



Health Santé
Canada Canada

FORMATIVE EVALUATION OF THE LABRADOR INNU COMPREHENSIVE HEALING STRATEGY (LICHS)

Interim Report
January 2001 - January 2003

Presented to

Health Canada
Departmental Audit and Evaluation Committee

October 14, 2004

Canada 

Health Canada
ACTION PLAN
Labrador Innu Comprehensive Healing Strategy - IER Evaluation
2003/2004 - 2004/2005

To be submitted for information to the Departmental Audit, Evaluation and Review Committee (DAERC)

Notes:

1. The conclusions and recommendations are taken from the final draft of the evaluation report. The final draft of the evaluation report has been approved by INAC.
2. The conclusions and recommendations are quoted directly from the evaluation document's final draft. All direct quotes are in italics.
3. This action plan responds to the two IER evaluation recommendations that were specific to Health Canada. Additional interdepartmental work is required on many of the IER recommendations. Planning for these joint actions is scheduled to begin after renewal of the strategy.

Evaluation Conclusion:***The Innu-run Healing Programs Have Been Successful***

The most pressing healing issue -- detoxification and healing of the gas sniffing children and youth apprehended in October 2001 -- has been largely addressed. The detoxification treatment predates the Healing Strategy and therefore must not be considered as a Healing Strategy success. Success in the Community Healing component exists in the operation of the family treatment program (run by the Sheshatshiu Innu) and the country treatment program (run by the Mushuau Innu).

Evaluation Recommendation:***Support the Family Treatment and Country Treatment Programs***

Participants in the Mushuau Innu's country treatment program, and the Sheshatshiu Innu's family treatment program for healing substance-abusing children/youth and their families have declared these programs to be successful in terms of addressing the healing needs of the community in a culturally appropriate manner. It has also allowed previous program 'clients' to work in subsequent programs as employees. This has enabled community members to be directly involved in the healing process. In addition, these healing programs are central to the goal of the Healing Strategy. Community capacity is built as a result of operating these programs. Given the positive community assessment and the appropriateness of these healing programs, the Federal Government should increase its financial and capacity-building support for these programs, in consultation with the Innu.

Program Response**Current Status**

HC is seeking increased funding for Family and Country (Mobile) Treatment Programming through the LICHS renewal process.

The 'success' referred to in the evaluation is based on the communities' design and implementation of culturally appropriate community based programs. There has not yet been any evidence produced, other than anecdotal, on the effectiveness of these programs. The Innu were advised in meetings held for the MUN evaluation, that:

- the next stage of evaluation will be focussed on results and will require a more rigorous examination of the effectiveness of programs
- the time to prepare for the next stage of evaluation is now.

Action Required	Time line	Lead
Seek increased, sustained funding for Family Treatment Program and Mobile (Country) Treatment Programs.	Fall 2004	LIHCS renewal
Implement increased program monitoring through client evaluations.	Natuashish - complete April 2004. Sheshatshiu planned December 2004.	LHS CHP and MH/A teams
Implement increased program monitoring through improved reporting requirements in contribution agreements.	Complete August 2004.	LHS CHP and MH/A teams
Create evaluation plan for second phase of Strategy including plans for project evaluations for Mobile Treatment and Family Treatment.	To be developed as part of LICHS renewal.	HC and HC with federal/provincial and Innu partners.
Assist Sheshatshiu Family Treatment Program to perform a project evaluation.	July 2004- April 2005.	LHS CHP and MH/A teams
Assist Natuashish Mobile Treatment Program to perform a project evaluation.	January 2005- April 2006	LHS CHP and MH/A teams

Evaluation Conclusion:***Too Much Innu Time and Effort is Being Diverted Away from Running Programs in Order to Produce Proposals***

The Labrador Innu appear to lack the capacity to provide the Federal Government departments with sufficiently detailed budgets in their healing program proposal submissions. This has resulted in significant delays in program implementation and frustration among both the Labrador Innu and the Federal Government departments.

Evaluation Recommendation:***FNIHB's Labrador Health Secretariat Should Revise the Proposals Process to Allow the Innu to Focus More on Program Implementation***

It must be recognized that the Innu communities have limited resources and capacity for writing proposals. The process of funding approval for community healing programs should be revised so that the Innu are able to spend more time and effort on implementing and less time and effort on proposal writing. FNIHB's Labrador Health Secretariat and the Labrador Innu should jointly explore alternative funding mechanisms to the proposals process for the Community Health component of the LICHS.

Program Response**Current Status**

HC will not change proposal requirements since proposals are a key tool in establishing project objectives and activities and determining appropriate funding levels. However, HC will continue to provide support and assistance to the Innu during the proposal development process, as appropriate.

HC is working jointly with the Innu Health Commissions and/or Band Councils in both the mental health, maternal/child health program areas and the development of a family and cultural renewal centre by assisting with program development.

HC has created a proposal template for use by the Mushuau Innu Health Commission and Band, available to Sheshatshiu as well.

Action Required	Time line	Lead
<p>Increased collaboration on program development between HC and the Innu is more appropriate than revising the proposals process. This will be done to ensure effective programs are developed, and to ensure that programs are funded within departmental authorities. Program development assistance provided by LHS on Safe Houses, Suicide Prevention and Brighter Futures programming during 2004/05.</p>	<p>Complete May 2004</p>	<p>HC - LHS</p>
<p>Increased collaboration among all partners (Innu, Federal partners and the Province) is required to ensure that effective program development and proposals for 'grey area' items such as safe houses and cultural renewal centres (or healing lodges) are developed. As part of this, HC is leading a Joint Planning process for all departments involved in the strategy. This process is continuing through 2004/05 and thereafter depends on LICHS renewal.</p>	<p>April 2004 Joint Planning began as an inter-departmental initiative.</p>	<p>HC - LHS</p>
<p>KPMG (third party manager for Natuashish) has been instructed to focus more efforts on identifying capacity needs in program management, reporting and proposal development.</p>	<p>Complete</p>	<p>LHS Management</p>

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LABRADOR INNU COMPREHENSIVE HEALING STRATEGY EVALUATION

INTERIM REPORT

June 2001 - January 2003

FINAL DRAFT

**IER Planning, Research and Management Services
and
Aboriginal Research Institute**

July 2003



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July 30, 2003

Evaluation Steering Committee Members
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Dear Committee Members:

RE: Final Draft Report Labrador Innu Comprehensive Healing Strategy Evaluation

IER Planning, Research and Management Services and the Aboriginal Research Institute are pleased to submit our final draft report on the Evaluation of the Labrador Innu Comprehensive Healing Strategy.

We feel this is a valuable report as it provides information to the Evaluation Steering Committee on the progress to date of the Healing Strategy and also provides a series of recommendations to address some of the challenges identified through the evaluation.

We very much appreciate working with the Committee on this project. We wish all parties concerned the best of luck in continuing to implement the Healing Strategy.

If further information or clarification is required, please contact me at your convenience.

Sincerely,

Image Not
Available

Timm Rochon
Principal

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LIST OF ACRONYMS

ADM	Assistant Deputy Minister
AFA	Alternative Funding Agreements
AGC	Auditor General of Canada
ARI	Aboriginal Research Institute
CMHC	Canada Mortgage and Housing Corporation
CONA	College of the North Atlantic
CSW	Community Service Workers
CYSF	Child, Youth and Family Services
ESC	Evaluation Steering Committee
FAS/FAE	Fetal Alcohol Syndrome/Fetal Alcohol Effects
FNPP	First Nations Policing Policy
GNL	Government of Newfoundland and Labrador
HC	Health Canada
HCS	Health and Community Services
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome
IER	IER Planning Research and Management Services
INAC	Indian and Northern Affairs Canada
LHS	Labrador Health Secretariat
LICHS	Labrador Innu Comprehensive Healing Strategy
MIHC	Mushuau Innu Health Commission
MIHT	Mushuau Innu Healing Team
MIRA	Mushuau Innu Relocation Agreement
MIRC	Mushuau Innu Relocation Committee
NL	Newfoundland
OIC	Order in Council
PWGSC	Public Works and Government Services Canada
RCMP	Royal Canadian Mounted Police
RMAF	Results-Based Management and Accountability Framework
SOW	Statement of Work

EXECUTIVE SUMMARY

In November 2000, the leaders of the Sheshatshiu Innu and Mushuau Innu called on the Federal Government and the Province of Newfoundland and Labrador to provide help to the two Innu communities in Labrador, to address the alarming crises of substance abuse and suicide by their children and youth. In response, the Federal and Provincial governments made public commitments to the Labrador Innu in November 2000, and took immediate action to treat gas-sniffing youth. However, at the time, it was recognized that crisis response was not the answer; as a result, the Labrador Innu Comprehensive Healing Strategy was developed by the Federal Government to address the issues that led to the crisis.

The Labrador Innu Comprehensive Healing Strategy (referred to herein as “LICHS” or “Healing Strategy”) is a coordinated response, initiated in the Fall of 2000, by three departments of the Federal Government (Indian and Northern Affairs Canada, Health Canada and the Solicitor General) respond to the worsening crisis of substance abuse and underlying social and health crises in the Labrador Innu communities of Davis Inlet and Sheshatshiu. The Healing Strategy is comprised of five components: Community Health, Mushuau Innu Relocation, Registration and Reserve Creation, Programs and Services, and Community Policing. The Healing Strategy funding was approved by the Federal Cabinet on June 15, 2001.

The following formative evaluation has been prepared by IER Planning, Research and Management Services (IER) and the Aboriginal Research Institute (ARI). This document describes the progress to date of the LICHS and begins with an Executive Summary divided in two parts:

- Part 1: External Issues Overview; and
- Part 2: Summary of the Evaluation Report.

The report is divided this way because the evaluation of the Labrador Innu Comprehensive Healing Strategy has a set of parameters which the report is confined to. The authors acknowledge there are issues that extend beyond the scope of the evaluation, and therefore the report, then issues have been acknowledged by participants in the evaluation and also by members of the LICHS Evaluation Steering Committee (ESC) as having a significant impact on the Healing Strategy and its evaluation.

The Executive Summary places issues that affect the Healing Strategy (Part 1) in a larger context, external to the evaluation. This is followed by a summary of the evaluation and its findings (in Part 2).

Part 1: Overview of External Issues

Purpose of the External Issues Overview

The evaluation of the LICHS is focused on the process and progress associated with the Healing Strategy and its components from June 2001 to January 2003, as per the project's terms of reference and direction from the ESC. Over the course of the evaluation, many issues were raised – especially through the interviews and meetings of the Evaluation Steering Committee – which lie outside the components to be evaluate. These issues were stressed by the persons interviewed as having significant influence on the Healing Strategy and its evaluation. Since this information is beyond our terms of reference, it has not been included in the body of the report; however, its impact on the Healing Strategy and its evaluation demands that it be mentioned. This additional information is provided in this section of the Executive Summary, entitled “Overview of External Issues”.

Identification of Polarity of Opinion

The overview deals with a number of large external issues that provide the necessary context for the evaluation report. It identifies a polarity of opinion between the Federal Government and the Labrador Innu as the primary obstacle to the Healing Strategy's success, and explains the reason behind the formation and continuation of this polarity. This section concludes that as long as the polarity exists between these two parties, no consensus will be reached regarding the strategy's success.

