



# **KEEPING INNU CHILDREN CLOSER TO HOME**



**A FRAMEWORK TO CREATE NEW PLACEMENT OPPORTUNITIES IN THE  
LABRADOR INNU COMMUNITIES**

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### A FRAMEWORK TO CREATE NEW PLACEMENT OPPORTUNITIES IN THE INNU COMMUNITIES

#### 1. Purpose

As part of a more comprehensive look at child welfare, discussions between Innu and Child Youth and Family Services (CYFS) have concluded that innovative placement options that can keep more children in the community need to be developed. In late June provincial and Innu representatives discussed a variety of ideas and possibilities to increase CYFS placements in the communities. These included home renovations to increase bedrooms in existing foster homes, re-profiling the Group Home in Sheshatshiu, and establishing Level 4 staffed residential facilities in the communities. A recognized challenge will be the organization and delivery coordination of the possibilities that are viable in either community.

Pursuant to Innu leadership direction, the IRT is to develop an initial proposal to be the basis of discussions with provincial officials on how and when to develop placement capacity. This paper is the first step in that process. In other words it sets out a framework toward creating viable priority options that can be implemented quickly, and lays out a road map to refining services and creating additional placements.

Given the current situation, implementation must come quickly. However, the factors in each community are different. Each will need to consider its own situation and come to its own conclusion about what are the best methods to increase placement options and what resources are needed to be applied to that response. This reality means that the workplan outline presumes two different but coordinated, community-based responses.

#### 2. Background

The number of children in care in Innu communities is large. All parties are seeking ways to lower the risk to children, lower the numbers in care, and increase the number placed within the community. In seeking ways to accomplish these mutual goals in the short term, the legal and policy framework must guide actions.

The child welfare placement manual in Newfoundland and Labrador (NL) recognizes that when it must place a child outside of their home, that placement should:

- Be done in the least disruptive manner possible,
- Be to protect and nurture them;
- Support connection to their family and community;
- Respect and cultivate cultural heritage, spiritual beliefs and identity and;
- Meet their emotional, developmental and service needs

The social worker should first consider placement of a child with a relative or person with whom the child has a significant relationship. Only after, should a care giver be considered. Placement of the child is guided by the province's Continuum of Care Strategy. This seeks to create more family based

placements for children and youth. The Continuum is comprised of a level system with four placement levels:

- Level 1: Kinship Homes, Relative/Significant Other Foster Homes, and Interim Approved Non-relative Foster Homes
- Level 2: Foster Homes who have completed PRIDE pre-service training
- Level 3: Specialized Foster Homes
- Level 4: Contracted Staffed Residential Placement Resources

### 3. Policy Framework

Child placement in the province is prescribed by law and guided by policy and procedures. The legislative authority is contained in the *Children and Youth Care and Protection Act*. The Act's purpose statement is:

"to promote the safety and well-being of children and youth who are in need of protective intervention."

The Act provides for the delivery of services to children, youth and families that includes: Protective Intervention Services; In Care Program; Placement Resources for Children and Youth In Care and; the Youth Services Program. All interventions are based on children who are in need of protective intervention and a range of supports and services are provided to those children and youth and their families. These are aimed at reducing risk to children and youth to the point that such interventions are no longer required.

Within the legal framework two key policy documents further refine matters around child placement. The *Children and Youth in Care and Custody Standards and Procedures Manual For Staffed Residential Placement Resources* focusses on level 4 -- Staffed Residential Placements. The *Protection and In Care - Policy and Procedure Manual* describe policy for key events along the protection decision making process. They are laid out in seven sections:

1. The protective intervention program;
2. Court proceedings
3. Children and Youth in care
4. Placement resources
5. Youth services
6. Information disclosure and
7. Documentation

The Protection and In Care manual provides details on what is contained in each of the four levels of care. A summary of each follows below.

#### 3.1 Level one Kinship Care

This is a *voluntary* and *collaborative* arrangement between the child's parent(s), the kinship caregiver(s) and the social worker. A kinship caregiver home has to be assessed by a Social Worker and approved by a supervisor/manager. It must be monitored by the social worker to ensure the child's needs are being addressed and the child resides in a safe supportive environment. The complementary steps being taken to achieve reunification of the family are documented in a Family Centered Action Plan (FCAP) and the Kinship Care Agreement.

A child or youth in a kinship arrangement is not in the care or custody of a manager. The parent(s) retain custody of the child while transferring the care of the child (via a Kinship Care Agreement) to the kinship caregiver(s). If it is determined that reunification is not in the best interest of the child, the social worker will explore an alternate permanency plan for the child.

Notably Kinship Services shall not be opened for a youth who is 16 years of age or older. Youth in need of protective intervention who cannot remain at home, may reside with kin under one of these CYFS programs:

- a) ....may reside with kin through a board and lodging arrangement; or
- b) If a youth lacks mental capacity, the first consideration shall be to place the youth with a relative/significant other foster parent(s).

### **3.2 Level two Foster homes**

**Foster parents** are recruited, assessed, approved and supported by local CYFS offices. All applicants must complete the PRIDE (Parent Resources for Information, Development and Education) program. PRIDE is a standardized, competency based model for preparing and assessing caregiver applicants.

A Regular Foster Home may be approved to care for a maximum total of three children and/or youth.

### **3.3 Level three Specialized Foster Homes**

Foster parents that have been approved as a Level 2 foster home, may be assessed to become specialized foster parents. Applicant(s) must complete Crisis Management and Intervention training, Suicide Intervention training (ASIST), and Module 1 of the Specialized Foster Parent Training. The Social worker completes the *Foster Home Assessment and Approval* form and forwards it to the manager for final approval.

A Specialized Foster Home may be approved to care for a maximum total of two children and/or youth.

