A Review of Specialized Programs/Services Accessed by Innu Children/Youth and their Reported Experiences and Outcomes

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Table of Contents

Glossary of Innu-aimun Terms

akenashau: (plural: akenashaut) a White person

Innu-aimun: (also called Innu) is an Algonquian language spoken by the Innu of Labrador and Quebec, including the Sheshatshiu and Mushuau Innu

Innu-aitun: meaning Innu culture

Minuinnuin: meaning 'wellbeing'

Natuashish: meaning 'little lake', is the community where the Mushuau Innu settled in 2002 after leaving Davis Inlet for land that allowed easier access to inland ancestral hunting and fishing grounds

Nitassinan: meaning 'our homeland' refers to the vast 800,000-kilometre-square territory encompassing large portions of the Quebec-Labrador Peninsula that Innu have inhabited since time immemorial

Nutshimit: meaning 'place of wellbeing', can be roughly translated or understood as land

Sheshatshiu: meaning 'a narrow place in the river', is the community where Sheshatshiu Innu were settled in the 1960s in the location where they had gathered for centuries, close to a trading post at North West River

Tshenut: meaning 'older person or Elder', who have a societal role as knowledge holders, cultural transmitters, and safe guarders of the worldview.

Tshuap: part of a tree that serves as a tent pole

Key Terms and Definitions

The Terms of Reference specifically references “Innu land-based activities” and “specialized services …. including placements, mental health and addiction services and medical services”. Pathways Group members, a group of Innu leaders and legal counsel informing the articulation of the *Innu Care Approach*, asked that these terms be defined in the context of this study.

Innu land-based programs & services

- Describes (parts or entire) programs and services offered in ***Nutshimit***; it involves more than just being on the land – it is about being, doing, and knowing/learning Innu ways on and through the land, including speaking Innu-aimun.

Specialized programs and services

- Programs, interventions, and supports for children/youth who have mental health or addiction challenges, medical conditions, developmental delays, and/or other disabilities.
- Programs and services based on a Eurocentric/Western concept of individualized clinical treatment, programs, and services delivered by people with credentialed college or university training (rooted in Eurocentric/Western knowledge systems).
- Programs and services for people facing unique challenges or who have unmet needs that fall outside the scope of primary care, as well as of the generalized/basic supports required for daily living for most children and youth, i.e. those children and youth requiring additional supports and services above and beyond the standard.

Executive Summary

This report synthesizes knowledge from two research studies on the health and wellbeing for the Sheshatshiu and Mushuau Innu. The first study ("Minuinniuin Study") described in this report aimed to understand *minuinniuin*, an Innu term to describe Innu concepts of health and wellbeing. The Minuinniuin Study was approved by Innu Nation in 2017, and the study findings are relevant to providing important context for the second study. The second study ("Specialized and Land-based Programs and Services Study") examined specialized and land-based programs and services accessed by Innu children and youth. This study was requested by the Commissioners of the Inquiry Respecting the Treatment, Experiences, and Outcomes of Innu in the Child Protection System. The Specialized and Land-based Programs and Services Study identified available programs and services; Innu community members' experiences, outcomes, and impacts resulting from these specialized and land-based programs and services; and Children, Seniors and Social Development (CSSD) staff perspectives on existing specialized and land-based programs and services. Understanding the Sheshatshiu and Mushuau Innu concepts of health and the historical context of colonization are essential for interpreting these findings.

Minuinniuin Study: Key to Health and Wellbeing

For Innu, wellbeing (minuinniuin) is intrinsically linked to the land (Nutshimit) and is only found or attained when being on the land. Key aspects of this relationship include:

- Life on the land
- Land as a place of freedom, togetherness, and relationship with all living beings
- Land as a place to learn Innu knowledge and identity

Traditional Innu life involved nomadic hunting across Nitassinan, their homeland, fostering interdependence and cooperation. Children learned essential survival skills from their parents and grandparents, developing a deep connection with all living beings. However, forced settlement in the mid-20th century disrupted this way of life, leading to social ills. Cultural revitalization efforts, including a return to land-based activities, are now recognized as crucial for rebuilding Innu communities and promoting health and wellbeing. Innu self-determination includes research initiatives to articulate their understanding of wellbeing and the land's role in it.

Specialized and Land-based Programs and Services Study

This study identifies and analyzes specialized and land-based programs and services accessed by Innu children and youth involved with the child protection system. Data was gathered from documents, inquiry hearing transcripts, and interviews with program providers, community members, and CSSD staff.

Key Findings

- **Land-based (Nutshimit) Programs and Services:** Participation in land-based programs in Nutshimit continues to profoundly and positively impact wellbeing and community cohesion. These programs offer a distraction-free environment that promotes mental clarity, healing, and stronger relationships. Participants also learn essential cultural and life skills, fostering a "good state of mind," spiritual health, and a strong sense of Innu identity. Nutshimit is considered a form of medicine that facilitates healing and overall wellness.

- **Specialized Programs and Services:** While specialized programs can provide short-term relief, they often fail to address the root causes of issues like intergenerational trauma. These programs often lack culturally safe care, safe housing, and access to transportation.
- **Combination of Specialized and Land-based Programs and Services:** Integrated programs that combine specialized care with land-based components are more effective, especially when led by Indigenous staff. These programs simultaneously address physical, mental, emotional, and sometimes spiritual needs.
- **Innu Leadership and Autonomy:** Innu leaders advocate for self-determination and the importance of Innu culture, language, and knowledge systems in healing. Despite systemic barriers, community champions continue to promote transformative approaches to address mental health, addictions, and trauma.
- **Funding and Other Resources:** Insufficient funding and resources, staffing challenges, and resistance to Innu-led initiatives worsen mental health and addiction issues. Addressing foundational needs, such as workforce development and funding for culturally relevant programs, is essential.
- **Recommendations from Innu and non-Innu informants:** Recommendations from the community align with Innu healing values and the Innu Care Approach. Key themes include:
    - **Respect:** Supporting bold community leadership that respects community desires to take proactive action to address issues like substance use, housing, and child welfare, while embracing cultural teachings, lived experiences, and collective learning as pathways to healing and change.
    - **Trust and Honesty:** Increased numbers of trained Innu staff can foster trust and understanding.
    - **Cooperation:** Collaboration between organizations is needed to provide comprehensive support, avoid duplication of efforts, and support each other.
    - **Family:** Supporting parents "in place" through family intervention and addressing issues such as overcrowding can promote stability.
    - **Nature:** Reinvesting resources in Innu-led healing approaches and land-based programs is crucial.

Conclusion

The findings highlight the significance of land-based programs (Nutshimit) for community cohesion and individual wellbeing. Integrated programs that combine specialized and land-based components are more effective than specialized services alone. A systemic overhaul through Innu self-governance and funding to support the transition will help address core social determinants of health, such as inadequate housing, training and employment, and discrimination, which are crucial for improving outcomes for Innu children, youth, and families. Health and healing treatment approaches must first acknowledge that Innu have developed effective healing programs on the land. Simply put, Innu know what works for themselves. Systemic changes must recognize Innu land-based programs, hire and mentor Innu staff, and train non-Innu staff in Innu culture and history while investing in land-based supports. Fostering hope, meaning, purpose, and belonging through Innu-led initiatives will be key to promoting mental wellness.

About this Report

This report presents research findings about information that many Sheshatshiu and Mushuau Innu have understood and known for many years. In many ways, this report is a synthesis of knowledge shared through two separate research studies, beginning with a section entitled *Minuinniuin as Key to Health and Wellbeing* ("Minuinniuin Study"), written by Leonor Ward and summarizing the findings from a study conducted between 2017-2021. The rationale for including the Minuinniuin Study findings in this report is because 1) it provides a critical context for how Sheshatshiu and Mushuau Innu understand and practice what it means to be healthy and well as individuals, families, and communities; and 2) it provides essential context for how colonization (including child welfare involvement) negatively impacted the health of Innu individuals, families, and their communities. This context helps to make sense of the findings from the second study entitled *Specialized and Land-based Programs and Services* shared in this report.

Based on the Terms of Reference, the *Specialized and Land-based Programs and Services* Study was requested by the Commissioners of the *Inquiry Respecting the Treatment, Experiences, and Outcomes of Innu in the Child Protection System*. This study was led by Melody Morton Ninomiya and involved two research assistants, Loreena Kuijper and Madison Wells. This report describes the research methods and results more thoroughly than the Minuinniuin Study. It is important to note that when we discuss the findings from the *Specialized and Land-based Programs and Services* study, *minuinniuin* is an outcome of the most effective and desired approaches to healing, treatment, and care for children, youth, and their families involved in the child welfare system.

Minuinniuin as key to health and wellbeing ("Minuinniuin Study")

Written by Leonor Ward

I was invited by the Commissioners for the *Inquiry Respecting the Treatment, Experiences, and Outcomes of Innu in the Child Protection System* to include an overview and description of how Innu understand, live, and practice health and wellbeing – that is, Minuinniuin. To understand the *Specialized and Land-based Programs and Services* study findings, it is essential to step back and briefly highlight historical contexts that are precursors to contemporary social ills within both Innu communities. In addition, it is vital to learn about Mushuau and Sheshatshiu Innu cultural revitalization and their interest in articulating for non-Innu, Innu knowledge and practices relevant to land and its role in wellbeing. To avoid repeating the past, Innu must be respected and supported by understanding "Innu ways that work" to close service gaps. To achieve this, the following background is organized into four sections.

First, I briefly describe Labrador Innu's traditional life on the land and uncover Innu's worldview. Second, I briefly discuss the historical context that gave rise to present-day social ills. Third, I outline how cultural revitalization and the belief that a contemporary return to land activities *is* the foundation for health and wellbeing for the rebuilding of Innu communities. Innu self-determination has many fronts, including doing research initiated by Innu in their areas of interest. Last, I present the results of an Innu-initiated project to articulate Innu views of wellbeing and the role of land.

Traditional life and worldview

Innu were nomadic hunters in a vast 800,000-kilometre-square territory encompassing large portions of the Quebec-Labrador Peninsula, called Nitassinan (meaning "our homeland").[1] They lived as interdependent people who travelled in small family groups following the caribou and gathered with other Innu hunting groups a few times a year. Survival on the land requires exactitude and cooperation, with everyone contributing their skills and labour. Children learned what was needed to survive on the land by about 15 or 16 years of age; they were taught by parents and grandparents everything from hunting, cooking, erecting tents, planning expeditions, raising children, finding medicine, and interpreting the weather.

Life on the land saw the Innu in a permanent relationship with all living beings (human and non-human). One example is the traditional hunting philosophy of respecting the animals.[2,3] The Innu word for caribou is *Atik^{u}*, a non-human living creature with full personhood and will, inhabited by a spirit. Therefore, hunting is not about outsmarting animals but enticing fully volitional beings to generously offer their bodies.[4] The people's respect is such that Atik^{u} returns each year to provide for Innu needs (i.e., meat and marrow for food, bones for spiritual ceremonies). This relationship supports Indigenous philosophers' claims that although a great diversity of cultures and understandings of health and wellbeing exists, common principles uphold that all living entities are in relationship with one another.[5–7]

A brief examination of Innu's historical contexts and their effect on Innu health and wellbeing

While encountering Europeans in the 1600s, Innu were forced to settle between the 1950s and 1970s due to provincial policies that abruptly ended the traditional way of life, effectively dispossessing them of their land. [8] Innu hunters provided for their families and the broader community by maintaining kinship bonds with the land, which were renewed as they traversed the territory while hunting. Henriksen [9] documented accounts of Mushuau hunters in the 1970s, where these bonds were evident in the mutual care for one another (both for the Innu and the land), enabling hunters to survive in the harsh environments of northern Labrador. This understanding of the relational bond with the land is shared among many other Indigenous peoples. It is reflected in their creation stories, which assert that people come into being alongside the land.[10] Such an understanding of land contrasts with European concepts that influenced the English Crown's promulgation of the *Indian Act*, which classified Indigenous land in Canada as "property" of the Crown. European perspectives on land at the time of the Indian Act's promulgation was rooted in the scientific revolution.[11] The scientific revolution established an epistemology founded on the distinction between nature and culture. Within this paradigm, man is defined by attaining culture through civilization, while the absence of cultural qualities defines nature. Thus, in this paradigm, the relationship between humanity and nature becomes one of mastery, subjugation, and taming through notions of 'improvement' and 'progress,' positioning Indigenous peoples within the realm of nature.[11]

Until the mid-twentieth century, the federal and provincial governments in Canada upheld concepts of 'improvement' and 'progress' that considered the Innu life on the land uncivilized and required government intervention through forced settlement and schooling. [12] Mushuau Innu, who now live in Natuashish, were forcibly relocated in 1948 to the coastal community of Nutak. After one year, they walked back to traditional territory and returned to the hunting life. The second relocation was to

Davis Inlet in 1967.[12] They were given poorly insulated homes with plumbing infrastructure but no running water. In 2002, they were relocated to Natuashish, a place they chose. The Sheshatshiu Innu were settled in the 1960s in the location where they had gathered for centuries, close to a trading post at North West River. Through provincial government policy, traditional Innu hunting became illegal and children's enrollment in non-Innu schools was mandatory.[8,13] Forced schooling had a detrimental impact on the preservation, practice, and intergenerational transmission of knowledge, which takes place on the land. Making hunting illegal changed the role of men as providers for their families, and as teachers of younger men; this caused dependency on government welfare for families' sustenance. Forced schooling also affected *Tshenut* (older person or Elder), who have a societal role as knowledge holders,[14] cultural transmitters,[15,16] and safeguarders of the worldview.[17]

George Gregoire,[13] an Innu man who experienced land dispossession, described policy changes as initiating a pattern of alcohol abuse, violence, family breakdown, suicide, accidents, and illness. His view is shared by Tshenut who identify land dispossession as the point when social ills, including child welfare involvement, began.[12,18,19] Land dispossession was furthered through mining development, flooding of lands for hydroelectric projects, and increased NATO military activity over Innu traditional territories.