A Solution to the Polarity

The overview suggests the creation of a new model of working relationships between the parties as a possible solution to this obstacle. This new “blended” model recognizes each party's perspective and works towards creating common ground between the parties. Given that the polarity is long-standing and seemingly difficult to eliminate, it is also suggested that a step-by-step implementation plan be used to guide the process of creating and implementing the blended model.

Gauging the Success of the Healing Strategy

The Healing Strategy was created to deal with one overpowering reality, namely that the children of the Labrador Innu are killing themselves. The causes of death are multi-faceted and complex:

- Some deaths are immediate, such as suicide and accidental deaths as a consequence of substance abuse.
- Some are not so visible, such as a lack of hope, opportunity or viable prospect of living a normal life according to the living standards taken for granted by Canadians.

Regardless of the method, form or substance, the result is the same: the death of the Labrador Innu children.

The ultimate success or failure of the Healing Strategy will be determined by judging the results against this standard of whether the Labrador Innu children are still dying. In other words, success will be measured if the children live in a safe community surrounded by healthy people, and are exposed to and/or experience less substance abuse -- in short, success of the strategy related to whether or not they have a positive future to look forward to.

At present, the Healing Strategy cannot be judged as either a success or a failure using this standard. The Healing Strategy is only 1 ½ years into its implementation and the results, in comparison to this standard, can only be “preliminary indications” at best. At this point in the implementation process, it is only possible to ascertain whether the Healing Strategy is on track to accomplishing this ultimate goal.

Therefore, this evaluation report must be read as an interim evaluation; that is, a “report card” of the efforts being made to heal the Labrador Innu.

The Primary Obstacle to Determining Success

The central question which the evaluation is intended to answer is whether or not the Healing Strategy is on track for success. The findings of the interviews conducted in the LICHS evaluation show that the answer to this question varied according to who was asked the question: the Labrador Innu or Federal and Provincial Government representatives. The reason behind this variance is that a polarity of opinion exists among the levels of Government and the Labrador Innu. The polarity, or opposing opinions, pervade all areas of the Healing Strategy; they have strongly influenced the evaluation.

In order for the Healing Strategy to be successful, the evaluation must not only point out that a dichotomy exists, but also ask and answer why it exists. It is important to look at the implications of this polarity; although it may be considered to be technically outside the evaluation. This information can be used to identify means to mitigate the situation so that the Healing Strategy can ultimately be judged a success by all parties.

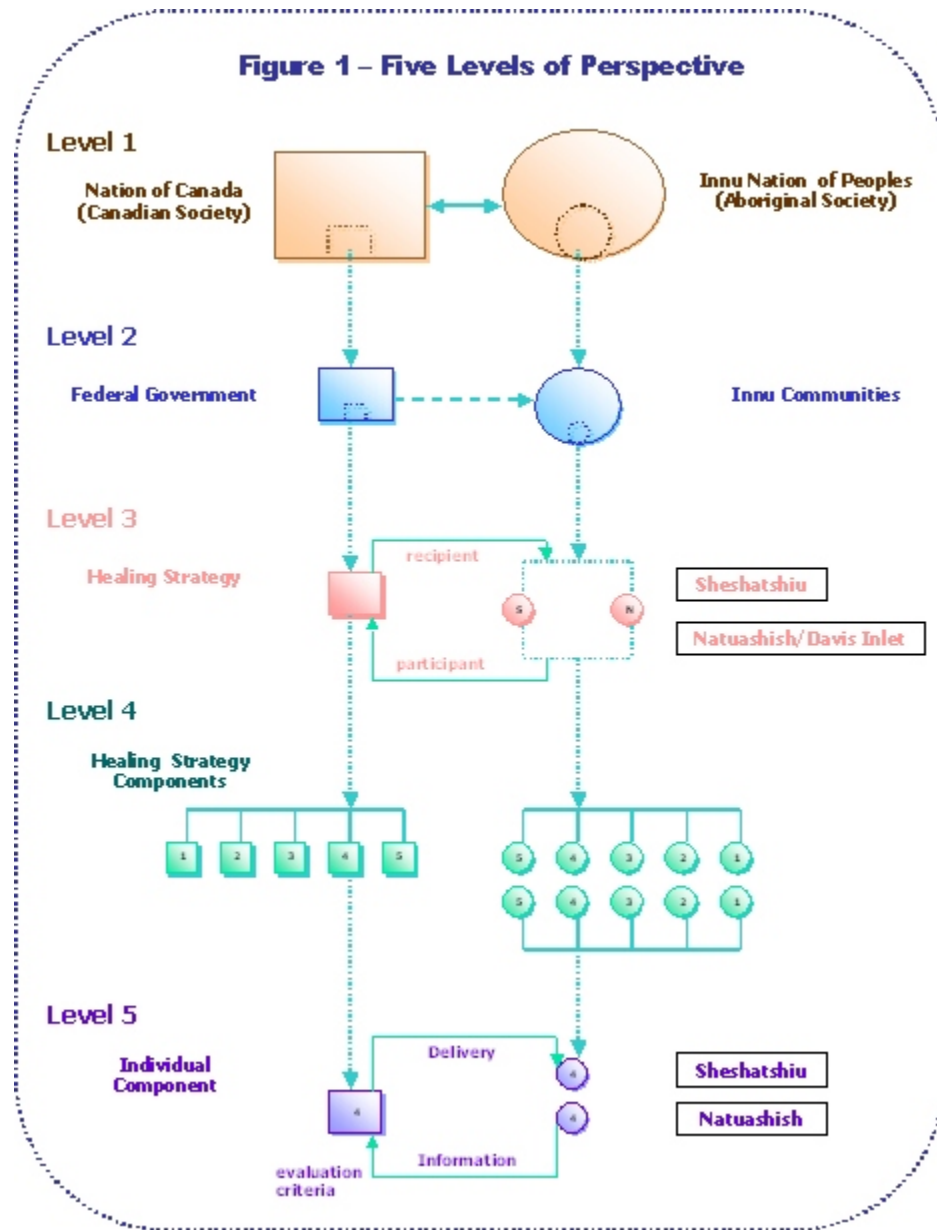
This section of the overview of External Issues will therefore attempt to:

- answer the question of why a disparity of opinion exists;
- examine the implications of the disparity; and
- look at mitigation measures and potential remedies

Why Does the Polarity of Opinion Exist?

In order to understand the nature of the polarity of opinion between the Federal Government and

the Labrador Innu, one must first have an appreciation of the nature and overall context of the Healing Strategy. This overall context is summarized in Figure 1.



There are five diagrams in Figure 1, each represents a particular perspective of the Healing Strategy. Each step down from level one to five represents a smaller, or more restrictive, perspective of the Healing Strategy.

The presentation of these various levels is important since the parties to the Healing Strategy focus on different levels of impact. This results in each party having a different focus and thus different perspectives on the Healing Strategy. In the evaluation of the Healing Strategy, this difference emerges as a polarity of opinion which prevented the parties from establishing any common ground. Understanding the nature of the polarity is therefore an important first step towards mitigating, if not eliminating, the different opinions that has developed amongst the parties.

The purpose of the diagram and subsequent discussions is to illustrate how this polarity of opinion impacted the Healing Strategy.

Levels of Perspective

The five levels of perspective, as depicted in Figure 1, are described below. As one proceeds from level 1 to level 5, each level down represents a smaller portion of the preceding level. For example, level 3 represents a portion of level 2 which in turn represents a portion of level 1.

Therefore, in level 1 represents the most expansive perspective, where the strategy is representative of the larger societal relationship between the Innu Nation and the Canadian Nation of Peoples. In contrast, level 5 presents the most narrow or restrictive perspective, where the Healing Strategy is broken down into its smallest detail and viewed only as a collection of individual components, each existing in isolation from the others.

- **Level I – Societal Relationship: Canadian Nation and Innu Nation**

This first level represents an all encompassing perspective; it takes into consideration the overall societal relationship between Canadian society and the Aboriginal Peoples. This is a nation-to-nation relationship that goes back to the point of contact between the two societies and encompasses the history and evolution of the relationship. In this context, the Strategy is seen as a reflection of this historical nation to nation relationship.

- **Level II – Federal Government – Innu Community Relationship**

Level 2 represents a smaller portion of level 1. In this level, the Federal Government represents a smaller portion of the larger Canadian society and the Innu communities a smaller portion of the larger Innu nation.

This second level is representative of the current relationship between the Federal Government and the two Labrador Innu communities of Davis Inlet/Natuashish and Sheshatshiu. This relationship is not nation-to-nation, but that of “provider” or “service delivery agent” (Federal Government) and “recipient” (Innu), wherein the Labrador Innu have had very little input into the development of Federal Government priorities or programs/services directed toward them. In the diagram, the one-sided nature of the relationship is represented by the uni-directional line emanating from the Federal Government and ending in the Labrador Innu communities.

- **Level III – The Healing Strategy and Labrador Innu Communities**

At this next level, the Healing Strategy is a small part of the larger Federal Government. On the right hand side of the diagram, the Healing Strategy addresses only a portion of the needs expressed by the Labrador Innu in the communities of Sheshatshiu and Natuashish/Davis Inlet. At this level, the diagram represents the relationship between the Federal and Provincial governments and the two Labrador Innu communities. In this relationship created by the Healing Strategy, the Labrador Innu are viewed primarily as “recipients” of the programs and services flowing from the Strategy. As recipients, the Labrador Innu are permitted a level of participation in specified aspects of the Strategy, and as such, are classified in the diagram as “participants”; therefore, in level three, the Innu lack substantive power, such as decision making capacity throughout the Healing Strategy.

- **Level IV – Design and Delivery of the Individual Healing Strategy Components to the Labrador Innu**

In level 4, the Healing Strategy is broken down into its five smaller components, each of which is delivered by the Provincial and Federal government to the Labrador Innu. In order to facilitate the delivery of the programs and services, a mirror image of the Healing Strategy components are created in the Labrador Innu communities. For example, in order to deliver reserve-based programs there must first be a reserve and then reserve-based administrative structures created at the community level.

- **Level V – Evaluating Individual Components of the Healing Strategy**

The perspective in level 5 is a subset of level 4; here, each of the individual components of the Healing Strategy are further reduced and considered in isolation from each other. Each component is considered as a “stand alone”, with its individual goals, objectives and milestones of achievement. Therefore, each component of the Healing Strategy can have a separate and different relationship with each of the Labrador Innu communities, according to the aspect of Innu life that the component is designed to address or service. Each component has its own evaluation criteria attached to them; the criteria were incorporated into the Healing Strategy by the Federal Government. Information was gathered from the communities in order to assess the effectiveness of each individual Healing Strategy component against the established criteria.

The Labrador Innu and Government Perspectives of the Healing Strategy

The parties to the Healing Strategy – the Labrador Innu and the Federal and Provincial Governments - are aware of, and understand the importance of all five levels of the diagram in Figure 1. Each party has an appreciation for all five levels, however, the parties place varying importance on the levels. Thus, the parties have different focus; and consequently different perspectives on the Healing Strategy.