Both level two and three foster homes may be temporarily approved by a manager to care for a higher total of children and/or youth in an exceptional circumstance. This is to allow for the placement of a sibling group or a child/youth who has a pre-existing relationship with the foster family. Approval of a higher number of foster cases will only be in effect for the duration of the exceptional circumstance.

### **3.4 Level four: Contracted Staffed Residential Placement**

A child or youth in the care or custody of a manager of CYFS, may be referred by a social worker to a staffed residential placement. To do so the social worker in consultation with a supervisor, must have determined that an appropriate family-based placement that would adequately meet the needs of the child or youth, is not available or suitable. There are three basic types of these facilities.

#### **3.4.1 Emergency Placement Home (EPH)**

EPHs are staffed living arrangements that offer 24 hour emergency care to children and youth for a specified period to assess a child or youth's placement needs, and to transition a child or youth to a longer term placement. EPHs can be staffed using a live-in parent model or a rotational staff model.

A live-in parent model means that children and/or youth live in a home-like setting with a live-in house parent, who is supported by rotating staff. A rotational staff model refers to a setting that requires a rotational staff complement 24 hours a day.

EPHs shall be required to:

- provide care to males and females, from birth to 18 years of age;
- have the ability to accommodate sibling groups; and
- have the ability to provide placement as soon as possible, upon referral from CYFS.

### **3.4.2 Group Homes**

Group Homes are staffed residential living arrangements that provide group care for children and youth who have complex social, emotional, behavioural and developmental needs. As a result they require a level of residential service that cannot be provided through a less structured, family-based setting.

Group Homes for children and youth can either be staffed by a live in parent-model or a rotational staff model. They are expected to offer support, consistent expectations and planned interventions based on a comprehensive assessment of the child or youth's needs. Some group homes are considered hybrid models as they provide group home beds as well as a limited number of emergency beds.

There are a variety of Group Homes that may provide care for the following groups of children and youth:

- males and/or females ages 13-18;
- males and/or females ages 9-12;
- sibling groups;
- children or youth ages 9-18 with treatment needs who require a specialized program designed to target treatment goals and measure outcomes; and
- youth over the age of 18 where a group home is an appropriate match and the youth meets the requirements outlined in the Youth Services Policy in the Protection and In Care Policy Manual.

### **3.4.3 Individual Living Arrangements (ILA)**

Individual Living Arrangements (ILAs) are staffed living arrangements specific to children and youth who present with extraordinary social, emotional, behavioral, developmental, and medical needs. Children and youth with these needs cannot be appropriately matched with a foster home or group home. ILAs, can either be staffed using a live-in parent-model or a rotational staff model and are required to provide care for:

- up to a maximum of 2 unrelated children or youth (ages birth to 18 years);
- males and/or females;
- sibling groups of more than 2 children or youth; and
- youth over the age of 18 where an ILA is an appropriate match and the youth meets the requirements outlined in the Youth Services Policy in the Protection and In Care Policy Manual.

## **3.5 Policy Framework and the Innu**

In the levelled care context there may be several ways to accomplish increased placement opportunities in the Innu communities. Factors to consider are noted below.

- 1) Existing approved foster parent and kinship homes are thought to be near or at full capacity in both locations. If confirmed, expansion of homes may be a feasible option to increase placements.
- 2) Increasing the number of approved foster parents may offer an increase in capacity, however indications are that only a few new ones would qualify. If a new foster family which lacks a home is identified, it may be possible to assemble financing for a new house with foster care space included.
- 3) There are no specialized foster homes in either community. Informed advice suggests this method is very difficult to create and operate. As a result ***specialized foster homes are not an option being considered further in this paper.***
- 4) Another option may be to consider a staffed residential facility with service providers similar to the present group home in Sheshatshiu and to those operated elsewhere in the province. There are several types of these facilities. If some are viable, financially feasible, and acceptable to the community, such a facility could contribute to an increase in placements in either community.
- 5) Finally, another method is an emergency placement unit in each community. This would provide a safe environment for the first days of care rather than having to send the child out. This is actively being proposed in Natuashish with a focus on new borns. While some emergency placements have sometimes been found there is no emergency unit in place at Sheshatshiu. It may be possible to modify the Safehouse to accommodate some infants.

#### 4. Innu Children in Care Data & Placements

The case load of Innu children in care is unique in the province. As noted there is a very large percentage of children in care. However, the two communities both also have a large number of kinship arrangements and foster homes.

**4.1 Data** Summary statistics of CYFS cases have been shared at multiple Round Table meetings. The below statistics of the case load and the placement sites are for June, September and December 2015. During this time the working relationship agreement group has been reviewing cases. Some of its effects can be seen in the figures.

##### Sheshatshiu Placements - June and December

date	Total	Innu Homes	Other Labrador	Island of Newfoundland	Out of province
June	133	91 (SIFN)	17	17	8
		68%	13%	13%	6%
December	102	59	18	19	6
		58%	18%	18%	6%

##### Mushuau Placements - June and December

Date	Total	Innu Homes	Other Labrador	Island of Newfoundland	Out of province
June	79	50	8	13	8

		63%	10%	17%	10%
December	51	21	8	8	9
		41%	25%	16%	18%

Note that the numbers above do not include children that are still under parental custody and in a treatment facility outside of the community.

The placement data provides a sound basis for in-community planning. Staff had noted that while the totals change marginally every month, there was an overall pattern of gradual growth. This pattern however, changes in the December data as both community’s caseloads are noticeably lower. It is thought that actions of the working relationship agreement group to review all cases, underlie most of the changes in that time frame.

Despite some progress the high case load level is still clear. So too is the large number of cases placed within the Innu communities. However, the number placed outside the home communities remains significant. This confirms the belief that finding more innovative placements in the communities is necessary to better meet the best interests of the Innu children in care.

