

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

Innu Prevention Approach

Presented to the Innu Round Table Secretariat

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Table of Contents

Acknowledgements	5
Abbreviations	6
Executive Summary	7
Introduction	11
Background	12
Methodology	13
Environmental Scan	15
(S)ocietal	15
(T)echnological	17
(E)conomic	17
(E)nvironmental	18
(P)olitical	20
Needs Assessment	23
Funding	24
Inconsistent Services	25
Isolation	25
Drug & Alcohol Dependencies	26
Community Buildings	26
Housing	26
Capacity Development	27
Prevention	28
Prevention Plan	29
Human Resources	29
Management Structure	29
Community Leadership	29
External Support of Authorities and Experts	29
Innu Prevention Approach	31
Innu Prevention Approach Program Mandate and Description	32
Innu Prevention Approach Program Philosophy	33
Implementation Plan, Goals and Objectives	34
Coordination of Services	40
Human Resources Required	41
Ethical Principles	43
Operating Procedures	43

Confidentiality	44
Reporting Requirements	44
Documentation Management	44
Recommendations	47
Capacity Building	47
Technical Expertise	47
Graduated Support Strategy for Innu Children and Youth	48
Reintegration Planning for Innu Children and Youth Transitioning to their Communities	48
Infrastructure	48
Prevention	48
Strategic Training Initiatives	49
Community Approach	49
Application of the Innu Healing Strategy	49
Alternative Care	50
Summary	50
References	51
Appendix A: Organizational Charts	53
Appendix B: Maps of the Communities	55
Appendix C: Map of the Services	57
Appendix D: Defining Prevention	59
Appendix E: Innu Healing Strategy	61
Appendix F: Definitions	62
Appendix F: Innu Enhanced Prevention Approach Logic Framework	63
Appendix F: List of Innu Round Table Secretariat Staff	64

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Gordon Phaneuf

Chief Executive Officer

Abbreviations

Children and Youth Care and Protection Act (The Act)

Child Welfare League of Canada (CWLC)

Child, Youth and Family Services (CYFS)

Enhanced Prevention Focused Approach (EPFA)

Indigenous and Northern Affairs Canada (INAC)

Innu Prevention Approach (IPA)

Innu Round Table Secretariat (IRTS)

Memorandum of Understanding (MOU)

National Health Interview Survey (NHIS)

National Household Survey (NHS)

Prevention, Respect, Intervention, Development and Education (PRIDE)

Social, Technological, Economical, Environmental and Political (STEEP)

Executive Summary

Introduction

The Child Welfare League of Canada (CWLC) was contracted by the Innu Round Table Secretariat (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. Findings from the research were used to create the Innu Prevention Approach (IPA) framework. The overall goal of the project was to gather the information needed to improve the well-being of the children and families in the communities and to assist in obtaining prevention funding from the Federal Government.

The CWLC understands that it comes to these communities as an invitee and visitor. We recognized that we are not experts about Innu culture and the communities. As such we made sure that the research was done with the full participation of the communities. The involvement of community members, leaders and IRTS staff was an important foundation for the research.

Surveys, interviews and focus groups were used to gather data in both communities. The surveys were designed to collect both broad based data while the interviews and focus groups in-depth were used to gather more in-depth information from participants. This work was conducted from June 22nd to June 26th, 2015. An environmental scan and needs assessment were also completed.

Environmental Scan

IRTS staff provided critically important direction regarding the importance of tailoring healing efforts to the unique needs of the Innu people. This informed the findings of the environmental scan. Data for the scan was based on existing information found in the *Innu Healing Strategy*, staff reports, government statistics, and research papers. Specific firsthand account information from staff, community members, and the Innu leadership was gathered during the CWLC June site visit to supplement and expand upon the existing data. A Social, Technological, Economical, Environmental and Political (STEEP) Analysis was used as the conceptual foundation for the scan.

Needs Assessment

Fifty-five individuals participated in the research. This included IRTS staff, Child, and Youth Family Services staff, community members and members of the Innu leadership. Surveys were collected by the CWLC and aggregated for data purposes. In addition, the CWLC met with community members and Elders who spoke of what they believed to be the most pressing social issues. The following issues were identified:

A. Funding

Participants consistently reiterated that existing social services do not have adequate funding. The provision of increased services to existing programs is necessary to ensure continuity and sustainability.

B. Inconsistent Services

Social programs and projects in both communities tend to be funded on a short-term annual basis. Participants strongly

believe that this type of funding formula creates program instability which in turn contributes to inconsistent services within each community. This is in part due to the difficulty staff has in properly evaluating the long-term benefits that short-term programs bring to the community.

C. Isolation

Both communities are in isolated areas of Labrador. This creates a number of unique challenges that impact the provision of effective services. The cost of transportation and access to proper services limits the functioning of social programs, particularly in Natuashish where only marine and air transportation is available. It also limits the access of program staff to specialized external support and training.

D. Drug and Alcohol Dependencies

The ongoing impact of the historical injustices experienced by the Innu has contributed to substance misuse in both communities. It is such a long-term problem that substance misuse is becoming normalized and becoming ingrained in the lives of many Innu families. One of the outcomes of this misuse is an overrepresentation of Innu children in the provincial child protection system.

E. Infrastructure Conditions

Both communities have core buildings that support most of the community services. Although the buildings need upgrading the overall structures in place currently provide adequate space in the communities. Housing conditions and availability remain key issues in the communities.

G. Capacity Development

A critical need was identified for increased administrative capacity in programs, improved and on-going staff development opportunities, culturally appropriate programs that reflect Innu values, improved transparency and accountability processes and long-term funding based on current needs.

H. Coordination of Services

A need for an integrated service delivery model that reflects the needs and values of the communities was identified as a key issue. This includes access to culturally sensitive services outside the communities when needed. This requires ongoing collaboration between the Innu and the Federal and Provincial Governments.

Prevention Plan

A two-step process for the development and implementation of the prevention plan was identified. This includes:

- A) Building a blueprint of action;
- B) Building community capacity in order to be able to develop and implement the blueprint. It is recommended that the following has to occur to develop the prevention plan.

1. **Human Resources-** Personnel are required to identify the needs of the communities and act on them. These individuals will develop a reporting structure and provide the supervision, training, and skills development required to build a blueprint of action(s).
2. **Management Structure-** The leadership team will need to provide the necessary technical and management support to

- staff while also identifying what other technical supports are needed.
3. **Community Leadership-** Both elected and professional community leaders will communicate with both communities about implementing the prevention plan while also providing cultural support and guidance to the plan. Leaders will perform an ongoing evaluation of the prevention plan and directly incorporate input from the community.
 4. **External Support of Authorities and Experts-** External support of the prevention plan will be provided by contributions and support from the:
 - Department of CYFS
 - Federal Government (INAC)
 - Newfoundland Foster Care Association
 - Advocate for Children and Youth, Newfoundland & Labrador
 - Child Welfare Experts
 - CWLC
 - Mi'kmaq Confederacy
 - Indigenous Child and Family Services Experts

Innu Prevention Approach

The Innu Prevention Approach guided all aspects of the research. The approach led to the development of the implementation plan as well as recommendations to improve child welfare in both Innu communities. The implementation plan is based on six core goals identified by the IRTS and reviewed by CWLC. The goals informed the direction of the needs assessment. In addition, the approach built upon work done by the Mi'kmaq Confederacy child and family services prevention initiative in Prince Edward Island.

The Innu Prevention Approach goals are to:

1. 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 increase family resiliency.
3. Prevent Innu children from being removed from family, community, and culture.
4. Provide Innu children who require temporary and/or permanent care outside the familial home with nurturing placements that are culturally appropriate.
5. Decrease the number of Innu children and youth residing in care and custody placements both outside their respective communities of Sheshatshiu and Natuashish as well as outside their province.
6. Build agency capacity to enhance services and promote best practices to children and families.

Recommendations

The following recommendations are based on both the CWLC's research and other work being undertaken by the IRTS and CYFS. The recommendations serve as a reminder of the work that needs to be done and considered in the short, medium, and long term. The ten recommendations are:

1. Create a coordinated support strategy to bring Innu children and youth home
2. Create a community specific reintegration plan for Innu children and youth
3. Create and fund the necessary infrastructure specific to a prevention approach

4. Develop prevention based support services
5. Conduct strategic training initiatives
6. Utilize a community grounded prevention approach
7. Apply and implement the *Innu Healing Strategy*
8. Develop alternative care services
9. Build community and service capacity
10. Develop the necessary technical expertise to develop, implement and support the services.

Summary

The communities are facing significant challenges in meeting the child welfare needs of their children. The challenges reflect the impact of the historical injustices experienced by the Innu.

The CWLC worked in conjunction with the IRTS and members of the communities and Innu leadership to develop a workable action plan on a prevention approach. This report outlines what is recommended in order to effectively deal with the identified and acknowledged challenges.

Introduction

Decades ago, Innu leadership identified their desire to establish a child and family service agency built upon Innu values. Since that time the Innu Round Table Secretariat (IRTS) has done significant work on the development of a plan for the provision of prevention services for children and families in Sheshatshiu and Natuashish. This has included the development of the FASD Systems Assessment Report (2014) and the *Innu Healing Strategy* (2014). Unfortunately requests for funding under the Enhanced Prevention Focused Approach were rejected by the Federal Government in both 2013-2014 and 2014-2015. In order to gather the information needed for a new funding submission, the Child Welfare League of Canada (CWLC) was invited by the communities to assist in the development of an enhanced plan to be used as the foundation for a new request for the funding of prevention services in the communities. This report builds upon the existing work of the IRTS and the innate knowledge of the Innu to identify a culturally grounded prevention approach of dealing with the ongoing and long standing challenges experienced within the communities.



(Picture: Innu Healing Strategy: www.irtsec.ca)

Description of the Problem

The Department of Child, Youth, and Family Services has reported that, as of March 31, 2015, a total of 175 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*). This stands in comparison to the Labrador Inuit, who had a reported 115 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 the 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, the Innu leadership has strongly stated the need for prevention approaches that would provide services to enable Innu children to stay in their communities.

In the long-term, the IRTS seeks to create a new Innu child welfare agency that will deliver child protection services throughout all Innu communities. The provision of prevention services by the communities is a significant first step towards achieving delegated authority from the Province of Newfoundland and Labrador Department of Child, Youth and Family Services for the establishment of an Innu child welfare agency. A child welfare service based upon Innu values will be a major step in the development of healthy children, families, and communities.

Background

The CWLC was 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. Findings from the research were used to create the Innu Prevention Approach (IPA) framework. The overall goal of the project was to gather the information needed to improve the well-being of the children and families in the communities and to assist in obtaining prevention funding from the Federal Government.