As a general observation, the Labrador Innu tended to place more importance on levels 1 – 3; and thus focus more on what may be termed the “big picture” perspective. The Government

parties, on the other hand, tended to focus more on levels 3-5, which focus more on the particular details of the Healing Strategy's components. This general observation is not meant to imply that each party does not appreciate or understand each of the levels but rather that each has a tendency to focus on different levels of the Strategy, and thus each brings a different perspective to discussions of the Healing Strategy.

The Labrador Innu Perspective

From the perspective of the Labrador Innu, it is important to view the Healing Strategy in the larger context of the historical relationship between the Federal Government and the Labrador Innu. The Labrador Innu focused on how this relationship evolved; what events and forces caused the Labrador Innu to settle into permanent communities; how the communities came to be dysfunctional; and how the Healing Strategy can address these issues within the context of an equal or nation-to-nation relationship. From this perspective there is a vital connection between the historical relationship and the process of conceiving, developing, implementing and evaluating the LICHS. As such, the Innu feel it is not possible to have an effective, and ultimately successful, Healing Strategy if it is divorced from the reality of the past.

The Labrador Innu perspective does not imply that results are not important. However, the Innu sense that in order to achieve robust results, there must first be a focus on how the results are to be achieved. From this perspective, there is first an emphasis on process and relationship which will, if properly conducted, lead to positive results. From this view, only a positive relationship, built on trust, honesty and understanding between the Labrador Innu and the Federal and Provincial Governments can lead to positive results. Therefore, from the Labrador Innu perspective, the focus of the Healing Strategy and the evaluation should be on larger issues, such as the nature of the overall societal relationship which has led to the situation where Innu children are in distress or killing themselves – rather than focussing on the smaller level of detail, such as whether a specific component of the Healing Strategy has been completed and if so, whether it was completed on schedule.

The Federal Governmental Perspective

From a Federal Governmental perspective, the evaluation of the Healing Strategy should focus on assessing the completion of specified tasks against the established criteria for each identified task. From the Federal Government perspective, the emphasis is on whether results outlined and defined in the Healing Strategy have been achieved.

This focus on product does not imply a disregard for the historical relationship or the processes used to achieve results. However, from the Government's perspective, the emphasis on achieving stated objectives and milestones of accomplishment tends to prevail over how these goals are achieved. As such, they feel that the appropriate starting point for the evaluation is the point in time that the Healing Strategy was created (in 2001), and that the purpose of the

evaluation is to measure the progress of each component of the LICHS against established indicators.

Focus of the Evaluation

The Healing Strategy is a creation of Federal Government departments who developed the Strategy, secured funding, and implemented and delivered various elements of the Healing Strategy to the Labrador Innu.

As a part of the Federal Government process for funding programs, there is an internal requirement that an evaluation be incorporated into the program. The evaluation is built into gauge the level of achievement and/or success of the program's implementation. The purpose is to identify the program's strengths and weaknesses before more funding, (if any), is allocated to the particular initiative. Thus, as a Federal Government initiative, evaluation was built into the requirements of the Healing Strategy (i.e., a formative evaluation was to be completed within the first two years). The indicators to be evaluated reflect the predominantly product orientation of the Federal Government architects of the LICHS. This orientation is illustrated by the overall goal of the evaluation, which is to "...assess progress against plan for each of the five main components of the strategy..." (INAC 2002i, p.4).

The Labrador Innu were not directly involved in the determining the components that became part of the Healing Strategy although it was initiated as a result of requests by Innu leadership in November 2000. Consequently, the Innu were seen as recipients of the programs, and therefore the process perspective of the LICHS – though not entirely absent – is not predominate in the evaluation process.

Implications of the Polarity of Opinion

The polarity of opinion between the Federal Government and the Labrador Innu, as discussed above, has implications in three aspects of the evaluation of the Healing Strategy:

- conflicts in orientation (process vs. product);
- misunderstanding and frustration between the parties; and
- different approaches to providing resources for the Healing Strategy.

Each of these three implications, and their significance to the Healing Strategy, are discussed below.

Implication #1: Conflicts in Orientation

The evaluation's Terms of Reference are focused primarily on product and secondarily on process. As a result, the evaluation is pre-determined to be product-oriented. The emphasis is on the technical components of implementation (i.e., meeting milestones and achieving

objectives within budget and within allotted time frame). This approach may seem excessively technical to many parties, especially the Labrador Innu, who expressed a preference for a different perspective and a different focus for the report. This, however, is how the Terms of Reference (TOR) for the evaluation were written; and they guide the work of the evaluation team.

Some parties have asked: “Why were the Terms of Reference for the evaluation not changed at the outset of the evaluation process to reflect more of the Innu process orientation?” The answer is that the TOR were revised to some degree by Innu representatives during the first meeting of the Evaluation Steering Committee (ESC), in which a question regarding the issue of process was added. Three key factors, however, seem to have coincided to prevent any substantial revisions of the LICHS evaluation’s Terms of Reference:

- A tight time frame for the evaluation - the LICHS was funded for an initial period of three years. The Healing Strategy has been in operation for only one-and-a-half years. In order to meet the internal Federal Government requirements for continued program funding, a formative evaluation of the Healing Strategy was to be conducted well before the end of the funding period. While it is true that the evaluation approach was reviewed and revised by the ESC – including Innu representatives on the committee – Innu membership of the committee was small at this time and the existing Innu members had little time to become fully informed about the LICHS and all of its implications. As a consequence, Innu representatives could not provide comprehensive input into the evaluation prior to the implementation of the evaluation.
- A lack of Labrador Innu information and involvement – as evidenced by the information collected during the evaluation, not only were the Labrador Innu communities not involved in the development of the LICHS, they were not informed about many of the details of the Healing Strategy. While members of the communities were invited to participate in various committees associated with components of the LICHS, there was no comprehensive public awareness or information campaign conducted in connection with the Healing Strategy. The ESC’s Innu representatives addressed the issue of informing Innu communities during the committee’s first meeting; this resulted in a presentation of the evaluation report to Innu communities.
- Competition with other government initiatives – presently, the Healing Strategy is only one program along with a number of other large and important initiatives within the Labrador Innu communities. There are numerous committees, activities and various negotiations on a number of different fronts all occurring simultaneously in the Labrador Innu communities. With the competition for time and resources, it has been difficult for the Healing Strategy to attract the Labrador Innu’s attention, especially in the absence of a public awareness campaign.

As a result of these three key factors, the Healing Strategy has yet to achieve a significant level of public recognition amongst the Labrador Innu. Although the Innu communities may have been active in various Healing Strategy components, the Labrador Innu may not be aware that these programs or services are part of the Healing Strategy and may not even be aware that a comprehensive Healing Strategy exists.

It is important to note, that the profile of the Healing Strategy was raised during the evaluation process, perhaps due the evaluation process itself. However, the “die was cast,” and the product-orientation of the evaluation was not significantly altered during the evaluation process.

During the course of the evaluation, the Evaluation Steering Committee – which oversees the evaluation of the LICHS – acknowledged the value and importance of the Innu perspective for the evaluation. Accordingly, attempts have been made in the report’s Executive Summary, as well as in Conclusions and Recommendations sections, to integrate and highlight the Labrador Innu’s perspective and issues associated with the Healing Strategy.

Implication #2: Misunderstanding Between Parties and Increasing Levels of Frustration

The polarity of opinion that exists between the parties has multiple implications. Primary amongst them is the process whereby over time, each party becomes increasingly entrenched in their positions. The implication for the Healing Strategy evaluation is that regardless of what the Healing Strategy accomplishes, a vast difference of opinion will exist amongst the parties as to the worth and value of these accomplishments.

With regard to the continued implementation of the Healing Strategy, the continuation of the polarity of opinion will act to reinforce the building of sides (i.e. ,the stance that “our side is right; their side is wrong”). This point of view will only exacerbate the polarity of the situation. This duality affects all issues associated with the Healing Strategy.

For example, on the fundamental question of whether the Healing Strategy is a step in the right direction, the answers are quite predictable depending on the party you ask the question. The Labrador Innu answered that as long as the Healing Strategy disregards their vision of the communities healing themselves (and primarily healing their children), it will be fundamentally flawed. The Federal Government answered that the Healing Strategy is a step in the right direction, because it brought various government bodies and the Labrador Innu together to solve a crisis in a comprehensive manner.

Overtime, there is a tendency for each party to become entrenched in their positions; this can lead to frustration with the other side. This, in turn, has the potential to confirm negative perceptions of each other’s views and could create a self-perpetuating cycle of antagonistic building of sides . This building of opposite sides by the Labrador Innu and Federal Government exists for all of the major issues under consideration in the LICHS evaluation. For example, opposite views are

held by the Federal Government and Labrador Innu for the following key issues whether the Healing Strategy is:

- Comprehensive
- Consultative
- Collaborative
- Meets Labrador Innu needs
- Builds Labrador Innu capacity

These themes, and the opposite views regarding them, are discussed a length in the report.

Implication #3: Resourcing the Healing Strategy

As a result of the polarity of opinion that surrounds the Healing Strategy, there are two distinct approaches of how resources attached to the Healing Strategy could be allocated. The two different approaches are illustrated in Figure 2.

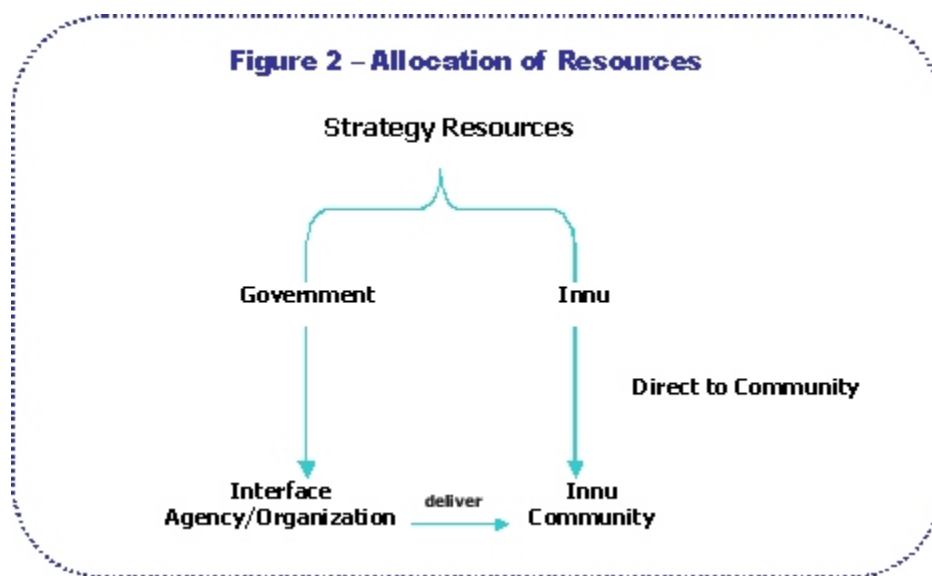


Figure 2 shows that the Federal Government and the Labrador Innu have opposing views about how the Healing Strategy should be resourced. The left hand side of Figure 2 illustrates the overall Federal Government approach to resourcing the Healing Strategy. The approach is to set up different mechanisms (such as committees, administrative bodies, third party agencies) who, along with the Federal and Provincial Government departments, would interface with the Labrador Innu and deliver or administer the various elements of the Healing Strategy. Under this model the government could contract or develop arrangements with these interfacing bodies who would then, presumably, work with the Labrador Innu to deliver the appropriate services or programs.