In late September additional CYFS data was shared. The September placement data was broken down into age groups. That data describes the scope and type of cases that placement planning would need to consider. At the time of writing this paper similar breakdowns of the latest data were not available. The September care numbers and placement outside each community are provided below.

**September Case data for:**

	MIFN Children in Care Outside MIFN					subtotals by site
	0 to 4	5 to 9	10 to 12	13 to 15	16+	
SIFN	1	1	2	1	1	6
NWR	1	0	1	0	0	2
HV GB	4	3	1	0	0	8
N&L	9	2	3	0	0	14
OPP	0	0	3	5	3	11
subtotals by age	15	6	10	6	4	41
						47% of all in care

**September Case data for:**

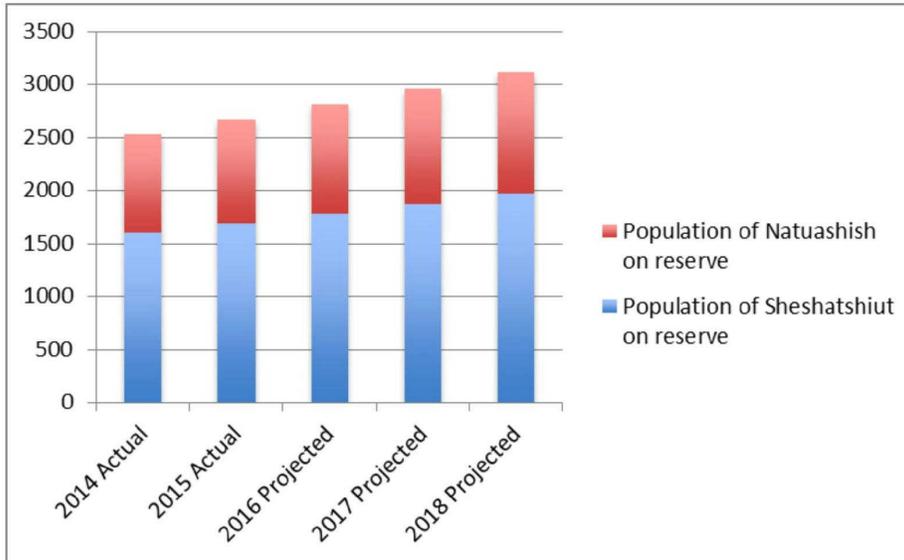
	<b>SIFN Children in Care Outside SIFN</b>					subtotals by site
	0 to 4	5 to 9	10 to 12	13 to 15	16+	
MIFN	0	0	0	0	0	0
NWR	0	0	2	0	0	2
HV GB	2	2	3	1	2	10
N&L	6	7	1	3	0	17
OPP	0	0	1	7	0	8
subtotals by age	8	9	7	11	2	37
						<i>28% of all in care</i>

In MIFN's case, the September data shows that there is a very large number of children in the earliest years outside of the community. There were fifteen under the age of 5 placed outside the community. With only one of these placed in Sheshatshiu, this group is probably the most in danger of losing connection to Innu culture and language. This age group also requires a distinct and focussed type of placement and care.

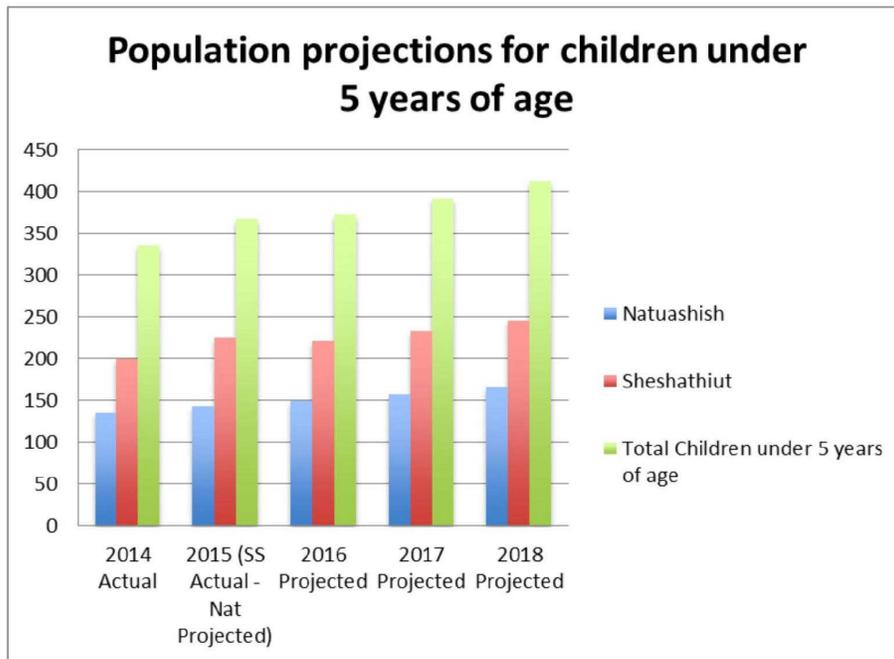
Each of the other age groups also show significant numbers outside the community. The older groups may be more amenable to group home placements. However, the percentage of Out of Province Placements (OPP) may mean many of these children and youth are receiving special services---ones that may be difficult to provide in Natuashish. Only a more detailed and confidential look at each file could discern if that is the case nor not. Finally, the younger cohort between 5 and 9, are probably not as compatible with the group home type of placement.

SIFN's placement data shows fairly consistent numbers across the age groups, and only the 13 to 15 age group show OPP numbers that could signal special services. In general it suggests that almost any placement increase could be useful in Sheshatshiu, although the details of each will be key in determining initial options to pursue.