This report builds upon the foundational work already conducted by the IRTS. One of their key initiatives has been the development of the *Innu Healing Strategy* that was completed in 2014. The *Innu Healing Strategy* is a common vision for the future as well as a consensus on the priorities that need to be addressed in the Innu communities of Newfoundland and Labrador. The strategy asserts that healing within Innu communities is a personal and a family responsibility. Healing cannot be forced on people. Instead, people begin their journey towards healing when they are ready and it is the community's collective responsibility to be prepared to support them. Implementing a healing strategy based on this philosophy means that responsibility for preparedness to support the healing

of individuals and families rests with local community resources and services. The research for this report was conducted using these values as a foundation.

Methodology

Participants

Participants were members of the Sheshatshiu and Natuashish communities as well as employees of social services directly and indirectly tied to child welfare social service provisions. Participants included:

- (a) Innu Roundtable Secretariat staff;
- (b) Child, Youth and Family Services staff;
- (c) Community members, and,
- (d) Innu Leadership.

Fifty-five individuals participated in the consultative process. Participants were approached by the IRTS liaison worker and were asked to complete a survey regarding how to enhance prevention initiatives in the communities. In addition, the CWLC met with community members and Elders who outlined what they believed are the most pressing social issues. Participants varied in their social, economic and demographic backgrounds.

Procedures

The main goal for the study was to explore the collective capabilities of Sheshatshiu and Natuashish and determine what is required for both communities to develop and provide prevention services governed by Innu culture and worldviews. Both an environmental scan and a needs assessment were conducted by CWLC in conjunction with the IRTS.

Subsequent to analyzing the findings from the two study elements, a prevention plan was designed outlining a new community-informed Innu Prevention Approach. This Approach is intended to evolve and develop in forthcoming years as the capacities of both communities change and grow.

Phase One – Environmental Scan and Site Visit Assessment

During the first phase of the study, CWLC researchers conducted an environmental scan using the STEEP Analysis framework. All (S)ocial, (T)echnological, (E)conomical, (E)nvIRONMENTAL and (P)olitical aspects of both communities were analysed to determine what additional supports, funding, and plans that were required to establish a community-led Innu Prevention Approach within the context of the *Innu Healing Strategy* that meets the needs of the children, families and communities.

Phase Two – Surveys, Interviews & Focus Groups

During the second phase of the study, the CWLC conducted surveys, interviews and focus groups from June 22 to June 26, 2015 to explore and expand on the environmental scan.

Data Collection

Surveys, interviews, focus groups and site visits were used to gather data in both communities. The surveys were designed to collect both broad based data while the interviews and focus groups were used to gather more in-depth information from participants. To maintain anonymity and confidentiality, all of the data from the survey questionnaires were aggregated by the CWLC research team in Ottawa. At all stages of the study, participant information was kept confidential. Furthermore, this report anonymizes participant data by removing any means through which participants could be identified.

CWLC researchers and IRTS staff created four distinct surveys to gather quantitative and qualitative data from both communities. Participants completed the relevant survey either electronically or in a hardcopy format. In total there were six focus group meetings in Sheshatshiu and Natuashish, one meeting with the Natuashish leadership in Happy Valley-Goose Bay and one meeting with Sheshatshiu leadership in Sheshatshiu. The site visit assessment obtained specific firsthand information to support data collected during the environmental scan while also capturing practical information pertinent to creating an Innu Prevention Approach.

Themes, sub-themes, and key issues were identified through the comparative analysis of the responses. All survey data were thematically coded during the aggregation process. Relevant codes were developed by dividing data into recurrent themes and sub-themes. This process ensured that the findings were meaningful, having emerged directly from participants' survey responses. The data drawn from the participants tended to confirm previously documented information.

Environmental Scan

The environmental scan was conducted as a means of further identifying the needs of the two communities. A Social, Technological, Economical, Environmental and Political (STEEP) Analysis were used as the conceptual foundation for the scan. This section reports on the outcomes of the scan.

(S)ocietal

Innu of Labrador

Currently there are approximately 2200 Innu living in Sheshatshiu and Natuashish (*Innu Nation, 2015*). The Innu of Newfoundland and Labrador have a long and distinct history. There is general agreement that the historical injustices associated with the forced shift from nomadic hunters to sedentary residents are a cause of many social health issues of the Innu (*Backhouse & McRae, 2002*). The rapid shift of lifestyle from the mid 1950's to the mid 1960's changed the environment of the Innu where they went from being self sufficient by means of living off the land to being dependent on government services and accessing food through grocery stores. Challenges in the transition that face the Innu have been outlined in the First Nations and Inuit Health Branch Health Needs Assessment (2012) and the Impact Evaluation of the Labrador Innu Comprehensive Healing Strategy (2009). The reports identify the following social and health issues as being the most prevalent issues that affect Innu communities:

- 1) The suicide rate in SIFN is 75.7 per 100, 000 people, and Mushuau Innu First Nation is 164.1 per 100,000 people in comparison to the 11.0 per 100, 000 in the general Canadian population.
- 2) The average life expectancy is 48 years in Sheshatshiu Innu First Nation and 47 years in Mushuau Innu First Nation. The average Canadian life expectancy is 81 years.
- 3) Prenatal drug and alcohol use is 4- 6 times greater than reported in the general Canadian population.
- 4) Prenatal smoking rates are 5-6 greater than reported in the general Canadian population.
- 5) Oral health scores are significantly lower (Sheshatshiu Innu First Nation, three times lower) (Mushuau Innu First Nation, five times lower) than the general Canadian population.
- 6) The violent crime rate in 2010 in Sheshatshiu Innu First Nation was 31.31 per 100 people, in Mushuau Innu First Nation it was 23.69 per 100 people in comparison to 1.28 in 100 people in the general Canadian population.

These findings provide a stark reminder of the social issues the Innu face moving forward. The societal and health issues are factors related to decades of colonial policies that are linked to intergenerational trauma. Despite this, it is important to note that the communities have many strengths. The collaborative work done to create the *Innu Healing Strategy (2014)*, which is intended to uphold the core strengths of the Innu culture, is a testament to the ingenuity and sophistication of

these communities. The *Innu Healing Strategy* (2014) is a well-developed plan of action based on traditional Innu knowledge and contemporary public health information. It outlines the following as “Innu Core Values”:

- Respect
- Trust & Honesty
- Cooperation
- Nature
- Patience
- Knowledge
- Culture

The CWLC understands that although both communities have a common culture, there are differences in each community’s economy, location, geography, degree of isolation, and social, technological and physical infrastructure. The objective of this environmental scan is not to compare one community to another. It is the intention to outline the unique needs of each community.

Community of Sheshatshiu

Sheshatshiu is approximately forty kilometres from Happy Valley -Goose Bay which is the largest community in Labrador. The community has access to Happy-Valley-Goose Bay via Highway 520 throughout the year. It sits on the shore of Lake Melville and across from the community of North West River.

The Sheshatshiu Innu School provides education for students from kindergarten to grade twelve. The community also provides early childhood education services for children between the ages of two and five along with an Indigenous Head Start program available for children and their caregivers in the mornings during the school year.

There is no hospital in Sheshatshiu. A community health centre provides some physical and mental health services. Emergency and specialized care is provided outside of the community. The Mary May Healing Centre is an important resource for the community and provides services and programs such as: housing, family support programs, child protection, foster parent support, parent support, Fetal Alcohol Spectrum Disorder (FASD) services, family treatment and wellness, mental health, justice support, and general counselling services.

Community of Natuashish

Natuashish is approximately 300 kilometers from Happy Valley-Goose Bay. It is only accessible by air or marine transport. The Mushuau Innu moved to Natuashish from the former community of Davis Inlet where insufficient water, housing and services led to significant social problems. Inhalant abuse involving children in the community garnered national media attention in the early 1990. In response, the Federal and Provincial Governments and the Mushuau Innu signed the *Mushuau Innu Relocation*

Agreement in 1996, which provided for the relocation of residents of Davis Inlet to the new community of Natuashish on the mainland.

Despite the relocation, Natuashish continues to face serious and ongoing social issues. The number of community members who are addicted to drugs and alcohol is high. This is in spite of an alcohol ban that was instituted by the Band Council in 2010. The community's local RCMP detachment provides policing services and actively enforces this alcohol ban. However, addiction to both drugs and alcohol remains well-entrenched throughout the community.

The Mushuau Innu School provides education for students from kindergarten to grade twelve. The community also provides daycare services during the school year. The community has access to both provincial justice and court services with court proceedings coming to Natuashish on a rotational basis. There is no hospital in Natuashish. Instead, a health centre takes on most of the physical and mental health services. The health centre houses: child protection, foster parent support, and parent support. Emergency and specialized care is done in larger urban areas throughout the province. To access these services, residents of Natuashish must fly out of the community.

(T)echnological

The remoteness of these communities creates technological service challenges. The community of Sheshatshiu has internet and cellular services, Natuashish only has internet that is often unreliable.

The development of technological infrastructure has been slow and is a concern that was consistently raised by study participants during the CWLC's site visits. Basic communications (telephone, emails, teleconference calls) are available but can be inconsistent. Professionals who work in the communities found this to be a significant difficulty.

Professional e-services (web meetings, webinars, and video conferencing) have become an important tool in health and social services delivered in remote communities across Canada. The Federal and Provincial Governments have crucial roles to play in the development of resources in this area. It may be possible that the private sector could play a role in providing services if they are approached with a specific request. There is a major renewable natural resource project currently in place with which the Innu have a working partnership. In instances like this, the project organizers' expertise may be valuable as their operations require highly technical services.

(E)conomic

The economic well-being and viability of these communities is directly tied to the current generation of children. The economic future of the communities depends upon Innu children having a sense of belonging and purpose in their communities. Economic development can play a role in keeping children and youth in their communities as they transition to adulthood by providing employment opportunities.

The economic and employment opportunities in both the communities are limited and are decades-long points of concern. Ensuring good economic development has been an important subject for the Innu leadership. According to the National Household Survey (2011), Sheshatshiu has an unemployment rate of 27% and Natuashish of 25%. Natuashish has a median income of \$19,879 and Sheshatshiu of \$17,269 (NHS, 2011). The Canadian median income in 2011 is \$72,240. In Newfoundland and Labrador it is \$67,200 (NHS, 2011). The comparison shows a significant income rate difference between the Labrador Innu when compared to the Canadian average.

A recent agreement between the Innu and the Lower Churchill Falls hydroelectric project provides some economic opportunity for the Innu. This project has benefited residents in both communities but there are still significant unemployment levels. In order for youth and adolescents to obtain employment, they often have to leave their communities. While there is the Advanced Educations and Skills Program, overall there is limited skills and training development in the communities. This is more prevalent in Natuashish than Sheshatshiu.

The move toward social health and recreation services based on traditional Innu culture approaches and knowledge is contributing to the development of capacity that could contribute to employment. The *Innu Healing Strategy* (2014) is an example of capacity development fields being developed by the Innu.