The emergence of cultural revitalization

Despite government efforts, the Innu never stopped finding ways of returning to the land. It was their worldview that mobilized them to engage with the federal government for the first time in 1980. As noted by Mailhot, [3] Innu truth is that one takes care of the land and land takes care of people. In 1979, NATO low-level fly training over hunting camps became too disturbing to the families and the animals. Military planes from European allied nations were based at the airport in Goose Bay (40 km from Sheshatshiu) and conducted training at low altitudes over lands considered 'unpopulated'. Innu wrote to federal ministers in protest for a period of six years, and garnered support of NGOs and the international media.[20] In the late 1980s, in a tremendous showcase of strength to defend their lands, Innu engaged in contentious collective action by occupying the runways of the military airport in Goose Bay on multiple occasions. As a result of the protests, the government extended the *Indian Act* in 2002 (a century-and-a-half later than most other First Nations in Canada) and agreed to a settlement of land claims after noticing that public opinion was favourable to the Innu. Land claims were signed in principle in 2011, but to date, have not been finalized.

Another successful Innu negotiation was funding for families to go back to the land. Known as "Outpost", these finances covered the cost of families for hunting in the spring and fall, and to revitalize their culture. The funding has remained unchanged in its nominal amounts over the years (personal communication with Band Councils, October 2015). The protests confirmed that the Innu are a people with knowledge and understanding of their lands[21] and generated many activists. One such activist is Innu Tshenu, Tshaukuesh (Elizabeth) Penashue, who leads younger Innu on traditional walks in a rediscovery of their culture. Traditionalists like Tshaukuesh engage in activities that help younger Innu repossess a way of life on the land.

When the Innu came under Indian Act authority, new Western-based health practices arrived in their communities. However, these failed to acknowledge how land dispossession has negatively affected

the wellbeing of the people.[12] Innu responded by advancing their self-determination through progressive steps, one of which was creating the Innu Round Table Secretariat (IRT) in 2012, as the executive arm of Innu Nation. After extensive community consultation the IRT articulated a Healing Strategy.[22] The Healing Strategy conceives a contemporary return to land activities as the foundation for health and wellbeing for the rebuilding of their communities. Innu self-determination has many fronts, including doing research initiated by Innu in areas of interest to them, such as a research project whose results are reported in the next two sections of this background. In this research, Innu wanted to express for non-Innu, their understanding of wellbeing and its connection to the land. The results of this research are explained in the next section of this background.

How do Innu view wellbeing? How does the land support wellbeing?

Innu possess an intrinsic understanding of wellbeing, significantly shaped by their relationship with the land. Grasping their unique perspective is crucial, as Indigenous concepts of health, land, and cultural identity are wholistically interconnected.[23–25] Furthermore, there is no single pan-Indigenous concept regarding the role of land in wellbeing; rather, the views and perspectives on land's impact on wellbeing are specific to each Indigenous group.[25–31] Therefore, we will next articulate the Innu-specific understanding of the role of land in wellbeing, based on previous research initiated by Innu and authorized by Innu Nation.

Participants for this research were 16 years of age and older, lived in the communities and self-identified as Innu. Data was collected between January and June 2019 through individual semi-structured interviews and focus group discussions to explore Innu views of wellbeing and how land enhances wellbeing. Participants were asked, for example: “What does minuinniuin mean to you?”, “What/who makes it possible for you to feel well?”, “Can you describe what you feel in Nutshimit?” Twenty-three participants were interviewed, and sixteen participated in focus groups, for a total of thirty-nine participants from the two communities. The research methodology for this study is detailed elsewhere.[32]

The results indicated that for Innu, land and wellbeing (*minuinniuin*) are not mutually exclusive concepts; instead, they are interrelated [32]:

- *Minuinniuin (wellbeing) is life on the land*
- *Land is a place of freedom*
- *Land is a place of togetherness and relationship with all living beings*
- *Land is a place to learn Innu knowledge and identity*
- *Tshenut play a key role in teaching Innu knowledge and helping Innu people discover their identity as they engage with their culture.*

Overall, Innu view minuinniuin as a subjective and aspirational state of being that is intricately related to *Nutshimit*, a ‘place of wellbeing’ that can be translated as land. For Innu, land is *the* core of wellbeing. Land provides and facilitates togetherness, relationship to all living beings (humans and non-humans), the enactment of Innu culture through which the Innu worldview is maintained and taught, and the finding of Innu identity.[32]

The findings of this research highlight that there are non-physical influences from experiences on *Nutshimit*, where emotional, mental, and spiritual benefits arise from being together as a family and community. Nutshimit, the place where Innu learn cultural knowledge, provides them with an identity as strong and free people and grants autonomy through learning how to survive in this environment. The findings illustrate the specificity of the relationships among *Nutshimit*, knowledge, identity, and wellbeing, which is consistent with research conducted by Indigenous geographers and allies.[23–25] Indeed, for Innu, land is a determinant of health.[32] This aligns with the body of literature that recognizes land as a determinant of Indigenous peoples' health.[24,33–35]

In addition, the findings underscore the essential role that Tshenut and Indigenous Elders play in imparting knowledge through experiential learning on the land, as well as how this influences wellbeing.[15,16] The ongoing practice of culture leads the Innu to recognize their interconnectedness with one another, the weather, and the animals, culminating in a unique spirituality and worldview.[16,17,36] The findings illustrate that Nutshimit represents a place of freedom, separate from the colonizing structures inherent in settled community life. This aligns with research on the health of Inuit in Labrador,[37] which also highlighted experiences of freedom when on the land. We propose that the freedom that Innu experience on Nutshimit is a form of ontological wellbeing – a mode of "being-in-the-world".[17,36] For Innu, "being-in-Nutshimit" equates to "being at home."

Furthermore, these findings lay the groundwork for enhancing support for Innu land-based wellness programming (e.g., facilitating families' connection to the land, offering land-based experiences to children in schools, developing land-based curricula), as well as the active role that Tshenut play in imparting their teachings to younger generations (e.g., engaging Tshenut to teach cultural activities within the school curriculum). While land-based activities have not traditionally been regarded as 'programs,' we propose they be seen as such, considering the significance of Nutshimit in relation to *minuinniuin* (wellbeing). We recommend that health programming be crafted with an understanding of the land's importance in fostering a sense of wellbeing among the Innu peoples, as this would truly bring Innu bodies, minds, emotions, and spirits "home."

Specialized and Land-based Programs and Services Study

Written by Melody Morton Ninomiya

The *Specialized and Land-based Programs and Services* study was requested and conducted to gather relevant information related to the following parts of the *Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System* Terms of Reference.

(d) the availability and quality of specialized services to Innu children and youth within the Innu communities, including placements, mental health and addiction services and medical services;

(e) the impact of the availability of the specialized services referenced in paragraph (d) on Innu children and youth coming into care or custody or being placed outside of Innu communities and how that availability can be improved;

(h) access to outpost programs and other Innu land-based activities for Innu children and youth in the child protection system, particularly those placed outside of Innu communities

The scope of research was finalized in February 2024, after the Pathways Group reviewed and provided input and feedback on the research proposal and protocol. A Data Sharing and Governance Memorandum of Understanding was also reviewed and authorized by Innu Nation (see Appendix A). The research objectives and questions below provide context for the Specialized and Land-based Programs and Services Study.

Objectives for this Study

1. Identify land-based and specialized programs and services accessed and available to children and youth coming into care, while in care or in custody, in or outside their home community.
2. Identify to what extent land-based and specialized programs and services impacted children and youth coming into care or in custody in the community, or being placed outside of their home community.
3. Identify Innu land-based and specialized programs and services that families think will best meet the needs of children and youth requiring medical, mental health, and/or substance use support.

Research Questions

1. What Innu **land-based programs and services** are (and have been) accessed by children and youth, and their families?
2. What **specialized programs and services** are (and have been) accessed by Innu children and youth?
3. To what extent were people's **experiences** – as caregivers/family and as former children and youth (in care or in custody) – related to their access to specialized and land-based programs and services?
4. What specialized and land-based services and supports **are needed** for children and youth (before or during state care)?

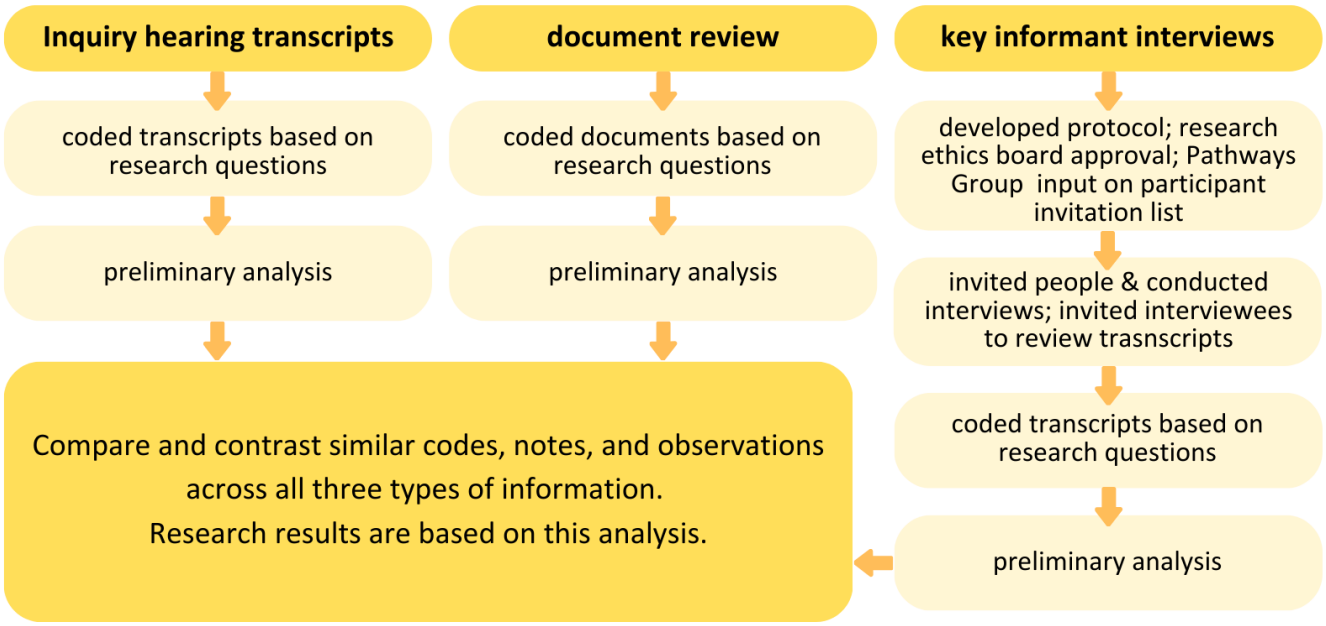
Research Methodology

Data Gathering

The research involved analyzing three distinct types of data that were analyzed separately and then compared with each other (see Figure 1):

1. **Documents** and **community health reports** that were mostly provided by Inquiry legal counsel (see Appendix B)
2. **Inquiry hearing transcripts** provided by Inquiry legal counsel (see Appendix B).
3. **Key informant interviews** with people who deliver specialized and land-based programs and services, as well as community members with personal family experiences (e.g. involved with child protection system as a child or youth, or as a parent/family member). The Pathways Group reviewed and edited a list of programs, services, and people who deliver or manage them. This list was used to invite key informants. All interviews were conducted in-person or online by Loreena or Melody. Additional people were interviewed if someone was recommended by someone we contacted and/or interviewed. The informed consent form and interview questions are found in Appendix C.

Figure 1: Types of data included in the analysis



Data Analysis

The health-related documents and the Inquiry hearing transcripts were not rich with information that directly answered the research questions. The **primary reason for including the documents and Inquiry hearing transcript data was to mitigate the risk of unnecessary harm by asking Innu community members to talk (again) about their own or family members' experiences with the child welfare system**. We chose to interview Innu community members using questions about current and helpful programs and services as well as what they wish for in the future. We analyzed the health-related reports/documents and Inquiry hearing transcripts while the interview study research ethics application, recruitment, interviews, and transcript checking were happening.