The general population trends in the two communities are also a factor in planning. As with most First Nation communities, both populations are young and growing quickly. At over 5% per year the communities are growing nearly three times faster than the Canadian population. Total population projections derived from community health data are illustrated in the following table



The rate of growth in children under five is highlighted below.



Each of these rates will bring challenges. Facilities for children such as schools, day cares and recreation programs may not meet demand. Service funding based on formulas not on needs, will fall short of demand. Young parents may need to move to secure jobs. Action to avoid such issues are underway, but if they cannot keep pace with growth, then more young Innu children could be at risk.

## 4.2 Present Placement Capacity by Care Levels

### 4.2.1 Level one Kinship

There are multiple kinship placements already operating in both communities. The concern is that this capacity may already be near maximum for several reasons. Existing kinship homes are limited in how many children they can take. If a family is able and willing to take on another child, they may be limited by the adequacy of their house.

New kinship placement possibilities may be limited as many families face challenges of their own. Those that might succeed may be in housing that cannot meet standards for placement. Lists for renovations or a new house are long, but there is no differentiation of foster families in the data.

### 4.2.2 Level two Foster Homes

While the data does not break out foster homes and kinship ones, it is clear there are multiple foster home placements operating in both communities. Similar to kinship placements there are case load and space constraints for those willing to take on another child. As well the inventory for creating new foster families and homes may be limited by challenges facing many of the remaining families, and the lack of renovation funds or ability of the community to supply new houses.

### 4.2.3 Level Three Specialized Foster homes

*This placement level is not considered viable in the short term and is not considered further here.*

### 4.2.4 Level four - Staffed Residential Placement

#### 4.2.4.1 Emergency placement home (EPH)

The Sheshatshiu safehouse provides short-term emergency shelter to Innu Youth and children that self-identify risk. There are three beds dedicated for Innu Youth and Children and is serviced by 4 Primary Care Workers and 1 Senior Worker. This however will not meet the need for official CYFS emergency placements. It is possible that modifications can allow the Safehouse to meet the standards needed. .

The Mushuau Innu operate a women's shelter and a youth safehouse in a standalone building. The Shelter consists of a shared but secure staff area/office space, a common lounge and kitchen area, bathroom facilities and two bedrooms. While the Safehouse and Shelter share the staff/office area, they are separate amenities with distinct entrances. The total facility is presently staffed with 1 Project Shelter Coordinator, 6 Women's Support Workers, and, 2 Security Workers.

MIFN had developed a proposal to renovate one of the women's rooms in the shelter into a nursery area with two cribs and two single beds. It was to support two newborns and two mothers. The residents would have multiple services including a CYFS social worker, parenting and life skills, mental health and addictions counseling, health services, income support and

education. This change would require additional staff of 3 Family Resource Workers and 1 casual Family Resource Worker.

The draft proposal was not advanced to later stages as the Band determined some elements of the facility would not be compatible. A new option for an EPU is now to be considered.

#### **4.2.4.2 Group Home**

Sheshatshiu has a group home originally created for youth corrections purposes. It now also provides a safe placement option for youth in care. Operated under a staffed model, there are 8 beds and 6 Primary Care Workers, 1 Senior Counselor, and 1 Coordinator.

#### **4.2.4.3 Individual Living Arrangements**

This alternative may be worth exploring in the longer run. But for the short term it is not a placement type that can be easily provided.

## **5. Quickly Increasing Placements in Communities**

For a wide range of reasons, there are many children from the Innu communities in some form of care. A common goal of all parties is to reduce the numbers in care outside of the community and increase placement options in the two communities. The Working Agreements struck between the department of CYFS and each of the two First Nations has as one of its priorities reviewing cases of those placed outside the communities, to determine if there are feasible ways to return some to placements back in their respective community. It recently reported that the preliminary review of cases of Sheshatshiu children could yield as many as 19 cases eligible to return if in community placements are ready.

Increasing options may be possible at several of the four levels of care, although some will take time to develop.

Faced with this situation the leaders of both communities were asked to identify their most immediate priorities for increasing in-community placement opportunities. These are described further below. A path for developing longer term placements follows that section.

### **5.1 MIFN Immediate Placement Priorities**

There are three priorities—emergency placement for new borns; additional foster and kinships space and; planning for a staffed residential facility.

### **5.2 SIFN Immediate Placement Priorities**

There are two priorities – creating additional spaces in foster and kinship placements; and re-profiling the existing group home into a Youth in care residential group home setting, although the renovated group home may still have two separate functions. The community also wants to explore viability of additional space for babies at risk and emergency placement of youth at risk. Part of this consideration will involve more detail on viability of modifications to the safehouse as noted above, and consider modifications to the basement of the women’s shelter to create an EPU for children aged 5 – 12 and another EPU area for infants.

### 5.3 Implementing immediate priorities

#### 5.3.1 MIFN

An emergency placement proposal for new borns was under development but found to be inviable. The community must now search for a new location. During the search process the community should consider the data showing multiple babies recently placed outside the community, and determine what placement capacity will be sufficient. This determination can be facilitated by the CYFS Liaison officer and most effectively pursued through the Working Agreement process.

Creating additional kinship and foster home placements has two steps—adding to already approved homes, and increasing the number of approved kinship and foster homes and increasing the capacity of their homes. The second item is considered a longer term priority and addressed in that section below.

The first item is an immediate priority and is to be addressed by the following steps:

- Identify which existing kinship or foster placement families are willing to take more children?
- Are they able to meet the criteria? If not, can training be supplied?
- Can approved homes be expanded to create the necessary space?
- What amount and type of additional space would be required?
- What are the costs of renovations? Are any costs offset by future additional fees or payments?
- Is there an opportunity cost of other employment income that might impact a family's decision on taking more children? What size is that cost and can it be matched or bettered?
- Consider capital funding sources (loan, grant, donations etc.) and costs attached to each option.
- Outline training needs and additional services, and the costs involved by each house and family.
- Create a final list of opportunities to increase placement capacity and secure family agreement to proceeding
- Lay out the specific tasks to increase existing placement capacity in the eligible kinship and foster families.
- Consider if respite will be necessary for families with placements and if so what the options are to supplying that relief, which is recommended, and what steps are needed to create appropriate respite

Again the CYFS Liaison office can facilitate this process and the Working Agreement Committees may be the best place for coordination of information and planning of this immediate priority.

