BRIEFING NOTE

Issue: Police investigation of assault of staff at the Grace Facility by Innu Youth

Background:

On March 31,2001 three youth assaulted seven staff at the Grace Facility . Three of these staff immediately decided to lay a complaint with the Royal Newfoundland Constabulary as a result of the injuries they sustained in this matter. About one week later two of the other staff gave information to the police in relation to assaults on them which occurred on the same evening.

Three days previous to this incident a referral was made to the police by a social worker at the Grace Facility following an alleged sexual assault of a female staff person by a male youth, age 16 years. The social worker who was working with this youth on his sexually intrusive behavior felt the matter was such as to warrant a referral to the police. The female staff person also expressed a wish to have the matter referred for police investigation.

The police have conducted the investigation into these matters and today advised **no charges will be laid** as a result of their investigation. A full police report will be forwarded to the undersigned next week in relation to this. The staff involved individually have advised the police they do not wish to proceed with their complaint. The female staff person who was allegedly sexually assaulted has sought services through the Victim Services Program at the Department of Justice and has made an informed decision not to request a charge be laid in relation to her assault. The other five staff who sustained physical injuries have also informed the police that while they were interested in giving information to the police in relation to the incident each person have since decided not to proceed with criminal charges. They also informed the police that the children are now entering treatment programs targeted toward their aggressive behaviors and that their hope is the treatment will diminish risk to others. They seen this as more beneficial than involving the children in the criminal justice system. They also advised the police that the reason they initially decided to refer the matter to the police was because they felt obliged to so to comply with the recommendation from Rick Morris's Report on the safety and well being of staff, that there be a zero tolerance to violence at the Grace Facility.

I have also discussed with Constable Regina Baggs. the issue of forwarding the additional incident reports from the Grace Facility to the police. We have jointly concluded that this is unnecessary for several reasons. The potential for charges to result from a review of these incident reports is highly unlikely. This is not a situation where children/youth were placed at risk by being cared for by the adult staff at the Grace Facility. Rather the adult staff have been the targets of aggressive outbursts from the children/youth. These adults have full control over whether or not a matter warrants police investigation and are therefore free at any time to pursue this course of action should they wish to do so. Constable Baggs advised the police would not have grounds to seek a warrant to obtain the incident reports if we were uncooperative and they decided to pursue a further investigation. Also the children/youth are now leaving the Grace Facility to enter treatment and it would be unusual for

the police to "bring children back" from out of Province treatment to deal with such a matter. This is particularly relevant when one considers the reason the children/youth were at the Grace was to undergo detoxification and assessment as a result of solvent abuse. Constable Baggs also advised the issue of the competence of these children/youth to understand their actions and to be held responsible for them would be factors mitigating against pursuing a full scale investigation of the various incident reports. We concluded that once I, as Director, receive the police report, I will communicate with the children/youth involved through the staff at the White Swan Solvent Abuse Treatment Center, to advise them that the criminal investigation has been concluded and no charges will be laid. The youth however will be advised that a police record exists in relation to this investigation and could be referenced should further behavior of concern become evident in the future. I think this is important information to be shared with these youth so they will not continue to feel pressured by their knowledge of the police investigation and the potential for criminal charges to be laid against them. It has been noted that the individual behavior of each of these youth has improved since the police became involved. The parents of the youth will also be advised of the outcome of the police investigation.

Prepared by: **Marilyn McCormack**
Approved by: **Beverley Clarke**
Date: **April 12, 2001**

Treatment Program for Innu Children

Issue: Status of the solvent abuse treatment program for Innu children from the communities of Sheshatshiu and Davis Inlet and, existing funding arrangements.

Strategic Overview/ Assessment: The Province is of the view that the Federal government is responsible for the solvent abuse treatment of Aboriginal children. Although the Province applied the Child Youth & Family Services (CYFS) Act to gain access to the Innu children of Davis Inlet and Sheshatshiu, it did so with the full knowledge and cooperation of both the Innu and the Federal government. This step was necessary to begin addressing the gas sniffing crises in both Innu communities. The Province has provided safe and secure environments to enable the detoxification of the children; however, it does not have the expertise nor the resources to provide continued treatment for these children.

Biopsychosocial assessments indicate that a number of children have Fetal Alcohol Syndrome or Fetal Alcohol Effects. In addition, the children display attachment disorders, aggressive and sexually intrusive behaviors, and other social problems. This needs to be considered in the development of their treatment programs.

Health Canada (HC), although agreeing to take the lead role in developing treatment options for the Innu youth, have contributed minimal resources and planning has been extremely slow. As a show of good faith, the Deputy Minister, HC promised $750,000 forthwith, with an agreement to begin cost sharing negotiations. Although there has been one negotiating session, the federal negotiator did not have the mandate to discuss funding amounts. By fiscal year end, the Province will have spent $5.5 million in responding to the needs of both Innu communities.

The Province has advised Health Canada it cannot continue to operate the Grace facility beyond March 31, 2001, without a firm plan and financial support. The Province has also indicated its willingness to transfer the operation of the Grace facility to the Federal government as an alternative. You may wish to press the Prime Minister to commit financial support for incurred costs to date and for on-going treatment.

Background: On November 15, 2000, the Innu of Sheshatshiu publically requested the apprehension of children who were in need of protection due to gas sniffing. On November 26, 2000, Industry Minister Brian Tobin, Premier Beaton Tulk and various senior federal and provincial officials met with the Innu of Sheshatshiu. All parties agreed that the highest priority would be the protection and well-being of the children. Federal and provincial governments agreed to work co-operatively with the community to seek appropriate treatment options for the affected children as quickly as possible and commit all necessary resources to this end. On December 7, 2000, the Minister of Health and Community Services (HCS) issued a statement in the House

of Assembly committing the Province to respond to the needs of the Innu children.

Currently, there are 19 youth under the temporary care of CYFS in either Happy-Valley Goose Bay or Sheshatshiu. All of these youth have been through detoxification and require continued treatment for solvent abuse. Only 2 children are in treatment programs funded by Health Canada. The Province continues to pay for support services and residential placements for these children pending admissions to treatment programs.

In addition, the Grace hospital facility is holding 33 youth from Davis Inlet under voluntary care agreements. These children have been through detoxification and a biopsychosocial assessment process and now need to move into the next phase of solvent abuse treatment. All parties involved acknowledge it is not in the best interests of the children to continue the placement at the Grace without treatment programming in place.

In early January, 2001, the Deputy Minister, HCS, conferred with the Deputy Minister, HC, and expressed concern regarding the considerable provincial costs and lack of federal funding in responding to these crises.

Prepared by: D. Spurrell, IGAS / M. McCormack, HCS
Approved by: B. Clarke, HCS / G. Norris, IGAS
Date: March 12, 2001

Briefing Note for Question Period
Department of Health and Community Services

Title: Children from Davis Inlet

Issue: Status of detoxified children and youth from Davis Inlet who are placed at the former Grace Facility.

Anticipated Questions
What is the status of the Innu children from Davis Inlet who are now housed at the former Grace?
What are the plans for their future treatment?

Suggested Response

- There are currently 34 children/youth at the former Grace facility. All of the children/youth have gone through the detoxification process and are free from solvents.

- Each child/youth has undergone a wide array of medical and social assessments by a multi-disciplinary team. The clinical assessments have now been completed and they are ready to begin the treatment process.

- The Innu have asked that the children be moved closer to home for treatment and Happy Valley/ Goose Bay, Labrador has been chosen as an appropriate site for treatment.

- The Innu have been working with Health Canada on a suitable treatment program for the children and on securing the needed placements for the children so this process can begin.

- The tentative date for the children and youth to leave the Grace Facility and move to Labrador is March 31, 2001.

Background

- The children/youth were seen by some of the following team members chosen by the parties involved in this agreement:
  - Ms. Danielle Dissent, a psychologist from Quebec who was chosen by the Innu, completed psychological assessments
  - Mr. Mark Nui, Innu leader completed family assessments
  - Mr. Prote Poker, Innu leader completed cultural assessments
  - Mr. Ron Tizzard, addictions consultant completed addictions assessments
  - A team of social workers(4) completed social histories and clinical assessments
  - Dr. Ted Rosales, other pediatricians, and nursing staff completed medical assessments
  - Ms. Ruby Sharpe, behaviour management specialist, did behavioural assessments.

The information from the clinical assessments will now be used to guide the development of components of the individual treatment programs for the children/youth.

Prepared by: Marilyn McCormack
Date: March 6, 2001

CBC Radio News Report: March 12, 2001

- The Innu chief of Davis Inlet - Nui?? - asked Marie Watton (reporter) not to air the story. She surmised that this was because the Innu were grateful to the Provincial government for the fast and generous support. The Province is contributing one and half million a month to take care of the children. However, the problem is that after treatment the children have no place to go back to. The author indicated that this brings her to the crux of the problem: that Health Canada is not coming through with their commitment for the treatment center.

- Talked to Dr. Wayne Hammond, of Woods Homes (in Alberta) who is an addictions treatment specialist. Dr. Hammond indicated that the program outlined for full intensive treatment of Innu families in Goose Bay (which would involve the two Innu communities) is a possible model for aboriginal treatment in Canada. He is ready to come and is frustrated with the fact that funding has not yet been provided by Health Canada.

- Talked to an unknown source, a social worker at the Grace Treatment Center. She commented that we are simply "babysitting" the children. As well, she discussed that there was a poor relationship between the non native and native staff.

- Talked to two unidentified "Innu Facilitators". These people were upset about the fact that kids are provided cigarettes and that there is a lack of discipline with respect to the Innu children. They indicated that all the doors being locked was not a good thing and that this was not a good environment to house the children. As well, they discussed the two week rotational structure of the Innu staff. They expressed that they were being sent home after they had built relationships with the children.

- Waddon then commented on the meeting last Thursday (March 8) in St. John's with Marilyn McCormick and reported 'tears of frustration' at the meeting due to the lack of cooperation by Health Canada.

- In the meantime, there were two attempted suicides at the Grace Hospital - the reporter indicates that this could just as well have happened in the communities.... however, the problem goes back to the fact that the children will only be going back to the communities ...and nothing will have changed for them.

- Note: Marie Waddon is author of "Nitassinan"

Prepared by: Anna Buffinga (729-0635)/ Robert Jenkins (729-1630)
March 12, 2001

Briefing Note

Issue: Grace Facility - Questions raised in the Media

Background: On March 12th, 2001 during a CBC radio report, a number of questions were raised regarding the Grace facility's policies and operations.

Response to Questions:

Smoking Policy

- Many of the older children were smoking prior to their arrival at the Grace facility.
- Consultations with addictions experts recommended that the children be permitted to continue smoking while undergoing detoxification from solvents.
- Parents were consulted and those who gave permission for their children to continue smoking receive a cigarette at regular intervals in designated areas under the supervision of staff.
- Parents whose children did not give permission for them to smoke, do not receive a cigarette.

Attempted Suicides

- One Innu youth has attempted suicide. Appropriate interventions were provided and continue to be provided.
- This youth is currently undergoing an inpatient assessment at a local hospital.

Locked Facility

- While undergoing detoxification, it is important to ensure a safe environment for the children thus a decision was made to secure the building.
- The Grace facility is a decommissioned hospital with many entrances and exits and only three floors of this building are currently in use.
- The children have access to the community and attend a variety of activities with support staff including skating, swimming, movies, etc.,.

Rotation of Innu Staff

- In consultation with the Innu, a biweekly rotation schedule for Innu staff was implemented and continues to be implemented.
- Such a schedule allows the Innu staff to return to their homes and families on regular basis prior to recommencing work at the facility.
- The children are familiar with Innu staff and the rotation does not appear to upset them.
- Other support staff work in teams that also rotate on a consistent basis.

Prepared by: **Marilyn McCormack/Pam Rodgers**
Approved by: **Beverley Clarke**
Date: **March 12th, 2001**

Briefing Note

Issue: Letter received by Minister Bettney from Mr. Jack Byrne, M.H.A., Cape St. Francis District, concerning the children and youth at the Grace Facility.

Background:

On March 8, 2001 Mnister Bettney received correspondence from Mr. Jack Byrne in which he highlighted concerns brought to his attention regarding the care and treatment of the Innu Cildren who are placed at the Grace Facility for detoxification and clinical assessment as a result of their involvement in solvent abuse. The following concerns were raised:

1. Reported attempts of suicide.

There has been attempts of suicide by one Innu youth at the Grace Facility. This has been followed up by the staff by having the youth assessed by a psychiatrist. This youth continues to be followed by the psychiatrist and any direction for the management of her care are being followed. The youth is constantly supervised and there is no hesitation in seeking further direction/assessment by the psychiatrist as needed. This particular youth because of her age (17 years) is being seen by a psychiatrist from the Health Science Center who has had experience working with Innu youth and families. Based on pediatric medical assessment there has been no need to refer younger children for psychiatric assessment at the Janeway Hospital.

It should be noted that as the children/youth begin to feel comfortable in the Facility and begin to participate in the clinical assessment being completed with them that it would not be uncommon for them to disclose information about their life experiences which could be quite painful for them and could result in behavior of concern (i.e.; aggressive outbursts, suicide attempts). Psychiatrists, pediatricians, and other professionals are on call to the Facility at all times if the professional staff employed at the Grace identify a concern in relation to the care and treatment of any of the children and youth.

2. There are no restrictions on the children or consequences for their misbehavior.

This statement is inaccurate. There is in place at the Grace Facility policy related to the management of the children's behavior. In addition many staff have been trained in non-violent crisis intervention techniques. There is also a behavior management specialist on site who works with the staff and the children and youth to develop appropriate individual behavioral intervention programs for them.

3. Workers are instructed to supply children with cigarettes on demand up to 11:30 at night.

Many of the older children and youth who were involved in solvent abuse were also smoking cigarettes for a considerable period of time before arriving at the Grace Facility. Following

consultation with addictions experts it was advised to allow the youth to continue smoking. This matter was discussed with the parents of the children/youth who supported, in some cases the continuation of the smoking. Those children whose parents did not give permission for their children to continue to smoke do not receive cigarettes. Children/youth who are smoking do not receive cigarettes on demand but are provided with a cigatette at scheduled intervals and can only smoke in designated areas under supervision.

4. The children have no operational educational program and adults responsible for the program are reduced to a "babysitting" function.

There are two teachers employed at the Grace Facility who work with the children/youth on a daily basis. It is recognized that many of these children are unable to attend a full day academic program at this time. The teachers provide academic instruction based on the individual capacity and needs of the children/youth.

Summary Statement:

There are currently 34 children/youth between the ages of 11 - 18 years at the Grace Facility who have been in this environment for a two month period. Children and youth with complex needs (including solvent addiction, family dysfunction, attachment disorders, and permanent brain damage) placed in large group setting will undoubtedly present significant challentges in their management. To ensure the ongoing safety and security of these children and youth the Grace Facility has been provided with all identified resources required to meet the needs of the children and youth. It is well recognized by the professional staff involved in the care and treatment of these children and youth that this institutional setting is not an optimal placement. The children's needs are being met at this Facility and every effort is being made to work with the Innu and the Federal Government to provide alternate setting for the ongoing treatment of these children and youth. However, until such time as these placements are secured, the Grace Facility is the only option available. Staff will continue to provide the best possible care for the children and youth while they remain at this Facility.

Prepared by: Marilyn McCormack
Approved by: Beverley Clarke
Date: March 8, 2001

Jack Byrne, M.H.A.
District of Cape St. Francis

March 8, 2001

Honourable Julie Bettney, M.H.A.
Minister
Department of Health & Community Services
P.O. Box 8700
St. John's, NF
A1B 4J6

Dear Minister:

I received a call this morning from a member of the professional team assigned to work in the addiction treatment program for Innu children at the former Grace hospital. This individual described alarming conditions of general disorder and high risk behaviour in the program which, if left unattended, will render the program ineffective in achieving its purpose and have life threatening consequences for some of the children.

The following description of prevailing conditions presented to me are reproduced directly from the notes I took during the telephone conversation:

1. There were several suicide attempts on Monday night and Tuesday night of this week.

2. There are no restrictions on the behaviour of the children or consequences for their misbehaviour. They are "running wild", there is no protection for workers, who are being "spat on", and used as "punching bags".

3. Workers are instructed to supply children with cigarettes on demand up to 11:30 at night.

4. The children have not been assessed by pediatric psychiatrists, there is no operational education program, and adults responsible for the program are reduced to a "baby sitting" function.

.... 2/

Page 2 . . .

Honourable Julie Bettney . . .

I am confidant that the person who called me is not being mischievous, but is genuinely concerned about conditions at the centre and the risk to the life and safety of the children. I feel certain, too, that you are as disturbed as I am by this description of conditions at the Grace. I urge you to take immediate action to secure the safety of the children, and restore an environment in which the children can receive effective treatment for their addiction and related problems.

Sincerely,

J. Byrne

JACK BYRNE, M.H.A.
Cape St. Francis District
Opposition Health Critic

c.c.
Honourable Roger Grimes
Premier of Newfoundland & Labrador

Honourable Kelvin Parsons
Minister of Justice

Honourable Ernie McLean
Minister of Labrador and Aboriginal Affairs

Honourable Gerald Smith
Minister of Human Resources & Employment

Honourable Judy Foote
Minister of Education

Briefing Note

Issue: Update regarding Children/Youth from Sheshatshiu and Davis Inlet for the Premier's meeting with the Prime Minister.

- 19 youth from Sheshatshiu reside in various placement options either in Happy-Valley Goose Bay or Sheshatshiu. All of these youth, who are under the temporary care of the Director in Region, Child Youth & Family Services, have been through detoxification and require treatment for solvent abuse. Only 2 are in treatment programs funded by Health Canada. The Province continues to pay for support services and residential placements for these children pending admissions to treatment programs.
- 33 youth from Davis Inlet continue to reside at the Grace facility under voluntary care agreements. They have been through detoxification and a biopsychosocial assessment process. These youth now need to move into the next phase of solvent abuse treatment. All parties involved acknowledge it is not in the best interests of the children to continue the placement at the Grace without treatment programming in place.
- The biopsychosocial assessments of the children indicate that a number of them have Fetal Alcohol Syndrome or Fetal Alcohol Effects. In addition, the children also display attachment disorders, aggressive and sexually intrusive behaviors as well as other social problems. This needs to be considered in the development of their treatment programs.
- Health Canada, although agreeing to take the lead role in developing treatment options for the Innu youth, have produced minimal results. Planning for these children is painstakingly slow and a promise for $750,000 as a "show of good faith" towards negotiations concerning the cost-shared arrangement for this initiative, has not yet been received.
- The Province has advised Health Canada it can not continue to operate the Grace facility beyond March 31st, 2001 without a firm plan and financial support. The Province has also indicated its willingness to transfer the operation of the Grace facility to the Federal government as an alternative.
- The Federal government is responsible for solvent abuse treatment of Aboriginal children. Although the Province applied the Child Youth & Family Services Act to gain access to these children, it did so with full knowledge and cooperation by both the Innu and the Federal government as a means to begin to address the gas sniffing crises in both Innu communities. The Province has provided safe and secure environments to enable the detoxification of the children however, it can not provide nor have the expertise to provide, treatment for these children.
- By fiscal year end, the Province will have spent $5.5 million in responding to both Innu communities.

Prepared by: Marilyn McCormack
Approved by: Beverley Clarke
Date: March 12,2001

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- By fiscal year end, the Province will have spent $5.5 million in responding to both Innu communities.

Key message

→ BAND

- funding -
- Strategic message to be brought forward
- FAS / FAE

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health & Community Services
Office of the Deputy Minister

March 7, 2001

Mr. Ian C. Green
Deputy Minister
Health Canada
Brooke Claxton Building, 15th Floor
Postal Locator: 0915-B
Tunney's Pasture
Ottawa, ON
K1A 0K9

Dear Mr. Green:

During our conference call of February 26, 2001, we discussed the status of the Innu children from Davis Inlet and Sheshatshiu. At that time, you agreed to provide the first installment of $750,000 for the treatment of the children. To date, the Province has not received this funding. During our conversation, we also discussed the need for a cost-sharing arrangement for the $5.5 million that the Province will have incurred for the care and treatment of these children by March 31, 2001. I had asked you to consider a 100% contribution from the Federal Government, or a 90% cost-shared arrangement. You indicated to me that you would get back to me in the near future.

March 31, 2001, will be quickly upon us. In the Provincial/Federal/Innu discussions, the Federal Government had agreed to develop a plan to accommodate the children's placement and treatment needs in the Goose Bay area. It was the intent to have this plan in place by March 31, 2001. It is now my understanding from my officials that this plan is not yet developed. These children at the Grace facility now need to move to the next phase of treatment. Without a firm plan and financial support, the Province is unable to continue to operate the Grace facility beyond March 31, 2001. However, the Province would be willing to transfer the operation of the Grace facility to the Federal Government. This would allow the Federal Government to continue treatment of the children, while developing a more comprehensive plan for the Goose Bay area.

I need to reiterate that it is difficult for the Province to continue the planning process when there has been no funding forthcoming for the care and treatment of these children. However, the Province is prepared to work with your officials to find an appropriate and immediate solution to this important issue. I hope this process will continue at the meeting planned for tomorrow.

Sincerely yours,

ROBERT C. THOMPSON
Deputy Minister

/dh

P.O. Box 8700, St. John's, Newfoundland, Canada, A1B 4J6, Facsimile (709) 729-0121, Telephone (709) 729-3125

From: Carmel Parsons
To: Marilyn McCormack
Date: 3/12/01 11:57AM
Subject: Innu

Marilyn,

- Confident staff is dealing with all issues that present themselves at the Grace
- There is no shroud of secrecy at what's happening there but we do have a responsibility to protect the privacy of the children
- Officials of my department have been open and accessible in meeting requests from the media for interviews in the past and we will continue to provide as much information as we can
- Our responsibility is the protection and safety of children and I am confident that officials in my department are making decisions in the best interest of the children. We have health care professionals on staff at the Grace and dealing with issues as they arise.
- We are now helping to facilitate the second phase of their treatment which is based on an agreement between Health Canada and the Innu leadership in Davis Inlet.

Update - Davis Inlet Children at the Grace Facility

- Two youth who previously terminated their voluntary care services agreements, have now returned to the Grace facility to continue treatment. The total number of children at the Grace facility is 32.