Document and transcript analyses was conducted using an iterative process. First, two researchers (Melody and Madison) read the same documents and transcripts to become familiar with the content. Second, they independently made detailed notes of major and minor themes that would help answer the research questions. Third, the two researchers compared and discussed their codes as well as how some codes could be merged and organized with other codes. By the end of this process, the researchers came to a consensus on a revised "code book" (organization of codes). Fourth, as the revised code book was used, the researchers met weekly to discuss how the analysis progressed and to determine if the code book needed to be further revised. If the code book was revised, all documents and transcripts that were already coded were re-analyzed using the revised code book.

Inquiry hearing transcripts: All transcripts were uploaded to a qualitative analysis software (MAXQDA) before Melody and Madison independently coded the same six transcripts before discussing and agreeing on a code book to (re-)code all of the hearing transcripts. The code book from the Inquiry hearing transcripts was also used for the document review.

Documents/Reports: All documents were uploaded to a qualitative analysis software (MAXQDA) before coding. The same code book used for the Inquiry hearing transcripts was used for the documents. After the coding of the Inquiry hearing transcripts and documents was completed, Melody and Madison reviewed and discussed all coded texts to identify clear themes and sub-themes, providing examples for each.

Interview transcripts: All transcripts were uploaded to a qualitative analysis software (MAXQDA). The six most descriptive interview transcripts were independently coded by Melody and Madison using the pre-existing code book from hearing transcripts and documents. Changes were made to the code book for the interview analysis.

Results

The results presented in this report are organized to highlight: 1) relevant specialized and land-based programs and services that have been identified and accessed; 2) experiences, outcomes, and impacts resulting from these specialized and land-based programs and services; 3) common themes across relevant programs and services; and 4) recommendations for moving forward.

Data Demographics

Data Source	Data Quantity
Documents (community health reports, healing strategy, etc.)	**11** documents total (see Appendix B) (4 SIFN, 4 MIFN, 3 both communities)
Inquiry hearing transcripts	**49 transcripts**
Research interview participants	**19 participants**

Specialized, Land-based Programs and Services

The presented findings are based on data included for analysis. After much deliberation and discussion, we have decided to organize all mentioned programs and services according to the following categories and rationale.

Categories	Rationale
Community • Mushuau Innu • Sheshatshiu Innu • both	Given the unique histories, geography, families, and proximity to service and amenity hubs like Happy Valley-Goose Bay, there is variation in what is offered in each community. That said, if Mushuau Innu are living in Sheshatshiu or Goose Bay, or if any Sheshatshiu Innu were in Natuashish, there were no programs or supports that people were ineligible to access on account of which Innu nation of which they are a member.
Type of Program or Service • specialized • land-based • combined (both)	We distinguished between specialized versus land-based programs and service, as per the terms of reference. There are a number of programs and services that have elements of both so we have created a third category of “combined (both)” to reflect this.
Target Population • family or multi-generational • children and youth only • parents/adults only	This research was intended to focus on specialized and land-based programs and services accessed by Innu children and youth. It was difficult to disentangle the relevance and impacts of programs that are inherently tied to children and youth in care, or in custody. Programs and services that are intentionally multi-generational and/or invite families that have members struggling with mental health, addictions, and/or violence. Similarly, we recognized that there are programs and services for young parents (some of whom were in custody/in care) and other parents who are trying to keep

	their children in their care or get them back from CSSD. We decided it was worth including all three categories for now, recognizing that there may be more interest in the children and youth only programs and services.
Availability • past • current • future	The focus and priority of our research was on current programs and services however, we included past and future programs and services that were mentioned or featured in collected data. We have limited information and have not gone to great lengths to get a lot of detailed information about past programs and services. Similarly, it is possible that some past programs and services have been renamed and continue to exist under a different name and location.

There are more specialized programs and supports available **without** land-based components than with them, for all ages and in both communities. Programs and services with land-based components designed for Indigenous people (though not exclusively for Innu) were considered land-based. Specialized programs and services based on non-Innu/non-Indigenous training and models, staffed by community members, were classified as “specialized” – acknowledging that many Innu staff inherently bring Mushuau/Sheshatshiu Innu culture and language to their work. The following two figures provide a quick overview of the identified programs and services. A table listing all identified specialized and land-based programs and services is available in Appendix D

Figure 1. Current Programs and Services for Mushuau Innu

Figure 2. Current Programs and Services for Sheshatshiu Innu

Experiences, Impacts, and Outcomes

Land-based (Nutshimit) Programs and Services

Programs and services in Nutshimit demonstrate profoundly positive impacts on people's overall wellbeing and community cohesion. Through participation in specialized and/or land-based programs and services, children, youth, families, and community members find freedom from distractions such as technology (e.g., social media, video games, and television) and substances. These programs facilitate the time, space, and activities necessary for mental clarity, healing, and rebuilding healthy relationships with themselves, their families, and others. While in Nutshimit, young people often acquire essential cultural and life skills such as hunting, cooking, sewing, and speaking Innu-aimun. In other words, any initiative in Nutshimit fosters a "good state of mind," enhanced spiritual health, and a sense of purpose, assisting people of all ages to reconnect with others and their Innu identity. Nutshimit serves as medicine that fosters healing at many levels. Sweat lodges in particular, as part of mental health and addiction treatment, has been reported as an effective method for supporting physical and emotional detoxification.

List of Key Findings for Land-based Programs/Services

- Profoundly positive
- Free from distractions
- Help with mental clarity
- Healing (physically, mentally, spiritually, and emotionally)
- (re-)build healthy relationships
- Increase life skills, cultural practices, and other Innu ways of life
- Improve communication and caring for each other
- Increaed sense of belonging, identity, confidence, wellness, and connection to others

Across the reports, hearing transcripts, and interviews conducted for this research, people consistently spoke of experiences highlighting how Nutshimit inherently nurtures stronger relationships within and between families and community. People young and old observed and experienced how, after being in Nutshimit and moving back into the community (i.e., Natuashish/Davis Inlet or Sheshatshiu), there were improved intergenerational relationships, communication, and collective responsibility in caring for each other. Children and youth developed a clear sense of belonging and eagerness to return to (or re-create) experiences of being in Nutshimit while adults reflected on how being in Nutshimit made them feel empowered, confident, and healthier. Adults, parents, and other Innu community members observed how children, youth, and adults learn essential life skills that are key to healthy futures and healthier nations. Intergenerational connections, especially connections that include Elders, reduce a reliance and preoccupation with digital distractions like video games or social media. Ultimately, Innu have known and been advocating for programs and services offered in Nutshimit, across all data (between 1980s to the present), because they *know* that Nutshimit promotes healing and strengthens individuals, family, and the community. The only clear **gap** within land-based (Nutshimit) programs and services is consistent and ongoing funding for land-based programs and services.

About a Family-Friendly Land-Based Program

"And it was a place where people were safe and comfortable in their own territory, in their own homes, being on the land. [...] it was a really phenomenal and huge program for both Natuashish – or Davis Inlet at the time and Sheshatshiu. It's probably safe to say there were probably about 50 people in – on the land, running that program on a daily basis. And we ran from – you know, worked from the morning right to the evening for six to eight weeks."

About Children and Youth in Nutshimit

"So, when they were brought to the camp, I remember when the coordinator met with us and told us these were the kids who were having high risk in the community and they might give us a hard time. But, due to that, when they came in, we were expecting youth to give us a hard time, that they wouldn't listen. They did at the first two days. They had – there were complaints. They were complaining a lot. They were having the behaviours they were used to, but after two days, we – they – their behaviour changed. They were helping out. They want to do stuff. They were talking. They obey the rules. They didn't give us a hard time for the next 10 days we were there. They were so helpful that I see – I was seeing children, youth who had behaviour problems in the community changing so much in a few days. I couldn't believe it. I said to – my sister was with me, and I said, it is healing for youth to come in Nutshimit because you could see them, so much changes. I can't imagine how they felt – like, they were inclusive. You get to talk with them. They were the kids that you seen had problems in the community but in Nutshimit they were so helpful. You could talk to them. You could easily connect with them so much. That's how I feel, that Nutshimit is healing. I truly believe that."

About Nutshimit Program Open to Community

"We've been involved with women healing for a long time now. That's why I believe that land, it's really helping the people. So that program, it's really good for the women. It's also self-care and it's healing for the women. So, land-based, it's almost the same thing for the men, I believe that as well."

Specialized Programs and Services

Specialized programs and services addressing mental health, addictions, and complex medical health challenges frequently offered short-term relief but did not, in isolation, address root causes such as intergenerational trauma and other contributing social and structural determinants of health such as access to culturally safe care, safe housing, access to transportation, nurturing early childhood development. Most specialized programs and services were staffed by non-Innu, and most often, non-Indigenous professionals.

Parenting and family-oriented live-in treatment programs stood out as offering valued practical skills and healthier family relationships. Most children and youth involved with child welfare required specialized services for mental health, substance use, and/or other complex health needs. In cases where (grand)parents of children and youth who were struggling with severe mental health and substance use issues, there was suggestion that some people – in exasperation and desperation for help in an out-of-control situation - turned to the child welfare system to intervene with specialized services. In such cases, people reported feeling regret or anger with how their child was treated, medicated, not permitted to stay in touch with family, and/or permanently removed from their family home.

While Jordan's Principle funding is designed to fund things like specialized programs and services, mental health and substance use crises are not well-suited for the long waiting times and uncertainties that come with applying for

About the Post-Majority Program

"It's for any youth – young adult from the age of 18 to 26 that's been in care. And it's a service to be able to provide support when it comes to, you know, finding a place to live or for food or for babysitting or even, like, to be able to attend college for those kids that kind of got lost in the system….. it's something that I feel is really needed in the community and it's something that I'm really passionate about, because I see those young people and they are community members. They belong here."

About Shushepeshipan Ishpitentamun Mitshuap (SIM) Level 4 Placement Homes

"Level 4 home provider that provides housing, care, love and attention to children that are in care with CSSD, children that are not able to find homes, foster care or long-term homes. We have one group home and we have two emergency placement homes…. I see a difference, but I'm not gonna lie, like, the reality of it too, is that we have children that have been in the homes, especially the emergency placement homes, much longer than they should have been there. [...] And it's because we don't have enough foster homes in the community."

About Mental Health and Addictions Counselling

"when people start thinking, 'wow, it [referring to trauma, mental health, addictions] didn't start with me. It's not. It's like, I'm part of something that's way, way bigger than me in that sense'…. they could then begin to focus on the healing and instead of just being in relapse and destroying themselves."

About the Need for Leaders and Community to Work Together
"there's young girls prostituting their bodies just to get the drugs….these young girls are actually mothers, you know what I mean?….I just wish our leaders and the community would come together and start dealing with the matters in the community, you know?"

About Programs That Do Not Include Parents
"Yes, they've dealt with what they, how they're feeling, but, you know, like, what happens after that? How do they talk to their parents about what, what is going on between them? You know, like, there, I find there's a big gap there."

this funding. Programs that offered 1) safe places for children, youth, and parents to stay while waiting for program/services, 2) aftercare, 3) consistent professionals, and 4) available often (e.g. evenings and weekends) were deemed critical for long-term success. Without aftercare, progress achieved during treatment often unravelled.

Challenges, such as long waitlists or inconsistency in program and service availability due to staffing challenges, also impeded the effectiveness of specialized services. When individuals finally gained access, they were no longer ready or willing to engage, reducing the potential for success. Some parents mentioned feeling worried and frustrated by medications administered to their children while at treatment centres for a few reasons including: lack of parental consent, fear that medication would cause long term addictions or physical damage, child(ren) not acting themselves while medicated, lack of access to medications after treatment, and concern that medication was used out of convenience for treatment centre staff.

Additionally, mental health professionals, such as specialists in Psychiatry at the Janeway Children's Hospital, sent children and youth home while stressing the need to address environmental factors that influence child and youth behavior instead of solely focusing on individual diagnoses. Another example mentioned by several people was the lack of consistency in staff in clinical/hospital contexts where people's challenges, including suicide ideation, were dismissed without much assessment or knowing the individual.

Gaps identified within specialized programs and services include 1) Innu-informed and holistic approaches that consider the broader social contexts; 2) access to timely and comprehensive treatment options closer to home; 3) family intervention services (e.g. trained professionals supporting families in their home); 4) programs that form and build relationships with children, youth, and their families; and 5) and extensive aftercare resources.

Combination of Specialized and Land-based Programs and Services

Programs and services that incorporated **both** specialized and land-based components were found to be most helpful. Land-based healing programs that incorporated specialized care (e.g., nursing, mental health and addictions counsellors), especially if the program was offered by Indigenous (even more so if Innu), were reported to meet physical, mental, and emotional needs simultaneously. Specialized programs led and staffed by Innu community members, like SIM, have made critical strides in addressing immediate needs for safe housing, especially for children, youth, and young

parents. It was reported and observed that Jordan's Principle funding is sometimes used to meet basic needs such as food, clothing, housing, and transportation—which speaks more to environmental factors that contribute to children and youth mental health, addictions, violence, and trauma-related challenges leading to programs and services referrals. Overall, integrated approaches that combined land-based, cultural reconnection, and clinical/specialized support were experienced as helpful.