The data shows the numbers of children in various age groups that are placed outside the community. In many cases children and youth will only be able to return if a staffed residential facility is available. The immediate priority is to do some of the analytical and planning work necessary to identify which cases might return, what facilities and services would be required, and what the "Class D" cost estimates of such a facility might be.

MIFN is also considering how best to bring back youth that are aging out of the In-Care process. This idea should be developed further in the near future. How they are planned to be reintegrated will impact the target populations for creating staffed residential facilities.

This analytical stage would require the working group committee to discuss potentially eligible cases and undertake communication with those identified, about interest in returning or not. If an appropriate group is found, then the Committee will need to discuss capital costs with professional staff, and service needs, costs, delivery methods, and training requirements with social work delivery personnel. Once

armed with this preliminary information, the committee can recommend whether more detailed planning for a staffed residential facility should go forward in the following year.

### 5.3.2 SIFN

Re-profiling the existing group home into a residential group home setting has begun and is nearing its final draft stage. The work is being undertaken with the advice of qualified service providers. The process involved will assist SIFN as it prepares future proposals. The CYFS Liaison and the local committee under the Working Agreement have been intimately involved. A detailed costing and staffing model will emerge soon and facilitate talks with the province.

Similar to the Mushuau, Sheshatshiu seeks to build additional spaces in existing foster and kinship placement homes, and leave creation of new placements homes as a longer term priority. As a result the process to follow is identical to that needed in Natuashish:

- Identify which existing kinship or foster placement families are willing to take more children?
- Are they able to meet the criteria? If not, can training be supplied?
- Can approved homes be expanded to create the necessary space?
- What amount and type of additional space would be required?
- What are the costs of renovations? Are any costs offset by future additional fees or payments?
- Is there an opportunity cost of other employment income that might impact a family's decision on taking more children? What size is that cost and can it be matched or bettered?
- Consider capital funding sources (loan, grant, donations etc.) and costs attached to each option.
- Outline training needs and additional services, and the costs involved by each house and family.
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- Consider if respite will be necessary for families with placements and if so what the options are to supplying that relief, which is recommended, and what steps are needed to create appropriate respite

The CYFS Liaison can facilitate this process and the Working Agreement Committee may be the best place for coordination of information and planning of this immediate priority.

Finally the Sheshatshiu community also wants to explore the feasibility of additional space for babies at risk, as an immediate priority. Confidential discussions through the Working Agreement Committee should consider the number of babies being placed outside and if alternatives already exist or not, and if any could be returned and under what circumstances.

The scoping from the above step will determine if a minor project such as renovations or additions to existing space will meet immediate demand, or if a larger facility and staffing is needed. If a smaller project is identified, it can be costed, planned approved and undertaken.

If a larger project is needed, a more detailed project planning process will need to be carried out and it will need to be shifted to the longer term priority stage. That effort must address a range of items

including space, standards, staffing, training, delivery methods, capital costs, operating costs, revenues, case plans and more.

Each of the final decisions on how to increase immediate placements in each community must be accompanied with detailed plans and costs. Professional advice on each of these will be required. It should be noted that the working agreement review of cases --with young siblings and the youngest children being the priority--continues and is now expected to yield a large number of potential returnees for both communities. This is in addition to and in support of the immediate placement priorities leadership identified above. Ideally much of the planning for these placements should be carried out well before the start of the next school year. These cases will need very specific actions, specific placement planning, and facility and caring arrangements, all in the immediate future.

## **6. Longer Term Increases in Community Placements**

Once immediate priorities are addressed, the communities can turn attention to other longer term solutions to keeping more children in the community. This will require more detailed investigation of other placement options in each community, as well as their respective viability and costing. Below are some of the placement options that have been raised as being of potential interest in the longer term. It should be up to the local committees to add or subtract from this list and establish longer term goals and plans.

Some of the work needed, expertise required, and the planning processes each of the noted placement options could follow are supplied below.

It is clear that the Working Agreement process and committees as well as the CYFS Transition Officer will be helpful in every situation.

### **6.1 Levels one and two**

#### **6.1.1 Add to Foster home list.**

Review families for potential approval as foster parents  
Contact those who may be eligible and determine if they wish to pursue  
Examine their present living space for foster criteria  
If addition is required, cost it out;

If a new house is required to become foster parents:  
examine the housing list for priority placement;  
consider design and capital costs;  
identity financing and develop a recommendation for each potential new foster home.

#### **6.1.2 Respite services**

The ever increasing number of families caring for children, particularly if this falls on older adults, may require more respite. There should be an open examination of respite needs. If expansion of respite is determined, identify opportunities for creating respite services or respite spaces and the associated steps and costs.

This process of addressing increases in levels one and two care will require a working group with expertise in:

- Foster home approvals (BSW)
- Housing design and costing and local policy & programs
- Foster home training
- Foster home financial assistance
- Finance of Capital on-reserve

## **6.2 Level Three; Specialised Foster homes**

*This option is not considered at this time.*

## **6.3 Level Four; Additional Staffed residential Placements**

### **6.3.1 Emergency Placement.**

Finding a safe place for a child on short notice can mean they must be taken out of the community. Having an adequate location in each community will allow “breathing space” for plans to be developed for the child that should result in a higher chance they can remain in the community.