- The clinical psychologist chosen by the Innu is now on site and working with the clinical team to complete individual pyschosocial assessments and treatment plans. 10 children have undergone MRI's however the findings are not yet available. Conditions such as fetal alcohol syndrome and brain damage due to gas-sniffing continue to be explored.

- Aggressive behaviours exhibited by the children have now plateaued with limited incidents over the past few days. Children have settled in well and are engaged in a wide range of physical, recreational and clinical activities.

- There continues to be issues with some of the Innu staff regarding hours of work and job expectations. The Province is following up with the Innu band council in writing.

- The federal government have taken the lead on the development of a youth treatment program and are currently exploring residential options in the Goose Bay area. The Province continues to assist in these efforts. At this time, there appears to be little progress in the area of treatment options for adults/parents.

- The Province has received a draft contribution agreement for $750,000 from the federal government. This draft agreement is now under review however there are concerns that the agreement, as written, may preclude ongoing negotiations regarding further costs.

Prepared by: Beverley Clarke/Pamela Rodgers
February 8th, 2001

PROVINCIAL COURT OF NEWFOUNDLAND

HAPPY VALLEY GOOSE BAY DISTRICT

IN THE MATTER OF
The Child, Youth and Family Services Act, S.N. 1998, c. C-12.1 as amended,

Between:
The Director of Child Youth and Family Services Health Labrador Corporation — Applicant

And: [redacted]
Parents — Respondents

Judgement on Continuous Custody Hearing

Judgement of Igloliorte, P.C.J.
15 February 2001

History of Court Proceedings

[1] The present application relates to three children [redacted] age5; [redacted], age 4; and [redacted] 1.5 years. When [redacted] was 5 months old Social Worker Lori Morina received a six month Supervision Order under The Child Welfare Act on July 24, 1996 after the child had been apprehended from the parents on June 6, 1996.

[2] As a consequence of an incident at Goose Bay airport on June 2, 2000 where the intoxicated parents had custody of the three children under circumstances of obvious long term neglect Social Worker Allison Hagerty removed the children. At the same time the R.C.M.P laid an assault charge against the mother. The matter was set from June 9, 2000 to July 11, 2000 for a Protective Intervention Hearing which resulted in a three month custody Order.

[3] That Case Plan included these terms:

1. [redacted] will remain in the Director of Child Welfare's custody for three months.
2. The children will remain in the immediate care of [redacted]
3. Supervised visits with the children will continue.

4. [redacted] will continue to be encouraged to seek help for their abuse of alcohol.

[4] A note at the bottom of the Case Plan stated " A more detailed plan is unavailable as [redacted] have made no commitments to seek treatment for their alcohol abuse. They would like their children returned to them and then they will seek treatment. Child Protection staff do not feel that this plan will adequately protect the children."

[5] On September 1, 2000 a further 3 months of custody was granted the Director.

[6] On December 1, 2000 which was the expiration period of the previous Order, the Director gave notice that the parents were not making consistent progress in addressing the alcohol abuse issues which resulted in inappropriate care of the children, so a date was set by consent of counsel to January 4, 2001.

[7] On that date the Director gave notice that the application would now be for Continuous Custody and the matter was set over to January 19, 2001

Evidence at the Hearing

[8] In a preliminary motion the respondents asked that Mr. Bill Stevenson, an alcohol and family councillor in the community remain through the proceedings as a support person despite the fact that he was to be called as a witness for them. The Director's counsel said she strenuously opposed the application, and the Court ruled because he had the special status as a witness, he could not also remain in the court body as a support person. He could do one or the other but not be a support person and then testify after having heard prior evidence.

[9] On June 2, 2000 Allison Hagerty was the Social Worker called to deal with the complaint that the parents were trying to board a north coast scheduled flight while intoxicated and were also mishandling their children. In her courtroom testimony, she went on to relate her contact with the children and family during her term as a Social Worker in Shestahshui over the four year period from late 1996 to the June 2000 incident.

[10] She said the contact was sporadic since the family traveled between Davis Inlet and Shestatshui. There were specific instances when the children had been put at risk by the parents' drinking and irresponsible care. When these incidents occurred, the children were always successfully placed with extended family members.

[11] There was a serious incident of child neglect while the parents were intoxicated in January 1997. [redacted] alerted the Social Worker who placed the children with two extended family members.

[12] In 1997 when [redacted] was two weeks old, [redacted] was hospitalized for failure to thrive, and was sent to the Janeway Children's Hospital in St. John's.

[13] Mrs. Hagerty stated that through the period she dealt with the family, assistance and the opportunity to take counseling was always offered by the Social Workers to the parents. She found that the parents tended to minimize the neglect and it was the Social Workers who contacted the Innu Uauitshitun alcohol counseling agency to speak to the parents.

[14] The children are comfortable and safe with [redacted] and [redacted] Because the Child Youth and Family Services Act unlike the previous Child Welfare Act, has very short periods when the Social Workers must act in the children's best interests, Mrs. Hagerty said case plans necessarily have to be implemented early and decisions must be made where the parents are not showing any change in their alcohol abuse patterns. She stated that there had been a serious family history of alcohol abuse and grief issues for the mother.

[15] Social Worker Karen Tuck agreed that the father's family history was equally troublesome and he had serious grief issues as well. She stated also that her assessment of the parents was that they were not trying to take advantage of the counseling opportunities that the Social Workers were trying to give them. She said the decision to nurture the children should not be delayed any longer and that her discussions with the recovering foster parent [redacted] was that he felt they should not have the children while they are drinking.

[16] Her own assessment of the parents' road to recovery is that they have had a lifetime of alcohol abuse and it will be a long struggle for the parents alone to handle, leave alone the additional burden of raising children thrown in. To believe that the family could be reunited today and all enter the counseling program would be to ignore the Social Worker's experience that the recovery period from alcohol abuse will be a long road where relapses could further negatively affect the children.

[17] Mr. Bill Stevenson said he is a councilor and volunteer Social Worker placed with his wife Pam by Mennonite Central Committee in Sheshatshui. An adult day treatment program associated with Innu Uauitshitun alcohol counseling agency is just in place to try and address the family issues for those with significant problems. These parents have enrolled in the program and signed a contract for services including a condition that they abide by Child Youth and Family Services stipulations for custody and access. The program requires the participation of the parents and children as a unit.

The Provisions of the Act

[18] As Allison Hagerty mentioned the difference between this Act and the previous Child Welfare Act is that the Director can only seek a certain number of Orders and extensions so that the time frames are compressed to require Social Workers to act quickly in circumstances of child care matters. Lengthy delays where parents are putting children at emotional, nurturing and

physical risk are no longer acceptable means of considering a child's best interest. Where services are offered to parents and there is no positive response, the children may be removed to give them the best hope of stability in their lives, not to mention actual safety from severe neglect. The parents are then given a chance to show an alcohol-free period without the risk of affecting their children. Once a sufficient time has passed to ensure the children returning to a stable home, the Director can ask the Court to reverse the Continuous Cusrody Order.

[19] The factors for determining a child's best interest are stated in section 9 and are worth repeating here:

> **9.** All relevant factors shall be considered in determining a child's best interest, including
>
> (a) the child's safety
>
> (b) the child's developmental needs
>
> (c) the child's cultural heritage
>
> (d) where possible, the child's views and wishes
>
> (e) the importance of stability and continuity in the child's care
>
> (f) the continuity of a child's relationship with his or her family, including siblings or others with whom the child has a significant relationship
>
> (g) the child's geographic and social environment
>
> (h) the child's supports outside the family, including child care and school environment; and
>
> (i) the effect upon the child of a delay in the disposition of a judicial or other proceeding with respect to the child.

Analysis

[20] There can be little argument that the continued alcohol abuse by the parents directly affects their ability to adequately care for the children over any extended time. Where drinking results in safety and nurturing issues for children, the court has a duty to put the children's best interest first, and set aside any concerns for the parent's well being. Sadly, this also means to separate the children from the parents while they are in recovery. Once the parents are willing to consider the impact of their drinking lifestyle as a negative effect on the children's best interest, then the family unit can be encouraged to heal itself.

[21] As section 7 (f) states " if a child's safety, health and well-being cannot be assured in the context of the family, the extended family shall be encouraged to care for the child provided that a director can be assured that the child's safety, health and well-being will not be at risk".

[22] The plan by the Director here is to keep the children with a very good and caring foster family in a culturally appropriate setting. This family offers stability and continuity and also allows the parents sober access. If the parents regressed into drinking alcohol again there is no question that the children's good progress would be further negatively affected. Thanks to the Adult Day Treatment Program, the parents and children live in the same community, and there is lots of opportunity and no opposition to responsible access.

[23] Now, the Director recommends alcohol counseling but does not provide it. In this case we had some hint that Adult Day Program as mentioned by Mr. Stevenson is a good provider of family-based counseling for alcohol and better still, tries to address the underlying causes to better arm the parents for long term healing. Because the program was so new there was little opportunity for the respondents to have the Court fully explore it's benefits. With the experience and guidance of the staff, as well as the community support evident, it is the best hope for the family unit.

[24] The Court did receive a fax from Pam Stevenson on January 23, but it cannot be considered a part of the evidence because it did not come through the lawyer during the proceedings. Mr. Gillis may not even be aware that the Court has it. That is a significant problem for the respondents but the Court cannot make factual findings without evidence received at trial. The Court can still rely on the evidence of Mr. Stevenson that the parents have been accepted into the program with a contractual provision that they be alcohol free. If the parents desire to break the alcohol cycle by entering a holistic program, it is good that a condition of their healing is that they prove their determination by staying away from alcohol.

[25] A continuous custody order does not automatically mean the children are being removed permanently from the parents. Where the parents have lately demonstrated a willingness to tackle their addictions and related issues and the children are placed in care in close proximity to the parents, and there is no plans to adopt the children out, it is not necessary to conclude that the parents should lose their children.

[26] In this case there is a recently announced comprehensive, holistic program where the parents have enrolled. The parents do intend to stop drinking and raise their children responsibly. The Act, and the actions of the Social Workers is to give notice to [redacted] that even if they take treatment, the children should be assured they are in a safe stable home. A home is there for them. Those foster parents are not interested in adopting so long as the parents are serious about changing their present way of parenting.

[27] While the court would grant continuous custody to the Director and the children will likely remain in the [redacted] home, the program is one where the local Social Workers case plan and the

Adult Day Treatment program should have the same goal of strengthening the family unit by supervision of the treatment program and the family's progress, with a view to family reunification in a sober home.

[28] There is plenty of provision for the Director to respond by returning the children where the parents respond positively to treatment. A judge is permitted to attach conditions to even continuous custody orders as we have here, so that the parents realize that while the Director has the custody of the children, the Director can come to court to ask the order be rescinded where "circumstances have changed significantly. "

[29] This type of outcome places the onus on the parents to demonstrate a move towards caring for their children if they want to convince the Director to rescind the court order. They know the Director has custody of the children and will not give it up while the parents show no intent to stop drinking. In this case it is hoped the parents will keep up their day program since the Court will order the Social Workers in Sheshatshui to work with Pam Stevenson and the parents in bringing the children to the program under supervision, allowing the Director ample time to evaluate their progress.

[30] Accordingly, there is an order for continuous custody of [redacted]

[31] Furthermore, the children are to be placed with [redacted] in Sheshatshui so long as that foster placement is secure as it is now.

[32] The Social Workers having supervision of this file can evaluate the Adult Day Treatment Program with Pam Stevenson and the parents with the goal of having the children eventually attend with the parents.

[33] If the parents successfully complete this program they are enrolled in, the Director shall further monitor their progress with a view to family reunification.

[34] Order accordingly.

Ms. Mary O'Brien for the Director and Health Labrador Corporation
Mr. Dougald Gillis for the Parents

Sunday or Monday.

- A small committee including Kevin Head, Healing Coordinator, Gerry Kerr, Consultant, Mark Nui & Luke Rich, Band Councillors has been formed to develop an action plan of Innu responsibilities related to the care and treatment of the children/youth in Davis Inlet. This plan will be presented to the Province sometime next week. It is unclear whether the discussion of this plan will be held either face-to-face or through teleconference however the Province has indicated its willingness to travel to Davis Inlet prior to Christmas. It is also unclear as to whether further negiotiations regarding a shared response plan between the Innu and the Province will be required.

- It was indicated to Davis Inlet that a team of social workers would be prepared to travel to the community to begin the assessment process on January 3rd, 2001.

- The Innu have indicated concerns regarding the fourth draft of the voluntary care agreement for parental consent to remove the children as required under legislation. They have requested and the Province has agreed to a meeting with the Innu and their legal counsel sometime today or tomorrow.

Follow up action:

- The Province continues to ready the Grace in anticipation of the children/youth arriving early in the New Year. A number of contracts are being negotiated for the many support services required including 24 hour security, food services, housekeeping, laundry etc.,. This is an extensive undertaking taxing human and financial provincial resources.
- A plan has been developed for the hiring of youth support staff for one on one care which could total in excess of 300 staff. An orientation and training program for all staff is in the final stages of development. Again, this is an extensive and costly undertaking.
- Other professional staff including physicans, nurses, social workers and addictions specialists are being identified from within the Province and across the country.
- Costs associated with Sheshatshiu and Davis Inlet are being tracked with a view to discuss a cost shared arrangement with Health Canada. To date, approximately $250,000 has been expended on the Sheshatshiu initiative with all 21 children/youth still in care.
- Information sessions are scheduled with the Health Care Corporation and Health and Community Services, St. John's commencing tomorrow morning to identify available staff and impacts for their organizations. Other stakeholder groups as required will also be considered.
- To date, a significant number of offers of help from individuals and community groups have been received and is being coordinated through the Department of Health and Community Services.
- The Province awaits further contact and discussion with the Innu regarding next steps.

Prepared by: Loretta Chard/Bev Clarke/Pam Rodgers
December 14th, 2000

Briefing Note
Update on Davis Inlet

Issue:

- Ongoing developments regarding plans for children and youth of Davis Inlet

Background:

- Discussions among the Province, federal government and Innu of Davis Inlet broke down December 6th, 2000. The Innu subsequently travelled to Ottawa and held a number of discussions with senior federal officials during the past week. These meetings resulted in an agreement between the Innu and federal government on December 13th, 2000.

- During the past week, Health and Community Services and Labrador and Aboriginal Affairs have continued to plan for the eventual detoxification and treatment of children/youth at the former Grace hospital site.

Current status:

- Full cooperation across government departments, the Health Care Corporation of St. John's, Health and Community Services St. John's, and Health Labrador Corporation has resulted in a comprehensive plan for the preparation of the former Grace hospital. To date, two full floors are being renovated to accomodate up to fifty children. In addition, the Grace nursing residence is being prepared to accomodate parents and staff from outside the province, including Innu staff.

- Following the agreement yesterday, contact was made with Davis Inlet and it was learned:
  - approximately 85 children/youth have been identified as gas sniffers by the Innu;
  - 20 children are said to be "younger" and it was advised it is unlikely that these would travel to St. John's. Health officials are of the view that this can only be determined following assessment and may be a contentious issue;
  - 65 of these children/youth are considered to be chronic solvent abusers however 19 of them are currently out of the community in either correctional facilities, group homes or with relatives in Sheshatshiu; and
  - of the remaining 46 children/youth, approximately 4 are between the ages of 22-29 years with approximately half of the remaining 42 under the age of 16 years. It is likely that approximately 45-50 children/youth will required placement at the Grace facility.

- It was also learned that Davis Inlet does not want the children/youth removed from the community until after the Christmas season however they were prepared to work with the Province to develop a safety plan.

- Further discussions this morning indicate the Innu leaders will return to the community from Ottawa this Friday or Saturday. They have agreed to have a community meeting to discuss the elements of the federal agreement and their plans for detoxification and treatment at the former Grace hospital. It is anticipated this meeting will be held on

Meeting with Davis Inlet Innu

- A meeting was held yesterday with the Innu of Davis Inlet, Health Canada and Provincial officials to discuss the current status of the children at the Grace facility as well as long term plans for the community.

- An update of the children was provided. Plans are now in place for dealing with the aggressive behaviours exhibited by some of the children. The Innu have been very involved in this process. The Innu have also identified a clinical psychologist from Quebec to work with the clinical team at the Grace to complete psychosocial assessments of the children over the next 2 - 3 weeks which will include individual treatment plans for each child.

- Concerns were raised by the Province about the children remaining in the community and the Innu were asked if they have developed any plans to address this issue. The Province was reminded that the Innu submitted a 7 point healing plan in 1993 and have continued to bring it forward on a regular basis to the federal government for funding. It is the Innu's belief that this *comprehensive* plan would address all community issues.

- As a result of these discussions, the following issues were addressed:
  - A model for a youth treatment program was presented by a small committee of experts. There was consensus that this model was appropriate however much of the detail regarding implementation remains to be addressed. Health Canada will take the lead role in developing youth treatment in Goose Bay for the children at the Grace. At this time, viable options for housing of the children in Goose Bay have not been identified. The Innu have received offers of assistance which they will explore.
  - Treatment is required for adults with alcohol and/or solvent abuse problems which includes young adults, as well as parents of the children at the Grace. The Province made it clear that Health Canada also must take the lead role on developing options for these individuals. All agreed that without this component of treatment in place, it is fruitless to return the children to Davis Inlet. A small working group was identified to explore options and the Innu have developed a adult treatment concept which they will forward to the federal government with a copy to the Province.
  - A long term plan for a cultural renewal/family treatment center was discussed. It is somewhat unclear exactly what the Innu are requesting. They agreed to work with the federal government to submit a proposal outlining their request. The Innu also want representatives from DIAND, because they are responsible for capital cost, to attend the next meeting scheduled for February 20th, 2001.

- Although Health Canada has agreed to take the lead role on all "treatment" components as outlined above, the Province is concerned that the federal government appears to be reluctant to move forward and fulfill their responsibilities for aboriginal treatment. A meeting held previously to discuss the cost sharing arrangement was not productive as the

federal negotiator did not have the mandate to discuss figures. This remains to be the case.

- In the interim, the children will remain at the Grace facility with a cost of approximately $1.2 million/month. At this point, the Province continues to meet all financial obligations with respect to the care and treatment of the children and to date, have not received federal funding although $750,000 has been promised.

- The Province will continue to pursue this matter and provide updates as new information becomes available.

Prepared by: Beverley Clarke/Pam Rodgers
January 31st, 2001

Briefing Note

Issue: Weekend Visit to Davis Inlet - Follow up on Briefing note of February 14, 2001

Background:

On February [redacted]2001 two social workers from the Grace Facility - Darlene Didham and Dean Kennedy - accompanied three children to the Community of Davis Inlet to enable them to attend the funeral of their father, [redacted] which took place in Davis Inlet on February [redacted]2001. The social workers remained in the Community with the children during the weekend and returned to St John's on Monday, February 19, 2001. The children spent the weekend with their mother, [redacted] and other relatives while the social workers stayed at the mission house.

During the weekend the social workers had an opportunity to meet with some of the parents whose children are at the Grace Facility. The purpose of the visits was to gain more information about the families background.

I addition , the social workers met with a number of parents who requested placement at the Grace Facility for their children due to solvent abuse. As a result, five additional children accompanied the social workers back to St John's on February 19,2001. The new children who arrived at the Grace Facility on Monday were children who had previously been identified as sniffing gas while the first team of social workers were in the Community. They had not been removed during that time for a number of reasons ie, parents reported being able to manage their son/daughter, alternate placement was found in the Community, or the children could not be located when the plane was leaving the Community. There was one 17 year old [redacted] youth who signed a youth services agreement, two 15 year old [redacted] whose parents signed the voluntary services agreement with the Director, and two fourteen year old, one [redacted] nd one [redacted] whose parents signed a voluntary services agreement with the Director. Several of these children already had siblings at the Grace Facility.

While in the Community the social workers also identified a nine year old [redacted] who required protective intervention (not due to sniffing behavior but due to parental drinking) and a plan for placement , **not** at the Grace Facility was made on his behalf.

The social workers attended the funeral mass and reported while the event was indeed quite emotional no major problems were evident with the children.

The Social workers were also in the Community when a resident caught his house on fire following domestic dispute with his wife. Fortunately no one was in the home at the time of the fire but it was yet another tragic event for this Community.

Prepared by: Marilyn McCormack
Approved by: Beverley Clarke
Date: February 22, 2001

Briefing Note

Issue:

Update on children and youth from Davis Inlet who are placed at the Grace Facility

Background Information:

There are currently 34 children/youth at the Grace Facility . All of the children/youth have gone through the detoxification process and are free from solvents. In addition each child/youth have undergone clinical assessments by a multi-disciplinary team. The children/youth were seen by some of the following team members chosen by the parties involved in this agreement:

- Ms Danielle Dissent, a psychologist from Quebec who was chosen by the Innu, completed psychological assessments
- Mr Mark Nui, Innu leader completed family assessments
- Mr Prote Poker, Innu leader completed cultural assessments
- Mr Ron Tizzard, addictions consultant completed addictions assessments
- A team of social workers(4) completed social histories and clinical assessments
- Dr Ted Rosales, other pediatricians, and nursing staff completed medical assessments
- Ms Ruby Sharpe, behavior management specialist, completed behavioral assessments.

The information from the clinical assessments will now be used to guide the development of components of the individual treatment programs for the children/youth.

Current Status:

The clinical assessments have now been completed on the children and youth and they are ready to begin the treatment process. The Innu have requested that the children be moved closer to home for this purpose and Happy Valley/ Goose Bay, Labrador has been chosen as an appropriate site for treatment. The Innu have been working with Health Canada on a suitable treatment program for the children and on securing the needed placements for the children so this process can begin. They will incorporate the findings from the clinical assessments into the treatment strategy. The tentative date for the children and youth to leave the Grace Facility and move to Labrador is March 31, 2001. A meeting to further discuss this planing process is set for Thursday, March 8, 2001.

Prepared by: Marilyn McCormack
Approved by: Beverley Clarke
Date: March 6, 2001

Briefing Note

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Prepared by: Marilyn McCormack
Approved by: Beverley Clarke
Date: March 6,2001

Briefing Note Regarding Recent Death in Davis Inlet

Issue: Death of a Parent of Children at the Grace Facility

Background:

This morning Ms Deanne Chafe , Project Manager at the Grace Facility was advised by Luke Rich. Innu Leader , that [redacted] died in the Community of Davis Inlet last night. [redacted] reportedly froze to death in the Community while under the influence of alcohol. No further details were available . [redacted] is the father of [redacted] age13 years and [redacted] age 12 years. An older [redacted] age 16 years had been at the Grace Facility under a Youth Services Agreement but cancelled [redacted] agreement with the Director on January 25,2001 and returned to the Community. The children's mother [redacted] had visited the children at the Grace Facility last week.