Additional themes across programs and services

Innu Leadership and Autonomy

Innu leaders have long advocated for self-determination and autonomy across all systems, including land-based programs and services that centre Innu culture, language, knowledge systems, and staff – for mental health, trauma, and addiction challenges. For decades, leaders, community staff, and program participants have consistently highlighted the superior effectiveness of land-based approaches to healing compared to specialized services alone. While the community is ready and willing to implement Innu-led solutions, the infrastructure needed to support the transition remains underdeveloped. The child protection system has historically controlled and influenced access to programs and services for children, youth, and young parents, perpetuating a crisis-driven approach that offers a "band-aid" solution.

Despite **systemic barriers**, Innu change-makers continue to work within the system, navigating bureaucratic red tape to deliver services that align more closely with cultural values. However, the rigidity of these systems has exacerbated the severity and chronic forms of mental health, addictions, and trauma. Champions within the community continue to advocate for and implement transformative approaches and programs to address major contributing factors to mental health, addictions, added trauma – which in turn, can be a protective factor that prevents children from going into care or custody.

About Self-Determination and Autonomy

"But I do know that the direction we have to go as a community is to run our own operations, provide our own services by our own people, our language that we're losing has to come back, the culture that we have has to come back. That's not the reason why we're signing our land rights and our – all our self-agreements, so that we could extinguish ourselves. That's there to promote and to really push our rights and our benefits for this nation. We are strong and we know what we have to do. But this community – and communities sometimes don't see the big picture, and we need to push and promote that. There's not too many of us that have all the knowledge and all the experience and the information, but together I know we can make it happen. Language, culture, education, run our own services, be our own social workers, our own teachers; really, really show why we've negotiated and fought for our rights for these past 50 years 'cause I know the province has really done a piss-poor job of running our operations, under the current legislation."

Funding and Other Resources

A theme emerging from the research data is insufficient material, human, and other financial resources. There is clear disconnect between local evidence-based knowledge and recommendations from community members and the feasibility of implementing healing programs and services, due to the lack of external funding to support. All forms of data (e.g., reports, hearing transcripts, and interviews conducted for this research) highlighted how programs and services are unsustainable without addressing foundational needs first. Fundamental needs included attracting, training, and supporting a healthy workforce; securing funding for land- and culture-based program and service development; and providing physical spaces to deliver these services. Additionally, families continue to struggle to access programs and services and maintain wellness after treatments because their basic needs are unmet. Families struggling with safe housing, food security, and transportation will face barriers to engaging meaningfully with helpful programs and services.

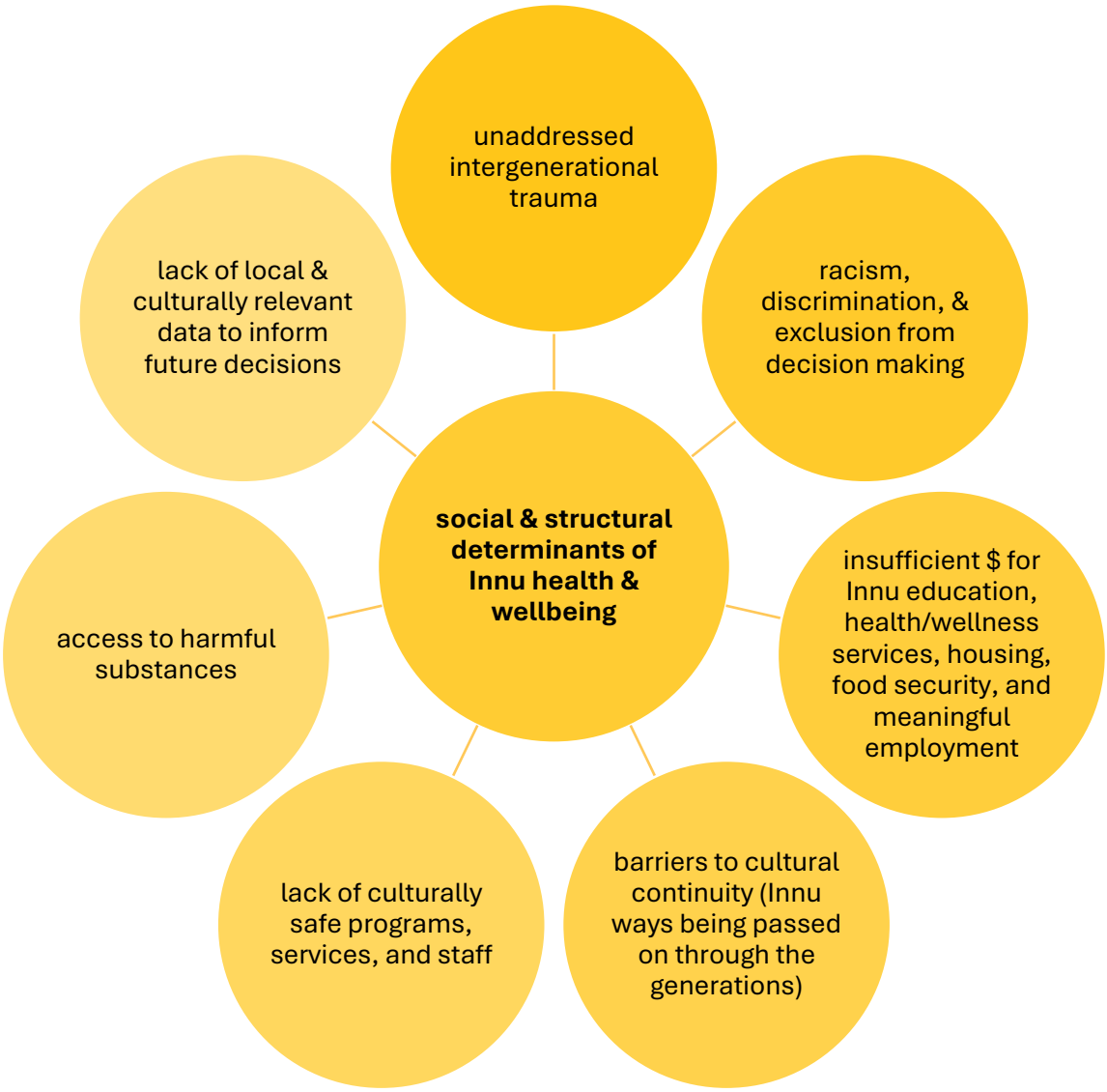
Notable **gaps** identified in this study include consistent availability of programs/services due to insufficient staffing; programs with Innu staff members are reported as the most sought after and impactful, but community members seeking such programs cannot always access them due to insufficient staffing. Staff retention is a challenge due in part to the reality that Innu staff are often tending to their own healing and support needs while supporting others, leading to burnout, as well as the need for childcare for people with young children who want to work for a variety of programs and services.

The resistance to engage Innu leaders in self-determining community-led programs and services, coupled with resistance to funding land- and culture-based initiatives, has directly worsened mental health, addictions, and complex health challenges; in particular, worsened for parents whose children go into care or custody as well as for children and youth needing specialized and land-based support for mental health, addictions, and complex health challenges. Figure 3 on the next page highlights examples of social and structural determinants of Innu wellbeing that emerge from the data that are directly linked to children, youth, and parents' need for mental health, addictions, and trauma healing – and inherently linked to why children and youth are involved in the child protection system in the first place. In other words, the social and structural determinants shown in Figure 3 are major contributing factors **before** and during children and youth experiences in custody or in care.

Looking Upstream

"*It's kind of like a basic needs initiative needs to happen first, where everyone has that security of, you know, housing, food, just safety, like psychological safety, physical safety, cultural safety, and then being able to build from there. Because when you start, when you start going up trying to address higher things, there's no foundation*."

Figure 3. Social and structural determinants of Innu health and wellbeing



Recommendations from Community

We gathered recommendations made by Innu community members and found that the recommendation themes aligned well with:

- Innu healing values of **respect**, **trust and honesty**, **cooperation**, **family**, and **nature**
- *tshuap* (trunk and main branches of the black spruce tree that hold up a tent) poles of the Innu Care Approach that represent community, parents, extended family, Innu services, and Elders

All recommendations contained threads of healing, honouring inherent Innu strengths (individuals, families, and communities), Innu rights, and knowledge systems (ways of knowing, being, and doing), along with a desire for individual and collective *minuinniuin*.[38] We chose to organize the recommendations that emerged from the analyzed data based on the five Innu healing values of **respect**, **trust and honesty**, **cooperation**, **family**, and **nature**. **Please note that the authors of this report did not generate these recommendations; they come directly from people who testified during the Innu Inquiry and those interviewed for this study.**

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. (A Guide to Innu Care Approach)

While showing respect for community leaders, many people expressed the urgent need for bold community leadership to proactively address the ever-growing sale and use of drugs and alcohol within the communities; the quality and quantity of housing; and upstream approaches to community-based and community-staffed programs and services that will minimize child apprehension and parenting hardships. People shared ideas such as hosting talks by Elders and Knowledge Holders about Innu history, parenting, and culture; sharing hopeful personal journeys regarding mental health and addiction challenges; and sharing experiences with current youth about "how I got here" from individuals who grew up in the foster care system. In short, people recognized the importance of respecting leadership, embracing change, and learning together to overcome challenges.

Our Future, Our Nation, Our People, Our Direction
"our future, our nation, our people, our direction; our own people run their own services. Control – if we make a mistake, we're gonna fix it. Outside people make a mistake, they expect us to make a – fix it for their mistakes, but we're not in control."

It is understood that Innu people feel more respected by Innu staff. The desire for more and better training opportunities for Innu staff was clearly articulated by many – recognizing that increased training and support would help with retention, confidence, and effectiveness. Having consistent, confident, and supported Innu staff would increase community capacities, improve employment, and improve access to care provided in Innu-aimun. In cases where non-Innu staff who work *with* or *for* Innu community members, our study consistently found that Innu folks want all non-Innu to invest in understanding Innu history, Innu experiences with the child welfare system, learn about the Innu Care Approach and Innu Healing Strategy, and complete Innu cultural safety training. Such training alone, will improve the respect for Innu people, culture and efforts needed for *minuinniuin.*

Trust and 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. (A Guide to Innu Care Approach)

Increased numbers of Innu staff are expected to reduce discrimination as well as increase trust and confidence that staff will understand the people they support. That said, Innu staff will need ongoing training and support (for themselves) in crisis responses, mental health and addictions support, trauma-informed care, FASD and other disabilities-informed care, and child development – to be trusted and reliable. Even without extensive specialized training, having community members who can provide peer support and mentor youth was seen to be an area that could be nurtured. Particularly, community members who understand tough times that people are going through can serve as a beacon of hope, as someone that shows that healing and change is possible.

Several people shared a need for 1) dedicated child advocates and 2) dedicated mental health professionals within the communities that are consistent and available beyond standard hours of care. At the heart of effective child advocates and dedicated professionals is trust built through investing in relationships.

"sometimes these children, they don't even want to talk to a counselor, you know, they want to talk to somebody that really cares…I think it's always good to have people that know who these children [are], and kind of have a background of what they're going through….when I talk to children, I tell them where I've come from growing up, and, you know, a lot of them are like, 'really, you've been through that kind of stuff?' Like, they're really shocked but, I think it's good to be honest with children, and that's where you get that connection, right?"

Recommendations related to trust and honesty also included organization-to-organization communication and collaboration. For example, it was suggested that there be better communication between CSSD staff and the Innu Round Table Pathways Group members, to improve trust and honest conversations – and invest in better relationships and understanding. Similarly, people recommended that CSSD staff invest time building relationships and trust within the community by attending community events, being present and available in the community, spending personal time getting to know community members and learning from Innu on the land. Having CSSD staff who have invested time getting to know the community and its history and are more involved in community may create opportunities for parents with children in care to feel like they can talk to staff about how their children are doing, and share any concerns they have. This way, both parents and CSSD workers can minimize making assumptions, spreading misinformation, and improve levels of trust and honest conversations.

Cooperation

Innu work with each other to support the advancement of the People. (A Guide to Innu Care Approach)

Recommendations around cooperation were widely shared by many people who were interviewed. There is a clear and urgent need for concerted efforts for people to take the lead in communicating at multiple levels: 1) between organizations and that support the same youth and families to provide wraparound supports that are less confusing for community members; 2) between organizations to collaborate in ways that do not duplicate efforts, and instead, build each other up; and 3) agree on a shared vision that everyone can work towards together.

> *"I think all the agencies need to come together. Because when I go to a meeting and [Innu-led organization] tells me that they got money for youth development, and then [another Innu-led organization] is telling me they got money for youth development, right? And then I'm telling them, we also got money."*

Examples of cooperation and collaboration can include coordinated training (e.g. mental health first aid) across multiple programs and organizations, investing in understanding all of the programs and services offered in community so that staff and community members alike understand who offers what, gathering like-minded leaders when writing a grant application to ensure the proposal meets the needs of the community, promoting each other's programs and initiatives, and sharing challenges and successes.

Organizations and programs working together can build much-needed infrastructure within both nations, land-based programs and initiatives, and Innu data to analyze program and service effectiveness. There is a strong desire for more programs, initiatives, and meetings to take place in *Nutshimit*, if not exclusively, through programs that blend land-based and specialized services together. It was suggested that cooperative efforts are the only way this can be accomplished.