Each should consider the feasibility of creating adequate space and with standby services, for emergencies. In more populated areas there are contracts that assist with covering ongoing costs for potential emergency placements. These must be explored to see if a similar capacity can be viably held ready in smaller and remote communities. A group should be tasked with investigating the facts and making recommendations to Innu and Provincial governments.

### **6.3.2 Other Staffed residential facility**

After immediate priorities are met, both communities will need to assess the need for other facilities. It will need a cost and revenue analysis that makes the case one way or the other. This question will also be bound up with the governance questions below, but will require sound data on caseloads, facility designs, capital, O&M costs, services and staffing levels etc.

Each community will need to consider the facts in its own case to come to a resolution. That in turn requires a local working group and probably a helping role for CYFS Transition Officer.

One facility that might be considered is a Live-in Parent model with support services. These have been used elsewhere and seen to be successful for certain cases.

If staffed facilities are chosen, then the question of a gender focus will arise. The merits of a co-ed group home versus gender specific ones were raised by other service providers—and experience

suggests gender-specific are preferred for various reasons. This advice would mean at least two group homes are needed in both communities.

Whether the cases emerging in the Innu communities are compatible with Individual Living Arrangement -- and if such a service can be feasibly supplied-- is a question the Innu and its partners must consider in the longer term.

Parallel to year one projects, planning for year two developments should begin. The in-care data clearly would support at least two group homes in each community if that is desired or feasible. Each will require a full slate of qualified staff, along with supervisory and administrative staff. Development of Innu staff that will meet operating qualifications should be a high priority as they are essential to full implementation of the Innu Care model. Recruitment, any educational bridging, enrollment and completion in accredited courses, are required before the facility can be operational. This function must begin as early as possible so as to not delay the opportunity for Innu children to stay in the community.

## 7. Innu Care model

An essential feature of keeping Innu children in the community is providing culturally appropriate placements. Innu have long lamented that care outside the community means children are raised without Innu history, culture, language and values. All parties involved have agreed that facilities must work within an Innu appropriate approach in order to ensure care inside the community is better than what occurs outside.

For several months there has been work on describing an Innu care model. The model has now gone through several edits and is endorsed by Innu leadership. The below illustrates some of the Innu Care Model's key components.

Firstly, the care model is framed by the values of the Innu Healing Strategy which are:

### **Respect**

Innu value each other and all our surroundings and treat everything with respect as we recognize that we need each other, the land, and the animals to survive

### **Trust & Honesty**

Trust has always been a key value for the Innu as our very survival as a People, has always been dependent upon our need to rely upon one another and trust that we would all fulfill our role and make decisions that are best for the collective. For trust to exist, honesty must also exist

### **Cooperation**

Innu work with each other to support the advancement of the People

### **Family**

Togetherness and connection to family is important to Innu

**Nature**

Nature has been integral to the existence of the Innu as it has provided for both our physical and spiritual needs since our creation, and will do so into the future

The Innu Care Model is further guided by the following principles:

*Safety of the Child Is Paramount*

*Respect Culture Based Practices*

*Nurture the Needs of the Growing Child*

*Provide Guidance and Supports Tailored To Individual Developmental Needs of Each Child*

*Ensure and Strengthen a Sense of Belonging*

*Bring And Maintain Consistency in a Child's Life*

*Be Sensitive To and Attend To—All the Ways A Child Communicates*

*Ensuring Connections to Family, Kin and Community*

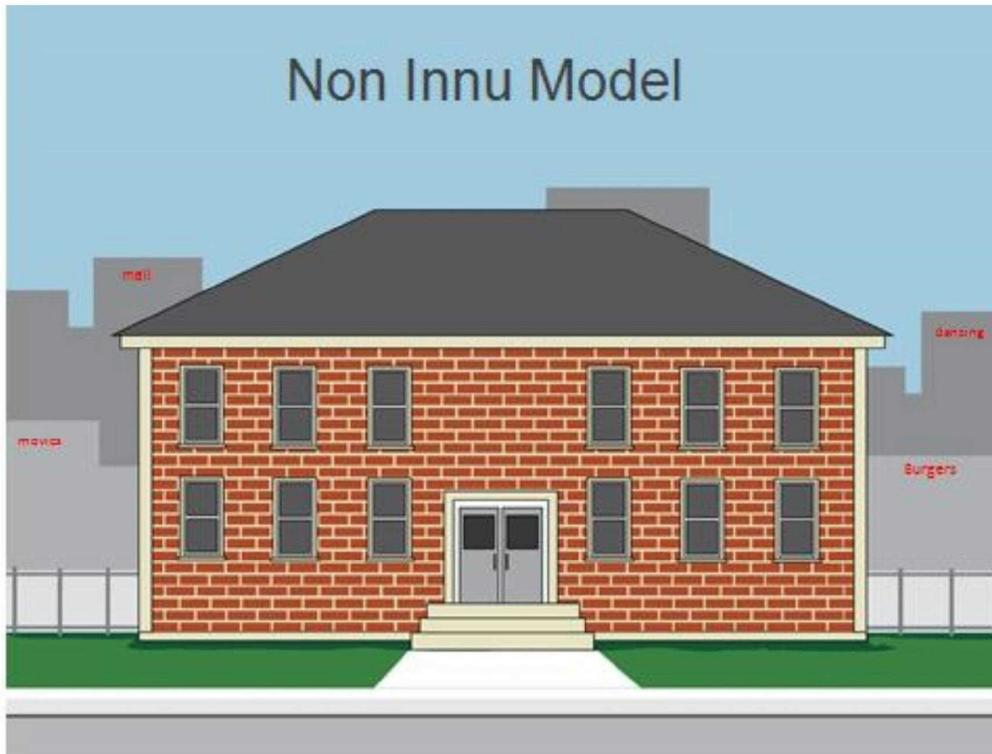
*Protecting the Well-Being and the Rights of Innu Children*

Clearly the Innu care model stresses linkages to culture, language, country, community and family. All elements that are difficult to provide in out of community placements. As a result the Innu Care Model is called **STUASSIMINUTSH** or **TSHITUASSIMINUT** in the two Innu dialects. The word loosely translates to our children—but also describes the close relationships among all Innu.

