that has come out of our community since the suicides last summer is that our families are suffering and need support and help to rebuild relationships and regain strength. This is not a new message but we cannot afford to ignore it any longer.

Families have always been the focus of all meaningful social organization and relationships in our culture. The confusion and despair now demonstrated by many of our children and young people directly reflects the increasing inability of families to nurture and support one another, to teach values and model self respect.

In the forty years since Innu began to live year round in Sheshatshiu, the crucial role of family has been usurped by church, school and government. In the process, we now see that the ability of our families to pass on healthy culture has been damaged, and the changes we have experienced have been so rapid and beyond our control, that parents and other care givers are confused, frustrated and feeling hopeless.

We know that Innu still have a deep love for family, especially for children. It is a tragedy that the accumulated hurtful experiences and ongoing distress of many adults makes it very hard for them to demonstrate this love. Parents see the distress of their children and know this is not what they want for their children. Indeed many parents have taken major steps to help themselves become healthier so that they can try to strengthen their families. This is readily seen in the numbers of parents who have stopped abusive use of alcohol. But even this is not insurance that in turn their children will become healthier and the family connections stronger. We also know that there are parents of families who seem unable to help themselves, even as their children are acting out their desperation. We have no alternative but to find ways to help these families.

It is our belief that we must be able to provide services directed at all our families in order to meet the evident need that families have for support, understanding and help. Even as we continue to send individuals to treatment programs that focus on individualized treatment, we know that this model for help is not effective for us. The individual, whether an adult or child, returns to a family isolated from the treatment process and as a result, the individual alone bears the burden of maintaining healthy changes. Time and again, this proves an impossible task for most individuals and then they face more failure and helplessness.

We propose a model for family treatment, which is holistic in every sense. The family, including care givers and children will be the focus for treatment. In many cases this will be an extended family group because this is what our experience with family is. The issues dealt with in treatment will be common to all families because we share the same history. These issues will go beyond the symptoms of distress to open up and deal with the causes of such widespread distress.

We have two overall goals for family treatment: to foster understanding about why and how there has been such a breakdown in family life and to offer ways and means for family relationships to be strengthened. In working towards meeting these challenging goals we will have the opportunity to show ourselves that in spite of the tragedies we have experienced that we will have the compassion and strength to help one another. We need this opportunity to build our collective self worth.

We have already had experience with very successful country treatment programs focused on family healing. All the Innu who participated in these programs witnessed the power of doing this work with and for one another in the country setting. We knew that we wanted to continue to develop and promote family healing programs in the country but we simply did not have the resources to do so. Once again we are repeating what we have said before. We need resources in order to do family treatment programs. We need to hire a program staff for family country treatment, including workers to do post treatment follow up in the community. We need resources for the operational costs of doing family treatment in camps in the country.

The time has come for us to insist that we know will be most effective in helping families and we have the will to do this most difficult work. At a minimum, we need to control and direct the financial resources that are already being spent to have individual Innu take part in treatment

programs away from our community. This would be a significant step to enable to begin to provide family treatment programs to meet the compelling needs of our families.