> *"…our funding from Indigenous Services Canada, who, you know, the cash flow is for the whole program in itself, but if [there is] additional funding left over, [it must be used] at the Center and not at the land-based. So to me, that's like almost a form of colonization again, you know? Like 'don't use it for your land-based program. You gotta use it at the building, or you gotta use it at the Center'. So that one is something that just bothers me a little bit."*

Family

Togetherness and connection to family is important to Innu. (A Guide to Innu Care Approach)

Instead of removing children from their homes, several people recommended supporting parents "in place" (i.e. at home) through family intervention and support services. By ensuring that counselors are trauma-informed and that family support workers can meet families within their homes, direct parenting support can be provided in a meaningful and preventative manner. This approach is thought to foster stronger parent-child relationships by addressing challenges within the home environment, rather than removing children to heal separately and later returning them to the same circumstances. Facilitating healing and resolution in real-time would enhance long-term coping strategies, reduce the likelihood of child apprehension, and promote overall family stability.

To facilitate intergenerational whole-family healing, prevention efforts must incorporate comprehensive sex education, access to birth control, lessons on healthy relationships for youth, and parenting skills development. It is equally important to remove barriers to participation in these programs by ensuring access to childcare and food provision, allowing young parents to engage fully in services that support their well-being and that of their children.

Addressing overcrowding and unsafe living conditions is critical, as these issues contribute to poor mental health for the whole family – including children, youth, and young families who live with extended family due to housing shortages. Expanding housing options and incorporating more land-based activities can create healthier living environments and provide families with the stability necessary for long-term success. By investing in these areas, communities can foster resilience and enhance overall well-being.

Communities also need increased options, space, and staff to facilitate multi-generational and recreational and relationship-building activities. People suggested facilities such as gyms, pools, and community centers will offer children and youth positive and healthy outlets, strengthening peer relationships and family relationships. These spaces would provide opportunities for social engagement, physical activity, and emotional support, all of which are crucial for child and youth development and healthy families.

> *"keeping children closer to their family, to their culture, to their language, to like - and you know, in a way that supports, that understands the person working there understands trauma, understands how to, you know, support parents to learn how to work through their children's needs and issues right? 'cause I mean, if you're struggling yourself and then your child is struggling... I mean, it's very difficult to know how to navigate that without someone helping to support that. So if that was in place, that would like definitely, I think, make a huge difference."*

Young parents require comprehensive wraparound support to stabilize their lives, complete their education, and gain employment opportunities. Programs such as Nobody's Perfect, Innu midwifery services, and assistance with administrative and bureaucratic processes such as birth registration, are vital in preventing family separation and improving long-term health and wellness outcomes. By removing these systemic barriers, families can remain together, fostering a sense of cultural pride, strength, and confidence. As more families experience stability and empowerment, the need for intensive programs and services is likely to decrease over time.

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. (A Guide to Innu Care Approach)

Innu ways of life, traditions, and practices—such as spending time in Nutshimit, speaking Innu-aimun, and learning from Elders—are considered essential medicine for individual, family, and community healing. There is a repeated call to reinvest resources that have historically been allocated to Euro-Western interventions and specialized programs, which have often undermined Innu culture, language, and pride. Instead, people recommended that these resources be redirected toward supporting Innu-led healing approaches. Programs should be run by trained Innu staff whenever possible to ensure cultural integrity and relevance. Increased funding for healing initiatives, expanded training for Innu staff, and more land-based programs in Nutshimit will make healing and minuinniuin (living a good life) more accessible to a greater number of Innu individuals and families.

There is a pressing need for additional programs both in Nutshimit and within town that reflect Innu ways of life. These programs should integrate Innu language, traditional practices, skills, and understandings while ensuring the active involvement of Elders. By incorporating these cultural elements, services will better align with Innu values and promote holistic, community-driven healing. While respect for Innu rights and self-determination remains central, careful transitional planning and support are necessary to ensure communities are set up for success as programs and services become more embedded within Nutshimit and culture-based activities. A structured transition will help avoid disruptions in services and ensure that communities have the necessary resources and frameworks in place to support long-term sustainability.

Efforts must also prioritize teaching Innu-aimun to children who have been raised in predominantly English-speaking environments. Similarly, children in care and custody should be provided with essential material belongings—such as tents, sleeping bags, and other equipment—needed to spend time in Nutshimit. Children and youth should be equipped with the necessary skills for living on the land, ensuring that they can actively participate in and benefit from cultural reconnection. Making Nutshimit accessible to all children and youth, regardless of their current circumstances, will help strengthen their cultural identity and sense of belonging.

"culture is one of the things that strengthens yourself and the people around you. It provides healing. It provides a framework for you to be able to – like a base for your strength"

Transition Planning as Youth Age out of Care/Custody

"I think it's all interconnected with it. It just keeps going and going. We almost need a good, healthy treatment centre in the community to help the younger generation and not wait for it to – or not hold it in, I could say, for 30 years, like I did when I went through it. And I see that when kids come back. I worked at the group home just when I was coming out of recovery. I see the kids as having the same struggles that I have. There's no transition of taking care of them, other than they just, at that time with CSSD, sign themself out and there's nothing in place for them to proper transition or proper self-care for them to have a plan. And they're doing the same things that I did and that's turn to alcohol and drugs. And then in my opinion – my personal opinion – CSSD has a role to play into helping the kids that are returning or becoming the age of not being able to be in the system anymore."

Supporting Young Parents with Specialized Programs and Services

"So, instead of us just taking kids, maybe my staff can go into homes and help prevent that from happening. Maybe my staff can go into the homes and provide a support for families and be able to take a mom for a coffee or help take – you know, give her a break for a couple of hours to go to the gym while the worker watches her kids, or it could be just sitting down and having tea or helping her make bread or doing her laundry. It could be so simple. Something so simple that could make that mother wanna be better and work harder."

Increased Training for Innu in Mental Health and Addictions

"Maybe same as get more educated people who are certified to come in in the community. Like get more maybe mental health, or that is something that is really important, like we could gather Elders to come and just talk about anything. Or just get anybody who's struggling with mental health that is now, who is now health, who took care of their health and is now in a healthy environment. Like before and after, how he done it, or how the person done it, get them to talk about it here, like, get those speakers, guest speakers, out here, or even talk to them, to the students in the school and the health worker could be there." ... "if mental health comes in and educate health, maybe he should educate other departments, like, Band Council staff or Innu Nation staff, those departments, maybe they're scared to ask for help, like that kind of thing too, because maybe their employees, maybe the visitors might come in like that. Like all the community needs to educate on mental health, not just professionals."

Brief Discussion

Written by Melody Morton Ninomiya and Leonor Ward

Nutshimit is a place where Innu children, youth, and families teach, learn, and practice Innu ways of being, knowing, and doing. Nutshimit is where essential cultural and life skills such as hunting, building tents and canoes, cooking, sewing, and speaking Innu-aimun are taught by Elders and supported by family and community members. Nutshimit highlights inherent individual and collective strengths, and serves as a place to discover and practice identity as Innu people. Nutshimit is a place for healing and a place where Innu journey to attain *minuinnuin*.[38] Notably, Nutshimit has served as both, a gathering place for Innu *and* the place to attain wellbeing since time immemorial. Simply put, Innu have a land-based health and healing program that works. We would be remiss to not highlight that families who can financially afford to spend short periods of time in Nutshimit, do so throughout the year. Both communities plan 1-2-week events in Nutshimit, such as the Fall Gathering in Gull Island for the Sheshatshiu Innu and the Easter Gathering for the Mushuau Innu – neither of which are recognized as programs or funded as such.

Specialized programs and services, while offering short-term relief, fail to address root causes of issues like intergenerational trauma. Integrated programs that combine specialized and land-based components have been more helpful than programs and services without land-based components, especially when led by Indigenous or Innu staff because they simultaneously address physical, mental, and emotional needs. Identified gaps include Innu-informed approaches, timely treatment options, family intervention services, relationship-building programs, and extensive aftercare resources. In particular, inconsistent and insufficient funding, material and human resources, staff retention challenges, and resistance to Innu-led initiatives worsen mental health and addiction issues, particularly for parents with children in care.

Regardless of how people diagnose the complex issue(s) faced by children, youth, and their parents, the proposed treatment is often misguided because it is *not* rooted in an Innu knowledge system and worldview and instead is rooted in a Eurocentric/western knowledge system and worldview. Recognizing that only Innu people can hold an Innu worldview and knowledge system is an essential requirement and a tangible acknowledgement that *Innu know what works and what is best for Innu*. Two key themes that emerged as central to a "diagnosis and treatment" of children and youth (and their families) who struggle with mental health, addictions, and trauma are as follows.

1) The diagnosis includes systemic discrimination and racism in overt and insidious ways because existing systems do **not** adequately fund community-identified needs, provide access to healing for Innu staff who are in positions of supporting others with trauma, afford access to trauma-informed and culturally safe care and workplaces, nor provide adequate housing for families at risk of unsafe living conditions;
2) The treatment requires respecting Innu community-identified needs and removing barriers to self-determination. Currently, there is little to no hiring, training, and mentoring of more Innu staff to deliver programs in the community *and* in Nutshimit. There is also little to no integration of trauma-informed supports for Innu staff to mitigate or minimize burnout, investment in funding and human resources to support Innu and land-based supports, or

impactful training of non-Innu staff (e.g. CSSD and local specialized service and program providers) in Innu culture and history.

Many Innu members have the inherent skills, knowledge, and motivation to provide "scaled up" Innu and land-based programming and supports because they possess Innu worldviews and identities, as learned on the land. Non-Innu staff cannot fully embody an Innu worldview or identity and thus cannot provide treatment as an Innu person would. For treatment to be effective (as defined by Innu themselves), non-Innu people and systems must understand the importance of practicing cultural humility and attain a better understanding Innu values.[39]

All people, regardless of cultural identity and geography, need a sense of **hope**, **meaning**, **purpose**, and **belonging** to thrive and be well. These four concepts are at the centre of a First Nations Mental Wellness Framework.[40] Many of the testimonies shared during the Inquiry, past reports, and research echo the reality that many families who have been involved with the child welfare system and/or experience mental health, addictions, or other complex challenges felt eroded hope, meaning, purpose, and belonging. Indeed, Innu and land-based initiatives are the "tried and true" sources of hope, meaning, purpose, and belonging.

Strengths

The *Specialized and Land-based Programs and Services Study* draws on diverse sources, most of which centre Mushuau and Sheshatshiu Innu voices, experiences, strengths, pain, wisdom, and visions for the future. Despite extensive and hurtful involvement with the child welfare system, along with the overt and insidious nature of discrimination and racism that is embedded within the system, Innu continue to pursue and facilitate healing for themselves and others in the community. Both the *Specialized and Land-based Programs and Services Study* and the *Minuinniuin Study* consistently highlight the same key message that Nutshimit is where healing happens. Both studies show that Nutshimit is where culture, language, relationships, identity, community cohesion, as well as individual and collective strengths are recognized and valued.

Limitations

The *Specialized and Land-based Programs and Services Study* has some important limitations to acknowledge. First, based on the people interviewed, including very few CSSD workers, and transcripts from Inquiry testimonies, the range of specialized programs and services may be incomplete. Moreover, programs and services that Innu children placed in care far from the community access may not be well reflected in the inventory (Figure 1 and 2; Appendix F). Second, the study only included adults – none of whom were recent children or youth in care or custody. This means that the experiences and quality of programs and supports are reported through the eyes of family members and program staff. Third, in efforts to mitigate undo harm through reliving traumatic events, we decided to analyze Inquiry transcripts rather than ask family/parents about their experiences with their child needing/accessing specialized and land-based programs and services. Since people sharing testimonies did not answer the same questions we asked in our interviews, the level of relevant richness gained from the hearing transcripts was highly varied. Many Innu voices contributed to the *Specialized and Land-based Programs and Services Study* and the *Minuinniuin*

Study, giving us confidence in our findings, though we acknowledge that some elements may still be missing.

Conclusion

The results of the *Specialized and Land-based Programs and Services Study* align with those of the *Minuinniuin Study,* highlighting profoundly positive impacts of land-based programs and services (Nutshimit) on community cohesion and the overall wellbeing of individuals, families, and Innu communities. Programs in Nutshimit offer mental clarity, healing, and stronger relationships free from distractions, fostering essential cultural and life skills, a "good state of mind", uplifted spiritual health, and a strong sense of Innu identity. The most significant gap identified is the lack of consistent and ongoing funding for land-based initiatives. While specialized programs and services offer short-term relief, they often fail to address the root causes of issues like intergenerational trauma without culturally safe care, proper housing, and access to transportation. Integrated programs that combine specialized and land-based components prove more effective, especially when led by Indigenous staff, addressing physical, mental, and emotional needs simultaneously. Key gaps persist, including Innu-informed approaches, timely treatment options, family intervention services, relationship-building programs, and extensive aftercare resources. Ultimately, improving the wellbeing of Innu children, youth, and families will require addressing inadequate housing, discrimination, and access to healing for Innu staff while also training non-Innu staff in Innu culture and history, hiring more Innu staff, and increasing funding for land-based supports.

Report co-Authors

Leonor Ward was authorized by Innu Nation to conduct the study "Innu Minuinnuin: understanding Innu ways of health and wellbeing." She is a qualitative methods researcher trained in Indigenous methodologies. Leonor has a PhD in Population Health from the University of Ottawa.