The right hand side of Figure 2 illustrates the Labrador Innu approach to resourcing the Healing Strategy.

The Labrador Innu approach is to directly utilize community resources. Instead of looking outside the community for experts or other resources, the first approach is to look internally for community resources, or the Labrador Innu themselves hire the outside expertise needed. This could be a way to utilize or develop the existing capacity within the communities. In many instances, this would mean that another approach, other than mainstream protocols, would have to be adopted for community resources to be used. In this manner, the Innu could take direct responsibility for their own people and have part ownership over the process and its end product; therefore, they would not just be consumers of various services.

Providing a Solution to the Polarity of Perspective and Opinion

With the passage of time, the opposing positions of the Labrador Innu and the Federal Government about the Healing Strategy have a tendency to become more entrenched. Although each side understands and appreciates the positions of the other, there is little middle ground being developed which will form a foundation for subsequent agreements or common approaches. Should each party continue into the future with this model, with each having a different focus, the end result will be a Healing Strategy that, despite its accomplishments, will always be deemed by one party to be an abject failure. This situation can be resolved.

In order to break down the walls of misunderstanding between the two parties (Federal/ Provincial Government and Labrador Innu), there must be a model implemented that recognizes that each party has a different focus and encourages these differences, the reconciliation must respect different perspectives as valid. This is an alternative to the present model in which each party ignores the other.

The solution suggested is a blended model, where the Government and the Labrador Innu work together to identify common denominators or areas of agreement about the purpose of the Healing Strategy. In addition, the means of achieving a purpose, and indicators of progress in implementing the Healing Strategy can be discussed. With common ground established, each party can feel safe to pull away from their antagonistic position, build bridges of trust and cooperation. Therefore, when the time comes, they can create a joint Terms of Reference for the next evaluation; both parties will accept the new ToR as valid and useful.

Creating a blended model will not be easy, given that the polarity of opinion is well entrenched, creating a blended model will not be easy. In order to increase the likelihood of success, a step-by-step approach (or implementation plan) to create the blended model to facilitate the process has been identified. The concept of an implementation plan has been suggested and accepted by the Evaluation Steering Committee; therefore, using the implementation plan may create a good opportunity to form a foundation for the future improvement of the Healing Strategy.

Many of the recommendations in the report are focussed on the details of mitigating the polarity of opinion that currently exist amongst the parties to the Healing Strategy by using an implementation plan.

Part 2: Summary of the Report

Part 2 of the Executive Summary is a brief overview of the LICHS evaluation report. It includes the evaluation process and findings, and the structure and contents of the report.

Structure of the Report

The LICHS evaluation report consists of four main sections:

Section 1 - Introduction: explains the report's purpose and scope, and background on the Labrador Innu and the Healing Strategy .

Section 2 - Methodology: describes how information was collected and analyzed to produce the report.

Section 3 - Evaluation Findings: provides a brief evaluation of the Healing Strategy as a whole, followed by detailed, evidence-based findings of each of the Healing Strategy's components.

Section 4 - Conclusions and Recommendations: provides the observations and conclusions based on evaluation findings and recommended actions to improve the Healing Strategy, based on the conclusions.

Cause and Origin of the Labrador Innu Comprehensive Healing Strategy

In the 1960's, the self-sufficient lifestyle of the Labrador Innu which they had led for thousands of years came to an abrupt end with the settling of the two communities of Davis Inlet and Sheshatshiu by the Federal Government. The majority of the Sheshatshiu Innu settled in government housing in 1964. The Mushshuau Innu settled on the island of Iluikoyak (Davis Inlet) in 1967.

Soon after settling in the communities of Davis Inlet and Sheshatshiu, signs of addictive behaviours and social/family dysfunction became apparent. For example, widespread alcohol use was prevalent by 1970, followed by the first Innu Alcohol Program in 1975. Research by Dr. Colin Samson and others has shown that the source of these problems is sedentarism and colonialism, which dramatically destabilized Innu society and caused deep psychological trauma.

Social health and wellness statistics indicate that the Labrador Innu have lived for decades in extremely poor social conditions; these include low educational levels, high infant mortality rates, high incidence of alcoholism among persons over 15 years of age, high rates of attempted

and successful suicides, overcrowding in houses and (especially in the case of Davis Inlet) lack of running water, flush toilets and garbage collection.

The Labrador Innu have been caught in a cycle of addiction for many years. However, previous efforts to curb addictions have not been effective.

In November 2000, the Innu leaders of the Mushuau Innu and Sheshatshiu Innu sought government intervention to take children that were sniffing gas into immediate care and protection for detoxification and assessment. This request set in motion a number of meetings between the Labrador Innu leadership and the Federal/Provincial Governments to address the immediate and long-term healing needs of the communities. This evolved into the Labrador Innu Comprehensive Healing Strategy.

A series of commitments was made to the Labrador Innu of Federal and Provincial Ministers in November 2000. These commitments were results of the gas sniffing crisis that faced the Labrador Innu children. Commitments were made in the areas of health, registration and reserve creation, relocation of the Mushuau Innu, and education. These commitments formed the basis for the Labrador Innu Comprehensive Healing Strategy.

The Labrador Innu Comprehensive Healing Strategy was created over a period of six months. The creation process involved INAC, Health Canada and the Solicitor General of Canada in order to prepare a Memorandum to Cabinet to fund the Strategy. The LICHS brought together existing initiatives (e.g. relocation of the Mushuau Innu), initiatives in progress (e.g. registration and reserve creation) and new initiatives under a single umbrella, with newly created committees to guide and monitor the process. The LICHS received Federal Government (i.e., Cabinet) approval on June 15, 2001.

The stated objective of the Healing Strategy is to “address the health and social conditions of the two Innu communities, including the commitments made to the Innu in response to the gas-sniffing crisis in their communities by:

- Supporting and enabling the Innu on their path to healing and repairing the social fabric of their communities;
- Addressing health and social needs, safety issues and capacity building including coping mechanisms; and
- Positioning the communities to take advantage of economic development opportunities in the long term, which will result in building a sustainable future for the Innu” (INAC 2001b, Annex B p.4).

According to the LICHS document, the approach to implementing the strategy was to rely on the following basic principles:

- Approach Innu related issues in a holistic fashion, building on assets;
- Address the root causes of social dysfunction in the two Innu communities;

- Support children, families, community members and foster opportunities for the Innu to acquire skills, training and education;
- Establish a recognized legal framework for the Innu;
- Provide for a proper community infrastructure;
- Provide for sufficient, effective and culturally appropriate community policing; and
- Ensure the Innu are full partners within their capacity (INAC 2001b, Annex B p.4).

The Labrador Innu Comprehensive Healing Strategy states that the following objectives are to be realized as a result of the Healing Strategy implementation :

- Individuals will be treated for their addictions and encouraged to stay clean;
- Care will be provided to individuals suffering from FAS/FAE;
- The slow process of community healing will begin;
- School attendance rates will improve;
- The Innu will be provided with opportunities to improve their skills and capacity;
- The new community at Natuashish will be completed and the infrastructure in Sheshatshiu will be brought up to federal standards;
- Band and reserve creation will be implemented providing an interim step to self-government;
- First Nations policing agreements will be implemented in both communities along with a police detachment in Sheshatshiu and Natuashish (as part of the Mushuau Innu Relocation); and
- Better federal/Provincial relations will improve the likelihood of coordinating our efforts to deal with Innu issues in the future (INAC 2001b, Annex B p.6).

Given, that the Innu's social problems developed over many generations, the Federal Government has stated that it will likely take many generations to resolve these social problems.

Both INAC and Health Canada have established secretariats, with the responsibility of coordinating and implementing various aspects of the Healing Strategy pertaining to their area of responsibility.

INAC is responsible for regular reporting to Cabinet to inform them of the progress being made on the implementation of the Healing Strategy. The Healing Strategy received initial funding for a three-year period, from 2001-2002 to 2003-2004.

More information about the cause and origin of the Labrador Innu Comprehensive Healing Strategy is provided in Sections 1.2 and 1.3.

Purpose of the Labrador Innu Comprehensive Healing Strategy Evaluation

IER Planning, Research and Management Services (IER) and the Aboriginal Research Institute (ARI) were contracted by the LICHS Evaluation Steering Committee (ESC) in October 2002 to conduct the evaluation of the LICHS.

The evaluation of the Healing Strategy is bound by the Statement of Work provided by the Evaluation Steering Committee.

The project's Statement of Work indicates that "the purpose of this evaluation... is to assess progress against plan for each of the five main components of the strategy, and provide an overall assessment of ongoing relevance and needs, early success and cost-effectiveness" (INAC 2002i, p.5). The final evaluation report will be presented to the Treasury Board.

The Evaluation Process

The process of evaluating the LICHS was guided by the set of broad evaluation questions, a Results-Based Management and Accountability Framework (RMAF) provided by the ESC at the outset of the project, and an initial meeting with the ESC in October 2002.

Based on these two products and the ESC's advice and direction, the IER/ARI team produced a draft evaluation framework and draft sets of interview questions and group interview questions, for the ESC's review and approval. These documents were finalized in October 2002.

The IER/ARI team conducted interviews with key representatives of Federal Government departments; Government of Newfoundland and Labrador Ministries, and the Labrador Innu communities of Sheshatshiu and Davis Inlet/Natuashish. From November 2002 to February 2003, eighty-six interviews were completed.

The IER/ARI team also conducted a review of relevant secondary sources provided or suggested by the key representatives; these included publications, reports and files. A total of 355 secondary sources (265 documents and 90 files) were reviewed from December 2002 to March 2003.

The IER/ARI team presented the key findings to the ESC in January 2003. Throughout the process, with progress reports were provided.

A draft report, complete with draft executive summary, conclusions and recommendations and appendices, was produced by the IER/ARI team and submitted to the ESC on April 14th, 2003. The team presented the draft report to the ESC in April 2003 in Goose Bay, Labrador. Based on the feedback provided by the ESC during the presentation, and subsequently from individual ESC members, a final report was produced by the team and submitted to the ESC in June 2003.

Senior IER/ARI team members presented the final report to the ESC in June 2003.

More details about the evaluation process and methodology are provided in Section 2 of the report.

Summary of Evaluation Findings

The main findings of the LICHS evaluation are summarized below. In the report, overall findings about the Healing Strategy are presented in Section 3.1. Findings related to specific components of the Healing Strategy are presented in Sections 3.2 - 3.9.