Action Plan:

At the present time a social worker, the Project Manager , and an Innu staff member are meeting with the children to inform them of their father's death. It is not known whether or not the children will return to the Community for the funeral. This will be determined as further details are made available and the situation is discussed with the children, the mother and others. Further information will be provided as it becomes available.

Prepared by: Marilyn McCormack

Approved by: Beverley Clarke

Date: February [redacted] 2001

Premier's Briefing Note

RE: Innu Treatment Program - Human Resource Issue

Staffing for the treatment program for Innu children will be achieved mainly through formal contracts with agencies and individuals.

Basic services such as security, housekeeping, laundry, food service, and pay administration will all be contracted to outside agencies. The department of Health and Community Services will hire support workers on individual contracts to provide personal one-on-one support.

A small number of Department of Health and Community Services employees will be seconded to the program to provide nursing and counseling services.

It is anticipated that NAPE will approach the Department of Health and Community Services claiming that the support workers hired should be members of one of their bargaining units, either GS or HS. If this happens then the initial response would be that these are contractual employees performing work which is not part of the GS bargaining or HS bargaining unit work. If NAPE is ultimately successful in having the employees declared part of the bargaining unit then the department is prepared to deal with that eventuality by including them in the GS contract.

DAVID GALE
Associate Secretary

2000 12 18

Briefing Note

Issue: Update regarding Davis Inlet children

- Ms. Beverly Clarke, Assistant Deputy Minister, Heath and Community Services provided the following update this morning, January 12, 2001:

Children currently at the detox centre, St. John's:

- Last evening several of the boys at the detox centre become very aggressive. Staff have been instructed **not** to have physical contact with the children, including "holding" them, when they become physically aggressive.

- Given the events of last evening, the protocol concerning physical restraint is being reviewed and additional training is being provided to staff in handling aggressive behaviour.

- The cleaning staff discovered that a bottle of ammonia is missing from a cleaning cart. A thorough search of the children's rooms and the building was not successful in locating the missing ammonia. Nursing staff advise any child sniffing the ammonia will be detectable as it causes immediate stomach illness. No children have been sick as of this morning.

- A review of the cleaning solutions on the carts will be conducted with cleaning staff today to determine what should be removed from the carts.

Children scheduled to arrive on January 12th and 13th

- An additional 14 children will arrive over today and tomorrow, including 8 children from ages 10 to 15; 5 children ages 16; and one seventeen year old.

- Government has chartered a flight to transport 7-8 children, which is arriving in St. John's at 2:30 p.m. today, with the remainder of the children arriving tomorrow. The team of social workers in Davis Inlet have been able to complete social histories on these children which will be helpful to the staff at the detox centre.

- It is believed that the children scheduled to arrive over the next two days may be more aggressive than those at the centre. For this reason, and due to the fact that the children currently at the centre are at a different stage in detox, a third unit will be opened to accommodate the new arrivals.

- Escorts from the community will accompany the children. The Department has advised Innu leaders that any adults from the community who accompany the children must not be currently abusing alcohol or have any outstanding criminal charges.

Staffing:

- A total of 87 staff have been hired or are going through the process of orientation. Eight Human Resource personnel from Treasury Board, and the Departments of Health and Community Services, and Education have been assisting with the screening and hiring process.

- All staff hired have been identified through the public advertisement and meet the minimum criteria set out. Due to the numbers being recruited, all certificates of conduct have not been received from the police. A review of resumes indicates that many of the staff are social work students or have worked in group homes which would have required that they would a certificate of conduct.

- The recruiters are developing a list to determine which staff have certificates of conduct outstanding, and the Department will ask the RNC to expedite the applications for these individuals.

- Staff with the children include 1 on 1 staff; floaters; supervisors; nurses; and social workers. Children are being individually assessed to determine if 1 on 1 staff is still required. The staffing patterns are also being assessed to determine the appropriate level of staffing, as there may be too many adults with the children at the same time.

- The Department believes this re-assessment will reveal that it has adequate staff to handle the children, including the new admissions today and tomorrow.

- It has been determined that one of the Innu adults who come with the original group of children has been convicted of assault. He has been removed from any direct contact with the children and has been working in the Nurses Residence which houses the adults.

- On January 11, 2001, Minister Bettney's office was contacted by Marilyn Tucker of the Employers Council indicating that home care agencies were planning to go public with grievances concerning the hiring of one on one support workers for the children at the detox centre. The agencies were alleging:
  - they had a verbal contract with Health and Community Services to supply staff and that this belief was supported by their lawyers.
  - that the Department was raiding their staff; and
  - that staff hired did not meet the minimum requirements.

- The Department advises that :
  - In late November/ early December, 2000 contact was made with home care agencies about the possibility of using their staff. However, this was very preliminary and agencies were subsequently advised that no decisions were made on how staff would be recruited.
  - One agency, Serenity Nursing and Home Support Services, proceeded to actively recruit staff for the purpose of working with the children. The operator was contacted and advised that she had been not asked to hire additional staff and that the general inquiry was not to be considered a verbal contract.
  - A review of the resumes reveals that only 6 out of the 87 hired had worked with home care agencies.

- Ms. Clarke has been attempting to reach Ms. Tucker of the Employers Council this morning.

Media contact:

- The media have been told that children will be arriving this afternoon, however they have not been advised of the exact arrival time. Arrangements have been made for the plane to land at a hanger, and for the children to be transported immediately to the centre.

- An article in today's *Telegram* reported that the Innu had requested immunity from prosecution for anyone named in any allegations of sexual abuse by the children. Ms. Clarke advises that the question was unanticipated and that she attempted to re-focus the reporter on the terms of the agreement with

the Innu, and not on items that may have been discussed. She did indicate that the Province could not accept such a condition.

Prepared by: L Burt/V. Randell, Cabinet Secretariat
January 12, 2001

Media inquiry

Bernie Bennett from The Telegram called at 11:15 a.m. Monday saying he had heard

- there are serious cases of vandalism taking place at the Grace detox facility;
- staff members have been assaulted by Innu children;
- staff members have indicated they will be pressing charges related to these assaults;

Suggested media line

- the children at the Grace are going through a detoxification process. This process, as department officials have indicated, includes a period of hyperactivity;

- there has been some damage done to property at the Grace, but this is to be expected under the circumstances;

- Department of Health and Community Services officials will not be providing details of individual incidents occurring within the facility. Neither will they be commenting on the individual circumstances of children in their care. The majority of those being treated within the facility are minors. They are children. These children are ill; they are under professional care and it would be highly inappropriate to discuss their individual circumstances.

- As of 11:30 a.m. Monday, January 15 - there have been no reports of assault from staff and no indication staff members are considering pressing charges.

Update regarding Children from Davis Inlet at the Grace facility

- On Friday January 12th, an additional 11 children arrived from Davis Inlet and were placed at the Grace facility. Four Innu staff traveled with these children and are currently housed at the Grace nursing residence. The Innu staff will be hired as youth support workers at the Grace facility.

- On Saturday, January 13th, another 6 children and 4 Innu staff arrived. Again these children were placed at the Grace facility and the Innu staff will be utilized as youth support workers.

- Generally, all children seem to be settling in, have been medically assessed, and given medical clearance to engage in recreational activities. Staff have been tasked with the development of scheduled programming including daily chores, activities, recreation, etc.,.

- During the weekend, 3 children started to exhibit some behavioral difficulties. All 3 boys acted out by throwing chairs, kicking walls and damaging furniture.

- On Sunday evening, one child, age [redacted] years, was transferred to the Remand Center via police escort. This decision was made out of concern for the safety of all children and staff. The child appeared in court this morning on breach of an undertaking and charges of property damage. [redacted] will reappear in youth court February 3rd, 2001 and has been returned to the Grace facility. All reports indicate no further difficulties at this time.

- Further consultation with the clinical team, including the physician at the Grace, indicates that the children with the worst behavioral problems may have Fetal Alcohol Syndrome. A behavior management program is being designed for these children.

- Human resource personnel are working to recruit and schedule an additional 30 (of the 160) youth support workers required, 10 additional unit supervisors and a number of night managers. This is an extensive undertaking consuming all human resource staff of the Department of Health & Community Services (HCS) as well as secondments from other departments. Many management & consultant personnel within HCS have been called upon to work shifts at the Grace. Cooperation has been outstanding.

- Marilyn McCormack, Provincial Director, Child Youth & Family Services remains in Davis Inlet completing reports of children at risk. It is anticipated that she and her team will leave Davis Inlet tomorrow. It is not yet known whether there will be other children leaving the community however, it is possible that a small group (2-3) may accompany them.

- Media continue to contact HCS for updates on the children. As of today they have been told that HCS will not be releasing information about individual children or incidents occurring at the Grace to ensure protection of the children's privacy. However, general updates will continue to be available.

Prepared by: Beverley Clarke/Pamela Rodgers
January 15th, 2001

Davis Inlet Innu may Attempt to Remove Children/Innu Staff from the Grace facility

Background:

- Media reports indicate the Davis Inlet Innu may attempt to remove their children and staff from the Grace facility in protest to DIAND's recent action of imposing third-party management of the Band council's finances. Reports indicate the Chief is encouraging this action. The Chief has not made contact with the Province.

- It has also been learned through the Community Services Workers in Davis Inlet that a community meeting had been held to discuss this protest.

- At the Grace facility, there are:
  - 22 children, under the age of 16 years, entered care via voluntary care agreements signed by the parents with the Director in Region, Child Youth & Family Services, Health Labrador Corporation;
  - 1 child, under the age of 16 years, entered care via a warrant to remove;
  - 8 youth, ages 16 & 17 years, voluntarily signed youth services agreements;
  - 1 youth, age 17 years, entered care via a warrant to remove; and
  - 3 adults, 18 years, signed adult consent forms.

Action Plan:

- The Province has prepared both the **applications for warrants to remove** and the **warrants** for 22 children under 16 years. These documents would be presented to the court in St. John's if the parents terminate the voluntary care agreements with the Director in Region, Child Youth & Family Services, Health Labrador Corporation. Contact has been made with the Department of Justice and Unified Family Court.

- The eight youth 16 & 17 years of age, can voluntarily terminate the youth services agreement at any time. This process would involve a social worker discussing the youths' options before their release. 4 female youth have already indicated their wish to return home. Social workers are assessing these individuals.

- The three adults, age 18 years who arrived with the Chief on the first plane, can terminate their consent for detox services at the Grace facility at any time.

- Should Innu staff wish to leave and terminate their employment, it will not pose problems for management of the children at the Grace facility.

Prepared by: **Marilyn McCormack/Pam Rodgers**
Approved by: **Beverley Clarke**
January 24th, 2001

Update: Innu Children from Sheshatshiu & Davis Inlet

Sheshatshiu Children:

- There were 19 children/youth in care from Sheshatshiu as a result of the community's request to the Province for assistance with children/youth who were gas sniffing in the community.

- These children/youth were removed from the community by warrant from the court and placed in military barracks in Goose Bay. On December 20th, 2000, the Director in region for Child Youth & Family Services, Health Labrador Corporation, was granted a 6 month order for temporary custody of the children under the Child Youth & Family Services Act.

- Currently 18 children/youth remain in the care and custody of the Director. One child has been remanded into youth custody.

- Of the 18 children, 13 of them are now living in a total of five (5) houses/apartments that are fully funded and staffed on a 24 hour basis by the Health Labrador Corporation. Two children are in a caregiver home (foster home), one youth has returned to his birth family, one youth has gone to British Columbia with her family for intensive addictions treatment and one youth has entered the Charles J Andrew treatment centre in Sheshatshiu.

- Health Labrador staff are continuing to provide services to all affected families in the community.

- There continues to be employee performance issues with Innu staff in the 5 houses/apartments staffed 24 hrs/day in the Goose Bay area. Health Labrador Corporation are dealing with these issues on an individual basis.

- Health Labrador Corporation continues to manage this situation, consult with the Department of Health and Community Services as required and, provide updates to the Province when necessary.

Davis Inlet Children:

- Children from Davis Inlet currently residing at the Grace facility appear to be doing well. All children have been medically assessed and are in better physical condition than originally anticipated. There are a number of children, approximately 12, who may have brain damage either from solvent abuse and/or fetal alcohol syndrome. The possibility of obtaining MRI's on these children to confirm diagnosis is being explored.

- There have been some incidents of behavioural difficulties at the Grace facility however, the majority are related to those children suspected to have brain damage. Activity programming and behavioural management strategies are expected to help manage these incidents. However, long term success will be limited due to cognitive disability should

such diagnoses be confirmed.

- One [redacted] year old [redacted] has been remanded on two occassions as a result of violent and aggressive behaviour. [redacted] has returned to the Grace facility and an individual management plan has been developed. It is suspected that this child has severe fetal alcohol syndrome thus [redacted] behaviour will be difficult to manage. Other placement options will need to be explored for [redacted]

- A policy / procedures manual has been drafted by the clinical team at the facility to ensure smooth operations and consistency in approach to situations. Attempts to consult the Innu on the contents of this manual are ongoing. It has been extremely difficult to consult with the Innu on a regular basis as the Innu project coordinator is not on site and difficult to contact via phone.

- Four female residents at the facility, age 16-17 years, who have signed voluntary care services agreements have indicated a desire to return home. Social workers are discussing the options with these youth however it is anticipated they will likely return to their community.

- Plans are being made to complete comprehensive psychosocial assessments on each child to determine their individual plans for treatment. In addition a small tripartite working group has been established to develop the options for youth treatment for these children.

Prepared by: **Pamela Rodgers/Marilyn McCormack**
Approved by: **Beverley Clarke**
January 24, 2001

Davis Inlet Innu may Attempt to Remove Children/Innu Staff from the Grace facility

Background:

- Media reports indicate the Davis Inlet Innu may attempt to remove their children and staff from the Grace facility in protest to DIAND's recent action of imposing third-party management of the Band council's finances. Reports indicate the Chief is encouraging this action. The Chief has not made contact with the Province.

- It has also been learned through the Community Services Workers in Davis Inlet that a community meeting had been held to discuss this protest.

- At the Grace facility, there are:
  - 22 children, under the age of 16 years, entered care via voluntary care agreements signed by the parents with the Director in Region, Child Youth & Family Services, Health Labrador Corporation;
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- The three adults, age 18 years who arrived with the Chief on the first plane, can terminate their consent for detox services at the Grace facility at any time.

- Should Innu staff wish to leave and terminate their employment, it will not pose problems for management of the children at the Grace facility.

Prepared by: **Marilyn McCormack/Pam Rodgers**
Approved by: **Beverley Clarke**
January 24th, 2001

Update regarding Davis Inlet Meeting & Report from the Community

Meeting St. John's 10:00am - 4:00 pm, January 10, 2001

- Meetings with the Innu delegation, federal and provincial officials resulted in progress. Key media messages include:
  - the meetings were very productive and agreement was reached on utilization of the Grace facility for phase 1 - detox and assessment of children;
  - additional Innu staff will be coming to St. John's to assist at the Grace facility;
  - for some children, there will be a phased in approach used while others will require placement in St. John's fairly quickly;
  - planning will continue regarding long term approaches; and
  - all partners are working together cooperatively, treading new ground and doing things differently.

- All parties have generally agreed on the approach to be taken. One significant difference which arose is the Innu desire to have a treatment facility located in Goose Bay with adjacent country treatment options. Health Canada has agreed to take the lead in exploring treatment options in Goose Bay.

- A technical team comprised of addictions experts selected by Innu, Health Canada and Department of Health & Community Services has been established to make recommendations for appropriate youth treatment options. All parties will meet again January 30th, 2001 for a progress report.

- The Innu have now signed the previously negotiated protocol agreement.

Davis Inlet

- The Director of Child Youth & Family Services, who is in Davis Inlet with 3 social workers, has advised that they have received a list of names of gas sniffers: 17 children are under the age of 16 years; 6 are youth ages 16 & 17; and 11 are adults 18 -31 years of age. Children are the first priority, youth are the second priority and options to address adults remain to be explored.

- It is anticipated that a number of children/youth will require removal from Davis Inlet to the de-tox centre in St. John's and, in the event that this is necessary, a charter with a capacity of 12 (children and escorts) has been booked for tomorrow. It will be determined later this evening whether or not this charter will be required.

Prepared by: Pamela Rodgers/Beverley Clarke
Approved by: Debbie Fry

January 10, 2001

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Prepared by: Pamela Rodgers/Beverley Clarke
Approved by: Debbie Fry

January 10, 2001

Briefing Note - January 8th, 2001
Update regarding Davis Inlet

- On Friday January 7th, Bev Clarke, ADM, Department of Health & Community Services was finally able to contact the Chief of Davis Inlet following repeated attempts to contact any of the Innu leaders. The Chief stated that he had not yet signed the Protocol Agreement and not to "get too excited" about children/youth from his community coming to the Grace.

- The Chief also indicated they had not made a decision regarding the children staying at this facility beyond detoxification. Ms. Clarke reminded the Chief that it was their decision to use the Grace and since the Province had spent in excess of $600,000 readying the facility, the Province anticipated the children being there for some length of time.

- During the weekend, mixed messages were reported in the media regarding statements by the Chief. It was reported the Chief had made several attempts to contact social workers in Happy Valley Goose Bay and he could not understand why social workers had not entered the community.

- This morning, provincial and federal officials teleconferenced with Innu leadership including the Chief and Luke Riche. The Province outlined its plan to send a team of social workers into Davis Inlet 9:00 a.m. Tuesday January 9th, 2001 and asked for cooperation from the Innu leadership. The Chief stated that he would be sending "plane loads out to the Grace tonight".

- Attempts to caution the Innu about such a move without legal signed consent forms by parents with social worker participation as per requirements under the Child Youth and Family Services Act fell on deaf ears. The Province also reiterated that staff had not yet been hired and therefore no one was on site at the Grace to receive the children. The Innu abruptly terminated the call saying they would see us tonight at the Grace.

- As a result of this discussion it was decided that the Province would proceed with a two-prong approach:
  - the team of social workers will proceed to Davis Inlet and begin their work with both the community and the individual families; and
  - a skeleton crew of approximately 15 staff will be hired to begin shifts at 8:00 p.m. this evening at the Grace facility.

- RCMP have confirmed that 2 planes are leaving Davis Inlet this afternoon. Approximately 38 people, including children and adult Innu workers will be arriving in Goose Bay around 6 p.m. and leaving via charter at 10 p.m. and 11 p.m. this evening. These charters will be arriving St. John's approximately 2:00- 3:00 a.m.

- Additional professional staff from Health and Community Services, St. John's region and the Department of HCS will be available as necessary to support the youth workers.

- At this point we do not know the combination of children vs family and escorts. Further information is expected later tonight. Families and escorts will be housed at the nursing residence at the Grace facility which has been prepared and ready to accomodate people.

- The Department of Health and Community Services has written the Chief to inform him that the Province is prepared to accept children/youth from Davis Inlet at his earliest convenience.

- Further information will be supplied as it becomes available.

Chronology re: Children/Youth Gas Sniffing, Davis Inlet
January 9th, 2001

November 23rd - 24th, 2000

- Media reports first aired children were sniffing gas in Davis Inlet and the band council was calling for support. Several attempts by the Province to contact Chief Tshakapesh were unsuccessful. A press release was issued followed by a fax to the band council office indicating the desire to initiate discussions. No return calls were forthcoming.
- Health Canada indicated similar unsuccessful attempts to contact the Chief.
- A meeting of senior provincial and federal political and government officials was scheduled with the Innu of Sheshatshiu and Davis Inlet in Goose Bay, Sunday November 26th.

November 25th - 26th, 2000

- It was learned the Chief of Davis Inlet would not be attending the above meeting and was instead on route to Shawinigan to meet with the Prime Minister.
- The Prime Minister met with the Davis Inlet delegation and offered support through his federal ministers.

Monday, November 27th, 2000

- Ongoing attempts to reach Chief Tshakapesh were unsuccessful. There was increasing concern regarding responsibilities under the Child Youth and Family Services (CYFS) Act and the potential risk of children in Davis Inlet.
- The Province and Health Canada continued to identify human resources and placement options in anticipation of a response to Davis Inlet and/or a requirement to intervene under the CYFS Act.

November 28th - 30th, 2000

- As Health Labrador was fully engaged in the Sheshatshiu crisis and no further capacity existed to respond to Davis Inlet, discussions were held with the Province and Health Canada regarding an alternate plan of action.
- A teleconference call with federal, provincial and Innu representatives was held November 29th during which the Innu demanded an Innu controlled, medically supervised, detox facility of their own. As this option was not available, the Innu requested the former Grace Hospital be reopened. A meeting was scheduled for the following day with federal and provincial officials and the Innu to commence joint planning.
- The Chief verified with the Minister of Health the former Grace Hospital was their placement of choice.

December 1st - 2nd, 2000

- Negotiations with the Innu continued throughout the weekend in St. John's. Provincial requirements with respect to the CYFS Act was a contentious issue specifically:
  - the Innu were unwilling to allow social workers into the community to seek consent from parents; and
  - fear of recrimination should children disclosure physical & sexual abuse.

  Additionally, the Innu wanted their own team of medical experts to be funded by Health Canada and brought to the Province to oversee treatment.
- Talks broke off December 2nd with the Innu stating these discussions were now at a political/jurisdictional level however they invited federal & provincial government officials to meet in Davis Inlet December 6th to observe their plight first hand.

December 5th - 12th, 2000

- While on route to Davis Inlet, provincial officials were notified that the Innu delegation would now meet in Goose Bay. A short meeting was held that evening with an angry

Chief reiterating the need for full Innu control.

- December 6th, negotiations continued with the Province outlining several options for a tripartite response [federal, provincial, Innu] and it appeared progress was being made. A protocol agreement was drafted involving both short & long term plans. This was vetted by the Province and federal government for approval with final sign off to occur later that evening.
- At the last hour, the federal government announced quite suddenly that they were not prepared to negotiate beyond the immediate needs of the children and talks abruptly ended.
- The federal government and the Innu aired their differences in the media. Eventually following several meetings in Ottawa, a deal was signed December 12th which included a medical/psychosocial assessment process, in cooperation with the Province.
- During this time, the Province continued preparation of the former Grace Hospital as a detoxification and treatment center while awaiting the return of the Innu from Ottawa to recommence discussions.