(E)nvironmental

The Department of Child, Youth and Family Services plays a significant role in dealing with current social issues in Sheshatshiu and Natuashish. The IRTS acts as a liaison to represent the views and needs of Innu leadership. The goal of an Innu Prevention Approach is to develop prevention capacity by the IRTS while Child, Youth and Family Services continue to administer the department's child protection mandate. Both the Innu and the Provincial government are committed to working together in order to provide better prevention services for Innu children and youth. Within this context, it is important to understand the role of the Department of Child, Youth and Family Services.

The Department of Child and Youth Family Services

Child protection is currently delivered through the Newfoundland and Labrador Department of Child, Youth and Family Services. The Department is responsible for child protection in Newfoundland and Labrador. This includes establishing policy, delivering programs and services, and administering the Children and Youth Care and Protection Act (The Act). The Act is guided by the objective established at Section 8:

“To promote the safety and well-being of children and youth who are in need of protective intervention”.

The Act does not reference prevention.

Child, Youth and Family Services offices are located in both Natuashish and Sheshatshiu. They provide round-the-clock child protection services. Although Child, Youth and Family Services staff are guided by the same mandate, there are significant differences in the way services are delivered in the two communities. For example, most Child, Youth and Family Services workers in Natuashish do not permanently live in the community or close by the community. They fly-in on a two-week rotation as a team and live in housing, which is provided in the community. In contrast, the Sheshatshiu community is more accessible, some staff live in the community, although most travel from Happy Valley-Goose Bay.

The CWLC met and interviewed Child, Youth and Family Services workers in both communities. Participants acknowledged that most staff were not from the community and had little knowledge of Innu culture. Their intentions were to help, but overall, staff that participated in the study indicated their interventions are restricted by the Act.

Participants agreed that the Department of Child, Youth and Family Services is limited in its ability to adequately provide prevention services. Participants welcomed the opportunity for a strategic prevention initiative in both communities. They also acknowledged that the Innu communities should drive prevention. Overall, Child, Youth and Family Services staffs were enthusiastic about the introduction of an Innu Prevention Approach.

In Newfoundland and Labrador, 11% of the population 19 years of age and younger are Indigenous according to the 2011 National Household Survey (NHS), and 34% of the children and youth in care (17 and younger) are Indigenous as of December 2014. Out of 960 children in care in March of 2015, 320 were Indigenous. Of this, 175 were Innu children. This means that the number of Innu children in care make up approximately 18% of the in-care population. The total population of people living in NL is 514,563 according to the NHS which means the Innu of NL make up around 0.5% of the total NL population. While making up for only 0.5% of the population, 18% of the children in care in NL are Innu (CYFS, 2015).

Detailed data on the demographics of children in care is limited in NL. There are recent initiatives such as “Open Government” which releases basic data. The data does show that Innu children are disproportionately ending up in care of CYFS. In comparison to other Indigenous groups in the province, Innu children are still disproportionately represented in the care of CYFS.

Number of Clients by Service (March 31, 2015) Table # 1

Program	Central East	Metro	Labrador	Western	Provincial Total
Protective Intervention - # of children	1135	2240	850	570	4795
Protective Intervention - # of families	720	1350	535	360	2965
Kinship Services - # of children	140	225	75	65	505

Youth Services	70	75	20	25	185
Residential Support Services					
In Care/Custody	255	210	250	240	960
Residential - # of Foster homes	155	80	160	175	570

Children/Youth in Care by Indigenous Status (Since March 31, 2015) Table # 2

Status	Central East	Metro	Labrador	Western	Provincial Total
Innu	<5	<5	150	25	175
Inuit	5	<5	75	30	115
Métis	-	-	-	<5	<5
Mi'kmaq	<5	-	-	<5	5
Other Indigenous	10	-	<5	10	20
Total	20	5	225	70	320

(P)olitical

The Innu of Newfoundland and Labrador have a long and distinct history and a strong connection to the land. Each community has a separate Band Council. Overall, the Innu is led by an Executive Council that includes a Grand Chief, Deputy Grand Chief as well as Chiefs from the communities. For an in-depth perspective on the way of life of the Innu people, please refer to the Innu Nation's website for a reference list of publications on their history (*Innu Nation, 2015*). We encourage readers to look at Innu approved material for further information.

The Innu Round Table Secretariat

The eight Innu core values of respect, trust & honesty, cooperation, nature, patience, knowledge and culture are entrenched in the *Innu Healing Strategy*. The IRTS is the coordinating arm of the Innu Round Table tripartite process with the Government of Canada, Province of NL, and Innu. The IRTS is the collective organization of the Innu in regards to mandated services. The IRTS coordinates and administers common Innu priorities, including:

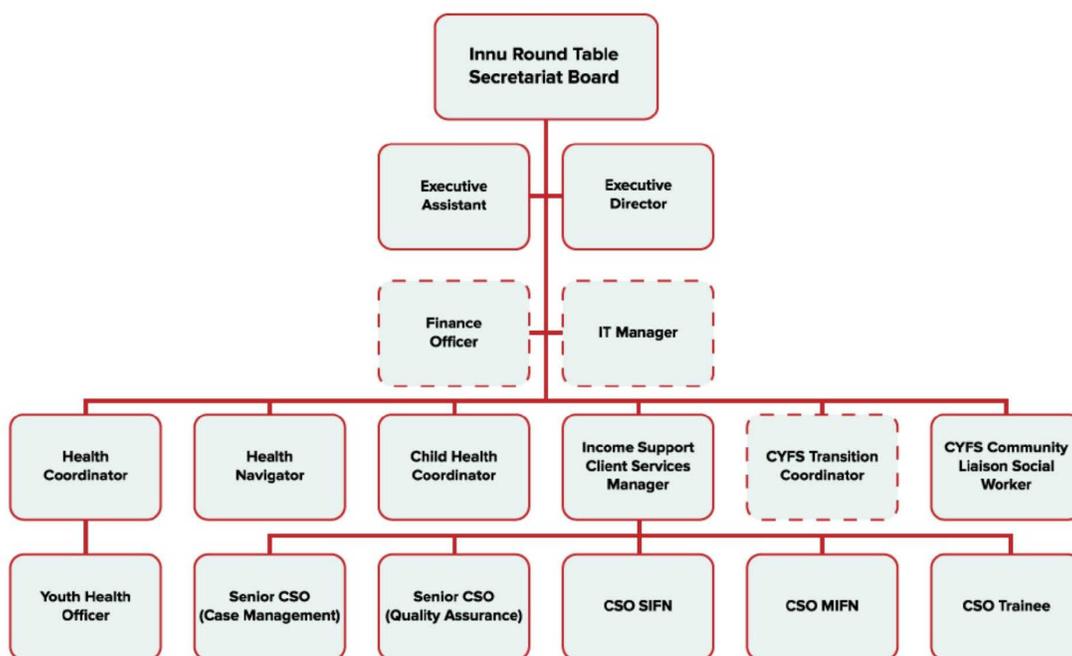
1. Capacity development;
2. Devolution of programs; and,
3. Managing the tripartite process with the Federal Government of Canada and the Province.

The IRTS provides the coordination, support and administration for the tripartite meetings where the three parties (the Innu, the Federal Government, and the Province of Newfoundland and Labrador) are represented. The IRTS also coordinates and oversees the social program devolution planning and the implementation of income support. It provides oversight to the work in the communities of the Newfoundland and Labrador Department of Child, Youth Family and Services. Additionally, the organization acts as the coordinating body for capacity development initiatives (*Retrieved from: www.irtsec.ca/about*).

On September 30, 2015 a historic working relationship agreement was signed by the communities, the IRTS, and the Minister of Child, Youth and Family Services. The agreement outlines the important work that Child, Youth and Family Services and the Innu want to accomplish together. The agreement is based on four components:

1. Out of community review for Innu children placed outside of their home community.
2. Joint committee in each of the communities.
3. A notice and case planning process for ongoing day-to-day contact between Child, Youth and Family Services and the IRTS.
4. Prevention services and engagement with Child, Youth and Family Services.

IRTS Organizational Structure



(www.irtsec.ca/about/)

National Partners

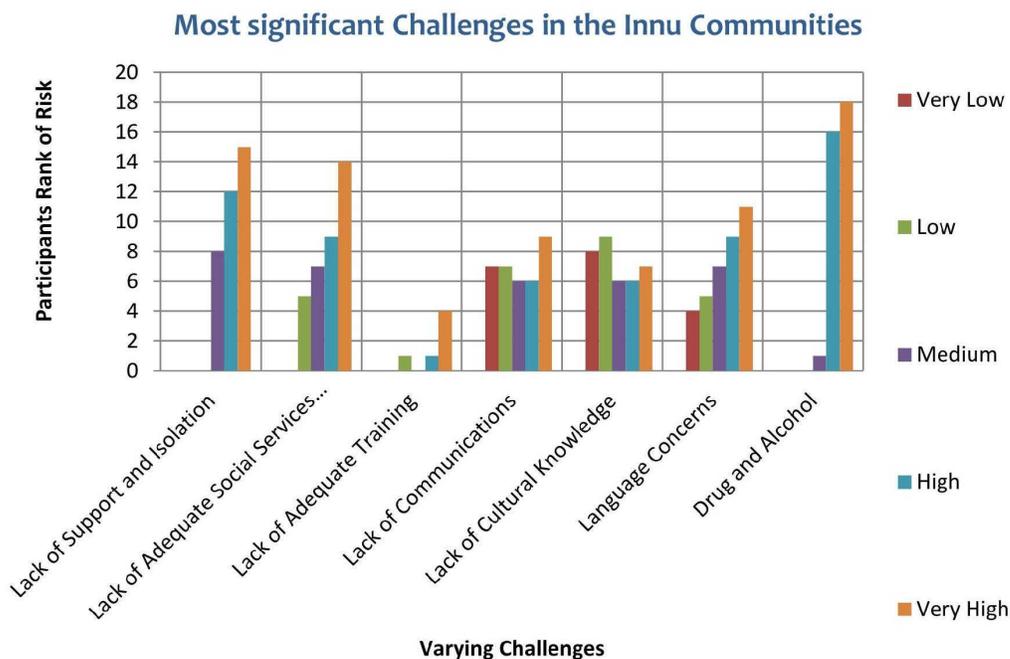
The IRTS central function captures the uniqueness of the Innu culture through the leadership of their community members and Elders. The CWLC is in full support of the collaborative work done by the IRTS. As such, the CWLC acts as a national partner who works with the IRTS in order to leverage engagement across sectors and the Federal and Provincial Government.