Using the Evaluation Framework approved by the ESC, the LICHS evaluation generated the following main findings:

Context for the Evaluation

- This is not an evaluation of the completed Healing Strategy, but of progress made to date 1 ½ years into implementation of the Healing Strategy. These findings may therefore not be predictive of the final outcome of the Healing Strategy.
- While the Healing Strategy involves multiple initiatives to address the causes behind the Labrador Innu's complex problems, additional efforts beyond the Healing Strategy (e.g., self-government negotiations) will be required to effectively solve the Labrador Innu's problems.
- The Healing Strategy has been conceived and implemented from a specific perspective, in which the Innu have "needs" and will require the help of the Federal and Provincial governments to meet those needs. The same situation, however, can be approached from a different perspective, in which the Federal and Provincial governments have "needs" – i.e. the need to learn how to work with and relate to the Innu. This alternative perspective is not built into the existing Healing Strategy.
- The concepts of need, consultation, collaboration, capacity building, and cost effectiveness appear to be understood differently by the Innu, Federal Government and Provincial Government. These differences in definition of core terms and concepts of the LICHS presents a challenge to the evaluation.

Meeting Labrador Innu Needs

- The majority of respondents agreed that the Healing Strategy is meeting some needs very effectively; for example, the housing needs of the Mushuau Innu.
- Most respondents also agreed that since there are many needs, the Healing Strategy has not yet met all of the needs of the Labrador Innu communities.
- The majority of respondents agreed that a holistic strategy is still required, because of the multiple underlying needs of the Labrador Innu still exist.

Information Collection and Sharing

- Most respondents were able to identify very few sources of baseline information against

which to measure the success of the Healing Strategy to date.

Consultation with the Labrador Innu

- Respondents from the Federal Government and from the Labrador Innu communities agreed that the Innu were not consulted prior to the development of the Healing Strategy or during its development.

Collaboration Among Parties

- Respondents from the Federal and Provincial governments appeared satisfied with the extent and nature of collaboration to date, pointing to multi-lateral involvement in the wide variety of committee structures associated with the Healing Strategy as proof of successful collaboration
- Respondents from the Labrador Innu communities were less satisfied with the level of collaboration to date than were government respondents, as they felt that collaboration had really only taken place in the last year.
- The majority of respondents were generally unclear as to how decisions related to the Healing Strategy were, and are, being made and who is making those decisions.

Capacity Building

- The majority of respondents agreed that the extent of existing capacity within the communities and within the Government departments involved was not adequately considered in the planning and development of the Healing Strategy.
- The majority of respondents agreed that capacity building has not been adequately addressed to date in the implementation of the Healing Strategy.
- All respondents identified capacity as having an impact on the pace of implementation.

Cost Effectiveness

- The LICHS evaluation includes a review of cost effectiveness for Year 1 (Financial Year 2001-2002) of the Healing Strategy.
- Calculating the cost effectiveness portion of the evaluation was hampered by limited financial information and the incompatibility of costing categories between budgeted expenses and actual expenses.
- As a result, the cost effectiveness findings for this evaluation are limited. Based on the information provided for fiscal year 2001-2002, actual expenses for the Community Health, Relocation, Registration and Reserve Creation, and Programs and Services components, exceeded what was budgeted;
- Based on the information provided, there were neither budgeted nor actual expenses for the Community Policing component for fiscal year 2001-2002.

Conclusions and Recommendations

This report has a total of 23 conclusions and 32 recommendations. The conclusions and recommendations are presented together in the report, as each recommendation flows from a

particular conclusion.

The conclusions and recommendations produced for this report are divided into 4 categories:

- 1) Implementation plan conclusions and recommendations;
- 2) Component-specific conclusions and recommendations;
- 3) Cost effectiveness conclusions and recommendation; and
- 4) Information sharing conclusions and recommendation.

The essence of each conclusion and recommendation is provided below, using the four aforementioned categories. Section 4.3 to 4.6 of the report provides detailed explanations for each conclusion and recommendation.

1) Implementation Plan Conclusions and Recommendations:

Conclusion #1: Polarity of Opinion is the Primary Obstacle to Achieving Successful Outcomes

Recommendation #1: Create a More Blended Model of Relationship/Operations via a 10-step process, as follows:

- Step# 1: Agree to the Stepped Approach to Creating the Implementation Plan – establish common agreement between the two parties to begin the process using a stepped approach
- Step #2: Objectives – define the common objectives for the Healing Strategy
- Step # 3: Process – agree on a common process to achieve the commonly accepted objectives
- Step # 4: Relationship – define the elements of a new, mutually agreed-upon relationship; change the Labrador Innu’s status from participants to partners.
- Step # 5: Joint Responsibility – as a partner, the Innu must be made jointly responsible and accountable for the Healing Strategy
- Step # 6: Decision Making – the structures of decision-making within the LICHS are to reflect the Innu’s enhanced decision-making authority as partners
- Step # 7: Information and Communications – develop means of communicating all relevant information among the parties, including the Labrador Innu
- Step # 8: Capacity and Capacity Building – create common definitions of these terms and review the Capacity Development Strategic Plan
- Step # 9: Evaluation – joint design of LICHS evaluations by the two parties, starting when the next RMAF will be developed
- Step # 10: Facilitated Process – develop the process safely and securely through mediation or facilitation by a third party

Conclusion #2: No Common Ground was Established at the Outset of the LICHS Process

Recommendation #2: Jointly Develop Common Principles (Step #1)

Conclusion #3: There is No Mutual Agreement on the Healing Strategy’s Aim

Recommendation #3: Establish Overall Goals and Objectives (Step #2)

Conclusion #4: Common Agreement Needs to be Reached on Process of Achieving Objectives
Recommendation #4: Jointly Develop a Broad Framework for the LICHS (Step #3)

Conclusion #5: The Labrador Innu Need Greater Status in the LICHS Process
Recommendation #5-a: The Labrador Innu are to be “Partners” in the Process (Step #4)
Recommendation #5-b: As Partners, the Labrador Innu Need to Have Co-responsibility, Decision Making Powers and Access to Information (Step #4)

Conclusion #6: The Labrador Innu Have Not Had Responsibility for the LICHS to Date
Recommendation #6: As Partners, the Labrador Innu Need to be Jointly Responsible for the LICHS (Step #6)

Conclusion #7: Current Decision Making Structures are Vague and Confusing
Recommendation #7: Implement a Structural Review of Committees and Decision-making Structures (Step #6)

Conclusion #8: Jurisdictional Differences Have in Some Cases Meant Little or No Progress in Decision Making
Recommendation #8: Build on Successful Cooperation and Strive to Resolve Areas of Disputed Responsibility (Step #6)

Conclusion #9: The Innu were Poorly Informed about the Healing Strategy
Recommendation #9-a: Create a Communications Plan (Step #7)
Recommendation #9-b: Involve the Innu in Staffing Recommendations (Step #7)

Conclusion #10: There are Different Interpretation of Terms and Concepts Between Parties
Recommendation #10: Jointly Define Terms and Definitions (Step #7)

Conclusion #11: There Has Been Insufficient Exchange of Information with the Labrador Innu
Recommendation #11: Create Information Sharing Protocols (Step #7)

Conclusion #12: There are Different Perspectives on Innu Capacity
Recommendation #12: Create a Commonly Accepted Definition of Capacity (Step #8)

Conclusion #13: Both the Labrador Innu and the Federal Government May Presently Lack Sufficient Capacity
Recommendation #13-a: Review the Capacity Development Strategic Plan (Step #8)
Recommendation #13-b: Build Innu Capacity (Step #8)
Recommendation #13-c: Review the Federal Government’s Capacity (Step #8)

Conclusion #14: Lack of Innu Involvement in Designing the LICHS Evaluation
Recommendation #14-a: Future Evaluations Should be Jointly Designed by the Federal

Government and Labrador Innu (Step #9)

Recommendation #14-b: Consider On-going Evaluations of the LICHS (Step #9)

Conclusion #15: The Parties Need to be Brought Together

Recommendation #15: Develop Middle Ground Through a Facilitated Process (Step #10)

2) Component-Specific Conclusions and Recommendations

2-a) Community Health Component

Conclusion #16: The Innu-Run Healing Programs Have Been Successful

Recommendation #16: Support the Family Treatment and Country Treatment Programs

Conclusion #17: Too Much Innu Time and Effort is Being Diverted Away from Running Programs in Order to Produce Proposals

Recommendation #17: Health Canada Should Revise the Proposals Process to Allow the Innu to Focus More on Program Implementation

2-b) Relocation Component

Conclusion #18: Physical Construction and Relocation is a Qualified Success; but Social Reconstruction is Lacking

Recommendation #18-a: Develop a Social Reconstruction Plan

Recommendation #18-b: Review the Relation Component's Physical Infrastructure Aspects

2-c) Registration and Reserve Creation

Conclusion #19: It is Risky to Create Reserves While Community Capacity Is Inadequate

Recommendation #19: Build Innu Capacity (same as Recommendation #13-b)

2-d) Programs and Services Component

Conclusion #20: There Has Been a Lack of Innu Involvement in Planning Programs and Services

Recommendation #20-a: Inform Staff in Innu Communities About the Programs and Services Component

Recommendation #20-b: Consult With/Inform Innu Community Members About the Programs and Services Component

2-e) Community Policing Component

Conclusion #21: Incompatible Visions of Community Policing is Stalling the Component's

Progress

Recommendation #21-a: Consider Third Party Mediation Over the Community Policing Conflict
Recommendation #21-b: Close Cooperation is Required Among All Parties to Produce Community Policing Agreements

3) Cost Effectiveness Conclusion and Recommendation

Conclusion #22: A Lack of Information Sharing Affected the Study Team's Cost Effectiveness Analysis

Recommendation #22: In the Future, Share Information Among All Parties and Evaluators in the Future

4) Information Sharing Conclusion and Recommendation

Conclusion #23: Information About the Healing Strategy Seems Not to Have Been Shared Readily or Equally Among the Three Parties

Recommendation #23-a: Ensure that Sufficient Information is Being Collected

Recommendation #23-b: The Best Means to Encourage Information Sharing is to Build Positive Relationships Among the Parties

Recommendation #23-c: A Baseline Information Sharing Plan Should Be Developed, Implemented and Monitored

Other Products of the Evaluation

RMAF Matrix

The IER/ARI study team used the information collected through the evaluation process to complete the Results-Based Management and Accountability Framework (RMAF) matrix provided by the Evaluation Steering Committee. This matrix is one of the primary components of the evaluation process, designed to identify, where possible quantify the results of the Healing Strategy. The RMAF provides numerous indicators for the five components of the Healing Strategy; these are outputs, immediate outcomes, intermediate outcomes, and ultimate outcomes. In general, the evaluation provided most of the information initially sought for outputs and immediate outcomes; some information for intermediate outcomes; and no information for ultimate outcomes. A completed version of the RMAF is provided in Appendix H.

Additional Products

This report includes some of the products developed during the course of the assignment, such as the evaluation framework (Appendix B), interview guidelines (Appendix C), and the presentation of key findings to the ESC (Appendix G). It also includes summaries of the primary and secondary information sources used in the assignment, such as a list of persons interviewed (Appendix D), literature reviewed for the evaluation (Appendix F), and literature cited in the

report (Appendix E).

1. INTRODUCTION

1.1 Purpose and Structure of this Report

1.1.1 Purpose of the Labrador Innu Comprehensive Healing Strategy

The Labrador Innu Comprehensive Healing Strategy (“LICHS” or “Healing Strategy”) is a coordinated response, initiated in the Fall of 2000, by three departments of the Federal Government (Indian and Northern Affairs Canada, Health Canada and the Solicitor General) to address the worsening crisis of substance abuse and underlying social and health crises in the Labrador Innu communities of Davis Inlet and Sheshatshiu.