December 14th, 2000

- The Province was finally able to reach one of the Innu staff and learned that approximately 85 children/youth were being identified as gas sniffers and the Innu did not want them to leave the community until after the holidays. The need for a safety plan was discussed to ensure those most at risk would be safe in the community.
- It was verified with the Innu that a team of social workers would be prepared to travel to Davis Inlet to begin assessments during the week of January 2nd, 2001.

December 15th - 19th, 2000

- Several phone calls and a teleconference occurred with the Innu in an effort to resurrect the protocol agreement and voluntary care agreements for parental consent. A number of drafts were exchanged and a face to face meeting was scheduled for St. John's, however, the Innu again changed the venue to Goose Bay for December 20th.

December 20th - 22nd, 2000

- After waiting until 4:30 p.m. to meet with the Innu, discussions began and a tentative protocol agreement including a modified voluntary care agreement form and an adult treatment consent form was finally agreed upon. Provincial officials traveled back to St. John's and awaited the final copy for signature. On December 22nd the agreement was received, signed by the Province and returned to the Chief for signature.
- The Province was assured a safety plan was in place for the children/youth in Davis Inlet during the Christmas holidays.

January 2nd - 5th, 2001

- Attempts to reach Innu leadership as per the protocol agreement, yet unsigned by the Chief, were unsuccessful as the band council remained closed for the holidays. Health Labrador also scheduled a meeting with a band council member who was in Goose Bay however he never showed.
- Departmental officials contacted a consultant in New Brunswick, working for the Innu, and was advised the Innu were anxious to move forward and a meeting would be sought with the Province for January 3rd to discuss a work plan and placement of the children.
- Although this information was given by the consultant, many attempts to reach Innu leadership remained unsuccessful and confirmation of the meeting was not received. Information from Health Canada indicated a delay as the Innu were unwilling to continue until additional federal funding was forthcoming to cover their ongoing costs.
- A tripartite conference call was organized for January 3rd however the Innu did not attend and their consultant advised he had no mandate to participate.
- On January 4th, a letter was faxed to the Chief and a copy hand delivered to Innu

representatives in Goose Bay. This letter identified, for Innu consideration, a list of provincial social workers willing to travel to Davis Inlet to begin the assessment process, as well as seeking the names of the Innu team to assist. No response was forthcoming.

- Media interest heightened and the Province responded indicating its readiness to proceed with the assessment and placement of the children at the Grace facility.

January 5th - 8th, 2001

- On Friday January 5th, the Province was contacted by legal counsel for the Innu stating the Innu had resolved their difficulties with the federal government and were again ready to proceed with planning, including a meeting for January 10th in St. John's to finalize details. It was also stated the Innu were preparing a list of children as well as an Innu action plan which would be forwarded by January 8th. No such correspondence was received.
- Later that same day, the Province following repeated attempts, was finally able to contact the Chief who indicated he had not yet signed the protocol agreement and no decision regarding placement of the children beyond detoxification had been reached.
- During the weekend, mixed messages were reported in the media with the Chief stating he could not understand why social workers were not yet in Davis Inlet and that his calls to them were unanswered.
- On Monday January 8th, provincial and federal officials teleconferenced with Innu leadership including the Chief. The Province outlined its plan to send a team of social workers to Davis Inlet Tuesday January 9th and asked for cooperation. A testy Chief stated he would be sending "plane loads out to the Grace tonight" and abruptly terminated the call.
- The Province decided to proceed with plans to send social workers into Davis Inlet as well as to prepare the Grace for the arrival of children that night.

January 9th, 2001

- In the early hours of the morning, 16 children/youth [9 females and 7 males ranging in ages of 10-18] arrived in St. John's along with 6 community monitors, a number of political Innu leaders as well as a CBC reporter.
- Transportation was provided to the Grace facility where media entrance was denied. This seemed to upset the Chief. The Province indicated its desire to focus on the needs of the children and getting them settled at such a late hour.
- Overnight the children seem to settle in and are reported to be doing well to this point in time.
- News reports this morning indicate the Chief was forced to act and remove children as the Province was not responding fast enough. To date, the Province has responded to numerous media requests.
- A team of four social workers are expected to be in Davis Inlet today to assess the remaining children/youth sniffing gas.
- A meeting with the Innu delegation, provincial and federal officials is scheduled for tomorrow morning to further discuss follow up activities.

Prepared by: **Loretta Chard/Pam Rodgers**

Mushuau Innu First Nation

Mushuau Innu

Box 107 • Utshimassits • Labrador
A0P 1A0

"People of the Barrens"
(709) 478-8827/8902/8867 Fax: (709) 478-8936

Long Term Healing Plan

1. Remove solvent abusers from the community
2. Find or establish a medical detox facility for the solvent abusers
3. Commit sufficient resources for a five year plan to bring the kids back to health
4. Establish and finance a family and cultural renewal center at Natuashish
5. Take care of the complete cost of all housing at Natuashish, including additional houses as necessary
6. Speed up relocation project and bring management of the project back into the hands of the Mushuau Innu
7. Immediately plan to build recreation facilities (multi-purpose arena, soccer and baseball field, etc…) and finance operating costs
8. Finance cultural programs necessary to restore Natuashish to a healthy functioning community
9. Remove structural barriers to a healthy community (ban development on Innu land without Innu consent prior to the settlement of land claims, settle land claims and Innu self-government, implement November 24, 1999 agreement including registration of the Innu under the Indian Act and by-law making power, creation of reserves at Davis Inlet/Natuashish and Sheshatshiu, tax relief for Innu equivalent to other status Indians)

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health & Community Services
Policy & Program Planning Branch

January 8, 2001

Chief Simeon Tshakapesh
Mushuau Innu Band Council
P.O. Box 107
Davis Inlet, Labrador
A0P 1A0

Dear Chief Tshakapesh:

In view of our most recent discussion with you via teleconference today, the Province is prepared to accept children and youth at your earliest convenience. A team of staff will be available at the Grace Hospital this evening to receive the children you indicated will be flying in to St. John's tonight.

I look forward to ongoing discussions with you and your team as we move forward to provide appropriate care, detox, and treatment for these children. We also wish to work with your team to ensure appropriate assessments for these children and any other children left in the community who may need assistance.

Yours sincerely,

Beverley Clarke

BEVERLEY CLARKE
Assistant Deputy Minister
Policy & Program Planning

BC/dh
cc: George Riche
Luke Riche
Mark Nui
Delia Connell
Boyd Rowe
Kate Gray
Al Garman
Marilyn McCormack
Loretta Chard
Pam Rodgers

P.O. Box 8700, St. John's, Newfoundland, Canada, A1B 4J6, Facsimile (709) 729-0121, Telephone (709) 729-5864

FACSIMILE COVER PAGE

Date: January 8, 2001

FAXED

Please deliver the following document to:

Name:	Simeon Tshakapesh/George Riche/Luke Riche/Mark Nui/Delia Connell/Boyd Rowe/Kate Grey/Al Garman/Gerry Steele
Location:	
Fax Number:	(709) 478-8936/(709) 896-4032/ (902) 426-8675/(902) 566-4223
Telephone Number:	

From:	BEVERLEY CLARKE, Assistant Deputy Minister
Location:	Dept. of Health and Community Services, St. John's, NF
Fax Number:	(709) 729-0121
Telephone Number:	(709) 729-5864

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THANK YOU AND HAVE A NICE DAY

☺

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health & Community Services
Policy & Program Planning Branch

January 4, 2001

Mr. Simeon Tshakapesh
Chief
Mushuau Innu Band Council
P.O. Box 107
Davis Inlet, Labrador
A0P 1A0

Dear Chief Tshakapesh:

Over the last couple of days I have been unable to make contact with you or your advisors by phone. As per the Protocol Agreement, I am providing you with a list of proposed names of the social work team that would travel to Davis Inlet to begin the assessment process of the children. As per our discussion, this team would be available to work with an Innu team you propose from the community. Please forward your list for our consideration.

We are anxious to move forward and would appreciate confirmation of the team members immediately. For your information, two floors of the former Grace Hospital have been prepared to receive the children. In addition, the attached Nurses' Residence has been prepared for Innu staff and escorts. If you are unable to contact me yourself, please have one of your team members, such as Luke Riche, make this contact.

.../2

P.O. Box 8700, St. John's, Newfoundland, Canada, A1B 4J6, Facsimile (709) 729-0121, Telephone (709) 729-5864

I look forward to hearing from you in the near future.

Yours sincerely,

BEVERLEY CLARKE
Assistant Deputy Minister
Policy & Program Planning

BC/dh

Att.

cc: George Riche
Luke Riche
Mark Nui
Gerry Kerr
Delia Connell
Boyd Rowe
Kate Grey
Al Garman
Marilyn McCormack
Loretta Chard
Pam Rodgers

PROPOSED SOCIAL WORK TEAM (to Travel to Davis Inlet)

Marilyn McCormack, Provincial Director, Child, Youth & Family Services

Kate Grey, Director in Region (Labrador), Child Youth & Family Services

Vivian House, Social Worker, Happy Valley-Goose Bay

Karen Tuck, Former District Manager for the Innu Zone

Debbie Perry, Social worker, Department of Health & Community Services

Sandy Penney, Addictions Counsellor, Health Labrador Corporation

*Delia Connell, Assistant Executive Director, Health Labrador Corporation

*Michelle Kinney, Director of Mental Health Services, Health Labrador Corporation

* Delia & Michelle would assist in facilitating this process in the community.

Update regarding Children from Davis Inlet - Grace Facility

- There are thirty children/youth, of the original thirty-five, currently residing at the Grace facility: nine aged 10 - 12 years; fourteen aged 13 - 15 years; five aged 16 - 17 years; and two aged 18 years.

- Four youth, aged 16 - 17 years, have terminated their voluntary care services agreements and returned to Davis Inlet. One individual aged 18 years cancelled her adult consent and returned to Davis Inlet. All of these youth were interviewed by social workers and individual options were explored however the youth remained firm in their desire to leave.

- Most children/youth are doing reasonably well; however, there have been incidents of aggression from those suspected to be afflicted with some form of brain damage. One female child, aged 10 years, assaulted a youth support worker last evening. The child attempted to choke the worker around the neck. An individual behaviour management plan for this child is being developed.

- The clinical team at the Grace facility are discussing options related to behavior management for serious incidents. A system of consequences for unacceptable behaviour will be developed. The clinical team is meeting with officials from the Department of Health & Community Services on Monday January 29th, 2001.

- A meeting has also been scheduled with the Department of Education on January 29th, 2001 to explore schooling options for the children. It is hoped that two teachers from Davis Inlet will be freed to travel to St. John's and offer schooling on site at the facility.

- Seven Innu staff members returned to Davis Inlet this morning while another is due to leave this evening. Five of these staff were deemed to be inappropriate as direct service providers due to a recent history of alcohol abuse and/or histories of violence. Two staff members are being rotated out for a period of respite and will return in two weeks while another decided to leave in protest of those deemed inappropriate to work with the children.

- The Innu have been advised that all staff hired as youth support workers must maintain sobriety, be free of charges of violence and obtain certificates or letters of conduct from the RCMP. Unfortunately, the Innu are not providing this information and the Province is left in the position of trying to obtain these documents as well as relying on information provided by Health Labrador Corporation and contacts in the community. This issue is becoming quite contentious with the Innu threatening to take legal action on the grounds of discrimination.

- Officials from Health Canada, the Province and the Innu will be meeting on Tuesday January 30th, 2001 to continue discussions regarding plans for those children currently at the Grace facility as well as long term plans for treatment for both the children and the community at large.

Prepared by: Beverley Clarke/Pam Rodgers

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- A meeting has also been scheduled with the Department of Education on January 29th, 2001 to explore schooling options for the children. It is hoped that two teachers from Davis Inlet will be freed to travel to St. John's and offer schooling on site at the facility.

- Seven Innu staff members returned to Davis Inlet this morning while another is due to leave this evening. Five of these staff were deemed to be inappropriate as direct service providers due to a recent history of alcohol abuse and/or histories of violence. Two staff members are being rotated out for a period of respite and will return in two weeks while another decided to leave in protest of those deemed inappropriate to work with the children.

- The Innu have been advised that all staff hired as youth support workers must maintain sobriety, be free of charges of violence and obtain certificates or letters of conduct from the RCMP. Unfortunately, the Innu are not providing this information and the Province is left in the position of trying to obtain these documents as well as relying on information provided by Health Labrador Corporation and contacts in the community. This issue is becoming quite contentious with the Innu threatening to take legal action on the grounds of discrimination.

- Officials from Health Canada, the Province and the Innu will be meeting on Tuesday January 30th, 2001 to continue discussions regarding plans for those children currently at the Grace facility as well as long term plans for treatment for both the children and the community at large.

Prepared by: Beverley Clarke/Pam Rodgers

January 26th, 2001

Update: Innu Children from Sheshatshiu & Davis Inlet

Sheshatshiu Children:

- There were 19 children/youth in care from Sheshatshiu as a result of the community's request to the Province for assistance with children/youth who were gas sniffing in the community.
- These children/youth were removed from the community by warrant from the court and placed in military barracks in Goose Bay. On December 20th, 2000, the Director in region for Child Youth & Family Services, Health Labrador Corporation, was granted a 6 month order for temporary custody of the children under the Child Youth & Family Services Act.
- Currently 18 children/youth remain in the care and custody of the Director. One child has been remanded into youth custody.
- Of the 18 children, 13 of them are now living in a total of five (5) houses/apartments that are fully funded and staffed on a 24 hour basis by the Health Labrador Corporation. Two children are in a caregiver home (foster home), one youth has returned to his birth family, one youth has gone to British Columbia with her family for intensive addictions treatment and one youth has entered the Charles J Andrew treatment centre in Sheshatshiu.
- Health Labrador staff are continuing to provide services to all affected families in the community.
- There continues to be employee performance issues with Innu staff in the 5 houses/apartments staffed 24 hrs/day in the Goose Bay area. Health Labrador Corporation are dealing with these issues on an individual basis.
- Health Labrador Corporation continues to manage this situation, consult with the Department of Health and Community Services as required and, provide updates to the Province when necessary.

Davis Inlet Children:

- Children from Davis Inlet currently residing at the Grace facility appear to be doing well. All children have been medically assessed and are in better physical condition than originally anticipated. There are a number of children, approximately 12, who may have brain damage either from solvent abuse and/or fetal alcohol syndrome. The possibility of obtaining MRI's on these children to confirm diagnosis is being explored.
- There have been some incidents of behavioural difficulties at the Grace facility however, the majority are related to those children suspected to have brain damage. Activity programming and behavioural management strategies are expected to help manage these incidents. However, long term success will be limited due to cognitive disability should

such diagnoses be confirmed.

- One [redacted] has been remanded on two occassions as a result of violent and aggressive behaviour. [redacted] has returned to the Grace facility and an individual management plan has been developed. It is suspected that this child has severe fetal alcohol syndrome thus [redacted] behaviour will be difficult to manage. Other placement options will need to be explored for [redacted]

- A policy / procedures manual has been drafted by the clinical team at the facility to ensure smooth operations and consistency in approach to situations. Attempts to consult the Innu on the contents of this manual are ongoing. It has been extremely difficult to consult with the Innu on a regular basis as the Innu project coordinator is not on site and difficult to contact via phone.

- Four female residents at the facility, age 16-17 years, who have signed voluntary care services agreements have indicated a desire to return home. Social workers are discussing the options with these youth however it is anticipated they will likely return to their community.

- Plans are being made to complete comprehensive psychosocial assessments on each child to determine their individual plans for treatment. In addition a small tripartite working group has been established to develop the options for youth treatment for these children.

Prepared by: **Pamela Rodgers/Marilyn McCormack**
Approved by: **Beverley Clarke**
January 24, 2001

Sheshatshiu / Davis Inlet Detox / Treatment Centre Cost Estimates

Sheshatshiu

Actual cost amount is amount invoiced by Health Labrador for first month's operating costs.

Estimated costs are based on estimates provided by Ed Harding, AED of Finance with Health Labrador Corporation. Monthly estimate is for maintaining five independent living arrangements. Annual estimates for salaries are $2.8 million, $192,000 for operating and $50,000 for personal care costs. Estimates are restated to monthly amounts.

Davis Inlet

Start-up and monthly operating costs are based on an estimate prepared by Dave Roberts, Regional Director with Works Services & Transportation December 11, 2000. Mr. Roberts estimates have been revised based on latest information available through discussions with Works Services staff, contractors etc. Final invoices not received to date.

Salary estimates are based on the following assumptions:

Youth Care Workers:

55 workers @ $15.00 per hour ($12.50 plus benefits, rounded) for 30 days at 24 hours per day. 55X 15 X 30 X 24 = 594,000 which was rounded to $600,000.

Unit Supervisors:

Two shifts of four supervisors per day @ an average of $55,000 per year.
55,000 / 12 X 8 = $37,000 (rounded)

Nursing Staff/Treatment Counselors/Social Workers

Average salary estimated at $42,000 per year for four positions.
$42,000 / 12 X 4 = $14,000 plus benefits = $16,000

Administrative & Clerical

Estimates are for Departmental staff assigned to the project.

Project Co-ordinator & Facilities Manager	$9,000
Two Dept. of Justice Employees	6,000
Two clerical staff	3,600
Approximately 12 other Departmental staff working at various levels on the project. Estimated 3 FTE's at an average salary of $55,000, monthly cost $55,000 / 12 X 3 = 13,800 (rounded)	13,800
	32,400

Marilyn,

I hope this adequately addresses your request for information regarding initiatives for Mr. Jones.

Let me know if you require any thing further

Marilyn,

the pkg of info regarding my position's initiative.

If you require anything further let me know

Susan

Child, Youth and Family Services

Child Protection and Youth Initiatives

Protective Intervention

The new Child, Youth and Family Services Act was proclaimed in January 20000. It established new practice directions based on best practice principles in the area of children and families. The approach is one of prevention, early intervention, supporting and involving families and communities, permanence for children, respect of culture and more timely decision making on matters that affect a child's future. The new approach invites families to voluntarily seek support before crisis and for social workers to prevent crisis through early intervention, assessment and support.

The policies regarding these new approaches have been developed and in place for a year. They now require review and further development based on feedback from service providers in the regions. Clinical tools currently used in practice, like the Risk Assessment Model and Risk Reduction Planning, are under review, in conjunction with national directions.

Joint training for social workers and police officers in the area of Child Maltreatment entitled "A Collaborative Approach to the Investigation of Child Sexual Abuse" is an initiative of Child, Youth and Family Services, Memorial University and the Department of Justice Royal Newfoundland Constabulary and Royal Canadian Mounted Police. It was developed in response to the Hughes Inquiry recommendations. We are now at the stage of developing new ways of delivering the training and maintaining a trainer base. Attached please find the most recent evaluation of the program.

Family Services

The Family Services Program is a new program for Child, Youth and Family Services. This program builds on the prevention and early intervention philosophy providing support to children and families. The research is underway regarding best practice standards for this type of a program/clinical approach. The formal policy and program development is an upcoming area of emphasis.

Youth Services

This is a new program legislated in the Child, Youth and Family Services Act to address the gap in services for 16 and 17 year-old youth who are unable to reside with their parents due to issues of maltreatment. Attached please find the fact sheet, program policy and brief background/overview paper. This program and the entire issue of youth are areas of significant

growth. The Youth Services Program is under constant review and development with the regions to best meet the needs of young people. The entire approach of all youth focused programs must be on linkages and working together. I am involved with the Department of Human Resources and Employment Income Support and Careers and Employment Redesign Projects to ensure that services available to avert long term dependence on Income Support, like work experience, are available to vulnerable kids before they turn eighteen years of age. Partnerships are ongoing with the Youth Employment Action Plan, which is a co-ordinated intergovernmental approach to youth employment and education, and the Community Youth Networks.

Client Referral and Management System - CRMS

The CRMS is the new information registration and workload management system in the Department of Health and Community Services. Child, Youth and Family Services began using the system approximately one year ago. We have been actively working with the regions to develop a practice standards manual and policy guidelines. The design of the CRMS for Child, Youth and Family Programs is an ongoing process, especially in light of changes in policy and legislation.

The CRMS has the functionality to allow for workload measurement. The Management Information System (MIS) is being reviewed as the method of workload measurement for Child, Youth and Family Services.

National Initiatives

Canadian Incidence Study of Child Maltreatment is a national study on child maltreatment and outcomes for children. It is completed in each province and territory in Canada. The CIS is at phase II we will now be looking at our information management system (CRMS) to determine how much of the data related to indicators is being captured. A brief overview of the outcome indicators is attached.

Child Welfare Competencies is a national working group of Child, Youth and Family Services policy/program staff looking at developing national competencies for social workers in the area of Child Protection.

Child Prostitution is an area of national interest. We are staying abreast of the developments, research and practice issues in this area, especially in light of the youth population, however, it is not a major area of concern in this province.

Prepared By: Susan Walsh, MSW, RSW
Title: Child, Youth and Family Services Consultant
Date: March 2, 2001

Youth Services

BACKGROUND:

Most programs to children, including Child Welfare Services ended at 16 years of age. Adult services did not begin until age 18. Obviously there is a gap in supports and services for 16 and 17 year old youth.

Services through Child Welfare were under the same Department as Income Support Services, therefore, the social worker would work with the Financial Assistance Officer in an attempt to secure support to "at risk" youth age 16 and 17. Many of these youth had involvement either through the incare system, and were leaving at 16, or had been on protective intervention caseloads. Due to significant advocacy by youth, community members, community agencies and government departmental staff, government commissioned a study into services for children and youth.

Pat Cowan chaired the provincial consultations and summarized her findings in a report entitled the Select Committee Report On Childrens Issues. There were three main recommendations for youth:

1) Advocacy for children and youth
2) Integrated services for children & youth so they could be heard
3) Services must be offered to 16 and 17 year old youth

At the same time the Provincial Strategy Against Violence noted that the significant gap to 16 & 17 year old youth at risk had to be addressed.

Following this government merged a number of social programs to children, youth and families including Child Welfare, Youth Corrections and programs for persons with disabilities together with health programs to form the Department of Health and Community Services. The consequence of moving social programs from the department with responsibility for Income Support was there were no social workers remaining to do assessments and advocacy on behalf of at risk 16 and 17 year old requiring residential and/or financial assistance.

A review of the social program with Health and Community Services was completed and a document entitled Toward the 21st Century was developed. This document formed the framework for the new Child Welfare System.