Melody Morton Ninomiya was responsible for conducting the *Specialized and Land-based Programs and Services Study* for the Inquiry. She is an Associate Professor and Tier 2 Canada Research Chair in Community-Driven Knowledge Mobilization and Pathways to Wellness, at Wilfrid Laurier University. Melody conducted interviews with Loreena, analyzed documents, co-analyzed the hearing and interview transcripts (with Madison), and is responsible for the quality and deliverables associated with this study.

Research Assistants on *Specialized and Land-based Programs and Services* Study

Loreena Kuijper and Madison Wells were hired by Melody as Research Assistants for the *Specialized and Land-based Programs and Services Study*.

Loreena Kuijper is a member of Sheshatshiu Innu First Nation, living in Sheshatshiu during the data collection period of this research and has previous research experience from having completed her undergraduate thesis research as a psychology major at the University of New Brunswick. Loreena's role in this study was to conduct interviews with recommended individuals in Sheshatshiu and Natuashish. She is now working with the Innu Round Table Secretariat.

Madison Wells is a qualitative methods researcher with a Masters in Public Health with a specialization in Indigenous research methods and who has extensive experience conducting community-partnered research with diverse Indigenous communities across Canada. Madison's role in this study was to assist with the research coordination, checking transcripts from interviews, co-analyzing hearing transcripts and interview transcripts with Melody. Madison helped draft sections of this report alongside Melody.

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Appendices

Appendix A: Data Sharing and Governance Agreement (non-signed version)

This MOU is between **Melody Morton Ninomiya** and **Sheshatshiu Innu First Nation and Mushuau Innu First Nation**.

Study Title

A review of specialized programs/services accessed by Innu children/youth and their reported experiences and outcomes

Purpose of MOU

This agreement ensures that the study is respectful of Sheshatshiu and Mushuau Innu culture, language dialects, knowledge, values, and rights to self-determination of Innu Nation, in accordance with the *Conducting Research in Innu Territory* document. This agreement accompanies the study proposal which includes the study plans, reviewed and approved by Innu Nation, Pathways Group, and the Inquiry Team.

This agreement reflects Innu Nations right to self-determination, the Inquiry Team's requirements, and Melody Morton Ninomiya's (and her team's) commitment to conducting this study in a way that honours Innu research principles and produces rigorous and high-quality research. This study has been requested by the Inquiry Team and will result in:

1. final report of the study
2. plain language executive summary
3. presented study results by testimony at a formal hearing

Principles for this Study

Innu Nations' research policies will be put into action in this study. For each principle, there is a brief description of how the principle is expressed in this study.

Disclosure	The reason for conducting this study, methods used, team, and funding are detailed in the study's proposal document. This MOU is part of the same document. While risks and benefits are implied in the proposal, a detailed list of risks and benefits will be included in a research ethics application that is forthcoming. Innu Nation may ask Melody Morton Ninomiya to share the research ethics application before submission (to give input).
Consent	This proposal and MOU are asking for Innu Nation's consent to proceed with the study as outlined. Melody Morton Ninomiya also sought the Pathways Group's feedback on the study proposal. All participants in the study will be engaged in an ongoing and informed verbal consent process required for their participation.
Respect	Melody Morton Ninomiya and team respect and understand the rights of Innu self-determination, including research. This study and Melody Morton Ninomiya were identified by Innu leadership and Commissioners of the *Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protections System* to conduct the required research in an appropriate manner.

Community Participation	This study will be conducted with the involvement of the Pathways Group (e.g. identifying people and organizations to interview), and will involve an Innu co-researcher, drawing on community voices and perspectives as the "data" for this study.
Confidentiality	All individual/personal data will be confidential and saved under two layers of password protection on a secure server. The majority of personal information will be drawn from the Inquiry testimonial transcripts, which will be publicly available documents. Most other data will be about past, present, and hopeful programs, services, and supports – which will not be highly sensitive information. That said, names of people and identifiable information from this study's interviews and focus groups will **not** be shared with anyone outside of the research team. More details on this are included in the next section of this MOU, under "Agreement on Data Sharing and Governance".
Community Ownership	All aggregate data (data that does not reveal who participated) can be owned by the community. The reason for not providing original data that includes participant names or other identifiable information is two-fold: 1) if potential participants know the original data will be saved with Innu Nation, they may decline participating and sharing very insightful information; 2) this study does not intend to collect Innu teachings, legends, or other types of knowledge that will help preserve Innu knowledge systems. More details on this are included in the next section of this MOU, under "Agreement on Data Sharing and Governance".
Reporting	The study results will be shared back with both communities through a plain language and translated executive summary, testimony at a formal hearing, and a final report.

Agreement on Data Sharing and Governance

1. Innu Nation agrees to review and approve the research plan, including but not limited to: research questions, goals and objectives; participant recruitment plans; data collection and analysis; participant consent information, etc.
2. Melody Morton Ninomiya agrees to undertake this research in support of the *Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System*, and will present findings to the communities of Sheshatshiu and Mushuau Innu First Nations by testimony at the formal hearing. This research will adhere to what is approved by Innu Nation; reviewed by the Pathways Group; approved by the Community Research Ethics Office; complies with all applicable laws, regulations and guidelines, including the Tri-Council Policy Statement "Ethical Conduct for Research Involving Humans", the Canadian Institutes of Health Research Guidelines, "Research Involving the First Nations, Inuit and Métis Peoples of Canada", and the *Conducting Research in Innu Territory* document.
3. Data for this research includes 1) Inquiry transcripts (public data), 2) community health reports (public data), 3) key informant interview and focus group transcripts (generated from this study). After the final report is completed, Melody Morton Ninomiya will send aggregate data (summarized data that includes themes, non-identifiable descriptions of people who and how many people mentioned each thematic point) to be retained by Innu Nation and the Inquiry Team.

For respect and maintenance of participant confidentiality, particularly in a small community, only aggregate data will be retained by Innu Nation.

4. The data will be held on a secure server at Wilfrid Laurier University, where Melody Morton Ninomiya holds a faculty appointment. All data will be digital and will be saved under a minimum of two layers of password-protection. Melody Morton Ninomiya is responsible for securely saving de-identified interview and focus group data on Innu Nation's behalf for 10 years after the final report is submitted, after which she will permanently delete the interview and focus group data.
5. Melody Morton Ninomiya and Innu Nation confirm their respect for the privacy of individual participants in the research project and agree to follow applicable privacy laws and regulations and to notify each other if either receives a complaint about breach of privacy.

Signatures

_____ _____

(Melody Morton Ninomiya) Date

_____ _____

(Innu Nation Representative) Date

Appendix B: List of Documents and Reports

Documents Included for Analysis
Relevant to SIFN and MIFN 1. ICC-1090: *A Review of Areas of Responsibility of Health Canada and Indian and Inuit Affairs for Health and Social Services to First Nations and Inuit Communities* by Keystone Consulting Services (November 26, 2001) 2. ICC-1255: *Report of the M.S.B. Task Force on Labrador Native Care* by the M.S.B Task Force (October 1986) 3. ICC-2148: *Labrador Innu Comprehensive Healing Strategy* by the Labrador Health Secretariat (n.d. – after 2003) Relevant to SIFN 1. ICC-1011: *Proposal to Health Canada and DIAND from the Community of Sheshatshiu November 7, 2000* by SIFN Band Council (2000) 2. ICC-2554: *Sheshatshiu: A Community Assessment Report* by John McCready (1999) 3. SIFN Comm Needs Assessment Exhibit P-019-Innu0097: Sheshatshiu Labrador Community Needs Assessment (1997 likely; unclear) 4. SIFN Men's Camp – Justice: *"Pemutet": Overview of the Men's Health Gathering* by David Penashue (2024) Relevant to MIFN 1. Gathering Voices Exhibit P-007: *Gathering Voices: Finding Strength to Help Our Children* by Innu Nation and MIFN (1995) 2. ICC-0942: *Health Assessment of Davis Inlet DRAFT 29 June 1995* by unclear (1995) 3. ICC-2189: *We are healing ourselves* by Mary G. Alton Mackey (1995) 4. ICC-2733: *Health Assessment of Davis Inlet DRAFT 30 June 1995* by unclear (1995)

Appendix C: Hearing Month Transcripts Included for Analysis

Inquiry Hearing Transcripts Included for Analysis (Community and Private Sessions)
2023 • February 13-17 (6 people) • March 21-22 (3 people) • April 17-21 (25 people) • June 5-9 (19 people) • October 16-18, 23-26 (28 people) • November 27-30 (16 people) 2024 • January 22-26 (8 people) • June 25-27 (9 people)

Appendix D: Informed Consent Form

Study Information Form

A review of specialized programs/services accessed by Innu children/youth and their reported experiences and outcomes: A research project based on parts of the *Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protections System*

Researchers

Lead Researcher – Melody Morton Ninomiya (mmortonninomiya@wlu.ca)
Research Assistant – Loreena Kuijper (loreenakuijper@live.nl)
Research Assistant – Madison Wells (mwells@wlu.ca)

About the Study

You are invited to participate in this study as a key informant on a study for the *Inquiry Respecting Treatment, Experiences and Outcomes of Innu in the Child Protections System.* This study was requested by the Commissioners and legal counsel for the Inquiry, and is supported by Innu Nation and the Innu Pathways Group.

The purpose of this study is to explore the availability, quality, and use of land-based and specialized programs and services accessed and available to children/youth coming into care, while in care or custody, in/outside their home community. The study also aims to identify Innu land-based and specialized programs and services that families think will best meet the needs of children and youth requiring medical, mental health, and/or substance use support.

What are you being asked to do?

We hope that you are willing to participate in a one-on-one interview or group discussion (i.e. focus group, circle discussion). A focus group/circle discussion will be available if multiple people from your organization are interested in participating. A one-on-one interview is optional if that is your preference instead.

- Interviews will take approximately 45-90 minutes, depending on how much you have to say.
- Group discussions (within your workplace) will likely take approximately 2 hours.
- The questions will be about land-based and specialized programs and services accessed by Child/Youth involved with Children, Seniors and Social Development (CSSD)/Child, Youth and Family Services (CYFS) as…
    - a former child/youth involved with s/CYFS (minimum age of 18);
    - a parent/guardian of a child/youth involved with CSSD/CYFS; or
    - a staff person who refers, manages, or leads Innu land-based and/or specialized programs and services.
- Interviews and group discussions will be audio-recorded and then transcribed. Out of respect for ensuring the information we gather is accurate, we require these conversations to be audio recorded. It is important that any knowledge we generate is accurately captured, versus a note taker's interpretation of your words. You are not eligible to participate if you are not willing to have the conversation recorded. Note: audio files will be deleted immediately upon being transcribed, and transcripts will be de-identified and stored in a secure, encrypted hard drive. Please contact study lead Melody Morton Ninomiya (mmortonninomiya@wlu.ca) if you have any concerns about this.
- All names or identifying information will be removed from transcripts before analysis.
- If you are part of an interview, you may request to be sent a copy of your transcript. You will have 2 weeks after receiving the transcript to let us know if you have anything you would like to add, remove, or change.

Compensation

If you participate during **paid work time**, with permission from your employer, there will be no compensation. We will provide you with a small gift of appreciation (valued at no more than $20).

If you are participating on your **own personal time**, we will send you $50 by e-transfer, as an expression of gratitude for your time.

What are your rights?

- Your participation in this study is completely voluntary. If you decide to participate, you may withdraw from the study without penalty.
- You have the right to refuse to answer any question. You can leave the interview or group discussion at any time. If you decide to leave the interview while it is in progress, we will give you the option of having all of your information withdrawn from the study or allowing us to retain the information collected up to the point of withdrawal.
- As a one-on-one interview participant, you may withdraw your data from the study – without reason or penalty – until 2 weeks after you receive a copy of your transcript. We will remind you of this before the 2-week period ends. As a focus group/group discussion participant, our ability to remove your data cannot be promised because it can be difficult or impossible to remove one person's voice from a group audio recording. All efforts, within reason, will be made to remove your words if you want to withdraw from the study during or after an interview.
- If you want to withdraw from the study, please contact Melody or the person who interviewed you so we can begin the process of permanently deleting all information from or about you.
- Withdrawing will not affect your gift or compensation.
- If you participate, your information is kept confidential and anonymous. There will be no impact on your receipt of or eligibility for any of the programs or services you may wish to comment on.

Potential Risks

There are minimal anticipated risks associated with participation in this study. There is a chance that you may feel upset if you recall a negative experience. You may also feel upset or uncomfortable sharing information that does not reflect well on an individual, group of people, or organization. If you have any feelings of regret, triggers, or concerns, please reach out to Melody Morton Ninomiya or Loreena Kuijper. Melody and Loreena will ensure that you have access to available supports.