Translating this very different approach into the daily practices and procedures for care, still lies ahead and is a key step in this process. To assist in that step, and to better explain the advantages of the Innu care model and in community placements versus those being sent outside-- two graphics are shown below.

**The Non-Innu Care Model**

Takes place in urban areas, without family, language, culture, elders or country.

**The Innu Care Model**

Takes place within traditional Innu territory and the Innu community. Care is based on links to the family, extended family, and community. The child is exposed to language, culture, elders and extended family in daily practices.



## 8. Governance and Delivery Options

As immediate priorities are being developed the two communities should consider longer term governance options for facilities and services for children and youth. Various financial, liability, effectiveness, and political factors should be weighed in order to consciously determine a preferred governance structure. However, it is recognized that for facilities being developed immediately these will most probably be implemented as a band-delivered service.

Longer term delivery decisions should be informed by the emerging institutions for Innu self-government and longstanding devolution commitments. Innu self-government foresees an Innu agency operating under Innu jurisdiction. The end result of devolution which would be completed in the medium term; would see a single Innu agency with delegated provincial authority.

While governance and delivery structures in the shorter term may differ, the medium and longer term structures requires a great deal of thought and advice from all parties involved. Some sample questions to ask about alternatives for governance and delivery could include the below.

- Is it easier to recruit professionals under some options than others?
- Where will liabilities rest, and who is exposed to what risks ?
- How best can standards be enforced and poor performers replaced?
- Which options bring more kids back quickly, and which may take more time?
- What promises the best outcomes in the shortest time frames?

- How best to separate professional decisions from political ones?
- Which job requirements do Innu meet now? What is required to expand those numbers?
- Do some options encourage innovation? Do others discourage it?
- What is the nature of accountability under each method?
- How best is transparency provided but confidentiality assured?

There are a wide range of service delivery options and governance combinations to consider for development and operation of future staffed residential care facilities.

For new facilities there are four main delivery options:

1. Band based service and staff
2. Joint service and staff through a non profit
3. Innu business delivers services
4. External contract delivers services

**Option one** does not support movement toward the single Innu agency required for the Innu's medium or long term plans for these services. It also makes two sets of elected officials responsible for meeting provincial laws when an Innu child is at risk. That may place leadership in a conflict between Councillor roles to advocate on behalf of Innu children and its concurrent obligation to carry out provincial functions in the facilities. For these reasons, this option is not recommended to be considered for future organizational structures. *(please recall this discussion presumes where an existing service is already band-delivered such as the SIFN group home, that structure will continue)*

**Option two** involves creation of a single Innu non-profit corporation to oversee all funding agreements, contacts, staff, policies, procedures and standards required to operate new staffed residential facilities in both communities. The body would be governed by a board of directors that should include independent members. Overall delivery would be headed by a senior staff reporting to the Board.

Many placement service providers on the island use this structure. It supports creation of Innu capacity and is a step toward a future Innu agency. There is some risk exposure to the board on implications of services and decisions, particularly if one is taken without serving the best interest of the child involved

There are many tasks involved with start-up, human resources, training, administration, standards, annual budgets and contracts etc., that require immediate knowledge and expertise that must at least initially--be purchased. This will help lower risk to the board. However, this means the non-profit either contracts out multiple services or enters a partnership of some type with an existing service provider with such expertise. This arrangement could also be used to mentor and build additional Innu expertise for the future.

**Option three** The largest service provider on the island is organized on a business basis. Under this approach an Innu business directly contracts for residential services for children in care with the province. This method separates service functions from elected roles, creates a single focus on duties, ensures all standards are met, uses an Innu care model, the company ensures budgets are feasible, staff qualified and salaries competitive. Designed to make a small profit, the company can reinvest in itself and become self-sustaining. However, if devolution or self-government emerges the business can either be rolled into in Innu approaches or dismantled with its parts being adopted into the Innu model.

Under this approach it is expected that Bands will own the various facilities and receive rents from the service provider for their use. This will be sufficient to cover any purchase or financing costs of the building and continue after it is paid for. The rent payment will also cover O&M costs to ensure its ongoing safety. All other costs and all risks become the responsibility of the business which will take out insurance to limit those risks.

Start up, administration, training, and reporting tasks are large functions for this field and the business will lack some expertise in such areas and have to purchase it. That could be a contract service but it could also become part of the Innu Business. Such experience will also lower risk.

**Option four** is a complete external contract. Any operation is turned over to an outside organization which carries it all out for a fee. Several smaller non-profits do this on the island, the Inuit may be entering a service contract for its planned residential facility, and Blue Sky operates in this manner for each facility.

While perhaps appearing to be the simplest option, the drawbacks of this option are easily noted. For example: there is little assurance that an Innu care model will be fully implemented. It does not build capacity toward future Innu structures; may rely on more non-Innu staff and even seek fly-in fly-out shifts; and linkage with Innu services may be less concrete. As a result this Option is not recommended for further consideration.

#### **SUMMARY**

It is recommended that options two and three—a non-profit corporation or an Innu business-- be examined further. Part of this should include consideration of the organizational alternatives for securing the necessary expertise that is recognized as being need in both forms.

The alternative methods for securing professional assistance are identified as:

- Contract for identified services
- Partnership
- Joint Venture

In appendix one, each of these methods are examined against the two favoured options.