As national leaders in child welfare, the CWLC has both the technical expertise and experience to advocate in partnership with the IRTS for prevention funding. The short to medium term goal is for

the IRTS to implement a prevention approach for the Innu communities. In the long term, the IRTS seeks to create a new Innu child welfare agency that will deliver child protection services throughout all Innu communities. The provision of prevention services is the first step towards working collaboratively with the Department of Child, Youth and Family Services to devolve authority to a new Innu child welfare agency. As such, the creation of “planning circles” and “joint committees” where senior official from the Department and the Innu discuss how to improve enhance service coordination delivery is an important beginning. The provision of enhanced prevention services is a stepping-stone towards making this goal a reality.

Needs Assessment

The needs assessment is a core component of this report. When the IRTS approached the CWLC, the core request was for assistance in conducting a needs assessment that would be used to build a case for prevention funding from the Federal Government. It was important to implement a site visit early in the project in order for CWLC researchers to understand the environment in both Innu communities. The CWLC developed a plan with the IRTS to visit the communities and meet with specific individuals who have an important role to play in any future development of an Innu Prevention Approach. These visits provided the foundation for the development of the assessment. As mentioned, surveys, interviews, focus groups and existing data was used to gather the information needed for the assessment. The CWLC met with staff from the IRTS and Child, Youth and Family Services staff as well as the Innu leadership. The CWLC met with community members and Elders who provided their extensive knowledge of the community and outlined what they believed to be some of the most pressing social issues. These issues are: Funding, Inconsistent Services, Isolation, Drug and Alcohol Dependencies, Infrastructure Conditions, Capacity Development, and Coordination of Services.



The table above represents a ranking question that was posed to participants during the site visit. The illustration outlines some of the challenges ranked from a very low to very high risk.

Study participants consistently expressed the need for a flexible approach to child welfare in both communities. The themes identified by participants are strategic areas where the current system can be augmented, rebuilt and /or redesigned to provide the proper support for Innu children and their communities.

To build a sound Innu Prevention Approach, the IRTS and the CWLC analysed the current child welfare system by integrating multiple perspectives and differing sources of information from each of the communities. The plan will continue to develop as it moves forward. The environmental scan provided background knowledge of the communities, social services, and child welfare. The needs assessment followed in order to validate these findings and determine whether other gaps were present in each Innu community's child welfare system. Once each community's needs were understood, the Innu Prevention Approach was designed.

Participants expressed ideas about the current status of services in the community and made suggestions supporting an Innu Prevention Approach in child welfare. The following sections summarize their concerns, experiences and recommendations.

Funding

Limited funding for community social services and resources is an issue consistently raised in both communities. Simply put, the services that currently exist in the communities do not have adequate funding. Furthermore, participants cited that both communities require ongoing long term funding of services for existing programs to ensure continuity and sustainability. According to study participants, funding is not tied to a specific level of government. This can be confusing.

Many different stakeholders are involved in funding services to both the communities. While there is currently a stable relationship between the Federal, Provincial, and Local Governments, participants asserted that a decision made by one level of government significantly impacts all day-to-day services available in the community. In essence, the provision of varying yet related services by many levels of government makes planning programs and services difficult. Ultimately, all stakeholder decisions have a direct impact on frontline services.

Participants communicated that funding is only part of the issue. They asserted that an increase of funds to either community while critical would not, by itself, fix current social issues. Instead, sustainable services with a commitment to training and managerial oversight should be the priority. Participants from both communities believe that funding has historically been reactionary and is often the consequence of crisis-type events, which ultimately reoccur.

To better serve the community over the long-term, participants recommended changing this funding approach to one that is:

1. Motivated by prevention;
2. Designed to be sustainable;

3. Is culturally appropriate; and,
4. Based on preventative Indicators.

Inconsistent Services

Related to the theme of short term and inadequate funding is the issue of inconsistent community services, projects and programs. Participants repeatedly expressed concern that annualized program funding is responsible for inconsistent services. In addition, the adequacy and effectiveness of programs are not evaluated from year-to-year. This is partly because staff is not required to assess the future needs of the community if their program is slated to end in one year. Furthermore, short-term programs are not evaluated to determine what benefits they bring to the community precluding the opportunity for cost-benefit analyses. Instead, services, projects and program funds are based on the previous year's budget irrespective of whether the program provided adequate services in the previous year.

Without the development of a strategic medium to long term approach to sustainable funding that supports the provision of client-centered community services, participants asserted that inconsistent community services, projects and programs would continue. Services, projects and programs participants specifically mentioned include:

1. Child care services;
2. Respite for foster care parents;
3. Summer day care services; and,
4. Safe and positive spaces and programs for children that are available throughout the year.

Isolation

Accessibility throughout Newfoundland and Labrador is not always ideal and can, at times, be difficult. Natuashish, for example, can only be reached by plane or boat making the community geographically isolated. Geographic isolation is a significant factor affecting social services. This impacts service delivery and access to external resources.

Despite the difficulties associated with geographic isolation, the Innu have historically thrived in their environment. This will prove a decided advantage in providing preventative services. Their expertise of the land and traditional knowledge has been outlined as their core strengths in the *Innu Healing Strategy* document.

Drug & Alcohol Dependencies

Substance abuse continues to be a significant problem in the communities. Alcohol and drug abuse is normalized throughout the communities and is ingrained in the lives of Innu families. Inhalant abuse is an issue more predominantly linked to Natuashish, and drug use to Sheshatshiu. The IRTS preliminary prevention approach report (*IRTS, 2015*) outlined a number of ways of dealing with these issues:

- Create a variety of client-centered drug and alcohol abuse programs that integrate Innu culture and language.
- Introduce addiction prevention at an early age to build resilience in Innu communities.
- Create alternative recreational activities that are open to all ages.
- Develop connections to the large number of Innu role models.
- Provide consistent, regularly-scheduled addiction prevention workshops.
- Provide band staff with ongoing prevention and treatment education to increase awareness of new and emerging trends.
- Introduce an active Drug Abuse Resistance Education (DARE) program.
- Require that drug testing become part of eligibility for band elections and jobs.

Social health officials in Sheshatshiu and Natuashish acknowledge the harm caused by substance misuse and are working on approaches that would target the most harmful dependencies. Harm reduction strategies currently being developed will be essential tool incorporated into the development of an Innu Prevention Approach.

Community Buildings

Both Sheshatshiu and Natuashish have buildings that support most community services. These buildings are central to the service and program functioning and are used regularly by community members. Although some of the buildings are in need of technological upgrades, the overall structures currently in place provide adequate space for the services and programs.

Housing

Housing remains a key issue in both communities. Participants asserted the need for better and more practical safe living space for children and youth. The lack of adequate and safe housing has a direct impact on families and children. Social workers indicated that they could not place a child in the care of kin because there was a lack of living space in the house, or the house presented safety concerns. Foster parents also reiterated the same problems. Many want to provide services but must refuse to do so because of limited kinship or foster parent spaces.

Housing in both communities is a federal responsibility while other social services such as child protection fall under the Provincial mandate. Mutually independent funding schemes amidst differing government jurisdictions compound the lack of communication between various health and social services sectors. A successful Innu prevention Approach would strategically integrate jurisdictional funding so that housing facilities are well maintained in the best interests of children and youth's safety and security.

The working agreement recently signed by the Province, and the Innu leadership outlines the importance of having Innu children and youth stay in their communities. Providing adequate housing may be the difference between children being placed in a secure home versus a facility outside of the community. The provision of safe facilities within the communities may be the difference between children and youth staying in their communities or leaving. Sheshatshiu is in the process of proposing such a facility. The CWLC believes this is a step in the right direction. However, there is still a considerable amount of strategic collaborative work to be done in this area.

The goal of having Innu children and youth stay with their families requires an increased commitment by both the Province and the Federal Government. On-going strategic collaborative work, integrated funding and partnership are required to build the housing infrastructure necessary to adequately house children and youth in the communities. Building more spaces is a relatively straightforward task. Ensuring their sustainability will require buy-in at all levels of government.

Capacity Development

Capacity development refers to the process of individuals, organizations, and communities developing a series of skills to build opportunities for Innu residents' and adolescents' transition into the workforce. Building capacity is not a short term process. Capacity is acquired over the long term and continuously evolves to meet the varying needs of the communities. Capacity development is an integral part of the IRTS mandate and is necessary to ensure the successful long-term provision of an Innu Prevention Approach. The following five factors are examples of capacity development areas discussed by participants during the consultations:

- Increased effectiveness of organizational administration;
- Continue staff development and education;
- Develop culturally driven programs;
- Maintain transparency and accountability; and,
- Garner appropriate and ongoing funding based on current and future needs of the communities.

Both study participants and individuals working in relevant social service organizations consistently referenced the previously cited capacity development areas. As such, the CWLC believes that future prevention approaches should incorporate these areas in their design.

Prevention

The Innu Prevention Approach can build on existing prevention models. PRIDE is an example used by the Mi'kmaq Confederacy of Prince Edward Island who has been successful in obtaining enhanced prevention funding (*Mi'kmaq, 2006*). It is understood that such a project is both doable and achievable. While prevention work in the community is necessary, Child, Youth and Family Services have been very clear that a prevention program is not in their mandate. Even if they support the development of a program, they cannot under current arrangements manage or implement such an approach.

Prevention Plan

Based on findings from this study, the CWLC recommends that the communities of Sheshatshiu and Natuashish design a clear, well-integrated and strategic Innu Prevention Approach. For community services, projects and programs to be consistent, the CWLC recommends that both communities use the *Innu Healing Strategy (2014)* throughout the plan.

Community consultations and survey findings indicate that the following four interrelated items are needed to construct an effective community-driven primary prevention plan:

Human Resources

- Identify possible needs.
- Develop a proper reporting structure.
- Develop the need for supervision, training, and skills development.

Management Structure

- Identify technical ability of management.
- Provide Innu Prevention Approach related jobs inside the community (Auxiliary social workers who are from the community).
- Identify and support Innu Prevention Approach related jobs outside the community (Liaison workers who represent both communities).
- Identify the technical support needed (examples of technical supports CWLC can provide: webinars, forums, internships, training, expert analysis and other forms of knowledge exchanges).

Community Leadership

- Generate enthusiasm for the Innu Prevention Approach.
- Identify community leaders who can have an important role to play in the Innu Prevention Approach.
- Galvanize community support so that individuals contribute to the Innu Prevention Approach.
- Support the Innu Prevention Approach by creating clear guidelines for monitoring and evaluation.