The Healing Strategy is comprised of five components:

- Community Health; Mushuau Innu Relocation;
- Registration and Reserve Creation;
- Programs and Services; and Community Policing.

The Federal Cabinet approved the Healing Strategy in June 2001, providing funding for three years (2001-2002 to 2003-2004). In the Fall of 2002, IER Planning, Research and Management Services (IER) and the Aboriginal Research Institute (ARI) were contracted to conduct an evaluation of the LICHS, in preparation for reporting to Cabinet about the progress of the Healing Strategy in 2003.

1.1.3 Statement of Work

The evaluation of the Healing Strategy is bound by the Statement of Work (SOW) provided by the Evaluation Steering Committee (ESC).

The project’s Statement of Work states that “the purpose of this evaluation... is to assess progress against plan for each of the five main components of the strategy, and provide an overall assessment of ongoing relevance and needs, early success and cost-effectiveness. The results will be used to report back to Cabinet in June 2003, and seek ongoing funding for the future years” (INAC 2002i, p.4).

The SOW acknowledges that at this stage of the evaluation (1 ½ years after receiving Cabinet approval), there will be few tangible outcomes. In addition, it is recognized that time will be insufficient to see outcomes in areas such as improved health and social conditions. Therefore, this evaluation is focused on measuring the progress of implementing the Healing Strategy’s five components to date, and providing answers to broad evaluation questions regarding the relevance, success and cost-effectiveness of the Healing Strategy. The broad evaluation questions and performance areas and indicators (see Appendix A) were provided by the Evaluation Steering Committee as part of the Statement of Work, to guide the evaluation. A

Results-Based Management and Accountability Framework (RMAF) was prepared as part of the original Treasury Board submission; the RMAF was used as the basis for the evaluation, with additional questions added by the Evaluation Steering Committee (ESC).

The Statement of Work states that the evaluation should consist of a combination of:

- interviews with key individuals in Federal and Provincial Government departments/ministries related to the Healing Strategy, and with Innu representatives;
- group interviews with Labrador Innu; and
- review of secondary information, documents, administrative files and databases.

Products of the evaluation include data collection instruments, bi-weekly progress reports, presentation of key findings, a draft report, and a final report.

1.1.4 Note About Citations

Throughout the report, secondary sources are cited by author, date and page number. Some secondary sources have no identified author; in those cases, the term “No author” is used, but the date is included in the citation. In a few cases, neither author nor date is known; in these instances, “No author, no date” is used, and is numbered to differentiate it from similar cases. The full author and title of each cited secondary source is provided in Appendix E of this report.

1.2 Context and Background Information to Labrador Innu

1.2.1 Labrador Innu pre-1960

In the 1960's, the self-sufficient lifestyle of the Labrador Innu which they had led for thousands of years, came to an abrupt end with the settling of the two communities of Davis Inlet and Sheshatshiu. According to the Innu elders, for as long as they were nomadic, the Innu society was a productive and close-knit society – although life was often harsh and sustenance was difficult to find (Innu Nation 1995, p.29).

When Newfoundland and Labrador became part of Canada in 1949, the Innu were not recognized as Indians under the Indian Act (INAC 2002g, p.1; INAC 2002k, p.1): this was a political decision by the government of Newfoundland and Labrador. The Terms of Union under which Newfoundland entered Confederation makes no reference to Aboriginal peoples of Newfoundland and Labrador (Backhouse 2002, p.12). Over the years, the Federal and Provincial

Governments have developed a shared responsibility for the Innu through agreements and commitments on health and safety issues, justice and policing, education and other programs and services (INAC 2002g, p.1).

1.2.2 Labrador Innu 1960's

In the 1960's, the Federal Government enforced programs to move the Labrador Innu into permanent settlements.

The majority of the Sheshatshiu Innu settled in government housing in 1964. Prior to this time, the community consisted of a church (built 1959) and a few houses built by the Innu (1954-onwards). The RCMP started to make visits to the community in 1965 and in 1967, at that time, the first Sheshatshiu Innu children were enrolled in the Peenamini McKenzie School (No author, no date-1).

The Mushshuau Innu were settled on the island of Iluikoyak (Davis Inlet) in 1967. Prior to 1967, the Mushshuau Innu did not spend much time at Davis Inlet: they would go there only to trade at the Hudson's Bay post and visit the priest (Innu Nation 1995, p.1).

1.2.3 Labrador Innu post-1960's

Soon after settling in the communities of Davis Inlet and Sheshatshiu, signs of addictive behaviours and social/family dysfunction became apparent. For example, widespread alcohol use was prevalent by 1970; this recognition was followed by the first Innu Alcohol Program in 1975 (No author, no date-1). Research by Dr. Colin Samson and others (Samson, *et al* 1999, p.9) has shown that the source of these problems is sedentarism and colonialism, which dramatically destabilized the Innu society and caused deep psychological trauma.

Social health and wellness statistics indicate that the Labrador Innu have lived for decades in extremely poor social conditions. For example:

- The state of education in the Labrador Innu communities have been described as “little short of disastrous” (Backhouse 2002, p.51). In 1993, attendance levels at high schools in Innu communities were as low as 10%, with very high drop-out rates and few Innu completing high school (Backhouse 2002, p.51). A survey of Sheshatshiu community members (conducted as part of the Sheshatshiu Education and Needs Analysis) discovered that of 387 persons surveyed, only 8 had a university degree, 28 had other post-secondary education, and an additional 25 had completed high school; most persons surveyed had either less than grade 9 education (142 respondents) or grade 9 - 11 education (140 respondents) (SIBC undated, p.9). A study of the Mushshuau Innu stated that “While failing to equip most young

Innu to function successfully in Euro-Canadian society, the school effectively separates them from their own cultural roots. The result leaves most Innu children 'ashamed and confused', feeling that they belong fully in neither world (Samson et al 1999, p.22).

- An Innu child in Sheshatshiu is three times more likely to die before the age of five than the average Canadian child; an Innu child in Davis Inlet is seven times more likely to die before the age of five than the average Canadian child (Samson et al 1999, p.7).
- In 1990, investigators found that between 80 – 85% of Davis Inlet residents over 15 years old were alcoholic, and that half of these were intoxicated on a daily basis (Samson et al 1999, p.6). Alcohol is a major factor in the astonishingly high rates of successful and attempted suicides; according to the Band Council's figures, almost a third of all adults in the community tried to kill themselves in 1993 (Samson et al 1999, p.6). From 1990 - 1998, there have been eight successful suicides in Davis Inlet, this is equivalent to a rate of 178 suicides per 100,000 population, compared to a Canadian rate of 14 per 100,000 for the same period (Samson et al 1999, pp.6-7).
- Health professionals have admitted that the situation of poor health in Davis Inlet have been exacerbated by poor physical conditions (i.e., the lack of running water and flush toilets, inadequate garbage collection and overcrowded houses) (Samson, *et al* 1999, p.25).
- A November 1999 study of Sheshatshiu Innu youth (12-18) revealed that when compared to the Labrador population, the majority of Innu youth suffered from low self-esteem, high levels of distress, and feelings of inadequate support (Sheshatshiu Innu 2001, p.10).

The Labrador Innu have been caught in a cycle of addictions for many years. Efforts to deal with addictions have not worked. For example in 1993, children were taken out of the community of Davis Inlet for addictions treatment and then returned to their families, many of whom were still suffering from addictions. The result was relapses by many of the youth into addicting behaviour. (No author, 2001, p.1).

1.3 Origin & Purpose of the Labrador Innu Comprehensive Healing Strategy

This subsection provides an overview of the addictions crisis and Federal/Provincial Government response that initiated the Healing Strategy, and details about the Healing Strategy's objectives, principles, themes, expected outcomes and structures.

1.3.1 The Innu Crisis

In November 2000, the Innu leadership of both the Mushuau Innu and Sheshatshiu Innu sought government intervention in order to take children that were sniffing gas into immediate care and protection for detoxification and assessment (INAC 2001b, Annex E p.26). This request set into

motion a number of meetings between the Labrador Innu leadership and the Federal/Provincial Governments to address the immediate and long-term healing needs of the communities. This evolved into the Labrador Innu Comprehensive Healing Strategy.

The Province apprehended 19 high risk Sheshatshiu Innu children under the Child, Youth and Family Services (CYFS) legislation, and placed them in Alternative Living Arrangements in Goose Bay for stabilization, detoxification and medical and psycho-social assessment (No author, no date-2, p.1). Thirty-seven Mushuau Innu children were taken to Grace Hospital in St. John's for stabilization, detoxification and psycho-social assessment, under voluntary care agreements between the parents and the Province (No author, no date-2, p.1).

1.3.2 Federal & Provincial Government Commitments to the Labrador Innu

In November 2000, a series of commitments was made to the Labrador Innu by ministers of Federal and Provincial Ministers, as a result of the gas sniffing crisis that faced the Labrador Innu children. In general, the commitments were meant to provide immediate and longer term treatment to the Innu children and address other matters such as jurisdiction, community health and safety issues (INAC 2001a, p.3). These commitments were meant to address the short, medium and long term needs of the Labrador Innu to help to heal their communities.

The Federal and Provincial commitments made to the Labrador Innu in November/December 2000 are summarized in Table 1.1.

Table 1.1 - Federal & Provincial Government Commitments - November 2000

Government Department	Commitment	Component
Health Canada	<ul style="list-style-type: none"> Ensure that all Innu children receive the necessary treatment for their gas-sniffing addiction 	Health
	<ul style="list-style-type: none"> Establish a regional detoxification centre in Labrador, in cooperation with the Province of Newfoundland and Labrador, with appropriate staff and programming¹ 	Health
	<ul style="list-style-type: none"> Explore other long term initiatives to repair the cultural and social fabric of both Innu communities" 	Health

¹This commitment has been subsequently changed to two safe houses with detox capacity.

Government Department	Commitment	Component
INAC	<ul style="list-style-type: none"> Register the Innu of Labrador under the Indian Act and create reserves for their two communities (Sheshatshiu and Natuashish) 	Registration and Reserve Creation
	<ul style="list-style-type: none"> Continue to implement the Mushuau Innu Relocation Agreement, and cover the additional costs associated with housing in the new community of Natuashish 	Relocation
	<ul style="list-style-type: none"> Continue providing emergency services funding for the community of Davis Inlet until the new community of Natuashish is ready 	Relocation
	<ul style="list-style-type: none"> Fund a social services coordinator in both Innu communities 	Programs & Services
	<ul style="list-style-type: none"> Fund an outpost program for the Innu of Labrador on a two-year trial basis 	Health
Provincial	<ul style="list-style-type: none"> Assess the affected children and provide the necessary treatment 	Health
	<ul style="list-style-type: none"> Apply Provincial savings realized (i.e., leave on the Table money) as a result of registration and reserve creation to the new school in Natuashish, in addition to other agreed upon initiatives 	Programs & Services (Education)

The government commitments listed in Table 1.1 were generated from the document *Government Commitments* dated October 25, 2001. The government commitments stem from public announcements made jointly by Federal, Provincial and Innu representatives in a communique dated November 2000 and in the Mushuau Innu Relocation Agreement (1996). The commitments were made to address the long-standing social, health and cultural challenges facing the Innu in both communities. These commitments are the basis for the Labrador Innu Comprehensive Healing Strategy (INAC 2001a, p.2).