The outcome of consultations with community groups, youth, women's groups, families and service providers throughout the Province on how services to youth should be structured included suggestions as follows:

- one stop shopping for youth and their families
- a multi disciplinary coordinated service delivery model
- the need for more residential services for youth

- the need for more mental health services for youth
- coordination and partnership at the ground level with youth, community, community agencies and government staff.

The Child, Youth and Family Services Act

The Child Welfare Division went forward to request approval for a new legislative framework based on all of the new directions. Government gave authority and mandated Child Welfare to ensure that the service gap to the 16 & 17 year old age group was addressed.

Section 10 & 11 of the Child, Youth & Family Services Act were drafted to ensure that the service gap to primarily youth at risk was addressed. The drafting of the standards in these sections involved people from a wide range of experiences and responsibilities.

Section 10 Family Services

Section 10 gives social workers the authority to work with children, youth and families up to their 18th birthday either through direct intervention and provision of services or screening and referral to appropriate resources. The youth would reside in their family home receive intervention and supports. As well Family Services ensures that 16 and 17 year old parents can be provided support and services in a supportive rather than protective intervention model. i.e. crisis intervention, mental health, addictions, Health Baby Clubs, Family Resource Centers, etc.

Section 11 Youth Services

Youth assessed to be at risk of maltreatment in their family homes, or without a parent or person willing to provide care to them, can receive residential services. Co-ordinated case planning would occur with family and any other professionals involved ie Education personnel to develop an Individual Support Services Plan (case plan) in which the youth would establish his/her goals and service needs. Services will depend on the needs of the youth but can include supports to continue in a school program - bus pass, cost of school books, mental health or addictions counselling, parenting education, etc.

The criteria is meant to be less stringent than the traditional Foster Care "In Care" requirements which stated:

1) must be in academia or day program
2) abide by house rules
3) reside where the social worker approve

Young people can choose where they wish to reside and the social worker does not have to approve the environment. As well the young person can choose not to participate in school or a day program. The intention is to stop being authoritative and support young people to make good decisions and learn from bad decisions. Social workers must meet with the young person monthly and may choose

to meet more regularly if the situation warrants. It is through this supportive, involved role that the connection with a young person, the building of trust and offering of options will occur.

The youth's access to services increases when the youth is in school i.e. bus passes and exemptions are applied to allow the youth working part-time and in school to pocket most of their earnings. In this way the youth learns about responsibility and independence.

The primary goal of the program is to keep young people safe with the end goal of reuniting the young person with his/her family if the issues of maltreatment can be resolved. Therefore, family are actively involved in the planning process if at all possible.

The Youth Services Program is a voluntary program for the youth and for the Department of Health and Community Services. To address the one stop shopping issue that youth brought to the community consultations the policy allows the youth to enter into a Youth Services Agreement with any professional employed by the Health Board that she/he may already be seeing, ie Mental Health consultant. The Youth Care Agreement can continue until the youth's 18th birthday or end of the school year, which ever comes later.

At present there are 122 Youth Residential Services and 53 Family Support Services to youth and or their families in the province.

Child Welfare Outcome Indicator Matrix

Nico Trocmé, Butch Nutter, Bruce MacLaurin and Barbara Fallon | Bell Canada Child Welfare Research Unit

October 1999

Ecological Outcome Framework

Child welfare practice is at a turning point in Canada. Inquests and media interest have drawn public attention to the plight of maltreated children. With this increased attention there is a risk that the complexity inherent in helping maltreated children and their families may not be fully recognized. The proposed multi-dimensional ecological framework reflects the complex balance child welfare service providers seek to maintain between a child's immediate need for protection, a child's long-term needs for a nurturing and stable home, the family's potential for growth and the community's capacity to meet a child's needs.[1,2]

The outcome measurement strategy presented in this document proposes measuring child welfare outcomes in four domains that reflect the broad ecological traditions of Canadian child welfare practice: child safety, child well-being, permanence, and family and community support. The indicators selected for tracking outcomes are simple, can be feasibly documented with minimum introduction of new instruments, and are meaningful for front-line workers, managers, policy makers and the general public. While most of these indicators taken individually are only proxy measures of child and family outcomes, as a set of ten indicators they provide a broad perspective on the children served by the child welfare system and some outcomes of that service.

Child Safety	1	Recurrence of Maltreatment
	2	Serious Injuries/Deaths
Child Well-Being	3	School Performance (Grade Level/Graduation)
	4	Child Behaviour/ YOA Charges
Permanence	5	Placement Rate
	6	Moves in Care
	7	Time to Achieving Permanent Placement
Family and Community Support	8	Family Moves
	9	Parenting Capacity
	10	Ethno-Cultural Placement Matching

Child Welfare Outcome Indicator Matrix

Child Safety

1 Recurrence of Maltreatment

Child protection is the core function and primary focus of the child welfare system with the ultimate goal of preventing future maltreatment. Recurrence of maltreatment includes all confirmed cases of child abuse and neglect known to a child protection system in which a subsequent confirmed incident of maltreatment occurs and becomes known to child protective services.

Reported rates of recurrence range from under 10% to over 60%. The best study to date reported 24% of families experienced at least one repeat incident of confirmed maltreatment within 12 months of the first incident, 43% repeated within 5 years[3].

Recurrence is measured over a set period of time. A 12 month recurrence rate, for example, measures the proportion of children who are abused or neglected a second time within 12 months of being identified by child welfare services. Detecting and reporting the recurrent incident is the key challenge in tracking this indicator. While recurrence is easily tracked for cases that are closed and re-opened because of a new incident, documentation of new incidents is less systematic for cases receiving ongoing services. In cases of chronic maltreatment, where the distinction between a "new" incident and an on-going problem is far from clear, on-going maltreatment should be counted as recurrent.

Recurrence of maltreatment should not be confused with service recurrence. Families who return for preventive services because they need assistance with a new crisis must be distinguished from families who are reported because of new incidents of maltreatment. Rates of recurrence should also be distinguished from the proportion of investigations involving re-opened cases. Because case re-openings are measured cross-sectionally, they do not include children who never return for services and significantly over-represents chronic cases.

2 Serious Injuries and Deaths

Protection from serious harm is a priority for all child protection services and such cases require immediate intervention and tracking. While the majority of investigated maltreatment cases do not involve serious injuries or fatalities, every effort must be made to prevent such tragic outcomes. A 1993 Ontario

Funded by Human Resources Development Canada/Social Development Partnerships with support from Provincial and Territorial Directors of Child Welfare
In collaboration with Jaqueline Oxman-Martinez (McGill University), Jacques Moreau (Université de Montréal) and Wendy Warren (Queen's University)

study found that 8.5% of substantiated or suspected maltreatment cases involved minor physical injuries, 2.4% of cases involved physical injuries requiring medical care, and one in 2,000 investigations involved child deaths[4].

Injuries associated with suspected maltreatment and all serious injuries (intentional and non-intentional) to children in child welfare placements (e.g. foster care, group care, and residential care) are documented in child welfare case notes. However, most electronic information systems do not track injury information. The first challenge in developing this indicator is to ensure that key injury information currently included in text files is also tracked by electronic information systems, both during investigations and on open cases. Ideally, a tracking system should also include serious injuries and deaths of children whose cases were closed.

The Physical Harm codes developed for the Canadian Incidence Survey of Reported Child Abuse and Neglect (CIS)[5] provide a simple checklist for describing type and severity of injuries:

- ☐ bruises/cuts
- ☐ burns/scalds
- ☐ broken bones
- ☐ head/neck trauma
- ☐ failure to thrive
- ☐ other
- ☐ medical treatment required

3 Child Well-Being

School Performance

Maltreatment is a significant risk factor for developmental, cognitive, and academic delays. Enhancing child well-being is a paramount objective of the child welfare system. Improvements in cognitive functioning is a key outcome indicator. This is not the exclusive domain of the child welfare system, but it represents a service priority that should be well documented.

Research consistently shows that children receiving child welfare services are behind their peers in all aspects of cognitive development and school performance. A community survey in upper New York State found that maltreated children were 2.5 times more likely to repeat a grade than were a matched group of non-maltreated children[6]. The preliminary findings of the Looking After Children in Canada Project show that a third of the foster children participating in the study had a learning difficulty[7].

School performance is the simplest indicator of cognitive functioning for school aged children. Performance can be measured as age to grade ratio, achievement on standardized tests (e.g. Math and English), placement in special education classes, school attendance, and assessed risk of failure. While test scores may more accurately measure specific skills, age to grade ratio is the most feasible one to collect for child welfare services, especially for children receiving home based services. For out of school older youth, graduation rates are a simple and appropriate measure. Developmental information is not routinely available for pre-schoolers, however consideration should be given to including regular developmental assessments for these children.

Child Behaviour

Maltreated children are at risk for behavioural problems at home, in school, and in the community. The preliminary findings from the Looking After Children in Canada Project show that 39 % of youth report having difficulties with anger, and 32% report often getting into trouble for defiance[7]. Similarly, a recent American study using the Teacher report from the Child Behaviour Checklist found that over 40% of children in the child welfare system were rated as having problem behaviours compared to 20% in a matched sample[8]. A community survey in North Carolina found that 12% of maltreated children compared to 5% of children from a general school population had at least one delinquent complaint from the community[9].

Standardized measures of child behaviour are not generally used in child welfare settings. However, some jurisdictions have started to use instruments that include some behavioural infor-

Moving from a Management to a Client Centered Information System: Canadian child welfare information systems are primarily designed as Management Information Systems (MIS) directed towards financial accounting. The most commonly reported service statistics are number of case openings per year and number of children in care at year end[10]. These are system service volume statistics that provide limited information about service patterns. A family case opened and closed three times during the year is indistinguishable from three family cases each opened and closed once. Neither the proportion of cases reopened nor the proportion of children investigated and subsequently placed into care are derivable from such statistics. In fact most agencies maintain separate data bases for children in the community and children in care. Answering questions about service patterns requires special studies because MIS do not contain information linking service events to individual children.

A Child Tracking System (CTS) has a dramatically different structure. A CTS links each service event to the child(ren) and family(ies) served by that event. Thus the path of each child and family within the service system is recorded. This allows accurate reporting of statistics such as the proportion of investigated children admitted to care and the average number of placement changes. A CTS can be distinguished from an MIS by the fact that it can report child and family specific case-flow information. Case-flow information is necessary for reporting child and family outcomes that track changes over time.

Direct and Proxy Outcome Measures: Standardized observational and self-report instruments, such as the NLSCY child and family measures, provide the most accurate and comprehensive method for measuring outcomes[11]. While these direct client measures provide useful information for clinical and research purposes they are lengthy to complete and are not easily interpreted as aggregate measures. In addition, self-report measures are not designed to be used in a potentially adversarial child protection context. There also is a risk of measurement bias if these instruments are first introduced as performance measures rather than as tools to assist in clinical assessments.

Case events, such as adoption, grade completion, and address changes, can be used as proxy outcome measures. These systems based indicators are salient and easy to collect, however, the extent to which they truly reflect child outcomes must be carefully analyzed. Interpretation requires examination of the rationale for linking case events to specific outcomes and consideration of confounding events. A decrease in the proportion of children in age appropriate grades could just as well indicate lower academic functioning as it could reflect changes in grading policies or the introduction of standardized tests.

Incremental Strategy: The Child Welfare Outcome Indicator Matrix is proposed as a first step in an incremental process to develop meaningful, valid and reliable outcome measures for child welfare. The 10 selected outcome indicators rely primarily on case events as proxy indicators of outcomes. As the clinical use of standardized measures develops it will be possible to replace these proxy indicators with more sophisticated measures. Until then, the Matrix provides a theoretically grounded ecological framework which relies on improvements to the structure of information systems rather than the introduction of new instruments. This strategy respects the feedback rule for developing effective information systems: provide those who collect information with relevant aggregated analyses based on their data before making new information requests.

Project Background: The Client Outcomes in Child Welfare (COCW) Project was initiated by the Canadian provincial and territorial directors of child welfare in conjunction with Human Resources Development Canada to support the development of a coordinated approach to assess the effectiveness of child welfare services and policies across Canada[12]. The Project developed in a context of growing public concern about the safety and well-being of children, increasing government requirements for service accountability, and increasing challenges for agencies to develop more effective services.

The COCW Project used an iterative process for both information gathering and consensus-building amongst child welfare practitioners and policy makers. In addition to traditional literature and instrument surveys, we examined child welfare statutes, policy documents, and service information systems in each Province and Territory. Key informant interviews, regular consultation with a national advisory committee and the distribution of a newsletter for regular Project updates ensured a dynamic process. An inventory of child welfare outcome initiatives from across Canada was developed. The focal point for the Project was an examination of promising instruments and existing data collection systems, in order to understand the processes and issues arising from the development of outcome initiatives.

The Child Welfare Outcome Indicator Matrix is the final product of the COCW Project. An earlier version of Matrix was endorsed at a National Roundtable on Outcomes in Child Welfare. The final version was developed in collaboration with a group of Ontario service providers and policy makers and is being pilot tested in several Ontario Children's Aid Societies[15].

mation. For instance, the modified versions of the New York Risk Assessment scales that are used in several Canadian jurisdictions includes a simple Child Behaviour scale that could be used as a pre-test, post-test measure of child behaviour. The child behaviour section of the National Longitudinal Survey of Children and Youth (NLSCY) is an easily administered measure of child and youth behaviour. This large national sample could provide an effective comparison for children and families receiving child welfare services.

Charges for delinquent acts provide another source of information on youth behaviour. For children 12 years of age or older, charges under the Youth Criminal Justice Act provide a proxy measure of serious behaviour problems in the community (variations in charge rates across jurisdictions limits the interpretation of this indicator).

5 Permanence

Placement Rate

Placement of children in out-of-home care is a consistently documented indicator for child welfare services. Placement in care is necessary for children who cannot be adequately protected at home or who have special needs that cannot be met at home.

Among an Ontario random sample of 2,447 child maltreatment investigations, 6% of children were placed in care within the first two months of service, and placement was being considered for another 5%[4]. An Illinois study of over 10,000 child welfare investigations found that placement rates increase as a function of the time a case is kept open. At one month after referral 7% of children had been placed compared to 21% within one year of the initial referral.[12]

Placement has traditionally been measured in terms of the number of children in care and number of admissions to care. To be a meaningful child welfare service indicator placement should be measured as the proportion of children who receive child welfare services who end up in care. Because the probability of placement increases with the length a case is kept open, the indicator should be calculated once services are completed. An annual placement rate would therefore be calculated using the cohort of cases closed during the year.

As a community health indicator, placement is best measured by dividing the total number of children admitted to care in a year by the child population in the region served by an agency. This community indicator must be interpreted with some caution since it is also influenced by variations in reporting rates and placement practices. Service placement rates are usually calculated as a percentage of children served, while the incidence of placement in the community is calculated on a per thousand basis.

Interpretation of placement statistics is complex. While placement decisions are based primarily on child protection needs, they are also affected by the availability of placements. Placement availability must be known to sensibly interpret placement trends. In some jurisdictions official placement rates may significantly under represent children who are placed in non-traditional child welfare settings, such as customary care or informal community placements. Runaway youth should also be carefully tracked in placement statistics.

6 Moves in Care

Social stability is essential for children to develop a sense of belonging and identity as they cope with separation from their families. Some placement changes can be beneficial, but multiple unplanned moves can have seriously negative short and long-term consequences for children.

Moves in care tracks admissions, re-admissions, and significant placement changes. A four year longitudinal study of 717 children who entered foster care in Saskatchewan found that 71% of children experienced only one out-of-home placement. The average number of moves for children who experienced more than one out-of-home placement was 2.3, and only 10% of these had more than 4[13].

The simplest way to measure moves in care is to count the number of moves experienced by children when they are discharged from care. This method measures moves during a specific spell in care. A lifetime measure including all spells in care can only be taken once a child is no longer eligible for entering into care. The moves in care indicator should only track significant placement changes, not respite placements or home visits.

7 Time to Achieving Permanent Placement

Most children brought into care return home after relatively short periods of time. Children entering care in a Saskatchewan study spent an average of one year in foster care, although the majority of children returned home in less than six months[13]. Placement drift is a concern for children who remain in care.

The challenge in measuring time to achieving permanence is deciding which placements can appropriately be categorized as permanent. The simplest definition of permanent placement is one that is intended to be permanent, such as returning a child home (reunification), placement in an adoptive home, or a permanent foster home placement. Using time to achieving permanence as an outcome measure is complicated by the fact that hasty placements may be more likely to break down. Reunification breakdown rates have been as high as 30%. A Californian study found that foster children reunified within three months were more likely to be taken into care again than children reunified between three and six months[14].

8 Family and Community Support

Family Moves

Frequent moves lead to loss of peer and social support networks for children and parents. For children, frequent moves and multiple school

changes may prevent the formation of constructive social support networks.

Housing instability is caused by many factors including lack of affordable good quality housing, employment changes, lifestyle, and other family crises. While child welfare services are not responsible for providing housing, many child welfare social workers advocate for better affordable housing for their clients as well as working with families to adopt lifestyles that will increase their likelihood of enjoying housing stability.

In one Ontario child welfare study 18% of families had moved at least once in the six months preceding being investigated[4]. Another Ontario study found that housing problems were factors for 18% of children brought into temporary care and delayed return home in 9% of cases[16].

Children's addresses and changes are recorded on all child protection information systems. However in many the updated information replaces the previous address, needlessly deleting valuable information. Contemporary relational data bases can easily store and retrieve addresses and dates of change. Workers would not be required to collect any additional information. Postal codes could be used to approximate distances between old and new addresses, an indicator of the likely social disruption accompanying moves.

Parenting Capacity

Parents involved with the child welfare system are less organized, have higher levels of conflict, are less emotionally responsive to their children, provide less stimulation, feel less competent and are more likely to be depressed[17]. Parenting capacity is a major concern in many cases of child maltreatment. Most home-based child welfare services target parents' ability to meet the emotional, cognitive, physical, and behavioural needs of their children. Improved parenting is a good outcome for children. Better parenting translates into better long-term child outcomes.

Parenting is targeted by many child welfare interventions and tools have been developed to assess parenting and family functioning. While standardized parenting measures are not routinely used to assess families or track outcomes in child welfare, structured assessment models are being used in some jurisdictions for high-risk cases[18]. The NLSCY forms contain a set of parenting self-report questions, although the use of self-report parenting measures in child welfare settings has proven to be problematic[17]. Most risk assessment tools also include a number of potentially useful parenting measures, although their interpretation as outcome measures has yet to be tested.

Ethno-Cultural Placement Matching

When children and youth must be removed from their homes, efforts should be made to place them within their geographic community with extended family, a family with similar ethno-cultural background, or in foster care that is very inclusive of their family and friends. There is well founded concern that many minority children (e.g. Aboriginal, Black, Muslim, etc.) are not placed in matched foster homes or homes that are readily accessible to their family and friends. For example, although 64% of children in care in Saskatchewan in March 1990 were of Aboriginal ancestry, and these children spent on average more time in foster care than did non-Native children, less than 10% of these Native children were in matched foster homes[13].

Placement matching data must be interpreted with caution in individual cases because geographic and ethno-cultural matching are only two of the factors to be considered in finding the most appropriate placement for a child. Nonetheless, geographic and ethno-cultural matching provides a strong indicator of community engagement in recruiting foster homes and finding the most appropriate out-of-home placements for children in their communities.

Measuring ethno-cultural background meaningfully for child placement purposes is extremely complex and laden with issues of discrimination and stereotyping. Socio-economic status, aboriginal ancestry, national origin, religion, language, and skin colour present complex combinations of factors to consider, in addition to location, in measuring placement matching. This complexity, however, should not lead to ignoring a placement issue about which many communities have expressed serious concerns.

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GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health & Community Services
Child Youth & Family Programs

April 2, 2001

Mr. Luke Rich
Mushuau Innu Band Council
Box 107
Utshitmassits, Labrador
A0P 1A0

Dear Mr. Rich:

This letter is written as follow up to our conversations this morning regarding the plans for the removal of the children/youth at the Grace Facility to treatment programs and/or other residential settings.

At our meeting on march 29, 2001, it was agreed that we needed to begin moving the children from the Grace Facility by the end of this week. It was also agreed that the clinical team would review the assessments on the children, would rank them in terms of their need and would recommend a treatment/residential option for each of them based on individual need. The placement/residential options to be considered included: (1) children going to the country, (2) children going to residential placements in Labrador where they would be maintained until appropriate treatment programs could be made available to them, and (3) children going out of Province to receive immediate treatment at White Swan, Alberta. In addition, consideration would be given to the specific needs of several youth by exploring specialized residential settings and/or specialized treatment for them.

On Friday the clinical team had a conference call and meeting and completed the work they were asked to do. Their report was faxed to all parties. It was the understanding of the Province that the Innu (through Kevin Head, Kathleen Beunen, and perhaps Prote Poker) would share the information with the parents of the children and advise them of the criteria used to select placement for his/her child. This was to be done this past weekend in order to allow staff at the Grace Facility to prepare the children/youth for their move and to make the physical arrangements.

I am concerned that no effort has been made to date to discuss these plans with the parents. While you advise of your intent to discuss plans with the parents today, you also informed that you will be travelling to Goose Bay this afternoon to seek more housing for more of the children to be placed there. As discussed at our meeting, the capacity to treat children or even to maintain a large number of them in physical settings in Goose Bay is very limited. The

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children/youth whom the clinical team have identified as needing immediate treatment can move this week to White Swan and begin treatment immediately. Following completion of the treatment program, they can then return to Goose Bay until the parents and the Community are ready to reunite.

I have asked that you contact me this afternoon at cell phone number (709) [redacted] to advise me of your progress in discussing the plans for the children/youth with the parents. If I do not hear from you this afternoon, I will begin contacting the parents by phone to discuss the identified options with them. If unable to make contact by phone, it may be necessary to have direct contact with parents through a visit to Davis Inlet.

I also wish to clarify in writing my concerns relating to the escalating behaviours of the children/youth in this setting. They have been here in this secure Facility for three months and they are ready to move from here. Several of these children require professional treatment for the presenting issues. As I advised, some of the children/youth have been sexually intrusive and physically abusive to the staff at this Facility. Until recently staff have tolerated this from the children/youth. On this past weekend five Facility staff and two security staff were physically assaulted by the children and three of them required medical intervention. The three staff who were seriously hurt have made formal complaints to the Royal Newfoundland Constabulary. While no charges have been laid against these youth to date, the investigation is being carried out by the police and it is possible charges will be laid in the matter. I cite this incident to demonstrate to you the urgent need to have these children attend treatment at the earliest possible time. It would be most regrettable if a prolonged length of stay at the Grace became a contributing factor to more behaviours which required the involvement of law enforcement officials. I think they deserve to have treatment for their behaviour as an alternative to criminal court intervention.