Potential Benefits

You may not receive direct benefit from participating in the study. You may experience mental, emotional, or spiritual feelings from knowing that sharing your knowledge and experiences (through this study) will be used to improve the health and well-being of Innu children/youth, in the future. This study will:

- increase knowledge and awareness of strengths and gaps in land-based (*nutshimit*) and specialized services exist;
- inform improvements and/or developments of supports, programs, and services;
- inform policy and resource decisions
- affirm Sheshatshiu and Mushuau Innu abilities and rights to self-govern how to meet the needs of children and youth requiring medical, mental health, and/or substance use support.
- have long-term benefits in improved health outcomes (inclusive of physical, mental, spiritual and emotional health) for future Innu generations.

How will we respect your privacy and confidentiality?

All interviews and group discussions will be audio-recorded using Otter.ai, a recording and transcription application on the interviewer's cellphone. All care will be taken to ensure your identity and information are

kept confidential. If you are participating in a group discussion, you will be speaking with each other in person and therefore your identity will likely be known to each other. If you are participating in a virtual interview via Zoom or Facebook Messenger, we recommend that you wear headphones and find a comfortable and private location for the interview, to have privacy and a confidential interview.

We will be using Otter.ai to transcribe the audio recordings. Otter.ai follows best practices for privacy and security that align with global regulatory requirements – we have reviewed all details of these practices and have confidence in the protection of data as outlined on their Privacy and Security protocol webpage (https://otter.ai/privacy-security). All audio recordings and transcriptions will be downloaded and deleted from the Otter.ai app when the transcription is finished generating, and will then be uploaded and stored in the secure server described below.

All transcripts will be de-identified. Names mentioned will be assigned a pseudonym (fake name). There will be a "key" that links your name to the assigned pseudonym and only Melody Morton Ninomiya, Loreena Kuijper, and Madison Wells will have access to this key. Any identifiable information about an individual will be kept confidential unless it is public knowledge.

The audio recordings and transcripts will only be used for this study. They will not be used for any additional purposes without your additional permission. All audio files, transcripts, consent forms, and individual/personal contact data/information will be saved with two layers of password protection on a secure server at Wilfrid Laurier University, where Melody Morton Ninomiya holds a faculty appointment. All saved data will be digitally saved. If you sign a paper-copy of this consent form, it will be scanned and saved in the password-protected folder before being permanently destroyed. Melody Morton Ninomiya is responsible for securely saving de-identified interview and focus groups data on Innu Nation's behalf for 10 years after the final report is submitted. After 10 years have passed, she will permanently delete the data.

Contact Information

If you have questions at any time about the project, or you experience adverse effects as a result of participating in this research, please contact one of the following people:

1. Melody Morton Ninomiya at MMortonNinomiya@wlu.ca | 519-501-5448
2. Madison Wells at mwells@wlu.ca
3. Loreena Kuijper at loreenakuijper@live.nl

This project has been reviewed and approved by Innu Nation, the Pathways Group, and Community Research Ethics Office (REB #362). CREO's work aligns with the three core principles in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2, 2018). CREO includes a fourth principle reflecting the impact research has on communities as well as individuals. CREO's four principles are: Respect for Persons; Concern for Welfare; Concern for Justice; and Respect for Community. Care has been taken to ensure all study proceedings are also in accordance with the *Conducting Research in Innu Territory* document.

Consent before your interview (or group discussion)

If you are participating **in-person**, you can give consent in one of two ways:

- Completing the following questions and signing this paper; or
- Answer the questions verbally and your answers will be audio recorded This will be recorded separately from your interview recording to preserve confidentiality.

If you are participating **online** (Zoom or Messenger video call), you can give consent in one of two ways:

- Completing the following questions in the chat box; or

- Answer the questions verbally and your answers will be audio recorded. This will be recorded separately from your interview recording to preserve confidentiality.

The following questions will be asked before the interview (or group discussion) begins.

1.	The research project has been explained to me, and my questions have been answered to my satisfaction.	□ **yes** □ **no**
2.	I want a copy of my transcript for review and approval.	□ **yes** □ **no**
3.	If "yes", how do you want to receive a copy?	□ **email** □ **Facebook messenger**
4.	I agree to having direct quotations (my exact words) from my transcript used in a report or presentation, as long as it does not identify me.	□ **yes** □ **no**
5.	I understand that my interview will be audio-recorded.	□ **yes** □ **no**
6.	Are you participating during paid work or personal time?	□ **work** □ **personal**

Name:

[If "yes" to #3 above] **Preferred Contact Information for receiving transcript copy:**

[If "personal" to #6 above] **Preferred Contact Information (e-mail address or mobile phone number) for receiving e-transfer:**

Appendix E: Questions for Semi-Structured Interviews

Important Notes:
A **semi-structured interview** means that the questions can be adjusted, adapted, or re-worded to fit the context. For example, in the case of interviewing a director or someone who oversees multiple programs, we revised questions that are specific to certain services or programs and asked them about the range of programs and services they oversee. Sometimes people answer a question in a way that answers a later question and in such cases, we might skip over a question. And occasionally, the question does not make sense to the person being interviewed so the interviewer may rephrase the question. In all cases, the interviewers understood what information was needed for this study and tried to make the interviews as comfortable and conversation as possible, to put interviewees at ease.

We used **three types of interview guides**. One for each of the following types of participants:

1. Innu service and program providers (most of whom could also speak from personal experience as a family member who had children/youth involved with CSSD/CYFS)
2. Non-Innu service and program providers
3. CSSD staff (never used; unfortunately, CSSD did not approve including CSSD staff in this study)

Innu Key Informants: Interview Guide

About Work

1. Would you introduce yourself by sharing briefly what your current job and main responsibilities include?
2. How long have you been working in this field?
3. What drew you to working here?
4. Who is eligible to access [insert name of program/service/support]?
5. We are particularly interested in knowing how you support children and youth in care or in custody (involved with CSSD). Does it matter whether or not the children/youth are in care or custody when they access [insert name of program/service/support]? Please explain.
6. Can you talk about how people access your [insert name of program/service/support]? Specifically, we are interested in the referral and intake processes.
7. If there is a waitlist, what is a typical wait time?
8. What does [insert name of program/service/support] offer?
9. What kind of training is required to deliver the programs and services?
10. How is [insert name of program/service/support] funded?
11. What does [insert name of program/service/support] aim to accomplish?
12. How well do you think [insert name of program/service/support] supports Innu children/youth in care, or in custody?
13. What things would you like to see changed or improved here, at [insert name of program/service/support], in the future? This can be related to any aspect of the [insert name of program/service/support].
14. Approximately, how many SIFN & MIFN Innu children/youth (with or without their families) access this program/service **annually**? If you don't know, who could I ask?

15. Are there any annual reports from the past few years that can be shared with me? If you don't know, who could I ask?

As a community member

16. For children/youth in care, or in custody who need support with mental health, addictions, or complex medical health challenges, what programs/services (including land-based programs/initiatives – in *Nutshimit*) do you think are most **helpful**? Why do you think this?
17. What mental health, addictions, or medical services, supports, or programs would be **helpful but are not available (or rarely available)** to children/youth who are...
    a. likely going into care or custody in the community?
    b. in care or custody in the community?
    c. in custody outside the community?
18. Anything else that you would want to share that I did not ask about?

Non-Innu Key Informants: Interview or Focus Group Guide

1. Would you introduce yourself by sharing briefly what your current job and main responsibilities include?
2. How long have you been working in this field? With the Innu?
3. What drew you to working here?
4. Who is eligible to access [insert name of program/service/support]?
5. We are particularly interested in knowing how you support children and youth in care or in custody (involved with CSSD). Does it matter whether or not the children/youth are in care or custody when they access [insert name of program/service/support]? Please explain.
6. Can you talk about how people access your [insert name of program/service/support]? Specifically, we are interested in the referral and intake processes.
7. If there is a waitlist, what is a typical wait time?
8. What does [insert name of program/service/support] offer?
9. What kind of training is required to deliver the programs and services?
10. How is [insert name of program/service/support] funded?
11. What does [insert name of program/service/support] aim to accomplish?
12. How well do you think [insert name of program/service/support] supports Innu children/youth in care, or in custody?
13. What mental health, addictions, or complex medical health programs/services (including land-based programs/initiatives) do you think are most impactful? Why do you think this?
14. What things would you like to see changed or improved in the future? This can be related to any aspect of the [insert name of program/service/support].
15. Approximately, how many SIFN & MIFN Innu children/youth (with or without their families) access this program/service **annually**?
16. Are there any annual reports from the past few years that can be shared with me?
17. Anything else that you would want to share that I did not ask about?

CSSD Key Informants: Interview or Focus Group Guide

1. Would you introduce yourself by sharing briefly what your current job is and how long you have been working with CSSD? And specifically, with the Innu?
2. Preamble: We are really interested in knowing about the additional supports and services that some children and youth need *beyond* general and basic care that everyone needs. What programs and/or services do you (or others) often refer Innu children and youth in care or custody to for… [write on flip chart paper, board, or a space that everyone can see]
   a. Mental health issues?
   b. Mental health and addictions issues?
   c. Complex medical health issues?
   d. Are there other issues that you think we are missing?
3. [Go through each area of MH, MH & A, etc. mentioned in the previous answer] Can you speak to how easy or difficult is it for children/youth in care or in custody to access this program/service? [Probe around family consent and involvement]
4. What key considerations are made when deciding where to refer children/youth? Can you share an example?
5. What does the referral process usually involve?
6. If there is a waitlist, what is a typical wait time?
7. What does the program/service offer and aim to accomplish?
8. Who (training and background) is delivering the programs and services?
9. How is the program or service funded?
10. Approximately, how many Innu children/youth are referred to this program/service annually?
11. Anything else you want to share?

Appendix F: List of Specialized and Land-based Programs and Services

PAST (not exhaustive; mentioned mostly in past documents and occasionally in Inquiry transcripts)

Name of Program or Service	Service Provider	Specialized vs Land-based (location)	MIFN, SIFN, or both	Brief Description (e.g., eligibility, referral, waitlist, staffing)	Access
Alcohol and Drug Program		Specialized	MIFN	All staff had Nechi Counselor training (1994-1995)	Family/Multi-generational
Alcohol and Healing Services Program		Specialized	MIFN	Six counselors work for this program, which provides counseling services to individuals, families, and groups.	Family/Multi-generational
Apenam's House	SIFN	Combination	SIFN	Residential mental health addictions treatment facility (90-day program modelled after Brentwood Recovery Home in Winsor, ON); helped children reunite with families from 2016-2023.	Family/Multi-generational
Border Beacon Treatment Centre	MIFN	Land-based	MIFN	Border Beacon treatment center in Nutshimit in 1994 allowed for treatment closer to home.	Family/Multi-generational
Family Healing Program		Combination	MIFN	Mentioned as something that would be funded in 1995.	Family/Multi-generational
Grief & Wellness Retreat		Land-based	Both	Grief and Wellness retreat for women, 7-day fly-in land-based retreat.	Parents/adults
Innu Auassit	SIFN	Both	SIFN	This program was an initiative implemented by the Sheshatshiu Innu Band Council (2 employees). Focus on youth ages 12-18 in Sheshatshiu and provided: 1) moral support with youth in need; 2) education about alcohol and drugs abuse, and family violence; 3) treatment referrals to outside facilities within Canada; 4) assistance with recreational activities and programs;	Child/Youth focused

				5) one-on-one counseling; 6) Alateen meetings and Innu sweats.	
Innu Uauitshitun Alcohol and Drug Treatment		Specialized	Both (North West River)	Drug & alcohol rehabilitation program, substance use counselling	Adult/parents only?
Innu Uauitshitun ("Innu helping Innu")	Innu Nation	Both	SIFN	Innu Alcohol Program (6 employees: one receptionist and five NNADAP workers) and provided: 1) one-on-one counseling; 2) AA meetings; 3) counseling for addictions; 4) justice system support; 5) support for people with suicide attempts and other family crises; 6) facilitated sweat lodges; 7) help people with who experienced physical, sexual, emotional and financial abuse.	Adults
Maternal and Child Health Team		Specialized	Both	Formed in 2003. Comprised of a manager and a nurse specializing in early childhood development (ECD). Provided guidance and advised on ways identify and identify community needs; helped foster community-based, sustainable programming that utilizes existing resources such as Health Commission staff, a local women's group, elders, peer groups, personal support workers - addressing the needs of women and children in the community.	Family/Multi-generational
Mental Health and Child Development		Specialized	MIFN	Unclear if this was the precursor to the Maternal and Child Health Team.	Family/Multi-generational
National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centers	FNIHB; external service providers	Combination	Both; accessed outside communities	These centers offer 28-day treatment programs outside the community for individuals needing direct treatment intervention for alcohol abuse. Forty-four adults from the community attended existing centers at that time.	Adults/Parents Only