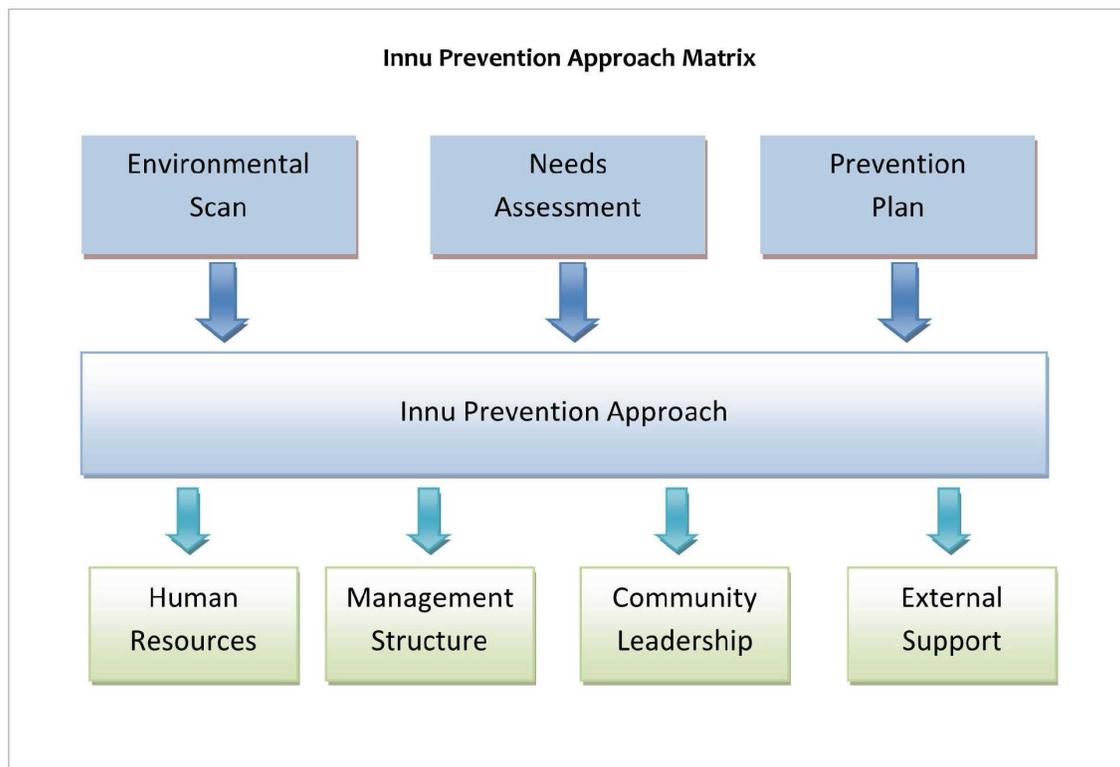
External Support of Authorities and Experts

External support for plan implementation will require contributions and involvement from a number of individuals, organizations and departments outside of both communities including:

- Newfoundland and Labrador Department of Child, Youth and Family Services.
- Indigenous and Northern Affairs Canada (INAC).

- Newfoundland and Labrador Foster Families Association.
- Advocate for Children and Youth, Newfoundland and Labrador.
- Content Specialist from Memorial University.
- Child Welfare League of Canada (CWLC).
- Mi'kmaq Confederacy of Prince Edward Island.
- Indigenous Child Welfare Expertise.

The Innu Prevention Plan will support other services already provided in the community. A detailed map of both communities is provided in (Appendix B).



Innu Prevention Approach

The Innu Prevention Approach is not a program or set of ideas that is determined and outlined by the CWLC. What the CWLC suggests can be taken into consideration, but an Innu Prevention Approach has to be led and managed by the Innu in order for it to be successful. Appendix D of this report provides an outline that includes the key terms to defining types of prevention approaches used by the PEI Mi'kmaq Confederacy PRIDE program. The following outlines the various levels of prevention that can be developed and considered:

Innu Primary Prevention

- Strategies, activities (e.g. outpost) and materials will be developed that focus on the community. The Innu Primary Prevention Approach will promote the physical, mental and spiritual wellness of individuals, families and communities by instilling a sense of cultural pride and positive parenting.
- This approach will 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 Innu Primary Prevention Approach whenever possible.
- The Innu Primary Prevention Approach will provide country-based delivery of prevention programs and services.
- The Innu Primary Prevention Approach will create materials that teach participants how to balance country life and settlement life, as well as modern (evidence informed) and traditional (culturally informed) values.
- The Innu Primary Prevention Approach will increase Innu community consciousness through community-based approaches.
- The Innu Primary Prevention Approach will strengthen and enhance the well-being and health of the entire community while ensuring the safety and security of children.

Innu Secondary Prevention

- The Innu Secondary Prevention Approach will cover a wide range of community issues such as substance abuse, youth at risk of suicide, young mothers/parents.
- The Approach uses 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.

Innu Tertiary Prevention

- The Innu Tertiary Prevention Approach will attend to children and youth who have been – or are being – abused or neglected.
- The Innu Tertiary Prevention Approach will attend to environments where abuse/neglect is currently happening.

- The Innu Tertiary Prevention Approach would work with CYFS to ensure prevention initiatives are being applied to child protection cases.
- The Innu Tertiary Prevention Approach will attend to the issue of continued abuse.
- The Innu Tertiary Prevention Approach will attend to familial problems.
- The Innu Tertiary Prevention Approach will provide trauma-informed care while addressing the possibility of long-term impacts of abuse and neglect on children.
 - Examples include counselling and social work support practices for children and families, temporary out-of-home care to provide time and space for addressing familial issues thereby preventing the long-term removal of children from their homes.

Together, the Innu primary, secondary, and tertiary approaches will provide inclusive and holistic support and encourage the overall well-being and health of individuals and their families by promoting strength and capacity and by reducing the risk of harm (*Mi'kmaq, 2006*).

Innu Prevention Approach Program Mandate and Description

The Innu vision of a prevention services agency is similar to the one developed by the Mi'kmaq of Prince Edward Island. The PRIDE Program provides prevention services and supports the protection of children. They do not provide protection services, as the legal mandate for all child protection is the responsibility of the Prince Edward Island Department of Child and Family Services (*IRTS, 2015*). PRIDE Program prevention services are voluntary and include the following:

- In home support (home visits);
- Groups (support and educational);
- Connections to community programs and services;
- Immediate support for families when child protection social workers are investigating a referral;
- Family group conferencing;
- Outreach services;
- Designated band representative; and,
- Foster home recruitment.

We recommend that an Innu Prevention Approach build on PRIDE's tested methodology to build future prevention programs.

Innu Prevention Approach Program Philosophy

The communities of Sheshatshiu and Natuashish are uniquely positioned to provide Innu 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 eliminate the need for child protection intervention. As stated in the first 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*).

Community Involvement

An effective prevention approach 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. Collectively, participants agreed that the serious issue of solvent (gas) sniffing by children and youth is the first and foremost prevention target to address in Natuashish and drug related issues are the most critical ones in Sheshatshiu. Any Innu-led prevention approach that does not address these issues will unlikely to be able to implement effective services in either the medium or the long term.

Implementation Plan, Goals and Objectives

The implementation plan is based on the six core goals identified by the IRTS and reviewed by CWLC. These goals integrate findings from the Needs Assessment with community context. In addition, the plan utilizes data and existing reports from the Mi'kmaq Confederacy Child and Family Services Prevention Initiative that are currently implemented in Prince Edward Island. The implementation plan outlines the core business, goals, strategies, outcomes and performance measures of the Innu Prevention Approach.

The core goal is the promotion of the healthy development and well-being of Innu children, youth and families. The following plan reflects the work done by the IRTS Child, Youth and Family Services Transition Coordinator who consulted with Innu leadership, community members, and staff on the development of the following goals:

Goal One:

Provide coordinated prevention services enhanced with an Innu Prevention Approach to Innu children, youth and families.

What it means:

The Innu know that children, youth and families benefit the most from services and resources that are compatible with their cultural beliefs and traditional values. They also recognize the importance of setting the foundations for children, youth and families to learn, grow and reach their full potential.

Strategies:

- Defining, developing and implementing Innu Prevention Approach services by establishing and maintaining partnerships with community and non-community based resources as well as the Provincial and Federal Government.
- Visiting families in their own homes.
- Enhancing parental knowledge, self-esteem, and problem-solving capabilities.
- Working with parents as partners to appreciate the value, role, challenges and satisfactions of parenthood.
- Strengthening protective factors within the family system.
- Working with families to mobilize formal and informal resources to support family development.
- Facilitating access to community and non-community based resources.

Expected Results/Outcomes:

- Healthy parent-child attachment.
- Strengthened social functioning within the family unit.
- Children, youth and families are physically, emotionally, socially, intellectually, culturally and spiritually healthy.

Performance Measure	Target	Target
	2014-2015	2015-2016
# Families engaged in home support services	Baseline to be determined	Equal or greater than baseline
# Parents engaged in community support networks (i.e., integrated case management)	Baseline to be determined	Equal or greater than baseline
# Parents engaged in family support networks (i.e., case conferencing, family group conferencing, case plans)	Baseline to be determined	Equal or greater than baseline
# Families who received informal resources designed to support healthy family development (i.e., newsletters, pamphlets, community education/information sessions)	Baseline to be determined	Equal or greater than baseline
# Community activities that promote self-esteem, life skills, parenting, and effective problem-solving	Baseline to be determined	Equal or greater than baseline
# Families who are served by a community resource and indicate positive outcomes	Baseline to be determined	Equal or greater than baseline

Goal Two:

Implement initiatives focused on the prevention of child abuse and neglect, maintaining safe living environments for children and increasing family resiliency.

What it means:

The Innu understand there must be a balance of risk reduction and wellness promotion initiatives focused on protecting children, youth and families and creating safe living environments free of abuse, neglect and family violence.

Strategies:

- Undertaking activities that promote community education and awareness of the impact of child abuse and/or neglect and family violence through collaboration with Newfoundland and Labrador Child, Youth and Family Services staff.

- Providing parent education classes that focus on child development.
- Coordinating provision of life skills training that focuses on personal development skills such as problem solving, stress reduction and communication skills.
- Promoting family and child resiliency (i.e. recognition of strengths, promotion of Innu culture, and recognition of healthy role models, effective communication and practical problem solving skills) through individual and group interventions.
- Linking parents dealing with the effects of child abuse and/or neglect and family violence with supportive counseling.

Expected Results/Outcomes:

- Increased awareness of the serious implications of child abuse and/or neglect and family violence.
- Evidence of increased community responsibility in the prevention and reduction of child abuse and/or neglect and family violence.
- Decreased incidences of child neglect and/or abuse and family violence.

Performance Measure	Target 2016-2017	Target 2016-2017
# Incidents of child abuse and/or neglect	Baseline to be determined	Equal or less than baseline
# Children and youth engaged in group programming that focuses on building resiliency skills, healthy relationships, independent living skills and self-esteem	Baseline to be determined	Equal or less than baseline
# Community events that promote education and awareness of the impact of abuse and/or neglect and family violence	2 per year	2 per year
# Joint training events among service providers	2 per year	2 per year

Goal Three:

Prevent Innu children from being removed from their family, community and culture.