I look forward to hearing from you very soon on this urgent matter.

Yours truly,

MARILYN MCCORMACK, MSW, RSW
Provincial Director
Child, Youth & Family Services

cc: Chief Simeon Tshakapesh
John Olthius
Al Garman
Brian Dorey
Kate Grey

SAFETY AND WELL-BEING REVIEW

GRACE HOSPITAL FACILITY FOR INNU CHILDREN FROM LABRADOR

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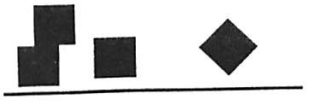

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SAFETY AND WELL-BEING REVIEW

GRACE HOSPITAL FACILITY FOR INNU CHILDREN FROM LABRADOR

Prepared by:
Rick Morris, R. Morris and Associates
321 Hamilton Ave.
St. John's NF

Prepared for:
Ms. B. Clarke
Assistant Deputy Minister
Health and Community Services

TABLE OF CONTENTS

1.0 INTRODUCTION

This report documents a review of safety and well being of residents and staff of the facility operated at the Grace Hospital site for Innu children from Labrador.

Terms of reference for the review are described in the letter attached.

The review was carried out between March 15-19, 2001 and included the following:

- a review of policies and procedures;
- an examination of incident reports;
- interviews with staff at all levels;
- some direct observation.

This report is organized into four sections: an introduction; methodology; findings, and; recommendations.

2.0 METHODOLOGY

2.1 Review of Policies and Procedures

The policy and procedures manual was reviewed. This manual was drafted after the facility was opened. There have been numerous revisions to this document. Such revisions are made by one or more of the following groups: project manager, operations managers, clinical team, and is sent to each of the units and all other relevant staff, usually via a written memo.

2.2 Review of Incident Reports

Serious incidents are recorded using a form designed for this purpose. Staff, in consultation with unit supervisors, write the report, which is forwarded on to the operations manager. From there, it may be sent to a clinical team for follow up.

2.3 Interviews with Staff

A total of approximately 55 staff participated in the review. This includes some input from all levels and departments, with the exception of Housekeeping. The majority of informants were front line staff, with 20 being interviewed directly and another 15-20 responding in writing. All units were visited at least once during the review, and staff from all units were interviewed.

The interviews ranged from fifteen minutes to over one hour. Respondents were typically asked two broad questions, namely:

- What is your opinion of how well the safety and well being of the youth in this facility is being addressed?
- What is your opinion of how well the safety and well being of staff in this facility is being addressed?

3.0 FINDINGS

3.1 Context

3.1.1 Finding: There is wide acknowledgment that the current circumstance represents an unprecedented and near-impossible situation in terms of designing and implementing an effective response to the needs of the Innu youth, with little advance preparation or planning time.

3.1.3 Finding: Staff of the facility come from very diverse backgrounds. The two largest sub-groups appear to be community residential and corrections. There are some staff with health and education backgrounds, and several students.

3.2 Safety of Innu Youth

3.2.1 Finding: The Grace facility is not a physical environment conducive to the needs of the youth it is housing. Almost all informants called on senior officials to move the children immediately.

There is universal agreement that the Grace facility is an inappropriate physical environment for the Innu youth involved. It is a "locked-down" physical plant, where the movements and activities of youth are restricted to a similar degree as one might find in a secure custody facility. While there are education and recreational spaces and resources, and youth are taken out of the facility for external activities most days, it is primarily a restrictive institutional environment.

3.2.2 Finding: Generally most youth in the Grace facility are described as being safe and their well being assured to an acceptable degree by staff. There are few incidents of youth on youth violence or injury. Policies emphasize safety of youth.

Most informants believe that the well-being of most youth is being enhanced in the facility. Physically, the youth are described as being more healthy in terms of body weight, hygiene, etc. Almost all are attending school to some degree, and many have improved in term of self-confidence and interpersonal skills. Some are involved in learning new skills i.e. cooking, and others are assisting with maintenance chores in the building.

Some youth starting to do own laundry

3.2.3 Finding: The Grace facility, in terms of the physical plant and staffing, is not equipped to deal with suicidal residents.

Recently, a new 3 bed unit has been renovated to accommodate high risk youth, including those who are suicidal. It is superior to the current units, where some serious attempts have occurred. While some staff have significant experience dealing with suicidal persons in a residential environment, most do not. The facility

is not a medical service, and does not have the required level of trained staff on site to appropriately assess and manage suicide risk. Several workers noted they were placed on one -to-one suicide watch with little or no direction as to their role or expectations of them. There are several pairs of "cutters" purchased, to be used to cut down residents attempting to hang themselves, but no training has yet been offered to staff and so these are located in the operations managers office.

Staff are given a two hour suicide prevention workshop in their orientation. There is a psychiatrist who has consulted with staff and directly treated some youth, including certifying one youth for treatment in the Waterford Hospital. Social workers conduct assessments as requested.

3.3 *Safety of Staff*

3.3.1 ***Finding: Incident reports are mainly related to residents using assaultive behaviour towards staff. Incidents are at least remaining at a very high level over time, and many are serious in nature.***

There were 201 incident reports filed in January, 236 in February, and about 127 from March 1-14. A review of the March incidents demonstrates the following (categories derived by the writer; some incidents include more than one category):

- total incidents March 1-14 127
- physical assaults on staff 51
- suicidal incidents 4
- sexual assaults on staff / inappropriate sexual behaviour towards staff 10
- incidents involving weapons / potential weapons 4
- physical restraint required 34
- group acting out / out of control 6
- minor incidents 37

Put in context, this review of incidents suggests that there are a number of assaults on staff each day, and that inappropriate sexual touching of staff is a daily event. Further, it suggests that serious incidents are occurring some 10 weeks after the residents have arrived at the Grace facility, and that incidents overall are continuing at a high rate.

3.3.2 ***Finding: Many staff express that they do not feel safe working in the Grace facility, and that their concerns about their safety are not being addressed.***

While some staff interviewed described the facility as safe, and felt personally that they were not at risk of harm, the majority of front line staff persons interviewed fear for their own and colleagues' safety.

There are a number of incidents which cause the greatest concern for front line staff. These include:

- regular groping of female and male staff on some units;

- regular occurrences of hitting, biting, and hair-pulling of staff;
- more serious sexual and physical assaults, including those which have resulted in bodily harm to staff (i.e. broken bones, incidents requiring medical attention) on staff with no apparent consequences.

Front line staff generally do not feel they are supported well by any level of authority generally. Staff express the view that they can not bring forth concerns without a significant fear of repercussions, in terms of dismissal or reassignment.

There is a general sense among staff that they are being discouraged from laying criminal complaints in more serious incidents, and that this is an expectation of the organization. Interviews with senior officials of the facility confirm a departmental approach to not initiate police contact in youth on staff assaults, and to leave it as a staff responsibility and choice.

3.3.2 Finding: There is a consensus among other staff that the level and nature of assault against front line staff is unacceptable.

Almost all staff interviewed at all levels expressed a sense that serious incidents have occurred, and a worry that even more serious incidents may occur.

3.3.3 The policies and practices concerning the use of physical restraint are not well understood. Front line staff are quite concerned about their individual liability.

The policy manual clearly indicates that physical restraint is to be used only by those trained in its use. When many staff were hired, they were told they were not to use physical restraint. There remain a variety of interpretations about the use of restraint. While some staff have received some quasi- CPI training, this has not resulted in the desired improvements in resolving crises. Many staff are reluctant to physically intervene, which also means that staff who are being physically or sexually assaulted are often not assisted by their colleagues.

3.3.4 Finding: Front line and other staff indicate concern about a lack of consequences for assaultive and inappropriate sexual behaviour by youth.

At the outset, there was direct involvement of the police in one serious incident and the intent to use "time out" as a corrective discipline approach. Both strategies have been discontinued. There is a considerable divergence of opinion as relates to the use of discipline with the youth. Among front line workers, and most supervisors, there is a belief that more consequences need to be utilized with the youth when their behaviour is inappropriate and that in the absence of such correction, several youth are getting more abusive. There is no clearly understood set of guidelines established to correct behaviour, and staff and supervisors are widely interpreting their role and using a host of approaches.

4.0 CONCLUSIONS / RECOMMENDATIONS

4.1 Context

4.1.1 ***Much has been accomplished in establishing the Grace facility to care for the Innu youth. The efforts, often above and beyond the regular duties, of staff at all levels, are to be commended. Without these efforts, the present circumstance, which is extremely challenging, would be far worse.***

4.2 Overall Safety and Well Being

4.2.1 ***The Innu youth need to be removed from the Grace facility at the earliest opportunity. Although it is has served many of the desired initial needs of these youth, and staff should be proud of their contribution towards this end, it is not an environment conducive to their ongoing well being or safety.***

4.2.2 ***There is a need for greater Innu presence in the facility. There may be some benefit to engaging senior Innu leaders in strategies to address the violence which is occurring.***

4.3 Safety of Innu Youth

4.3.1 ***Innu youth are generally well cared for at the Grace facility, given the limitations.***

4.3.2 ***There are youth with complex needs for whom the Grace facility is not an appropriate placement at present. There is cause for concern for those youth whose behaviour has been consistently violent, physically and sexually, and for those youth who are suicidal. Appropriate alternative placements need to be found for these youth immediately. They number about 5 or 6 in total. In the absence of such alternatives, keeping these youth in small groups may help decrease the number and severity of incidents, but will continue the risk to themselves and others.***

Recommendation: Operations managers and unit supervisors need to be formally informed when a youth is classified as high risk in terms of suicide.

Recommendation: Any front line staff person and unit supervisor assigned to work with a youth classified as high risk of suicide and on suicide watch must have completed appropriate suicide intervention training, over and above that given in orientation to this position.

Recommendation: Case plans need to be completed on a priority basis for the youth seen as higher risk of suicide and those who are most violent in order to expedite their transfer to more suitable circumstances.

4.4 Safety of Staff

4.4.1 *The staff of the Grace are subject to assaultive behaviour on a daily basis, from which they are not sufficiently protected.*

There are a number of factors leading to the level of assaults, including:

- lack of training and prior experience of many of the staff involved;
- lack of effective response to incidents;
- lack of clearly understood guidelines on dealing with conflict and abusive behaviour and a resulting lack of staff intervening on each other's behalf at times;
- response on the part of youth to being institutionalized;
- lack of a zero tolerance policy.

Some informants have attempted to normalize the assaultive behaviour of these youth. However, those most familiar with the particular youth, and the community these youth are from, disagree.

4.4.2 *A "zero tolerance" policy with respect to violence towards staff needs to be established and enforced immediately.*

Each incidence of violence towards a staff person at the facility needs to receive corrective action. This could include a staff person and a unit supervisor (and where possible an Innu worker) sitting together with the youth to note the inappropriate behaviour, to explain the current consequences and to inform the youth what will occur if the behaviour is repeated. This needs to be done at each incidence in order to make clear to youth and front line workers alike that such behaviour is unacceptable and will not be tolerated. It can be anticipated that in the first instance this may actually increase negative behaviours as youth adjust.

Recommendation: There needs to be a planning meeting to establish and clarify what the lines of acceptable behaviour are and how staff will address specific behaviours. This should include the clinical team, unit supervisors, operations managers, some select front line staff, Innu staff, and any other appropriate resource persons.

Recommendation: Youth should be informed of this policy before it is enacted, by senior officials and Innu workers, perhaps in an all residents meeting. Police officials could also be invited to offer education / guidance on appropriate behaviours as a pre-emptive measure.

Recommendation: Staff should be informed via memo and in person briefing by operations managers of the policy, prior to its implementation, and have an opportunity to discuss it and have questions addressed.

Recommendation: In terms of incidents of a significant order, the organization

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of
Health and Community Services
Office of the Deputy Minister

March 23, 2001

Ms. Marilyn McCormack
Provincial Director
Child, Youth and Family Programs
Department of Health & Community Services

RE: Report by Rick Morris

Thank you for briefing me last night on your review of Rick Morris' report on the ***Safety and Well Being Review*** of the Innu children at the Grace.

I was pleased to learn that full and immediate implementation is being undertaken in response to most of the recommendations. In regard to areas where full implementation is not regarded as possible or necessary, or where you may disagree with certain statements in Section 4 of the report, you will be contacting Mr. Morris to review these items, solicit his reaction, and reach a final view. Where there remains a difference of view between you and Mr. Morris, you will inform Bev Clarke in writing.

From our discussion, I have noted the following items which require further discussion with Mr. Morris:

1. the feasibility of obtaining additional Innu presence and engagement of Innu leaders given the experience to date;

2. the lack of an appropriate alternative placement referred to in 4.3.2, and the adequacy of the modified arrangements at the Grace;

3. the adequacy of current levels of suicide intervention training;

4. the possibility that a narrow range of opinion of staff was heard by Mr. Morris, resulting in incorrect conclusions that front line staff: are "generally" despondent; feel unappreciated and disposable; and fear repercussions; and

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5. concern with the statement that "the current situation is one in which there is an unacceptable risk of harm to youth and/or staff".

Your quick action on the balance of the recommendations is commendable. I look forward to the outcome of your further discussions with Mr. Morris.

ROBERT C. THOMPSON
Deputy Minister

/bd

c.c. Ms. B. Clarke

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of
Health and Community Services
Child, Youth & Family Programs

March 28, 2001

Ms. Beverley Clarke
Assistant Deputy Minister
Department of Health & Community Services
St. John's, Newfoundland

I am writing to provide a further update on the implementation of the recommendations contained in the Report on the *Safety and Well Being Review* completed by Mr Rick Morris. This correspondence will also address the issues outlined in the Deputy Minister's letter dated March 23, 2001.

I have had a meeting with all Operations Managers at the Grace Facility and we have jointly reviewed the Report and its recommendations. We have also decided on the process to involve every staff member in meetings to improve the employer/employee relations at the Facility and to address the specific issues brought forward from the staff in their discussions with Mr. Morris. The first of these meetings will be held on March 28, 2001. The designated Operations Managers (two) and I will be meeting with the Unit Supervisors for the first hour of this meeting followed by a two-hour session with the youth support staff on that full rotation. The meetings will be structured to share the significant findings in the Report, to highlight the initiatives that have already been put in place to address identified concerns, to encourage staff to bring forward any other issues which they may have that require management attention and to encourage staff input into offering solutions to the identified concerns. The staff will also be provided with the opportunity to have input into the policies which will guide the management of the children's/ youth's behaviors in the future, as per the recommendations in the Report. Two other similar sessions have been scheduled for Friday, March 30, 2001 and Tuesday, April 3, 2001. By that time all staff in the Facility will have participated in these meetings.

I have now been successful in reaching Rick Morris to seek clarification on a number of issues in the Report. I was also able to share with him some additional information in relation to specific issues and to solicit his response to the additional information. I will relate these discussions as

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highlighted in the letter I received from our Deputy Minister following a briefing I had with him on this report. The issues are as follows:

1. *The feasibility of obtaining additional Innu presence and engagement of Innu leaders, given the experience to date.*

Response: I advised Rick that we have encouraged the participation of both Innu staff and Innu leaders from the start of our involvement with the Innu children and we have had varying degrees of success in engaging them as partners in this process. We have been able to recruit twenty Innu staff who follow a two-week work rotation. This means we have ten Innu staff per rotation to cover four units. While we have been able to promote one Innu staff to a Unit Supervisor position, we have had great difficulties with some of the other Innu staff. The difficulties have ranged from not showing up for scheduled shifts, not following Facility policies, drinking on the job and other inappropriate behaviors. Due to the severity of the problems being experienced by a large number of adults in the Community of Davis Inlet, the Innu leaders are also experiencing difficulties in identifying other Innu persons who would be suitable to hire as staff for these children while they are at this Facility.

With reference to the engagement of Innu leaders, the current arrangement is for the Facility to be managed by a Project Manager and an Innu Leader. Again while every effort is made to engage the designated Innu Leader in joint decision making on all matters related to the operations of the Facility and management of the children, it has been a difficult process. This is because the Innu leaders spend little time on site and they do not respond to messages left for them. This situation is consistently discussed with them with very little success in effecting a change in their behavior.

Rick now seems to have a better understanding of the obstacles we face in implementing this recommendation which in principle all of us support.

2. *The lack of an appropriate alternative placement referred to in 4.3.2, and the adequacy of the modified arrangements at the Grace.*

Response: Rick was advised that alternate placement for the children/youth outside the Grace Facility is not a possibility at this time. Such arrangements were explored without success when it was deemed to be in the best interests of specific youth. The plan is to remove ALL children/youth from this Facility as soon as possible . In the interim Rick was advised that youth at greater risk have been moved to smaller units within the Facility and a focus has been placed on selecting well-trained staff to work with these youth and to increase the number of staff assigned to work with them. Rick viewed these initiatives as being positive for the short-term management of the youth.

3. *The adequacy of current levels of suicide intervention training.*

Response: Most of the management staff at this facility do not view the children as being at risk of suicide. While some youth have verbally threatened at times, there have been no overt attempts of suicide with the exception of one youth. This particular youth was seen on an immediate basis by a psychiatrist and eventually had an in-hospital assessment . The directions for the management of this youth as offered by the psychiatrist were followed and special attention was paid to the placement of this youth in a smaller unit with appropriate supports upon her return to the Facility. It was not felt that the staff here require more intensive training in suicide intervention. However Rick was advised that specific policy related to "watching" children at risk would be developed as a resource for staff. This policy will reflect best practices for high risk behaviors and will mirror the policies of the Janeway Hospital psychiatric Unit. Having this written protocol will be of assistance to the staff. Rick offered his support for this. I have now obtained a copy of the Janeway Hospital policy which will be slightly modified and included in the Policies and Procedures Manual for this Facility.

4. *The possibility that a narrow range of opinion of staff was heard by Mr Morris, resulting in incorrect conclusions that front line staff are "generally" despondent, feel unappreciated and disposable and fear repercussions.*

Response: Rick admits that he saw 20 people in person and received written information from 15-20 other staff. He advises he heard from staff from each Unit and from his perspective he had a "cross section of staff" . While he also stated that he could not say he saw the majority of staff he did feel that ALL staff had been given the opportunity to see him. Given, however, that there are 180 staff working at this Facility, Rick admits his report was a reflection of a "quick and dirty look" at what was happening from the perspective of those staff who met with him . He further advised that each person he saw in person had significant information to share about his/her experience. I advised Rick that I was certain that some staff at this Facility would not view their experience here as positive but that there are many who do. Furthermore, the nature of the work here poses many challenges for all staff and the diversity of experiences, knowledge, and skills that individuals possess would contribute to their ability to cope within this environment. I also advised Rick that I strongly feel that **all** staff here deserve to feel supported in this environment and those forty employees who brought their concerns to Rick's attention need to be given the opportunity to bring issues forward to management and to find resolutions to these issues. Rick advised from his perspective management staff of the Facility may feel they have been open to hearing staff concerns but staff do not feel they have a voice. Rick was advised that meetings will be scheduled to allow staff an opportunity to hear about his recommendations, to bring forward issues, to participate in the development of policies for the Facility, and to assist with finding

solutions to identified concerns. Rick acknowledges that staff should "be commended" for making this situation as positive as it could be but still feels there needs to be a greater connection between front line staff and management. When Rick was advised of the plan to engage all staff in meetings to begin to strengthen the relationships between employees and management staff and to address their concerns he felt these initiatives were positive and should help alleviate some of the feelings staff expressed about not being supported within this Facility.

5. *Concern with the statement that "the current situation is one in which there is an unacceptable risk of harm to youth and/or staff."*

Response: This statement was discussed with Rick who advised this concern was brought forward as a result of the issues that he heard from the staff. Most staff in this Facility do not feel they are in a situation where there is an unacceptable risk of harm to youth and/or staff. In further discussion, Rick concurs that as the recommendations from this Report are implemented and staff are taught behavioural intervention techniques and learn to respond as a team the risks will be reduced. This process has begun and a full team of Behavior Management staff are working with each of the units. In addition, the meetings with all Facility staff have started and it is hoped they will be helpful in supporting staff in this difficult environment.

I trust this information is satisfactory to you at this time.

Yours truly,

Marilyn McCormack

MARILYN McCORMACK, MSW, RSW
Provincial Director
Child, Youth & Family Services

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of
Health and Community Services
Child, Youth & Family Programs

March 24, 2001

Ms Beverley Clarke
Assistant Deputy Minister
Department of Health and Community Services

I am writing to update you on my progress in reviewing and implementing the recommendations in the report on the *Safety and Well Being Review* completed by Rick Morris respecting the children/youth and staff at the Grace Facility. I have reviewed the report and recommendations with the professional staff at the Grace and have documented information in response to the review recommendations. I will be meeting with all Operations Managers in a meeting scheduled for 6:00 p.m. on Monday, March 26, 2001. Following this meeting, I will arrange meetings, as per the recommendation, with unit supervisors and youth support workers to discuss the report and to solicit response from the staff. I think it is important that I meet with the management staff in the Facility before I meet with the front line staff .My original thought of meeting with youth support staff during the weekend has been deferred in favor of my approach to including management staff in the process of meeting with the front line staff.

For your information some of the recommendations contained in the Report had already been in place prior to the review. For example, the recommendation stating that *"All incident reports need to be copied to the unit where the incident occurred"* has been a practice at the Facility for quite some time. The incident reports are also given immediately to the Behavior Management Specialist and the Operations Manager as well. Each child/youth has a binder kept on the Unit that records all relevant information on that child/youth. The incident reports are included in these binders. In addition , the youth support workers write reports on their involvement and activities with the child/youth on a shift by shift basis to ensure information is passed on to others working with the child/youth at a different time. Other Unit staff will also record child/youth specific information in the same binders.

The recommendation that *"Operations Managers and Unit Supervisors need to be formally informed when a youth is classified as high risk in terms of suicide"* is in place. The staff advise this information is documented in the supervisors log book and information of such a nature would be passed on to the supervisor/staff for the next shift when the unit report is given at shift change.