1.3.3 Process of Creating the Healing Strategy

The Labrador Innu Comprehensive Healing Strategy was created over a period of six months. The creation process primarily involved INAC, Health Canada and the Solicitor General of Canada to prepare a Memorandum to Cabinet to fund the Strategy. The LICHS brought together existing initiatives (e.g. relocation of the Mushuau Innu), initiatives in progress (e.g. registration and reserve creation) and new initiatives under a single umbrella, with newly created

committees to guide and monitor the process.

Two separate Treasury Board submissions were prepared to seek the appropriate financial resources for the LICHS: one for the Mushuau Innu Relocation Project and one for all other aspects of the Healing Strategy (INAC 2001a, p.4). The LICHS received Federal Government (Cabinet) approval on June 15, 2001 (INAC 2001b, Annex E p.6).

By October 2001, the document entitled “Labrador Innu Comprehensive Healing Strategy” (INAC 2001a) had been produced to guide the Healing Strategy’s implementation. It includes a description of the Healing Strategy’s background, components, management framework and communications plans.

1.3.4 Healing Strategy’s Objectives

The stated objective of the Healing Strategy is to “address the health and social conditions of the two Innu communities, including the commitments made to the Innu in response to the gas-sniffing crisis in their communities by:

- Supporting and enabling the Innu on their path to healing and repairing the social fabric of their communities;
- Addressing health and social needs, safety issues and capacity building including coping mechanisms; and
- Positioning the communities to take advantage of economic development opportunities in the long term, which will result in building a sustainable future for the Innu” (INAC 2001b, Annex B p.4).

1.3.5 Healing Strategy’s Principles of Success

According to the document, Labrador Innu Comprehensive Healing Strategy (INAC 2001b, Annex B p.4), the approach to implementing the strategy was to rely on the following basic principles:

- Approach Innu related issues in a holistic fashion, building on assets;
- Address the root causes of social dysfunction in the two Innu communities;
- Support children, families, community members and foster opportunities for the Innu to acquire skills, training and education;
- Establish a recognized legal framework for the Innu;

-
- Provide for a proper community infrastructure;
 - Provide for sufficient, effective and culturally appropriate community policing; and
 - Ensure the Innu are full partners within their capacity.

1.3.6 Major Themes of the Healing Strategy

Initiatives included as part of the Healing Strategy have been built around three major themes:

- Restoring health and hope;
- Creating strong communities;
- Ensuring a future (INAC 2001b, Annex B p.4).

Each of these themes includes immediate as well as medium-term initiatives to be implemented within two-five years from the initiation of the Healing Strategy (INAC 2001b, Annex B p.4).

Theme #1: Restoring Health and Hope:

The Labrador Innu Comprehensive Healing Strategy states: “It is critical that all of the children and their families affected by the recent crisis receive appropriate treatment and access to longer term care to begin healing. To this end, the Minister of Health Canada has publicly committed to a series of measures to address the short and medium term goals of the Innu” (INAC 2001b, Annex B, p.5).

This theme involves giving immediate attention to address special needs education programs; this could include programs such as FAS/FAE programs. It also acknowledges that longer term care and support for affected individuals will be needed, and states that “it is INAC’s intention to work with Health Canada and the Province to develop a range of social services which are comparable to other First Nations in Canada” (INAC 2001b, Annex B p.5).

Theme #2: Creating Strong Communities:

This theme of the Healing Strategy was designed to “address basic community needs by completing the Mushuau Innu Relocation Project, providing for a proper physical infrastructure in Sheshatshiu, strengthening the community safety net and providing necessary substance abuse treatment and aftercare, and ensuring a safe and secure environment by creating appropriate legal structures and making community leaders more accountable” (INAC 2001b, Annex B, p.5). It includes the implementation of a First Nations Policing Agreement and registration and reserve creation, which are expected to provide the Innu with the tools necessary to create a more stable

environment . Police detachments and enhancing policing services in both communities are believed by the architects of this theme to provide a safe working environment... and ensure that the new investments in infrastructure provided to both communities are protected” (INAC 2001b, Annex B, p.5).

Theme #3: Ensuring a Future:

The third theme of the Healing Strategy is “oriented towards planning for the Labrador Innu communities’ future. In this regard, INAC and Health Canada have committed to work collaboratively in developing an overall community plan for both Innu communities. Key planning components may include such items as: needs assessment, capacity requirements, human resources, accountability and economic development” (INAC 2001b, Annex B p.5).

1.3.7 Expected Outcomes of the Healing Strategy

The *Labrador Innu Comprehensive Healing Strategy* states that the following are expected to be realized from the implementation of the Healing Strategy:

- Individuals will be treated for their addictions and encouraged to stay clean;
- Care will be provided to individuals suffering from FAS/FAE;
- The slow process of community healing will begin;
- School attendance rates will improve;
- The Innu will be provided with opportunities to improve their skills and capacity;
- The new community at Natuashish will be completed and the infrastructure in Sheshatshiu will be brought up to federal standards;
- Band and reserve creation will be implemented, providing an interim step to self-government;
- First Nations policing agreements will be implemented in both communities along with a police detachment in Sheshatshiu and Natuashish (as part of the Mushuau Innu Relocation); and
- Better Federal/Provincial relations will improve the likelihood of coordinating our efforts to deal with Innu issues in the future (INAC 2001b, Annex B p.6).

No time frame, however, was provided for these expected outcomes. Given that they are prefaced by the assumption that progress will be slow, it can be assumed that the expected outcomes are

long-term in nature.

Federal Government documents have cautioned that the roots of health and social problems among the Labrador Innu are complex. The Innu's social problems developed over many generations, and it is expected that it will take many generations to resolve them (No author, no date-2, pp. 3-4).

1.3.8 Healing Strategy Implementation

Both INAC and Health Canada have established secretariats; the Secretariats have the responsibility of coordinating and implementing various aspects of the Healing Strategy pertaining to their area of responsibility. These secretariats directly link into the Federal/Provincial Crisis Response Committee and the Interdepartmental Steering Committee to ensure continued inter-departmental as well as Federal/Provincial collaboration (INAC 2001b, Annex B, p.6).

INAC is responsible for reporting to Cabinet on a regular basis to inform of the progress being made on the implementation of the Healing Strategy (INAC 2001b, Annex B p.6). The Healing Strategy received initial funding for a three-year period, from 2001-2002 to 2003-2004.

1.3.9 Healing Strategy Committees

Nine Committees are described in the Labrador Innu Comprehensive Healing Strategy (INAC 2001b, Annex C pp. 9-12). Each committee's role is briefly described below:

INAC/Davis Inlet/Healing Strategy Steering Committee

- to provide strategic direction to INAC staff working on the Mushuau Innu Relocation and the Labrador Innu Healing Strategy

ADM Interdepartmental Committee

- to provide strategic federal coordination in the implementation of the various components of the Healing Strategy by Federal Departments (the Province is invited to attend every third meeting of this committee)

Inter-Departmental Working Group(s)

- to ensure coordination/consultation among Federal Government departments of the delivery of Federal Programs and Services, including funding, and other initiatives to the Labrador Innu

Federal/Provincial Coordinating Committee

- to ensure Federal/Provincial cooperation in a coordinated implementation of the Labrador

Innu Healing Strategy and other Federal Government initiatives affecting the Labrador Innu

INAC/NFLD Labrador Innu Main Table

- to ensure Federal/Provincial coordination of all Innu activities in particular registration, reserve creation and land claims (each of the three activities has a committee; the Programs and Services Committee has three sub-committees: Education, Social Assistance/Income Support, and Child, Youth and Family Services)

Tripartite Land Claims Table

- to negotiate and conclude a comprehensive land claim settlement

Federal Labrador Caucus

- to ensure coordination/consultation among regionally-based Federal Government departments on delivery of programs and services, and other initiatives

Mushuau Innu Healing Main Table

- to coordinate all healing activities for the Mushuau Innu

Sheshatshiu Innu Healing Main Table

- to coordinate all healing activities for the Sheshatshiu Innu

1.3.10 Healing Strategy's Risks and Federal Government Mitigation Measures

Due to the complex nature of the strategy and the comparative size of the funding, INAC considers the Labrador Innu Comprehensive Healing Strategy to present a certain level of risk to the Federal Government.. The Labrador Innu Comprehensive Healing Strategy states that “in order to reduce perceived risks to acceptable levels without interrupting the delivery of critical services to the Innu communities, both INAC and Health Canada have taken exceptional measures such as third party management of programs/services from the Federal government perspective. Other measures, such as the unique multi-governmental governance structure of this project, and the sharing of information that it provides, the maintenance of a consensus by the involved departments, the rigorous control framework in place, the sourcing of dedicated human resources and other measures are all intended to help the Healing Strategy to achieve its objectives while minimizing risks” (INAC 2001b, Annex E pp. 32-33). It must be noted that for the Mushuau Innu, third party management was imposed for both INAC and Health Canada programs; for the Sheshatshiu Innu, third party management was imposed only for INAC programs. Third party management was still in effect as of January 28, 2003.

2. EVALUATION METHODOLOGY

2.1 Overall Approach to the Evaluation

The evaluation of the Labrador Innu Comprehensive Healing Strategy was conducted according to the Statement of Work (SOW) provided by the Evaluation Steering Committee (ESC). The Statement of Work provided evaluation questions and a framework of performance indicators (Appendix A) to guide the evaluation. The use of five data collection methods was suggested to answer the questions. As a result, following were carried out for this evaluation: (1) review of secondary information; (2) document review; (3) review of administrative files; (4) interviews with key stakeholders (i.e., representatives of the Federal Government, Provincial Government, the Innu and construction contractors); and (5) group interviews. In conducting the evaluation of the LICHS, the IER/ARI team has used the evaluation materials, suggested consultation approaches and contact information, as per the Statement of Work.

In general, the evaluation was conducted in two parallel streams of activities: the first stream consisted of verbal data collection (interviews and group interviews); the second stream consisted of written data collection (secondary sources, documents and files). Key findings from verbal and written data were collected and presented to the ESC. Detailed findings from both streams were brought together, integrated and analyzed in the process of producing the draft version of this report.

Confidentiality was a primary concern throughout this evaluation and was maintained by:

- (1) Informing interviewees prior to the interview that all information would be kept confidential;
- (2) Preserving confidentiality of interview data through a coded interview system whereby personal information was separated from interview transcripts;
- (3) Documents were reviewed within the departments or were sent to IER, to be reviewed and promptly returned to the originators; and
- (4) Ensuring that no information contained in this document or any other document produced by the research team would be attributed to individuals.