What it means:

Developing appropriate and culturally competent programs and services to improve and enhance family supports and parental capacity.

Strategies:

- Educating the community about the role of the Newfoundland and Labrador Department of Child, Youth and Family Services.

- Assisting families who become involved with Newfoundland and Labrador Department of Child, and Youth Family Services to understand legal processes and procedures.
- Assisting families to obtain the help they need to make necessary changes prior to, during, and subsequent to the involvement with the Newfoundland and Labrador Department of Child, and Youth Family Services.
- Working cooperatively with staff from the Newfoundland and Labrador Department of Child, Youth and Family Services who are involved with Innu children and their families.

Expected Results/Outcomes:

- Strengthened parental, extended family and community capacity to care for Innu children and youth.
- Improved knowledge about the role of the Newfoundland and Labrador Department of Child, Youth and Family Services and the process involved when a child protection referral is received.
- Decrease incidences of children taken into care and custody.

Performance Measures	Target	Target
	2016-2017	2016-2017
# Children in protective care and custody	Baseline to be determined	Equal or less than baseline
# Children placed in care within their community	Baseline to be determined	Equal or greater than baseline
# Children placed in care outside their community	Baseline to be determined	Equal or less than baseline
# Case conferences and family group conferences involving CYFS staff, community service providers and families	Baseline to be determined	Equal or greater than baseline

Goal Four:

Provide Innu children with culturally appropriate and nurturing placements when they require temporary/permanent care outside the familial home.

What it means:

Sheshatshiu and Mushuau Innu First Nations will work to ensure that Innu culture and heritage is an integral component of a child's placement and to strengthen linkages within the child's community for children who are currently placed in care and custody away from their communities.

Strategies:

- Undertake an annual foster home recruitment campaign in Innu communities in collaboration with Newfoundland and Labrador Department of Child, Youth and Family Services staff.
- Provide public information sessions to impart information about fostering and the importance of Innu foster homes for Innu children.
- Promote the development of foster care and kinship resources.
- Engage Innu children in care who are currently living away from their communities in community celebrations and cultural events.

Expected Results/Outcomes:

- Increased capacity to place children who require care in culturally appropriate foster homes.
- Increased capacity to place children in kinship care.
- Increased awareness of placement needs of Innu children as it pertains to maintaining and strengthening their cultural and linguistic heritage.
- Increased community involvement in the care of children who can no longer reside with their immediate families.

Performance Measure	Target	Target
	2016-2017	2016-2017
Annual foster care recruitment campaign in collaboration with CYFS staff	2	2
# Approved Innu foster kinship homes	Baseline to be determined	Equal or greater than baseline
# Innu children placed in culturally appropriate foster care placements	Baseline to be determined	Equal or greater than baseline
# Innu children in care who are placed outside of their communities participating in community events and celebrations	Baseline to be determined	Equal or greater than baseline

Goal Five:

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.

What it means:

When circumstances require Innu children and youth to be taken into care and custody, the goal is to not only have them remain in their community but to reunite these children and youth with their families and community as soon as possible. Depending on the circumstance, children and youth currently in care and custody may be ready to return home immediately, or when they have completed a structured rehabilitation program.

Strategies:

- Perform case reviews through planning circles on every child and youth currently in care and custody in placements both outside province and their community.
- Develop and implement an after-care and support plan for each child and youth and their family prior to returning to their community.

Expected Results/Outcomes:

- Fewer children placed in care and custody outside of their community and province.
- Children and youth only placed to access services not available in their own community or province and would return to their community once the program is completed.
- The continued strengthening and passage of Innu language and culture.

Performance Measure	Target 2016-2017	Target 2016-2017
# Children in out-of-province placements	Baseline to be determined	Equal or lesser than baseline
# Children in out-of-community placements	Baseline to be determined	Equal or lesser than baseline
# Children, youth and their families involved in an after-care plan	Baseline to be determined	Equal or greater than baseline

Goal Six:

Build agency capacity to enhance services and promote best practices to children and families.

What it means:

Plan and engage agency staff in capacity building initiatives in the present so they can provide effective prevention services in the future. These include record keeping, roles and responsibilities, agency mandate and vision, child development, parenting, confidentiality, Newfoundland and Labrador Department of Child, Youth and Family Services legislation review, at-risk assessment, case management and other skills and core competencies as required or identified.

Strategies:

- Training in skills and competencies, personnel development/recruitment and other organizational needs .

Expected Results/Outcomes:

- Improved staff competencies through training and resource initiatives.
- Identify and improve assessment of risk to children and families.
- Establishment of all program areas within the agency.

- Increased connectivity between the Newfoundland and Labrador Department of Child, Youth and Family Services and Innu Prevention Approach services staff in both Innu communities.

Performance Measure	Target 2016-2017	Target 2016-2017
# Children in out-of-province placements	Baseline to be determined	Equal or lesser than baseline
# Children in out-of-community placements	Baseline to be determined	Equal or lesser than baseline
# Children, youth and their families involved in an after-care plan	Baseline to be determined	Equal or greater than baseline

Several key collaborators are required to effectively manage a long term Innu Prevention Approach program and/or services. Well-trained leadership and a sound management team are necessary to generate widespread community endorsement. The CWLC asserts that Innu leadership, and the IRTS are the best equipped and most oriented to the overall goals of the Innu Prevention Approach program and/or services. They are also the ones most qualified to address community members' current and past trauma.

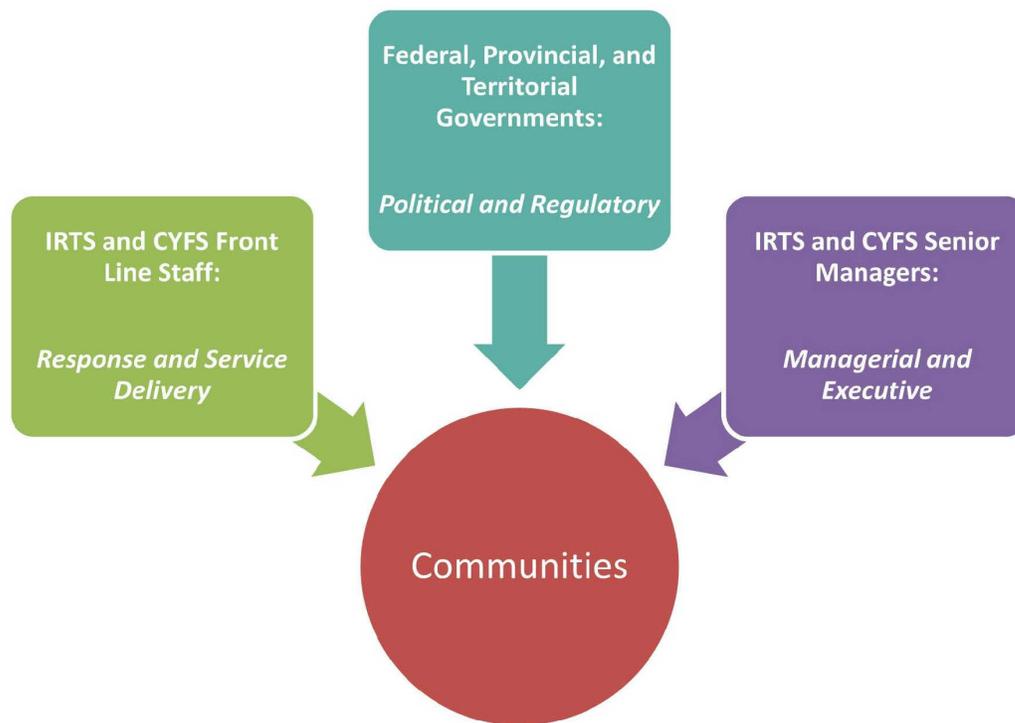
Therefore, the CWLC recommends that Innu leadership and IRTS managers, supervisors, and staff take responsibility for human resource allocation for the Innu Prevention Approach and/or services. With adequate and well-prepared resources, the CWLC believes the Innu Prevention Approach program and/or services will develop and grow throughout both communities. These recommendations are supported in the *Innu Healing Strategy* (2014) report, which outlines the Sheshatshiu and Mushuau Innu First Nations shared vision of a community-led Innu Prevention Approach.

Coordination of Services

Delivery of effective prevention programs is achieved by coordinating the work of all stakeholders, tailoring the programs to the local situation and considering key local demographic information. Service gaps and/or overlaps begin to surface between programs as coordination lapses. Coordination between stakeholders will determine the longevity of the Innu Prevention Approach program and/or services.

The Innu Prevention Approach program and/or services will be geared towards direct service users (community). The tripartite working group provides a model of what the coordination of services could look like under the Innu Prevention Approach. Although day-to-day activities would be managed by the IRTS, three key stakeholders would be involved in the approach. These include: 1) the Federal Government's role in providing funding; 2) the Provincial Government's role in child

protection services; and, 3) the Innu’s role in providing leadership and representation of the Innu people.



The diagram above provides an overview of how varying levels of stakeholder decision-making influences any prevention approach created by the communities of Sheshatshiu or Natuashish. The Innu Prevention Approach program and/or services will have to create its own service coordination model to ensure clear communication with service users.

Human Resources Required

Staffing an Innu Prevention Approach program and/or services will require well-trained individuals in both communities. Currently, IRTS has one dedicated worker considered as a Department of Child, Youth and Family Services “Community Liaison Social Worker”. This staff member is based in Sheshatshiu but supports both communities.

The Innu Prevention Approach program and/or services will require additional staff. Since there is significant geographical distance between the communities, the CWLC recommends the addition of

one worker to support service delivery to each community. The current “Community Liaison Social Worker” would coordinate or manage these two workers. The structure of the positions is based on a similar approach taken by Mi’kmaq Confederacy of Prince Edward Island:

- Child and Family Innu Prevention Approach Coordinator (Sheshatshiu & Natuashish)
- Child and Family Innu Prevention Approach Worker (Sheshatshiu)
- Child and Family Innu Prevention Approach Worker (Natuashish)

Ultimately each of the workers would work under the IRTS and accordingly report to them.

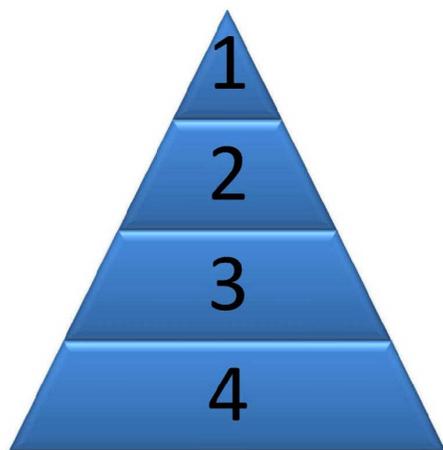
Organizational Knowledge Transfer, Capacity Development & Staff Training

Organizational knowledge transfer is important to maintaining ongoing capacity development. The day-to-day provision of services rooted in good practice frameworks will assist with the transfer of organizational knowledge. The following areas are key in developing organizational knowledge transfer capacity:

- Regulations;
- Best practices;
- Standard templates;
- Information technology;
- Cultural practices; and,
- Prevention strategies.