P.O. Box 8700, St. John's, Newfoundland, Canada, A1B 4J6, Telephone (709) 729-2668, Facsimile (709) 729-6382

The recommendation that " *case plans need to be completed on a priority basis for the youth seen as high risk of suicide and those who are most violent in order to expedite their transfer to more suitable circumstances"* has been done. In fact , there are now case plans for each child/youth at the Grace Facility which points out the treatment needs of the child/youth and makes recommendations on the type of setting where these treatment needs may best be met. As you are aware this information will be presented to the Federal/Innu/Provincial team at a meeting scheduled for Thursday, March 29,2001 and hopefully decisions regarding placement/treatment will occur at that time.

The recommendation that " *training in dealing with conflict , including use of physical restraints, needs to continue"* is supported by this Facility. There has been an increase in Behavior Management Specialists (from one to two) at this Facility and in addition, five Behavior Management Assistants have also been hired. This team of Behavior Management staff are tasked with modeling techniques and teaching the unit staff on how to intervene appropriately with the children/youth posing behavioral problems. This "hands on" clinical approach supplements the training offered to staff since they commenced employment and completed training on "Behavior Intervention and Personal Safety." Some staff have also completed "Non-Violent Crisis Intervention Training" and have been certified in this approach since commencing employment at this Facility. The hands-on teaching is expected to strengthen the skills the workers have in applying the knowledge they have learned from these courses.

The recommendation that " *Social Workers make themselves available and present each shift, to support staff in the difficult role they are playing. They need to seek out staff who have been assaulted to discuss their concerns and assist in debriefing. This is occurring in some instances at present and needs to be enhanced"* is supported by the Facility. Now that the clinical assessments have been completed on the children/youth the social workers can be redirected to spend more time on the units to support the daily work there. They will still need to be available to the children/youth, however they have already agreed to become more involved in supporting the staff working directly on the Units. This will be communicated with the staff in our in person meetings which will be scheduled this week.

There are five recommendations that I feel I need to discuss with management staff at the Facility before providing you with a formal response. Some of these relate to recommendations to inform staff of policy or to involve staff in policy development , etc which are process things that will require time to implement. Also the Deputy had asked me to discuss some issues in the Report which I have a difference in opinion on with Rick Morris. I have been unsuccessful in connecting with him but will continue in my efforts to do so. Once I have moved further along in the process I will keep you informed.

I trust this information is helpful in giving you a progress report to date. I will continue to work with the staff at the Grace Facility this week to hopefully address the full recommendations of the Report from Rick Morris. The staff here have been open and helpful in discussing the Report and in objectively responding to the findings and the recommendations. I will also be forwarding some information from this facility to clarify some of the findings in the Report which may unintentionally be misleading. This should help to alleviate concerns about the

safety and well being of children/youth and staff at this Facility.

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Marilyn McCormack

MARILYN McCORMACK, M.S.W., R.S.W.
Provincial Director
Child, Youth, & Family Services

cc. Ms Deanne Chafe, Project Manager

March 24,2001

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Assistant Deputy Minister
Department of Health and Community Services
St John's, Nf

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Yours truly,

Marilyn McCormack

cc. Ms Deanne Chafe, Project Manager

March 21,2001

Meeting with the Band Council and Community Representatives, Sheshatshiu, Health Canada, and the Province (on behalf of Health Labrador Corporation)

Attending:

Chief Paul Rich, Sheshatshiu
Peter Penashue , as member of the Community of Sheshatshiu not representing the Innu Nation
Lyla Andrew, Sheshatshiu
Al Garmen, Health Canada
Nick Hossack, Health Canada
Brian Dorey, Health Canada, Labrador
Cathrine Baike-Pottle, DIAND
Pamela Rodgers. Dept of Labrador & Aboriginal Affairs
Debbie Sue Martin, Representing Health Labrador Corporation
Marilyn McCormack, representing Kate Gray, Director of Child, Youth, and Family Services
* Innu man whose name I did not get

Chief Paul Rich started the meeting with a comment that it is taking too long to get the treatment programs for his community up and running. He also wanted an answer on the purchase of Lopstick Lodge

Lyla Andrew directed questions at Health Canada regarding what further information they require to put in place the proposed family treatment program. Al sought a few points of clarification which Lyla responded to and he advised he was prepared to approve the program right now.

Chief Paul Rich then asked Al specifically how much of the $1.4 ml he was prepared to release to the Community. He also discussed his view that the Community should be reimbursed for all the developmental work they did to put the proposal together. He pointed out Community members did a lot of work on their own to get a program in place. He mentioned the Community of Davis Inlet received funding for the developmental work they are doing and they were able to pay out of province consultants to develop programs for them. He also advised a lot of the plan for Davis Inlet resembles the programs put together by the people of his Community.

Peter Penashue then raised his view that the community of Davis Inlet is receiving more support than the Community of Seshatshiu even though Sheshatshiu has a larger population than Davis Inlet. He referenced the fact that Davis has three paid staff positions to work on their social problems but Seshatshiu only has gotten one position.

Al advised he was prepared to deal with the issue of equity however he pointed out that in doing so he must also consider and factor in community capacity. Everyone acknowledged that Sheshatshiu has more capacity than Davis Inlet to deal with their problems at this time. In this

regard Sheshatshiu has agreed to submit a proposal for funding consideration by Health Canada.

Brian Dorey then discussed with the group the need for expansion on their current program ideas. He pointed out that while the proposal highlights program components it does not discuss community resources nor how it is intended to operate. Lyla agreed to include this information into the current proposal.

Discussion then occurred regarding the rate of pay for support staff and the impact the diversity of wages is having on the recruitment and retention of staff. There was agreement that there is a need for consistent wages however it may be difficult to revert back to the lower wages as new programs are put in place. There was also concern on how this will be impacted when the children from Davis Inlet return to Labrador. Brian Dorey cautioned everyone that there may be some discrepancy in wages in order to attract staff to the positions. He also agreed that the issue of staff movement from current programs to new ones due to increased wages will have to be considered by all involved. It was agreed further meetings with Health Labrador, DIAND, and the Band council needs to occur.

Training staff to deliver the programs was also raised as an issue. It was agreed that resources might be found for training through HRDC, Indian Affairs, and/or other sectors of Health Canada.

Lyla also advised how the Community was offering day treatment programs for adults who are wait listed to attend family treatment and how these programs are helpful to the Community. They currently have 40 adults wait listed to attend the day treatment program while waiting for family treatment. The Community realizes it will not be ready to do family treatment as of April 1,2001 but wondered if funding could be made available to them to continue with the day treatment programs. The need to continue is strongly recommended by the Community as the adults who have already participated found the program very helpful to them.
Al felt he could flow money into this program if this decreased the number of adults requesting treatment out of Province. Sheshatshiu is to give Health Canada a proposal for the amount of funding they need to run the program. Al will monitor the impact of this program on the number of persons requiring out of community treatment.

Detoxification Center:

Discussion occurred regarding the detox center promised to the Innu in the initial agreement with the Federal Government. Al advised the detox center is not only for the Innu but rather for all Aboriginal peoples in Labrador. Sheshatshiu wants to be involved in all discussions related to the establishment of this detox center from the onset. This was agreed by the parties at the table. They also voiced the opinion that the detox center should not be at the old Melville Hospital Bldg. They were advised this building has already been gutted and that location like other issues related to this project will be discussed with all parties.

Children in Care of the Director of Child ,Youth, and Family Services

Lyla advised there is confusion at the community level on who is responsible for the children

removed due to gas sniffing and who is expected to provide services for the children. Marilyn advised these children are legally in the care and custody of Kate Gray, Director of Child, Youth, and Family Services, Health Labrador Corporation. The responsibility for treatment services however is Health Canada. The Province has reached a cost sharing agreement with Health Canada on the treatment for the children of Sheshatshiu and Davis Inlet. Health Labrador Corporation will continue to work with everyone on plans/services for the children. Lyla also wondered if the social worker and community service currently assigned to these children would continue to provide services. Marilyn advised it is her understanding that this would continue. Discussion occurred regarding the need to have two ILA's in the community for those children who cannot return to family and who require supports to stay away from sniffing. Accomodations were discussed and reference was made to a duplex in Northwest River that is owned by Health Labrador and is currently vacant. In the past it was used as a clinic. Cathrine stated she has tried to contact Boyd Rowe regarding the ability to use this facility. She advised DIAND would do the renovations to the property if the approval is given by Health Labrador. Marilyn advised she will pass on to Delia.
There also needs to be discussion between Health Labrador, DIAND, and Health Canada regarding who assumes costs of operating the ILA"S. Marilyn advised this is a part of the cost shared agreement between the Province and Health Canada.
It was also stressed that the Community needs the assistance of the Director of Child, Youth, and Family Services , DIAND, and Health Canada in helping to track these children. There are concerns that as the weather gets nicer the children need to be supported to keep away from gas sniffing. The community needs supports to control this situation.
Peter raised the issue that in future the province needs to transfer the responsibilities of the Director of Child Welfare to the Community specifically to someone like Lyla. Marilyn agreed this needs to be considered at some point.

Education:
Lyla advised a number of children have returned to school and are doing fairly well there. These children do have tutorial and other supports. She stressed however that it is impossible for the school to cope with more of these children unless appropriate supports are available to them as well while they are in school. Lyla is concerned about the children in the community who have never gone to school. She feels this needs to be addressed in a way that is sensitive to the children as well as the capacity of the school to accomodate them. She is also concerned that the children are not taught in their own language. Cathrine advised DIAND is currently putting a lot of energy into looking at issues relating to the education of Innu children. She is aware that many of these children have special needs and rerquire supports to attend school. Cathrine said there is money from DIAND that is paid directly to the band council to hire teacher aids etc. Lyla was not aware of this. She said there are three certified teachers in the community who can speak the language and who would probably be willing to tutor the children.. There was recently a tutor training program offered in Labrador but these were trained to assist with the Adult Basic Education program. Cathrine advised she would discuss this issue with Ian to see if they have any money for tutors .Peter suggested this should be included as part of the MC for special funding.

Medical transportation:
Health Canada has taken over this file. Al suggested this be discussed after Provincial representatives have left the meeting.

Lopstick Lodge:

Chief Rich wondered about the status of purchasing Lopstick Lodge. He has been advised by Minister McLean that the Province will purchase the Lodge once the Federal Government commits to program monies. Pam Rodgers to follow up and advise.

Capacity Building:

Al is going to look at funding for capacity building over and above the money allocated for programming.

Indian Affairs is also looking at capacity building and may also have resources for both communities as well.

Al advised he will work out a contribution agreement with Sheshatshiu to become effective April 1,2001 to put in place the family treatment program.

March 31,2001

Ms Beverley Clarke
Assistant Deputy Minister
Department of Health and Community Services
St. John's, Newfoundland

Dear Ms. Clarke:

I am forwarding this letter to seek your support in sharing the enclosed pictures of the children/youth at the Grace Facility with our Minister and Deputy Minister. These pictures were taken in the past week while the children/youth engaged in a variety of activities both within the Facility and in the Community. I thought it would be nice to share something positive about the children in lieu of the high amount of negative information that is generally shared due to their significant behavior problems and unfortunate life experiences. Also I think our Minister, in particular, might benefit from seeing the children/youth as they participate in positive activities such as the game "tug of war" while in Cochrane Pond Park, feeding the ducks in Bowring Park, and baking cookies , for the first time , in the kitchen at the Facility. The children have copies of these pictures for themselves and have forwarded copies to their families in Davis Inlet. In addition, the pictures are posted in a frame in the cafeteria so that the other children/youth at the Facility, the parents who are visiting, and the staff can view them. It's these small gains that I think keeps most people at this Facility feeling that all the challenges they face daily are truly worthwhile.

The children/youth today continue to attend community outings. We have found small group activities to be more successful. Today for example two older youth are headed to Bell Island to tour the mines and museum, three children are off to the Science Fair, several are gone swimming, and the others are off to the library, to the park, or for walks.

As we move ahead for the more intensive treatment program for these children/youth, I do feel they have benefitted from the hard work and dedication of all of the staff employed at the Grace Facility. There has been definite improvements in personal hygiene and in social skills. Also of the 33 children/youth at the Facility, 29 of them are participating in school with the two teachers employed here. This is significant since many of these children/youth failed to attend school on any regular basis when in their own community and some have never participated in an academic program. The children/youth still have a ways to go but with time it is hoped that they can be well functioning adults.

I hope this brief letter and pictures are helpful in showing that the initiatives undertaken to date by the Innu, the Province, and the Federal Government are indeed helpful to the children/youth from Davis Inlet who were involved in gas sniffing and in other unacceptable and dangerous behaviors.

Yours truly

Marilyn McCormack

Marilyn McCormack, M.S.W., R.S.W
Provincial Director,
Child, Youth, & Family Services

cc Ms Deanne Chafe, Project Manager

VERSION 2.

CLINICAL RECOMMENDATIONS BASED ON A SUBSTANCE/CLINICAL RISK ASSESSMENT OF INNU YOUTH

(Final Draft Copy)

Introduction:

On March 20 – 21, 2001, a substance/clinical risk assessment was completed on each of the 32 Innu youth (18 males and 14 females) who were referred to the Grace Facility in St. John's, Newfoundland in response to their high risk and solvent abusing behaviours. Since the solvent (as well as other substances in certain cases) abusing behaviours of the Innu youth are the result of many negative biopsychosocial factors, the assessment protocol was completed by a multidisciplinary team (i.e., medicine, psychology, education, social work, addictions) in order to provide a wholistic and comprehensive evaluation. The goal of the assessment process was to determine the unique treatment needs of each Innu youth and to develop a sound therapeutic intervention that would appropriately accommodate the short and long term treatment needs of the Innu youth. It was agreed upon by the assessment team that without appropriate treatment and therapeutic supports, all of the youth would be at high risk for reappearance or exacerbated development of chemical dependency behaviours and associated problems. Also, the assessment team agreed that any treatment recommendations made for the Innu youth would need to be culturally sensitive and done in concert with the healing to be undertaken by the families and the community as a whole.

It should be noted that eight older youth admitted earlier to the Grace Facility chose to return home before a complete assessment could be completed. These youths, should they chose to return to the program, will be accommodated as much as possible within the established services at that point in time.

Results of the Multidisciplinary Assessment:

The multidisciplinary assessment involved consolidating the information (e.g., psychological, medical, family systems and cultural evaluations; observations made by social workers and teachers, etc.) gathered on the 32 Innu youth over the last 2 months. This information was used to determine a clinical profile of each Innu youth based on relevant information pertaining to their presenting referral concern (i.e., solvent abuse and high-risk behaviours). The next step was to outline the treatment needs (the multiple risk factors that will need to be treated), prognosis (the degree to which the youth has the capacity and responsiveness to be engaged in treatment - e.g. workable, very challenging, etc.) and degree of risk (the perceived potential of continuation or escalation of aberrant behaviours without appropriate interventions and recommended support systems - e.g. low, moderate or high) for each of the Innu youth.

Results of the multidisciplinary assessment indicated that the degree of risk for the 32 youth was as follow: low (1) moderate (11) and high (20). With regards to prognosis, most of the youth (except for 5 who were perceived as extremely challenging) were seen as workable if the proper programming, support of specialists and training of staff was put in place in order to effectively engage and treat the youth with a developmental, culturally sensitive, family/community systemic

and "asset capacity building" approach.

It was also determined that most of the youth presented with a complex clinical picture resulting in numerous treatment needs that would require a sophisticated and wholistic therapeutic intervention. Although not final, the potential list of therapeutic services likely required are listed below and indicate the breadth and depth of services needed as well as the required skill sets and spectrum of professional disciplines considered to be necessary to address the treatment concerns of these young people.

- social skills training
- educational programming
- counselling (grieving processes, post traumatic stress disorder concerns, past abuse, etc.)
- high ratio of staffing due to high risk acting out behaviours – significant developmental deficits and poor impulse control
- caregiver and group home placements – depending on need for structure and age appropriate supervision and nurturing
- sophisticated treatment program – needs to be able to address multiple therapeutic needs
- behaviour modification
- sexual education
- therapeutic intervention (ongoing clinical assessment, ability to adapt treatment plan to evolving needs of youth, etc.)
- medical support and pharmacological consultation, e.g. use of antidepressants ?
- mentoring program – significant needs for appropriate role modeling
- life skills program (education)
- individual and/or family therapy
- solvent, alcohol and other drug counselling
- cultural (e.g., "going into the country") and spiritual (e.g., elders teaching) programming to address significant cultural deficits
- recreation interventions – develop proactive recreational skills

Taking the degree of risk, treatment needs and prognosis in mind, a contingency and long-term treatment plan has been outlined.

The admission of the youth to the Grace Facility represented the Phase 1 component of their recovery processes, i.e. detoxification and assessment for continuing services. Phase 2 should continue the healing processes for these youth by their participation in therapeutic regimens offered in caregiver residential settings, cultural interventions and in the home community as well as specialized treatment settings for certain youth (4).

Recommendations For Treatment Of The Innu Youth:

It is agreed by all the members of the multidisciplinary team that the movement of the Innu youth from the Grace Facility needs to be therapeutically sound. It would not make sense to place the Innu youth in a different setting that could not maintain their safety and would not lead to preparing to engage them for long-term treatment. Even if safety and proper supervision could be provided, the new placement would only be a maintenance program without the proper treatment programming (clinical and cultural), training of staff and involvement of family/community. If a contingency plan is acted upon, there needs to be a commitment to putting the appropriate resources in place to address the long-term treatment needs of the Innu youth (clinically and culturally as well as in the home community to support the healing process for the youth and his/her family). It is also important to note the clinical team's concern around the need for appropriate programming with an effective treatment model and adequate training of staff. Research indicates that solvent abusers are the most difficult and unmanageable individuals to treat (Beauvais & Trimple, 1997; Jumper-Thurman & Beauvais, 1992). The research on background and psychosocial characteristics show solvent abusers to be characterized by serious, multiple problems that lead to dysfunction in a wide range of social and personal domains. Research also indicates that solvent abusers present with a unique clinical profile that does not fit well within existing treatment programs based upon traditional drug and alcohol techniques (Dinwiddie, Zorumski & Rubin, 1987; Groves, 1990).

A. Contingency Plan

If the Innu youth are to be moved from the Grace Facility in the near future, the multidisciplinary team recommends a variety of options that will have to be employed that would initially be only a maintenance program basis (i.e. no programming developed, only essential supervision and therapeutic services initiated). It should be noted that long-term plans would need to be started immediately so as to minimize the time period of the maintenance program. Also, if the youth are transferred to therapeutic caregiver homes in Goose Bay, the physical homes used and the staff hired could be used for the long-term plan with the transition starting as quickly as possible. This scenario makes strong clinical sense since the maintenance staff would be starting to engage the youth and could continue this therapeutic relationship if they were to be trained for the long-term treatment program. Also, one more home may be needed for the 5 youth selected to go into the country (6-week program) if the community supports are not in place when they complete the 6-week cultural program.

OPTION #1

TYPE OF TREATMENT	LOCATION/REQUIREMENT	NUMBER OF CLIENTS	TIME FRAME
Maintenance program	Goose Bay, Labrador Requirements: 9 houses/homes	23	May or June 2001 Does this mean - we keep 23 kids at Grace Centre then?
Native Solvent Abuse Treatment (with Innu workers and family support)	Charles J. Andrew Treatment Centre or other out of province center	1	Week of March 26
Country Treatment	Labrador	5	April 2 - must this be precisely?
Youth Care Agreement	St. John's	1	March 30
Specialized sexual behavior treatment	Out of province	1	April 2
Supervised boarding home (adult client)	Goose Bay, Labrador	1	April 2

9 Kids to go 1st week of April

B. Long Term Treatment Plan

It is anticipated that the following residential settings will take approximately four to six months to reach full operational therapeutic levels.

Contingency Plans looks the same as LT Tx Plan?

23 [19 youth go to 7 therapeutic caregiver/group homes
4 youth go to 2 alternate living arrangements
1 youth goes to an addictions treatment facility, must include component for inappropriate sexual behaviours
1 youth will participate in independent living program in St. John's
1 youth goes to an addictions treatment facility and/or to a supervised board and lodging residence (should he/she choose to do so)
1 youth goes to an addictions treatment facility, followed by the cultural program
5 youth go to the cultural program, followed by return to a therapeutic setting

Therapeutic caregiver/group homes - homes staffed with live-in house parents (have special skills and training) or live-in management staff, supplemented with support staff as required based on the assessed need.

Alternative living arrangement - home staffed with live-in management staff or staffed with shift workers - setting intended for extremely challenging youth who are at high risk and need strict supervision and monitoring.

Difference - Draft Plan - had 14 Cheeder going to Charles J. Andrew or out of province Tx - facility (option 2) - and 10 Cheeder to B (by April 9).

Cultural program - includes elder teaching during the clinical phase and the "going into the country" component.

ADDICTIONS COMPONENT RECOMMENDATIONS FOR POST-DETOXIFICATION MANAGEMENT OF INNU YOUTH - GRACE SITE

BACKGROUND:

There can be absolutely no doubt that the situation in which the Innu youth, their families and community find themselves is based and anchored in the realm of chemical dependency. The reality is that chemical abusive behaviours on the part of individuals are the result of many negative psychosocial factors which have not been reasonably recognized and addressed.

It is accepted at this time by all parties, that generally, abuse of chemicals by the Innu youth, in this instance, and through many years previous had never been adequately or satisfactorily addressed. The reasons for this have stemmed from poor family and community social structures resulting in youths' inability to reach out for guidance and support when in emotional conflict, for that matter, less than ideal opportunities for guidance and support to be offered in the first instance. This situation coupled with broader community social and political issues have left a situation in which youth have been placed in a most vulnerable position i.e. to essentially fend for themselves emotionally. Some turned to less than constructive ways of managing life's unfortunate circumstances like many others, young, old, both inside and outside their community. They found ways to tune out, to avoid, to numb out, to forget...they turned to substance abuse.

Traditionally, related to lack of resources, young people had been sent from the community to various treatment centres across Canada to receive counselling. They then returned to unchanged family and community circumstances with few to no resources to socially, emotionally, spiritually support and encourage the chemically clean, sober and a little wiser youth. The expected results invariably happened for the youth i.e. return to abuse of mood-altering substances.

Current Position:

The Innu community of Davis Inlet have asked the Province and Health Canada for help with their substance abusing youth. The youth have been brought to the Grace facility for detoxification and assessment services which have, for the most part, been completed. It has been a shared mind-set, on the part of all stakeholders, from the beginning that, this time, every attempt should be made to offer the best available recommendations for best potential outcomes for the youth, based on available resources. The youth would be helped, while the families and community agreed to look inwardly and bring about required change and healing at that level.