## **8. RESOURCES NEEDED**

Increasing and managing elements of child placements is a strong commitment by the Innu to be part of a long term solution for children at risk. This strategy is only the first step on that path. As it describes a staged, collaborative and informed process, there are several parts that will require resources to carry it out. The IRT has already engaged a recognized service provider to assist in creating detailed plans for the initial priorities. It must also seek funding to develop the tasks and relationships required to make in-community placements a success. Some of the broad tasks involved in a three phase development plan are described below.

Some resources are needed simply to get to the stage of service delivery. Delivery resources will mostly flow through an agreed service delivery contract when applicable. However there are many tasks with costs that take place before a service delivery contract happens, and additional tasks to develop the placement program further that are also required.

The challenge for success is twofold— how to know what the costs in this context will be when it has not been done before, and where will these resources be found? It is recommended that there be a working tripartite group that while led by the Innu, would address details of steps and respective costs. It would also be asked to identify potential sources of funding.

In order to begin these conversations this paper serves notice of the scope of tasks over the next few years. It however recognizes that the Innu will need some baseline funding to engage in the development process and the tripartite group. That request follows the three phase outline below.

**Phase One -- Immediate year**

- Finalize specific plans and costings for each priority project.
- Create delivery organization & governance structures
- Secure advisors and develop administrative systems
- Undertake confidential case work on client base for each project
- Craft a human resources development plan
- Begin staff recruitment & training
- Negotiate terms of service agreement(s)
- Develop a communication strategy
- Oversee immediate projects
- Prepare for actual placements

**Phase Two -- Next two years**

- Staff facilities & begin placement processes
- Confidential case work expands into integrated services for each child and family
- Implement organizational & governance structure
- Implement service agreement(s) & placement services
- Refine the placement strategy & assess second year priorities for action
- Refine roles for advisors
- Select second year priorities and develop specific plans
- Work on linkages with protection services in each First Nation
- Further develop existing staff, recruit new staff and train
- Develop appropriate respite services
- Expand services to children (EG involvement in Outpost, Gathering, in-country education, recreation)
- Open communications with community
- Report on initial year of activity
- Evaluate own performance in year one
- Discuss options with Innu leadership
- Negotiate new service agreement(s)
- Develop new priority facilities and services
- Adopt plan for longer term development and priorities for the organization and services

**Phase three – four to six years**

- Assess plans & performance
- Link organization development to self-government goals and healing strategy
- Amend structures, procedures and partnerships based on evidence, data and community input
- Assess service agreements and seek amendments as needed
- Communicate results and outcomes of Innu approach to placements to wide audience
- Continue to develop staff and strengthen linkages with other services
- Oversee development of new projects with specific implementation actions
- Prepare a transition plan toward self-government leaving children’s services uninterrupted

**Baseline Resources needed for Innu participation**

PHASE 1	PHASE 2		PHASE 3		
2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
\$200K	\$300K	\$300K	\$100K	\$100K	\$100K

## APPENDIX ONE

### Exploring delivery approaches further

Two preferred organizational approaches to governance and delivery of placement services were recommended---a non-profit agency and an Innu business. Both require securement of professional expertise for at least the foreseeable future. Three methods to secure that type of expertise were identified.

This appendix describes some of the features of those three alternatives and examines the fit of each with the two preferred options. The alternatives for securing expertise identified are:

- Contract for identified services
- Partnership
- Joint Venture

### Contract Services

The Non-profit or Innu business defines the services it requires to develop and deliver staffed residential facilities and enters a contract with a recognized service provider in Newfoundland and Labrador. The contract will be adjusted each year as the needed services change.

This may create a view on both parties that the relationship is a temporary one and it would leave almost all accountability resting on the Innu body. This type of relationship could hinder access to professional help in unforeseen or unusual situations, would limit longer term planning and investing, and could slow capacity growth in either of the two Innu approaches.

In addition, a non-profit Board with strong community representatives may feel it needs to be involved in contract terms, which can alter the nature and mix of service delivery. While the business should in theory, enter contracts solely based on its service needs.

*We conclude that there is a small advantage to the business in using a contract for services. However for a non-profit or even for band-delivered services, it may be the preferred method for ensuring those services meet and continues to meet, all applicable laws, standards and policies.*

### Partnership

A business partnership is an arrangement where parties agree to cooperate to advance their mutual interests. A partnership can take many forms. An Innu business can negotiate and enter a business partnership agreement with another company. A non-profit would face more difficulties.

Non-profit relations with for-profit companies have traditionally been based on sponsorships or philanthropy from the business to the non-profit, based on share interests in outcomes. A more extensive business relationship would most probably have to rely on a contract for services (as above) and/or include appointment of company representative to the non-profit Board, and/or result in a different non-profit corporate mandate. The extent to which these changes would impact operations is unclear.

*We conclude that the Innu business clearly has the advantage in creating a business partnership. This could include a simple partnership agreement, or it could be cast as a limited partnership that protects each party in certain ways, or it could be a form of a Joint Venture.*

#### **Joint Venture**

This is a business agreement in which the parties agree to develop, for a finite time, a business entity and new assets. Each exercises control over the enterprise and each share revenues, expenses and assets. Each joint venturer owes a standard of care to the other members, and has the duty to act in good faith in matters that concern the common interest or the enterprise. A joint venture can terminate at a time specified in the contract or upon the accomplishment of its purpose.

Innu are familiar with Joint ventures as there are several private joint ventures and the IEDLP is based on this business concept. In many cases the joint venture agreement includes a managerial role for the non-Innu party at least in its formative years.

This method may be applicable between two non-profits and two businesses, but may not be very easy to create between a for-profit business and a non-profit corporation. In this case a contract for a managing agreement may be far easier—which would place the option back into the first category above—contract services.

*We conclude that Innu business is the only model that should consider a joint venture approach.*