Cultural plans and coherent strategies about how best to enhance the Innu Prevention Approach that exemplify the strengths of the Innu culture are crucial to developing organizational support of Innu Prevention Approach program and/or services in the communities.

In the community of Sheshatshiu, an existing facility is being converted into a residential centre for youth in need. There are numerous approaches to take into consideration when developing treatment programs. The following diagram is a useful tool in identifying mental health risk levels.



- 1) Children and youth experiencing the *most* severe, rare, mental health problems;
- 2) Children and youth experiencing *significant* mental health problems;
- 3) Children and youth at– risk of experiencing mental health problem; and,
- 4) All Children, youth, and their families.

(Kinark, 2015)

Ethical Principles

The guiding principle of helping professionals is ensuring the safety, well-being, and dignity of individuals who seek help. The Innu Prevention Approach will need to set ethical guidelines that will serve to direct practice and staff behaviour for the Innu Prevention Approach program and/or services (Mi'kmaq, 2006). The following guidelines are recommended:

- 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.

Operating Procedures

The Innu continue to work towards the long term devolution of the responsibilities of the Department of Child, Youth and Family Services and the creation of a properly funded Innu child welfare agency. While the Department of Child, Youth and Family Services continues to be bound by provincial law, which does not mandate the inclusion of prevention services for children and youth, the Innu Round Table seeks to create services short of a full agency that includes effective

prevention services, responsive case plans, and practical work with families to reduce risk. Each successful step along this path will result in fewer children going into care, shorter stays in care, and methods for reuniting families. These are goals that all Innu share.

Confidentiality

A well-designed and supported Innu Prevention Approach will support increased planning and collaboration among health and social service professionals in both communities. Confidentiality guidelines are necessary to safeguard the privacy and safety of children, youth, and families. Although prevention programs should not have rigid structures, they must uphold the confidentiality of service users within the cultural context of the community. The sharing of information to other organizations would usually not occur unless the service user provides consent.

It is also essential to consider the issue of informed consent. Consent from a parent or guardian must be obtained using the mode of communication requested. Comprehending that consent is given, and agreeing to consent with written documentation that is properly recorded and stored is a necessary requirement of any prevention program and/or service.

Service users must understand that the Innu Prevention Approach is strictly voluntary and consent can be revoked at any time.

Reporting Requirements

Reporting is an essential component in child protection services. Although the Innu Prevention Approach is focused on prevention, there may be times where a worker will have a duty to report under the Act. Examples where an Innu prevention worker may have a duty to report include when:

- A child or youth is at harm to themselves or others.
- A child or youth is being abused or exploited or severely neglected.
- A child or youth is suicidal, and the danger is imminent and cannot be ignored even if the child or youth has asked that you not contact anyone.
- A child or youth poses a significant threat to an individual, and the Innu Prevention Approach worker is convinced the child or youth will follow through with their threat of harm.

Documentation Management

Structured document management is an essential component in good organizational practice. Innu Prevention Approach workers will work closely with vulnerable children, youth, and families necessitating a high level of professional and organizational accountability. Ensuring the records are well kept, maintained, stored, and secured is crucial to organizational development. Highly systematized and replicable documentation collection can be used over time to identify potential

service user trends and ensure effective monitoring and evaluation of the Innu Prevention Approach program and/or service.

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 user's file.

There are additional benefits to maintaining high quality document practices. Good record keeping allows for a continuous collection of data over the years 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. Furthermore, funders require this type of information to justify the existence of programs.

There are several types of documentations that may be important in an Innu Prevention Approach program and/or services. The following are some examples of documentations crucial to good record retention:

- 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/news; and,
- Public awareness campaign reports.

Monitoring and Evaluating Intervention

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:

- Supported evidence based prevention program design;
- Promising prevention program design;
- Emerging prevention program design; and
- Evidence informed prevention program design.

The *Innu Healing Strategy* clearly outlines this process. It states:

“Our conclusion regarding what the measurement framework for the *Innu Healing Strategy* should be comprised of is that two levels of measurement are needed. One level will show the overall impact of the healing strategy by examining whether our efforts are helping to achieve healthy, sustainable, and resilient Innu communities. The other level of measurement will evaluate each major initiative and project within the healing strategy to examine progress made in achieving objectives for change. The first level of measurement to evaluate the overall impact of the healing strategy on achieving healthy, sustainable, and resilient communities – will be best evaluated by using the determinants of health as a framework. The Innu will adopt the description of the social determinants of health provided by the Public Health Agency of Canada (2011) as the overall measurement framework for the strategy” (*Innu Health Strategy, 2014, p. 14*).

Recommendations

The following recommendations are intended to support the development of an Innu Prevention Approach. These recommendations were presented on a provisional basis to the Innu leadership and the IRTS in September 2015. The recommendations serve as a reminder of the work that needs to be considered in the short, medium, and long term. The recommendations are:

Capacity Building

A sustained focus on capacity building is required and will be key to other recommendations. Examples are:

- Focus skill development on professionals and community members who participate in prevention programs.
- Monitor and evaluate programs and practices over the short, medium, and long term.
- Develop a process for planned succession of members of the IRTS. This will develop staff member's capacity to manage and lead prevention programs.
- Provide organizational support and capacity development (monitoring and evaluation).
- Provide strategic training partnerships.
- Implement safeguards and oversight for facilities that host prevention programs.

Technical Expertise

The many changes and improvements required call for technical expertise to ensure their appropriate design, implementation, monitoring, and evaluation. Examples are:

- Build strong partnerships with existing Indigenous prevention programs to assess and learn from their experience and expertise.
- Identify committed allies and partners who will assist and facilitate the implementation of prevention programs by the IRTS.
- Utilize the expertise of committed partners and individuals through various stages of implementation.
- Research consultations on the development of a model of care plan.
- Provide non-specific social services child welfare technical advice.
- Provide strategic advice to Innu leadership and IRTS professional staff.
- Incorporate monitoring and evaluation mechanisms to document current practice and identify future needs.

Graduated Support Strategy for Innu Children and Youth

Ensuring that a proper support strategy is developed through outreach, partnerships, and planning is essential. Examples are:

- Bring Innu children and youth who are in out-of-province care back to their communities by ensuring accessible services in their community or the Province.
- Plan and monitor all cases being considered for reintegration.
- Develop inter-governmental/ inter-organizational capacity to support children and youth coming back to their communities (MOU's, Protocols).

Reintegration Planning for Innu Children and Youth Transitioning to their Communities

Reintegration planning that ensures a gradual, incremental, and a phased approach while ensuring cultural connections are needed. Examples are:

- Coordinate support with out-of-province organizations to ensure proper transitions for children who are in care or transitioning out of care.
- Carefully plan pre-placement visits.
- Create discharge plans of care based on cultural and therapeutic approaches.
- Tailor support to individuals based on programs that are first available in the community.

Infrastructure

Investments in strengthening and developing infrastructure are required to address the importance of safe spaces. Examples are:

- Develop an assessment of need for secure homes and facilities for youth reintegrating into the communities.
- Access recreational facilities, equipments, and training support for children and youth.
- Create a safe cultural space for children and youth to access traditional knowledge and support from Elders and community members.

Prevention

A strategic multiyear incremental approach to prevention is urgently needed in the communities. Examples are:

- Develop wellness promotion initiatives based on existing Innu values.
- Develop culturally informed risk reduction approaches to both health promotion and the protection and safety of children and youth.

- Balance both immediate needs with long-term approaches through carefully planned incremental cycles.

Strategic Training Initiatives

A strategic training initiative is recommended to address immediate, medium, and long term challenges. Examples 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.

Community Approach

It is recommended that a culture based community approach be adopted and strengthened in all aspects of the Innu Prevention Approach. Examples are:

- Implement a culturally informed prevention model based on Innu values and traditional knowledge.
- Ensure that the prevention model is supported by both communities as well as other existing Indigenous programs.
- Strive towards a prevention model that will eventually be led and managed by the IRTS.

Application of the Innu Healing Strategy

It is recommended that the *Innu Healing Strategy* be appropriately resourced and applied to the Innu Prevention Approach. Examples are:

- Create a plan that is jointly developed by the Innu of Sheshatshiu and Natuashish, which outlines the importance of Innu community-based health promotion and compliment's child welfare.
- Use the *Innu Healing Strategy* measurement framework and data to inform policy and practice development of the Innu Prevention Approach.

Alternative Care

It is recommended that dedicated support towards the recruitment and retention of Innu caregivers is important to providing appropriate care for vulnerable children and youth should be seen as an integral component of transitioning and reintegration planning. Examples are:

- Recruit Foster families/guardians as they are key supports that provide temporary and permanent care spaces in communities.
- Provide continued training, supervision, resource allocation and respite support for all forms of alternative child and youth care.
- Develop intergovernmental capacity for alternative resources for placement.

Summary

The move towards an Innu Prevention Approach is inevitable. There is a strong commitment and strategic focus from the community, leadership, provincial and federal representatives who support a prevention mandate. There is significant work ahead to be done by the stakeholders involved. The CWLC will continue to support the IRTS as they move forward with concrete plans to manage prevention initiatives in both Innu communities. The recommendations provided are tangible examples of items that can be identified through inputs and outputs in future planning. The CWLC has created a logic framework that outlines some key activities for future considerations.