Recommendations:

It is agreed that the youth, at this point, are not yet ready to return home, or return to their home community to reside until they are able to anticipate receiving the required type and degree of support from their families and community.

No option:

All youth should be exposed to varying levels of psycho-education and counselling related to their substance abuse behaviours.

Options:

1) All youth (individual, diads and triads), where possible, are placed in alternate living arrangements in the Goose Bay area, to be defined based on identified need and resources, as some youth will require more of a therapeutic living environment than others.
2) All youth (individuals, diads and triads), where necessary, are placed in more than one community, based on local residential capacities to accommodate the youth e.g. some in Goose Bay, other Labrador communities, St. John's.
3) Some youth will move immediately from the Grace to alternate living arrangements, while others will move directly to treatment centers, returning thereafter to alternate living arrangements.

Preferred option:

All youth (individuals, diads and triads), where possible, are placed in alternate living arrangements in the Goose Bay area. They resume, as closely as possible, a normal way of life. They continue with more gradual chemical dependency assessment processes to better define and identify their specific needs regarding chemical dependency issues.

Those who are identified as requiring related psycho-education, counselling or residential treatment for their dependency issues will be able to access them on a more rational basis, normally with the expectation of improved outcomes.

This option will also afford the best opportunity for collaboration between a variety of professional disciplines involved with the youth.

Resources:

Given this option, hire 2 qualified Addictions Counsellors to work out of the Goose Bay Addictions Services office for 3 years. The services of these Counselors can, perhaps, be shared with youth from Sheshatshiu requiring similar services.

Should the youth be residing in several locations throughout the province, the assessment/treatment services can be provided by the nearest Addictions Services offices.

Prepared by:
Ronald Tizzard, Addictions Consultant
Department of Health and community Services
March 6, 2001

March 21,2001

Meeting with the Band Council and Community Representatives, Sheshatshiu, Health Canada, and the Province (on behalf of Health Labrador Corporation)

Attending:

Chief Paul Rich, Sheshatshiu
Peter Penashue , as member of the Community of Sheshatshiu not representing the Innu Nation
Lyla Andrew, Sheshatshiu
Al Garmen, Health Canada
Nick Hossack, Health Canada
Brian Dorey, Health Canada, Labrador
Cathrine Baike-Pottle, DIAND
Pamela Rodgers. Dept of Labrador & Aboriginal Affairs
Debbie Sue Martin, Representing Health Labrador Corporation
Marilyn McCormack, representing Kate Gray, Director of Child, Youth, and Family Services
* Innu man whose name I did not get

Chief Paul Rich started the meeting with a comment that it is taking too long to get the treatment programs for his community up and running. He also wanted an answer on the purchase of Lopstick Lodge

Lyla Andrew directed questions at Health Canada regarding what further information they require to put in place the proposed family treatment program. Al sought a few points of clarification which Lyla responded to and he advised he was prepared to approve the program right now.

Chief Paul Rich then asked Al specifically how much of the $1.4 ml he was prepared to release to the Community. He also discussed his view that the Community should be reimbursed for all the developmental work they did to put the proposal together. He pointed out Community members did a lot of work on their own to get a program in place. He mentioned the Community of Davis Inlet received funding for the developmental work they are doing and they were able to pay out of province consultants to develop programs for them. He also advised a lot of the plan for Davis Inlet resembles the programs put together by the people of his Community.

Peter Penashue then raised his view that the community of Davis Inlet is receiving more support than the Community of Seshatshiu even though Sheshatshiu has a larger population than Davis Inlet. He referenced the fact that Davis has three paid staff positions to work on their social problems but Seshatshiu only has gotten one position.

Al advised he was prepared to deal with the issue of equity however he pointed out that in doing so he must also consider and factor in community capacity. Everyone acknowledged that Sheshatshiu has more capacity than Davis Inlet to deal with their problems at this time. In this

regard Sheshatshiu has agreed to submit a proposal for funding consideration by Health Canada.

Brian Dorey then discussed with the group the need for expansion on their current program ideas. He pointed out that while the proposal highlights program components it does not discuss community resources nor how it is intended to operate. Lyla agreed to include this information into the current proposal.

Discussion then occurred regarding the rate of pay for support staff and the impact the diversity of wages is having on the recruitment and retention of staff. There was agreement that there is a need for consistent wages however it may be difficult to revert back to the lower wages as new programs are put in place. There was also concern on how this will be impacted when the children from Davis Inlet return to Labrador. Brian Dorey cautioned everyone that there may be some discrepancy in wages in order to attract staff to the positions. He also agreed that the issue of staff movement from current programs to new ones due to increased wages will have to be considered by all involved. It was agreed further meetings with Health Labrador, DIAND, and the Band council needs to occur.

Training staff to deliver the programs was also raised as an issue. It was agreed that resources might be found for training through HRDC, Indian Affairs, and/or other sectors of Health Canada.

Lyla also advised how the Community was offering day treatment programs for adults who are wait listed to attend family treatment and how these programs are helpful to the Community. They currently have 40 adults wait listed to attend the day treatment program while waiting for family treatment. The Community realizes it will not be ready to do family treatment as of April 1,2001 but wondered if funding could be made available to them to continue with the day treatment programs. The need to continue is strongly recommended by the Community as the adults who have already participated found the program very helpful to them.
Al felt he could flow money into this program if this decreased the number of adults requesting treatment out of Province. Sheshatshiu is to give Health Canada a proposal for the amount of funding they need to run the program. Al will monitor the impact of this program on the number of persons requiring out of community treatment.

Detoxification Center:

Discussion occurred regarding the detox center promised to the Innu in the initial agreement with the Federal Government. Al advised the detox center is not only for the Innu but rather for all Aboriginal peoples in Labrador. Sheshatshiu wants to be involved in all discussions related to the establishment of this detox center from the onset. This was agreed by the parties at the table. They also voiced the opinion that the detox center should not be at the old Melville Hospital Bldg. They were advised this building has already been gutted and that location like other issues related to this project will be discussed with all parties.

Children in Care of the Director of Child ,Youth, and Family Services

Lyla advised there is confusion at the community level on who is responsible for the children

removed due to gas sniffing and who is expected to provide services for the children. Marilyn advised these children are legally in the care and custody of Kate Gray, Director of Child, Youth, and Family Services, Health Labrador Corporation. The responsibility for treatment services however is Health Canada. The Province has reached a cost sharing agreement with Health Canada on the treatment for the children of Sheshatshiu and Davis Inlet. Health Labrador Corporation will continue to work with everyone on plans/services for the children. Lyla also wondered if the social worker and community service currently assigned to these children would continue to provide services. Marilyn advised it is her understanding that this would continue. Discussion occurred regarding the need to have two ILA's in the community for those children who cannot return to family and who require supports to stay away from sniffing. Accomodations were discussed and reference was made to a duplex in Northwest River that is owned by Health Labrador and is currently vacant. In the past it was used as a clinic. Cathrine stated she has tried to contact Boyd Rowe regarding the ability to use this facility. She advised DIAND would do the renovations to the property if the approval is given by Health Labrador. Marilyn advised she will pass on to Delia.
There also needs to be discussion between Health Labrador, DIAND, and Health Canada regarding who assumes costs of operating the ILA"S. Marilyn advised this is a part of the cost shared agreement between the Province and Health Canada.
It was also stressed that the Community needs the assistance of the Director of Child, Youth, and Family Services , DIAND, and Health Canada in helping to track these children. There are concerns that as the weather gets nicer the children need to be supported to keep away from gas sniffing. The community needs supports to control this situation.
Peter raised the issue that in future the province needs to transfer the responsibilities of the Director of Child Welfare to the Community specifically to someone like Lyla. Marilyn agreed this needs to be considered at some point.

Education:
Lyla advised a number of children have returned to school and are doing fairly well there. These children do have tutorial and other supports. She stressed however that it is impossible for the school to cope with more of these children unless appropriate supports are available to them as well while they are in school. Lyla is concerned about the children in the community who have never gone to school. She feels this needs to be addressed in a way that is sensitive to the children as well as the capacity of the school to accomodate them. She is also concerned that the children are not taught in their own language. Cathrine advised DIAND is currently putting a lot of energy into looking at issues relating to the education of Innu children. She is aware that many of these children have special needs and rerquire supports to attend school. Cathrine said there is money from DIAND that is paid directly to the band council to hire teacher aids etc. Lyla was not aware of this. She said there are three certified teachers in the community who can speak the language and who would probably be willing to tutor the children.. There was recently a tutor training program offered in Labrador but these were trained to assist with the Adult Basic Education program. Cathrine advised she would discuss this issue with Ian to see if they have any money for tutors .Peter suggested this should be included as part of the MC for special funding.

Medical transportation:
Health Canada has taken over this file. Al suggested this be discussed after Provincial representatives have left the meeting.

Lopstick Lodge:

Chief Rich wondered about the status of purchasing Lopstick Lodge. He has been advised by Minister McLean that the Province will purchase the Lodge once the Federal Government commits to program monies. Pam Rodgers to follow up and advise.

Capacity Building:

Al is going to look at funding for capacity building over and above the money allocated for programming.

Indian Affairs is also looking at capacity building and may also have resources for both communities as well.

Al advised he will work out a contribution agreement with Sheshatshiu to become effective April 1,2001 to put in place the family treatment program.

Mushuau Innu First Nation

Mushuau Innu

"People of the Barrens"

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April 5, 2001

April 9/01
Please Copy
to Robert T.
Marilyn M
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Della Corne
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This
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Brian Dorey
Director of Operations, Labrador
First Nations and Inuit Health Branch
Health Canada
Happy Valley-Goose Bay, Labrador

Dear Bev and Al and Brian:

Re: Next Steps – Mushuau Innu, Health Canada and Government of Newfoundland re Children at the Grace Hospital

This letter is a follow up to our meeting in St. John's on March 29 and in response to Brian Dorey's letter to Kevin Head, dated April 4, 2001.

Following our meeting in St. John's and the teleconference meeting the next day, the lists of children at the Grace facility that were to go to the White Swan Treatment Centre as well as those who would go directly to Goose Bay residential care facilities or to the country treatment program, were finalized pending parental consent.

we need to ensure UOI services are communicated.

WHITE SWAN

Parental consent was achieved and will be followed up by appropriate consent forms in the context of the commitment that phases 2, 3 and 4 of the Treatment Protocol agreed to on January 30th would be fully implemented. This is reflected in the parental consent that the children would go to White Swan for an initial three month period on the understanding that the Innu implementation team and their advisors will be involved in overseeing the treatment.. Mr. Wayne Hammond is one of those advisors and he has been in touch with the people at White Swan and they have developed a good working relationship. We need to have the commitment from Health Canada regarding a reasonable budget for Mr. Hammond's participation in working with the parents' committee, the Innu implementation team and the people at White Swan in this regard. Attached are the consent forms to be signed in connection with White Swan as finalized with White Swan.

Health Canada issue

Goose Bay Residential Care

We trust that the Goose Bay residential care facilities referred to in Mr. Dorey's letter of April 4th will be in place at the earliest possible date as we discussed on March 29.

H.C. issue re movement of the children

Long Term Treatment

It is essential that we plan the longer term treatment program in Goose Bay as early as possible as we agreed on March 29. You will recall that each of us appointed representatives for that committee at the St. John's meeting. The Innu appointees were George Rich and Mark Nui, along with the appropriate technical people. The understanding is that the children who are going to White Swan will go there for initial treatment, namely addressing issues such as social skills and anger management. At the end of the three month period, each child will be assessed to determine whether or not that child could benefit from additional treatment with respect to those issues at White Swan or whether the child would be better served elsewhere.

In that connection, I want to clarify what Mr. Dorey intended in the second paragraph of his letter (the second line) where he says, "upon completion of their individual treatment programs". I assume that he means the initial phase of the treatment programs because as I discussed above, it was agreed that the longer term treatment would be in Goose Bay (although in all fairness Mr. Garman did put a minor precautionary note regarding Goose Bay as the location for long term treatment on the table at the St. John's meeting and this will have then to be addressed early in the discussions of the long term treatment committee).

My understanding then is that at the end of the initial three-month period of treatment for the children at White Swan, each will be individually assessed with the following possibilities, assuming in all cases that there is parental consent:

- Some may stay for a longer period at White Swan.
- Some may be ready to go into country treatment.

- Some may go to Goose Bay for longer term treatment which will involve both the clinical component and the country component as appropriate.

- Some may be ready to be reintegrated with their families into Davis Inlet.

Based upon the clinical assessments to date which highlighted the complex nature of the problems facing many of these children and the in-depth therapy that many will require, it is unlikely that many of the children will be returned to Davis Inlet after their stay at White Swan and it is unlikely that many of them would be able to go directly into the country treatment program. When I combine this reality with the fact that it is agreed that the treatment at White Swan will be the initial treatment, it emphasizes the need for us, in an urgent way, to put together the long term treatment program for Goose Bay. I have again reviewed the Woods Home's proposal regarding what that treatment in Goose Bay would look like and I suggest that it be used as the initial reference point for the committee which will obviously look at other options as well.

I have addressed these issues at some length because of the importance of maintaining our commitment to the four phase treatment program agreed upon on January 30th and to re-emphasize the importance of the clinical part of the treatment that should take place in Goose Bay in a context of interaction with families and community if we are to break the cycle of abuse.

Yours very truly,

Simeon Tshakapesh
Chief
Mushuau Innu Band Council

Update: Davis Inlet Children at the Grace Facility

- On Thursday March 29th, 2001 it was agreed by the Innu, federal and provincial governments that the 32 children & youth at the Grace would be transferred, as quickly as possible, to one of three sites:
  - White Swan solvent treatment program in Alberta;
  - a country program close to the community of Davis Inlet; or
  - alternative living arrangements in the Goose Bay area.

- The final decision on where each child would be placed depended upon the recommendations of the tripartite clinical team. This team met on Friday and recommended:
  - 15 children/youth attend treatment at White Swan;
  - 9 children/youth be accommodated in alternative living arrangements in Goose Bay;
  - 6 children/youth attend a country program near Davis Inlet; and
  - 1 youth would remain in St. John's in an independent living arrangement while another youth would attend a specialized out-of-province treatment program.

- On Monday April 2nd, 2001 the Innu expressed concern about the number of children/youth recommended for out of province treatment. It was stated that parents did not support this plan and the Innu now wanted the majority of children/youth to go to Goose Bay. The Province expressed concern and stated:
  - this was contrary to the previously agreed upon plan; and
  - that Goose Bay did not have the capacity to house all of the children/youth.

- Throughout the day, the federal and provincial governments have continued to converse with the Innu regarding this issue and it appears the original plan is now moving forward.

- The Province maintains the position that we must move quickly to transfer the children out of the Grace Facility and into appropriate treatment options.

- This position was reinforced on Saturday night (March 31st, 2001) when 7 staff were assaulted at the Grace Facility by three girls ages 13, 14 & 17 years. The police were called to diffuse the situation. Three staff were sent to emergency for medical treatment. The police are completing an investigation and the three [redacted] may be charged.

- Further updates will be provided as information becomes available.

Prepared by: Bevereley Clarke
April 2nd, 2001

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Justice
Civil Division

Brian F. Furey
Telephone No. (709) 729-2887

March 29, 2001

Mr. Simon Lono
Executech
70B Mullock Street
St. John's, Newfoundland
A1C 2R0

[redacted]

Yours very truly,

Brian F. Furey

Brian F. Furey
Manager - Social Unit

BFF/cj
cc: Marilyn McCormack
Kate Gray

BRIEFING NOTE

Issue:

Serious Incident with Children/Youth at Grace Facility during outing March 27,2001

Background:

Last night the children/youth at the Grace Facility attended a planned dance at the Conception Bay South Community Center. The dance was arranged for the Innu children/youth only and did not involve other Community members with the exception of staff from that Center.
The children/youth had outings at this Center in the past without incidents. They usually went there in small groups to play pool or ball games and have pizza. The outing last night was arranged for **all** the children/youth at the Facility and it did not go well.

The children/youth apparently became very aggressive upon their arrival at the Center. Within fifteen minutes of their arrival, the Operations Manager at the Facility received a call from the Unit Supervisor escorting the children/youth asking that the bus be sent to bring the children/youth back to the Grace. In the interim, one youth was sent back immediately by taxi because her behavior was out of control. The Operations Manager reported she began trying to contact the bus company to have them return for the children/youth and staff at the Center but could not locate the driver for about an hour. Apparently by the time the bus arrived for the children/youth the situation was well out of control. Some of the children/youth had run from the building and were out in the roads darting between the traffic. One child actually lay in the middle of the road and had to be physically removed with the assistance of the police who had been called for help. Meanwhile inside the Center the children/youth had done damage to the Center. Mr Dave Tibbo, Director of the Community Center, advised of the following damage to the Center:

- damage to doors, door frames, and locks
- toilets plugged
- damage to several exercise machines
- small items were missing, i.e., remote control for the TV, keys, etc.
- general mess made in the Center - floors, walls

Mr. Tibbo advised he has taken pictures of the Center following the children's/youth's departure. He advised the overall costs to repair the damage would not be great. He suspected most costs will be for labour to clean the place up and do the structural repairs. He has asked his staff for a full report on the matter as well as the estimate of the damages to be available by the end of today. He will then share that information with me.

Upon their return to the Grace Facility, the children/youth remained out of control. Efforts were made to have the children/youth leave the bus in an orderly manner but they pushed and shoved until they were off. They then ran in different directions around the Facility and up and down Lemarchant Road. Staff made efforts to catch the children/youth and have them return inside the Facility but the

task was great. Eventually the children/youth were returned to the Facility but their behavior continued to be out of control. One ten year old girl kicked the plexiglass out of a main door in the Facility. On the floors they continued to be aggressive with the staff.

Through this whole upsetting experience seven staff were injured while trying to control/manage the children. Three of these staff went to St. Clare's Hospital to see a physician. One girl had soft tissue injuries to her arms by being kicked and punched; another staff had deep scratches on her chest for which she required cream, bandages and a tetanus shot; the third girl also sustained bruises to her arms and legs. In addition, another staff member was sexually assaulted on the bus by a [redacted] Innu youth. This sexual assault has been referred to the Royal Newfoundland Constabulary for investigation. The youth allegedly committing this assault has been extremely sexually intrusive to staff since [redacted] arrival at the Grace Facility. [redacted] has been spoken to about [redacted] behavior and has been warned that [redacted] could be criminally charged as a result of his actions. Little improvement has been noted with this youth. The staff member who was assaulted by this youth last night has indicated her wish to lay a criminal charge against this youth and she is fully supported in this by the staff working directly with her and by the management staff here.

Current Status:

At the present time the situation at the Grace Facility is stable. There will be **NO** large group activities outside the Facility this evening. The incident that occurred last night will be discussed with the children/youth on each unit. The Behavior Management staff, the Operations Manager, the Unit Supervisor, and the undersigned will complete this process. Staff coming on this evening's shift (they are the workers who managed the children last evening) will also be given the opportunity to debrief on this incident.

Further reports will be made available as necessary.

Prepared by: Marilyn McCormack
Approved by: Beverley Clarke
Date: March 28, 2001

Briefing Note

Issue: Police investigation of assault of staff at the Grace Facility by Innu Youth

Background:

On March 31,2001 three youth assaulted seven staff at the Grace Facility . Three of these staff immediately decided to lay a complaint with the Royal Newfoundland Constabulary as a result of the injuries they sustained in this matter. About one week later two of the other staff gave information to the police in relation to assaults on them which occurred on the same evening.

Three days previous to this incident a referral was made to the police by a social worker at the Grace Facility following an alleged sexual assault of a female staff person by a [redacted] youth, age [redacted] years. The social worker who was working with this youth on [redacted] sexually intrusive behavior felt the matter was such as to warrant a referral to the police. The female staff person also expressed a wish to have the matter referred for police investigation.

The police have conducted the investigation into these matters and today advised **no charges will be laid** as a result of their investigation. A full police report will be forwarded to the undersigned next week in relation to this. The staff involved individually have advised the police they do not wish to proceed with their complaint. The female staff person who was allegedly sexually assaulted has sought services through the Victim Services Program at the Department of Justice and has made an informed decision not to request a charge be laid in relation to her assault. The other five staff who sustained physical injuries have also informed the police that while they were interested in giving information to the police in relation to the incident each person have since decided not to proceed with criminal charges. They also informed the police that the children are now entering treatment programs targeted toward their aggressive behaviors and that their hope is the treatment will diminish risk to others. They seen this as more beneficial than involving the children in the criminal justice system. They also advised the police that the reason they initially decided to refer the matter to the police was because they felt obliged to so to comply with the recommendation from Rick Morris Report on the safety and well being of staff, that there be a zero tolerance to violence at the Grace Facility.

I have also discussed with Constable Regina Baggs. the issue of forwarding the additional incident reports from the Grace Facility to the police. We have jointly concluded that this is unnecessary for several reasons. The potential for charges to result from a review of these incident reports is highly unlikely. This is not a situation where children/youth were placed at risk by being cared for by the adult staff at the Grace Facility. Rather the adult staff have full control over whether or not a matter warrants police investigation and are therefore free at any time to pursue this course of action should they wish to do so. Constable Baggs advised the police would have no grounds to seek a warrant to obtain the incident reports if we were uncooperative and they decided to pursue a further investigation. Also the children/youth are now leaving the Grace Facility to enter treatment and it would be unusual for the police to "bring children back" from out of Province

treatment to deal with such a matter. This is particularly relevant when one considers they were at the Grace to undergo detoxification and assessment as a result of solvent abuse. Constable Baggs also advised the issue of the competence of these children/youth to understand their actions and to be held responsible for them would also be factors mitigating against pursuing a full scale investigation of the various incident reports. We concluded that once I , as Director, receive the police report I will communicate, through the staff at the White Swan Solvent Abuse Treatment Center, to the youth involved that the criminal investigation has been concluded and no charges will be laid. The youth however will be advised that a police record exists in relation to this investigation and could be referenced should further behavior of concern become evident in the future. I think this is important information to be shared with these youth as their individual behavior has indeed improved since the police became involved. They also need to know that this particular investigation will not result in criminal charges so that they do not live day to day with this worry.

Prepared by: Marilyn McCormack
Approved by: Beverley Clarke
Date: April 12, 2001