Nechi Counsellor Training Program		Combination	MIFN and maybe SIFN	Seventeen counselors have been trained through this program. Poundmaker clinical psychologist visited each month in 1994 to training and support Nechi trainees.	Parents/Adults Only
Nobody's Perfect Parenting Program	SIFN & MIFN	Specialized	Both	Facilitated, community-based parenting program for parents of children from birth to age five. The program is designed to meet the needs of parents who are young, single, socially or geographically isolated. This program may be returning however, at the time of this report, this program was not offered recently and there were no confirmed future plans to host this program.	Parent-focused
Nukem Penenash Country Treatment Program		Land-based	MIFN	There is no online presence however this program was mentioned in a part report as a program that was previously offered.	Family/Multi-generational
Poundmaker's Lodge Professional Counselling/ Treatment Centres (Alberta)	External service providers	Combination	MIFN	Young people received six months of treatment followed by a one-month transition program in Labrador involving staff from Poundmaker's and Innu counselors. In 1994, Health Canada funded two counsellors from Poundmaker's Lodge did four months of follow-up support for youth and Innu counselors.	Family/Multi-generational & Individuals
Solvent Abuse Treatment	External service providers	Specialized	MIFN; accessed in Edmonton, AB	Treatment for solvent abuse provided at Poundmaker's Lodge in Alberta and other facilities came to the community. Treats individuals, not families.	Individuals only
Spousal Abuse and Family Violence Services	SIFN & MIFN	Specialized	Both	Counseling and support services are available for people who lived with spousal abuse.	Family/Multi-generational

Sweat Tent	MIFN & Community	Land-based	MIFN	The sweat tent has been reintroduced as part of the healing process and is used in both the settlement and the country. The Elders play a key role in the sweat tent ceremonies.	Family/Multi-generational
Women's Center and Playschool		Specialized	MIFN	Innushare, a non-governmental charitable trust, helped establish this women's center and a playschool. Unsure if this folded or was renamed in later years.	Family/Multi-generational
Young Offenders Group Home	Gov NL	Specialized	MIFN	Operated by NL Child, Youth & Family Services; two open custody group homes (St. John's & Corner Brook); delivery of extrajudicial sanctions programs (alternative to court processes); capacity of up to 11 individuals to receive court ordered open custody and supervision. May still exist but was referenced in the Health Assessment of Davis Inlet Report.	Child/Youth Specific

CURRENT (primary focus of Specialized and Land-based Programs and Services Study)

Name of Program or Service		Specialized vs Land-based (location)	MIFN, SIFN, or both	Brief Description (e.g., eligibility, referral, waitlist, staffing)	Access
Alcoholics Anonymous Meetings ("Meetings")	Community	Specialized	Both	Fellowship of people who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism.	Parent/Adult-focused
Amal Family Services	Amal	Specialized	Both	Based out of St. John's, there's an agency in Goose Bay. Provides in-home family intervention and support (e.g. supporting children and parents at home, supporting youth in care to have home visits and do things with family).	Family/multigenerational
CAYAC (Child and Youth Anxiety Clinic)	Janeway	Specialized	Both	Located in St. John's, connected to Janeway. A multidisciplinary multi agency clinic that aims to address the physical mental health needs of children, youth and alternate care.	Children/youth
Charles J Andrew Healing Centre (formerly Youth Treatment Centre)	FNIHB	Combo	Both	Offers 12-week adult program addressing addiction, trauma and wellness; holistic healing programs nurturing mind/body/spirit through holistic/land/culture approaches; Toddler Program nurtures emotional and social development through play-based learning and culturally relevant activities; Youth Program promotes belonging & holistic healing within an Indigenous wellness framework; located near Sheshatshiu. Offers a 12-week Family Healing Program with clinical and/or land-based components; also provides a day program, counselling services, community outreach, education services, and early intervention with local schools.	Family/Multi-generational (includes an adult-only program, but whole family unit does the 12-week program)

Community Service Workers		Specialized	Both	Counselors work as community service workers, providing Social Services support and follow-up in areas like child welfare. They serve as a link between social work practice and the community. They help bridge the cultural gap to ensure the best interest of the health, safety and well-being of children, families and the community. They assist social workers in providing vital cultural knowledge, assists with the development of plans to incorporate cultural values, assists with interdisciplinary services to ensure support plans are implemented, and in advocating for children and youth (sometimes families) for other services. Community service workers are responsible for maintaining accurate documentation of client assessment and treatment progress, and sometimes assist social workers in conducting home visits, office visits, and transportation of clients.	Family/Multi-generational
Community Safety Officers		Specialized	Both	Aim to enhance safety, security, and wellness for all community members. CSOs proactively patrol the community responding to non-criminal incidents supporting citizens and intervention, as required.	Family/Multi-generational
Emergency Placement Homes (EPH)	SIM	Specialized	Both	Shushepeshipan Ishpitentamun Mitshuap (SIM) have two EPHs for Innu children in the care or custody of CSSD; provides unique cultural activities and space for community elders to engage with Innu children and youth in care.	Child/Youth Specific
Family Resource Centre	Social Health	Specialized	SIFN	Programs and services for pregnant women, children, and families. Often accessed by people who may be struggling. (Food bank, three parent support workers).	Family/multigenerational

FASD Program	Social Health	Specialized	Both	Educate, support, and advocate people who may have children with FASD as well as people with FASD. Responsible for diagnostic referrals/supporting children and families through diagnostic process. There is one FASD Liaison Worker in each community.	Multi-generational
Girls & Women/Boys & Men's Expedition Walks ("Walks")	IRT	Combination	MIFN	Provide an opportunity for younger participants to learn things that cannot be easily taught within the community; connection with land/culture; multi-day hikes throughout the territory. Walks are organized as Girls and Women Walks, or Boys and Men Walks. They offer informal mentorship and often long-term friendships.	Multi-generational (not necessarily with family)
Health Commission		Specialized	MIFN	Offers most available health services and programs for the community.	Family/Multi-generational
Healing Lodge - mental health & addictions programs	MIFN	Combination	MIFN	For people with addictions and need counselling, healing, and non-clinical treatment. No age limit. Elders and outside healers are invited. Nurses are sometimes part of programs to ensure they are safe to be participating in treatment. Offer workshops and educational training. Mental Health Counsellors	Family/Multi-generational
Hope Valley Treatment Centre		Specialized	Both	Offers live-in addictions treatment for youth ages 12-18 in Grand Falls-Winsor; average stay is three months; in lengthy wait times and voluntary admission; even if a child or youth is interested in attending initially, by the time they get accepted/a bed, may no longer want to go.	Child/Youth Specific
Janeway Children's Hospital Psychiatry (Janeway	NL Health Services	Specialized	Both; accessed in St. John's	The Child and Adolescent Psychiatry Unit (J4D) at the Janeway Children's Health and Rehabilitation Centre is an acute care psychiatry unit offering coordinated and comprehensive service for children, adolescents and families facing emotional, social and behavioural challenges;	Child/Youth Specific

Child/Adolescent Psychiatry)				space available for up to eight inpatient beds and day patients at this site.	
Jordan's Principle	FNIHB	Specialized	Both	Jordan's Principle funding has supported expenses like fuel, groceries, and clothing. Takes 6-9 months to get approved. Child-first initiative ensuring FN Children receive the public services (products, services, supports) they need, when needed.	Child/Youth Specific (but usually accessed by families/caregivers on behalf)
Libra House		Specialized	Both	The community also uses Libra House in Happy Valley Goose Bay as a shelter for women and children trying to leave domestic violence.	
Live-in/Overnight Treatment	SIFN	Combination	Near SIFN	Takes place on at Gosling Lake/Ushatshaneshet, between Goose Bay and SIFN; non-institutional setting.	Sometimes Child/Youth and other times Family/Multi-generational
Mani Ashini Health Centre	NL Health Services & SIFN	Specialized	SIFN	Provides Primary Health Care to SIFN community members. It has clinical exam rooms, a patient waiting area, an emergency room, basic equipment, and stocks a supply of essential medications. The care is provided by Registered Nurses who have an expanded scope of practice and consult with a physician at the closest referral centre as required.	Family/Multi-generational
Mary May Healing Centre	SIFN	Specialized	SIFN	Mary May Healing Centre is where many Social Health services and staff are based. Programs and services include mental health counselling and addictions services and referrals. If a youth wanted to go to treatment, they could talk with a Youth Counsellor about being referred to treatment. It is also where some of the programs listed (such as FASD-related programs and services, family resource centre, parenting support) are based.	Youth/Multi-generational
Mental Health Program		Specialized	Both	Mental health counsellors; part of Social Health in SIFN.	Adult and Family/Multigenerational

Mindful Matters		Specialized	Goose Bay	Counselling services and mental health/psychological assessments	Child/Youth focused
Mushuau Emergency Group Home (MEGH)	IRT	Combination	MIFN	Provides care for Innu children and youth aged 12 and older in the care or custody of CSSD; provides unique cultural activities and space for community elders to engage with Innu children and youth in care.	Youth
Innu Midwifery Program	IRT	Specialized	Both	Aims to reintroduce Innu Midwives to the Innu communities of Labrador. This program includes community-based Indigenous midwifery education and training. Offering Innu-specific baby bundles as of Dec. 2024. Not only targeting children in care but it is a specialized service for people who are pregnant, many of whom are young and at risk of being placed in custody (prevention). Two midwives from MIFN and two from SIFN are in training.	Parents (Mothers) focused
Next Generation Guardian Program		Land-based	MIFN	A suicide prevention and crisis intervention that targets youth and women in the community; staff take youth on trips on skidoos and boats; walk in the barrens, go fishing and hiking. They are taught culture activities and enjoy activities away from social media and electronics. Trained Innu counsellors.	Mostly youth; multigenerational
Nukum Munik Women's Shelter		Specialized	SIFN	Available to vulnerable women (experiencing domestic violence); allows women with babies and small children to stay here. Provides warm food, shelter, hygiene, etc. Potentially a form of prevention for young mothers with babies/small children.	Multigenerational/Family
Outpost Program (Kaupaunantsh)		Land-based	Both	For families to continue connection to land and Innu practices. Teaching youth about the country.	Family/Multi-generational

				Spring & fall of each year. Organized trips to the country.	
Pemutet (Men's Health Gathering)	SIFN	Specialized	SIFN	4-day healing gathering (1-time only) and likely a one-time initiative unless they secure funding to offer it more often.	Adult men only
Portage Atlantic		Specialized	SIFN	Drug addiction rehabilitation for adolescent and young adults; ages 14-21 in Atlantic Canada; up to 6 months; Sussex, NB; referrals can come from anywhere; can visit home after first month on alternating weekend.	Youth
Post-Majority Support Program	IRT	Specialized	SIFN	For youth ages 18-26 that have been in care to assist with the transition to a healthy adulthood; provides support when it comes to finding a place to live, food, babysitting to be able to attend college, etc.	Child/Youth-focused
Prevention Services (IRT)		Combination	Both	Facilitate case conferences; liaise; engage with families; advise & advocate to CSSD; connections to culture (e.g. visit children in tents); crisis intervention; boys & men/girl & women walks)	Family/Multi-generational
Psychotherapy		Specialized	Both	Offer mobile counselling (psychotherapy). Serving families (children, youth, parents) irrespective of being in custody. Sometimes get referrals from CSSD, sometimes advocate for parents to have their children back.	Family/multigenerational
Ranch Ehrlo		Specialized	Both	Expensive with lengthy application and approval process. Well-received as a family treatment program. In Regina, SK. Family treatment program; rarely used; suggested by Janeway Psychiatry. Mentioned by multiple interviewees as a positive example of something that could/should exist in an Innu-specific way, in community. Services include assessment and psychotherapy for members of the broader	Family/multigenerational

				community, family treatment and reunification, early learning, vocational training, emergency receiving services, treatment foster care, affordable housing, group living treatment and education for children and youth with mental health, behavioural, and addictions needs, group living care for older adolescents and adults with pervasive and complex developmental disorders, and community recreation and sports programs for at-risk youth. Participants are referred from across the country.	
Sheshepeshipan Group Home	SIM	Combination	SIFN	Group home for up to 8 children and youth, with cultural programming.	Children/youth
Social Work Counsellor		Specialized	SIFN	Support determining needed treatment.	Family/multigenerational
Speech Language Pathologist	FNIHB, SIFN, and MIFN	Specialized	Both	Covered by Jordan's Principle funding.	Children/youth
Tuckamore Youth Treatment Centre		Specialized	Both	in Paradise; part of Eastern Health. For children ages 12-18 with complex mental health challenges; average stay is 6 months to a year. lengthy wait times and voluntary admission; if a child or youth is interested in attending initially, by the time they get accepted, may no longer want to go	Youth
Walk-in Clinic, Goose Bay Hospital		Specialized	Both	Intake assessment; individualized; not age specific. Doorways Walk-In Clinic (Mental Health & Addictions)/Labrador Health Centre.	Family/Multi-generational
Women and Teenaged Girls in the Country Program	IRT	Land-based	MIFN	Women's Group takes teenage girls to the country each summer for a week to teach them traditional life skills.	Youth and Adult Women

Women's Shelter & Safe House	Specialized	MIFN	Potentially a form of prevention for young mothers with infants/small children.	Family/Multi-generational

FUTURE (IN PROGRESS)

Name of Program or Service	Specialized vs Land-based (location)	MIFN, SIFN, or both	Brief Description (e.g., eligibility, referral, waitlist, staffing)	Access
Midwifery Program	Combination	Both	A specialized service for people who are pregnant, many of whom are young and at risk of being placed in custody (prevention). Two midwives from MIFN and two from SIFN are in training.	Family/Multi-generational
Individual Living Arrangements	Specialized	SIFN	Two complexes coming available for youth/sibling groups, available for any age & particularly youth with special needs and who cannot be placed in general group settings.	Youth