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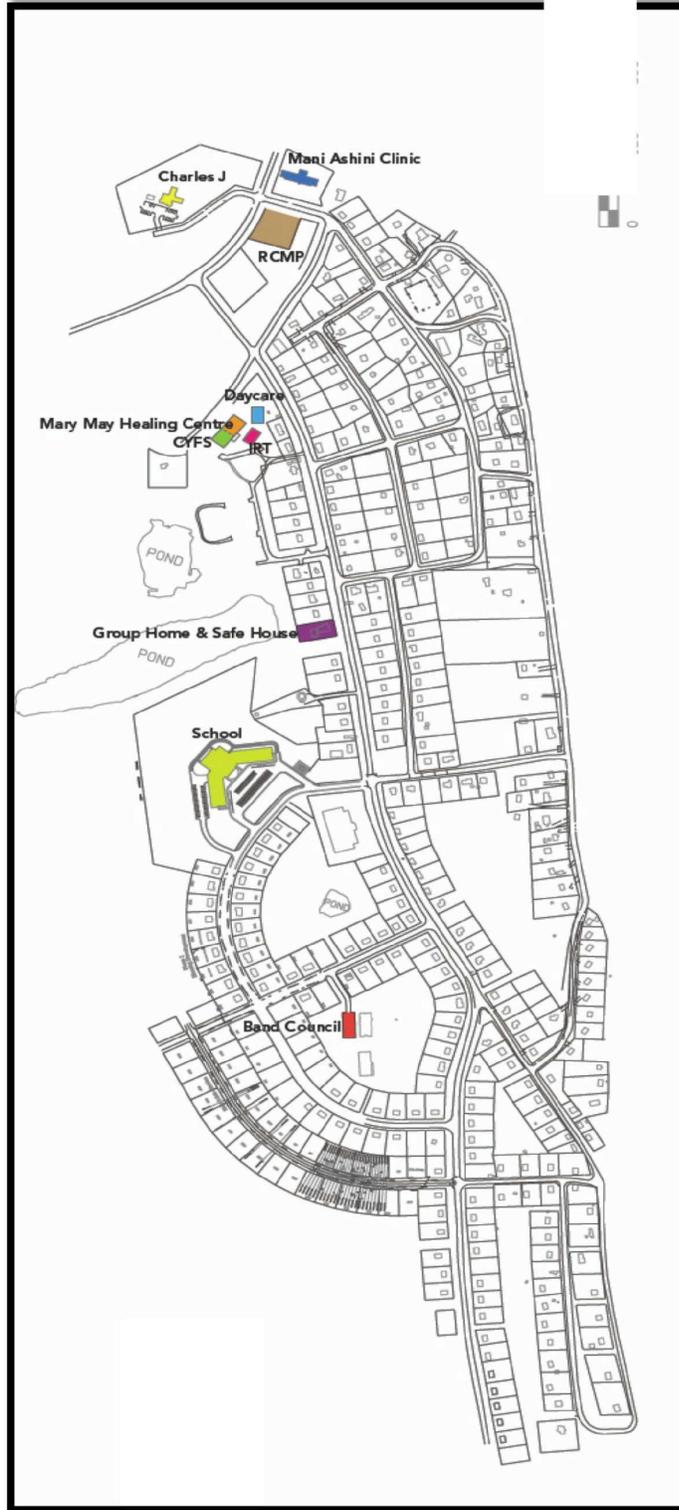
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Appendix B: Maps of the Communities
Natuashish Community



Map of Sheshatshiu



Legend

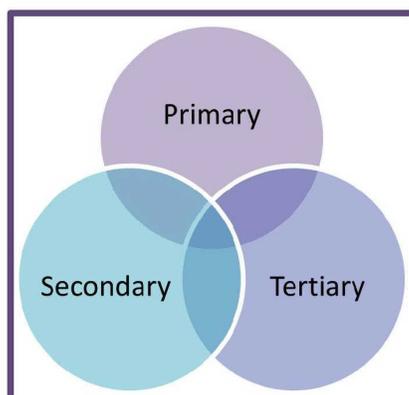
	Band Council		Innu Round Table Secretariat (IRTS)
	School		Day care
	Group Home and Safe House		RCMP
	Child, Youth and Family Services (CYFS)		Charles J
	Mary May Healing Centre		Mani Ashini Clinic

Appendix D: Defining Prevention

“Prevention, or preventative interventions, refers to a range of strategies, activities and materials implemented by individuals, communities, non-government organizations and government departments to target the various social and environmental factors that increase instances of risk. There are a variety of different approaches to prevention that vary in terms of the focus of the intervention, the types of activities that are delivered, and the premise behind how those activities are designed to bring about the desired results” (Mi’kmaq, 2006).

Graph 1 outlines the three categories typically used to classify prevention approaches:

Graph 1 : Defining Types of Prevention Approaches



1. **Primary prevention approaches** aim to stop social ills before they occur.
2. **Secondary prevention approaches** include immediate responses to social ills and attend to short-term outcomes.
3. **Tertiary prevention approaches** are long-term responses to persistently negative outcomes.

When all three approaches are used collectively, preventative interventions have the potential to change individuals, families, and communities (Mi’kmaq, 2006). Prevention approaches are most commonly directed at trying to influence the underlying causes of social and economic ills:

Primary

- The focus is on the community and promotes individual, family, and community wellness, including cultural pride and positive parenting.
- Public consciousness and community-based approaches are principal guidelines.
- Based on strengthening and enhancing the well-being of the entire community to ensure the safety and security of children.

Secondary

- The focus is on the “at-risk” children and families that cover a wide range of community issues such as substance abuse, youth at risk of suicide, young mothers/parents.
- A strength based approach to risk reduction and communication through 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

- The focus is on the children and youth who have been abused or neglected and/or environments where abuse/neglect is currently happening.
- The approach is to ensure the prevention of further abuse in addition to preventing familial problems.
- Provide trauma informed practice to address the possibility of long term impacts on children. Example includes traditional counseling and social work for children and their families, out of home care until familial issues have been addressed, the community has changed its approach, and risks have been lowered in order for children to no longer be considered at risk.

Appendix E: Innu Healing Strategy

The Innu Healing Strategy (2014)

The Innu Healing Strategy identifies what the Innu leadership believe are indicators of community-wide healing success. These measures will be used to determine progress towards the achievement of healthy, sustainable, and resilient Innu communities. Success will be measured using two key measurement approaches.

1. **The Determinants of Health:** A number of indicators (see Table 1) will be used to determine community health. Outcomes will be measured against current baseline data found in a number of sources such as the health needs assessment report (FNIHB, 2012) and the Labrador Innu Comprehensive Healing Strategy (LICHS) impact evaluation (INAC, 2009)

Table 1 : Adopted Innu Healing Strategy Indicators

1. Income and Social Status	7. Personal Health Practices & Coping Skills
2. Social Support Networks	8. Healthy Child Development
3. Education and Literacy	9. Health Services
4. Employment/Working Conditions	10. Gender
5. Social Environments	11. Culture
6. Physical Environments	

2. **Project-Based Evaluation:** The progress of all major initiatives and projects within both communities will be evaluated based on whether they:
 - a. Achieve the stated targets and outcomes; and,
 - b. Support the achievement of the specific indicators adopted for measuring the Innu Healing Strategy.

Appendix F: Definitions

The term's strategy, intervention, program, plan, goals, objectives and prevention are used throughout this report. Each term means different things to different people in different contexts. The CWLC outlines definitions here for clarity.

Table 2 : Definitions

Strategy:	A general conceptual approach to preventing a specific issue. The strategy can encompass the broad perspective and move towards the implementation science of the issue.
Intervention:	A specific set of activities and accompanying materials developed to intercede on behalf of a specific issue in the community. For example, an early intervention program for children and youth on drug and alcohol issues.
Program:	A program outlines key aspects of a specified approach that provides a service or services to a specific group of people. A specific prevention strategy may lead to the implementation of a program in the communities.
Plan:	A concrete set of actions in order to achieve a specific goal.
Goals:	A specific target outlined by interested parties, communities, and key stakeholders to achieve.
Objectives:	Objectives clarify the tasks to be done and provide a means of tracking an intervention's progress at achieving goals.
Prevention:	Preventative interventions are a range of strategies, activities and materials implemented by individuals, communities, non-government organizations and government departments to target the various social and environmental factors that increase instances of risk.

Appendix F: Innu Enhanced Prevention Approach Logic Framework

	Inputs	Recommendations	Key Activities	Short Term	Mid Term	Long Term
Coordination	<ul style="list-style-type: none"> • Service Map • Inventory of Services • Documentation of service specifics 	<ul style="list-style-type: none"> • Coordinated support strategy to bring Innu children and youth home 	<ul style="list-style-type: none"> • Using the tools that were created (Needs Assessment, Service Map, Environmental Scan), start to move towards implementation 	<ul style="list-style-type: none"> • Clarify responsibility areas/ role clarity 	<ul style="list-style-type: none"> • Numerical monitoring that collaboration is happening 	<ul style="list-style-type: none"> • Genuine collaboration
Community Strengths	<ul style="list-style-type: none"> • Procedural – organize and galvanize community efforts • Cultural wisdom and utilizing traditional activities and methods 	<ul style="list-style-type: none"> • Infrastructure • Prevention based support • Application of the Innu Healing Strategy 	<ul style="list-style-type: none"> • Using the seven core Innu values to work towards violence prevention 	<ul style="list-style-type: none"> • Values are prevalent in community work 	<ul style="list-style-type: none"> • More collaboration of the culture, including physically and artistically, which is reinforcing cultural identity 	<ul style="list-style-type: none"> • Acculturated prevention approaches
Community Challenges	<ul style="list-style-type: none"> • Documented in: <ul style="list-style-type: none"> □ Innu Enhanced Prevention Approach □ Innu Healing Strategy 	<ul style="list-style-type: none"> • Reintegration plan for Innu children and youth in their communities • Alternative care 	<ul style="list-style-type: none"> • Identify deficits and put them in the context of work to be done 	<ul style="list-style-type: none"> • Decrease solvent abuse 	<ul style="list-style-type: none"> • Work plans and action plans • Modifiable risk factors addressed 	<ul style="list-style-type: none"> • Build a modern community that cares
External Support	<ul style="list-style-type: none"> • Ongoing support from CWLC • Consultation with subject specialist • Formalized partnerships with service providers 	<ul style="list-style-type: none"> • Capacity building • Technical expertise 	<ul style="list-style-type: none"> • Work with national and regional organizations to access resources • Cultural matching • Using experts from the local culture 	<ul style="list-style-type: none"> • A meeting with IRTS, CWLC, and other key partners to identify necessary resources 	<ul style="list-style-type: none"> • Continue to have meetings with governments and experts in order to formalize relations 	<ul style="list-style-type: none"> • Develop frameworks for caring for children within the community • Access expertise and experience
Process	<ul style="list-style-type: none"> • Process issues • Need for: continuity, monitoring, supplementary, planning 	<ul style="list-style-type: none"> • Strategic training initiatives • Community approach 	<ul style="list-style-type: none"> • Begin formalizing processes • Establish • Develop and monitor 	<ul style="list-style-type: none"> • Inviting participation, engagement, and feedback 	<ul style="list-style-type: none"> • Feedback loop – monitoring and creating conditions for people to express themselves 	<ul style="list-style-type: none"> • Relationships with professionals and with government • Maintaining cultural integrity while strengthening excellent services

Appendix F: List of Innu Round Table Secretariat Staff

Steven Joudry - Executive Director

Natasha Hurley - Health Coordinator

Bernice Webber - Penashue Income Support, Integrated Case Manager

Stella Rich - Income Support, Senior Client Service Officer

Mary Janet Hill - Health Navigator

Winnie Gregoire - Income Support, Client Service Officer

Lyla Andrew - CYFS Community Liaison Social Worker

Alicia Penashue - Executive Assistant

Kylie Rose - Client Services Manager

Julianna Piwas - Client Services Officer, Natuashish