2.2 Information Gathering Activities

The data and information gathering activities of this project are briefly described below. They are:

- Guidance/information from the Evaluation Steering Committee (Section 2.2.1);
- Creation of the evaluation framework (Section 2.2.2);
- Production of interview guidelines (Section 2.2.3);
- Conducting interviews (Section 2.2.4);
- Conducting group interviews (Section 2.2.5);
- Document review (Section 2.2.6); and
- File review (Section 2.2.7).

2.2.1 Guidance/Information from Evaluation Steering Committee

At the outset of the project, the Evaluation Steering Committee provided the IER/ARI team with direction with regard to the evaluation procedure. Since that time, the ESC has given the evaluation team additional guidance, for example, on the development of research instruments and drafting of the final report.

2.2.2 Evaluation Framework

An evaluation framework was produced by IER/ARI based on the interview questions and RMAF indicators provided by the client. This framework was designed to guide the evaluation activities throughout the project. The evaluation framework integrated the interview questions and RMAF indicators and identified the stakeholders from whom relevant information could be expected. The type of research method that would be used to gather research data was also identified.

A draft Evaluation Framework was submitted to the ESC on November 11, 2002. Based on feedback provided by the ESC, a final Evaluation Framework was produced by IER/ARI, and approved by the ESC on November 16, 2002 (see Appendix B).

The list of 24 questions that constitute the Evaluation Framework are provided below.

A) Relevance

1. Could you detail your understanding of the Labrador Innu Comprehensive Healing Strategy and its creation?
2. What is your level of awareness regarding the “needs” which the Strategy is meant to address?
3. How would you define the “needs” concept as it is used in the Strategy?
4. To what extent is the Strategy’s objectives in line with the priorities of the federal government and of the participating departments as they relate to Aboriginal peoples in Canada?
5. To what extent does the Strategy meet the needs of the Innu communities?
 - How appropriate was the pace at which the Strategy was implemented?
 - Was the Strategy developed and implemented in a way that met the needs of the Innu and respected their capacity?
6. Is there still a need for a holistic strategy involving multiple federal government departments to address the needs of the Innu?
 - Are the appropriate departments involved?
 - Is there a need for other departments to participate in the Strategy?

B) Success

7. How was the Strategy planned? How effective and appropriate was this planning process?
 - How were decisions about the Strategy (e.g., what it would be, who it would involve) made? At what level were these decisions made?
8. How would you define “success” at this point in the Strategy process?
9. Would you define the collaboration in this Strategy a success?
 - What is needed, if anything, to improve the collaborative process for the ongoing implementation of the Strategy?
 - Outputs: Collaborative Process – increase in the # of joint meetings
 - Outputs: Integrated Programs and Services to the Innu – changes in:
 - # and types of services available
 - # of people using the services
 - geographical location and access
 - integrated funding agreements
 - Immediate Outcomes: Increase in community satisfaction with the programs and services offered

- Immediate Outcomes: Incidence of consolidation of programs and services

10. Can you describe the level of ongoing consultation that occurred with the Innu prior to the development of the Strategy?

11. To what extent has capacity building been integrated into the implementation of the Strategy up to this point?

12. What have been the early positive impacts and benefits of the Strategy?

- What have been some of the less tangible impacts (e.g. retention of social workers in the community, emergence of a voluntary sector)?
- What have been the early negative impacts of the Strategy?

13.(a) To what extent have the various activities under the Community Health Component of the Strategy progressed according to plan?

- Outputs: Community Health Plan – progress toward completion of assessment and health plans
- Outputs: Community Health Programs & Services:
 - Change in # of community health services available
 - Change in # of people accessing the programs and services
 - Establishment of detox/safe house service
- Immediate Outcomes: Increased Participation/Involvement/ Engagement of Innu Communities & Leaders in Addressing Health & Social Issues:
 - # of community meetings/community level committees
 - change in participation of community, families and individuals on communities(# and role)
 - change in take-up of various programs
 - continuity of participation
 - participant assessment of value of experience
 - participating in program delivery
- Immediate Outcomes: Improved access to Programs and Services:
 - Change in awareness of community programs and services
 - Change in/maintenance of the # of service providers

13.(b) To what extent have the various activities under the Relocation Component of the Strategy progressed according to plan?

- Outputs: New Community:
 - # of houses completed/built
 - # of other buildings by type
 - adequacy of buildings
- Immediate Outcomes: Improved Living Conditions/ Adequate Housing:

-
- Reduction in occupancy ratios
 - Conditions reporting on housing units
 - Outputs: Relocated Families – # of relocated families vs. total that needed to be relocated
 - Outputs: Training of Community Members to Sustain Management of Community:
 - # and types of training
 - # participating in training
 - Immediate Outcomes: Direct Access to Mainland – occupancy rate in the new community
 - Immediate Outcomes: operations of essential needs in community (water and sewer)
 - Immediate Outcomes: Incidence of communities continuing to meet standards for operations and maintenance

13.(c) To what extent have the various activities under the Registration and Reserve Creation Component of the Strategy progressed according to plan?

- Outputs: Registered Individuals – # of registered individuals vs. total target population
- Outputs: Two Reserves – progress toward reserve creation
- Immediate Outcomes: Order-in-Council declaring two reserves
- Outputs: Two Communities -- progress toward band creation
- Immediate Outcomes: Order-in-Council declaring two bands
- Immediate Outcomes: Resolution of jurisdictional disputes
- Immediate Outcomes: Local Control over Community:
 - Incidence of by-laws passed by community
 - Plans/community planning
 - Longer-term funding arrangement
- Immediate Outcomes: Equal Status to other First Nations – increase in and maintenance of the # and types of programs and services offered by the departments to the Innu

13.(d) To what extent have the various activities under the Programs and Services Component of the Strategy progressed according to plan?

- Outputs: Financial/Funding Agreements – change in the # and type of financial arrangements/funding agreements/ contribution agreements with the Innu
- Outputs: Tripartite Education Plan – progress toward completion
- Outputs: Financial Assistance/Grants/Social Assistance – change in the # of grants and recipients
- Outputs: Capacity Building Programs:
 - # and types of training
 - # of participants
- Immediate Outcomes: Increased Participation/Involvement/ Engagement of Innu Communities & Leaders in Addressing Social Issues:
 - # of community meetings/community level committees
 - change in participation of community, families and individuals on communities (# and role)

- change in take-up of various programs
- continuity of participation
- participant assessment of value of experience
- participating in program delivery
- Immediate Outcomes: Improved access to Programs and Services:
 - Change in awareness of community programs and services
 - Change in/maintenance of the # of service providers

13.(e) To what extent have the various activities under the Community Policing Component of the Strategy progressed according to plan?

- Outputs: Tripartite Policing Agreements – Agreements signed by all parties

14. Immediate Outcomes: Improved access to Programs and Services:

- Change in awareness of community programs and services
- Change in/maintenance of the # of service providers

15. Which Strategy components are in need of improvement?

- How much progress has been made on meeting the commitments made to the Innu in the fall of 2000? What factors contributed to progress or delays?
- How is the implementation of the Strategy perceived by the various parties?
- How much relationship-building with the Innu communities has taken place?

16. To what extent is baseline information available for the performance measurement areas identified in the October 2001 RMAF?

17. Are there mechanisms in place (or planned if not in place) to collect performance measurement data? Are the mechanisms in place adequate?

18. To what extent can the data currently collected or generated be shared with other parties?

C) Cost-Effectiveness

19. To what extent has the implementation of the Strategy so far been cost-effective?

20. Could alternative, more cost-effective ways to implement the Strategy be used?

21. What are the efficiencies that are expected to be achieved in the medium- to long-term as a result of the Strategy?

22. What was the budget (\$) allocated for the Strategy in 2001-2002?

23. How much money has been spent from the Budget for 2001-2002?

24. What was the money spent on?

2.2.3 Interview Guidelines

A set of interview questions was produced based on the Evaluation Framework approved by the LICHS Evaluation Steering Committee (Appendix B). Three interview instruments were produced:

- A general interview guide that related to the overall planning, development and implementation of the Healing Strategy;
- Specific interview guides based on the five components relating specifically to the RMAF performance indicators and evaluation questions subsequently developed; and
- Community interview guidelines.

The general interview guide probed for understanding in the areas of capacity development, collaboration, cost-effectiveness and the efficiency of a multi-departmental approach to the Healing Strategy. The general and specific interview guidelines are attached as Appendix C.

The interview guidelines were submitted to the ESC on November 19, 2002 and were approved.

2.2.4 Conducting Interviews

In total, 86 interviews were conducted with Federal departments, Provincial departments and Innu representatives that have been directly involved with the Healing Strategy. Interviews were conducted from November 2002 to February 2003.

Individuals interviewed included personnel from many levels of the Federal and Provincial Government departments, as well as professional workers and respected authorities in the Innu communities.

Table 2.1 provides a cross-section of the personnel from the parties involved in the Healing Strategy who were interviewed for this evaluation. Many of the interviewees have long-term involvement with, and knowledge of, the Healing Strategy. Others were relative new-comers to the process.

Table 2.1 - Interviews by Position

Federal Government	Provincial Government	Innu	External
Directors General	Assistant Deputy Minister	Chief Band	Engineering Firm
Regional Directors General	Department Director	Council	
Directors	Assistant Directors	Member	
Associate Director	Executive Directors	Coordinators	
Senior Negotiators	School Principals	Consultants	
Senior Advisors	Nurses	Elders	
Senior Policy Analysts	Sectoral Negotiators	Community	
Strategic Analyst	Sr. Negotiator	Workers	
Program Officers	Solicitor	President	
Coordinators	Sr. Analyst	Vice President	
Project Administrator			

Interviews were arranged based on a combination of contact information provided by the ESC, and community members identified by the Innu leaders.

The interviews were structured using questions based on the interview guidelines approved by the ESC. Each interview typically lasted 1 – 1 ½ hours. To make the interview process more efficient, each stakeholder was asked questions regarding the component and/or aspects of the Healing Strategy in which they were involved, rather than all possible questions.

The questions asked of the Innu stakeholders were carefully structured so they were culturally appropriate. Some interviews with Innu respondents were conducted in their language with the aid of an interpreter from the community, and replies were interpreted back into English.

Interview notes were taken for each interview., For the sake of information management and preserving confidentiality , a reference number was given to each interview.

2.2.5 Group Interviews

In some instances, group interviews were more advantageous for the participants. Three were conducted as part of this evaluation: one with the Solicitor General; and two in each of the Labrador Innu communities (2 to 3 persons in each group). Group interviews were conducted from December 2002 to February 2003.

The questions asked in the group interviews were identical to those asked in the individual interviews. Notes were taken and a reference number was provided for each group interview held.

2.2.6 Document Review

Secondary sources and documents were gathered in response to requests for relevant documents to the ESC members and to the individuals interviewed. Some secondary sources and documents were gathered from Federal Government offices and Innu communities. A total of 265 documents and secondary sources were reviewed over the course of this evaluation. Documents were reviewed from December 2002 to March 2003.

A database was created to record all documents received, and to track documents reviewed. Each document was given a tracking number, and information regarding title, author, date produced/published, source received and corresponding LICHS component were recorded. In consideration of the large number of documents reviewed, this database was instrumental in keeping track of the documents that were received.

2.2.7 File Review

Files were gathered by the IER/ARI team when present in Federal Government offices for interviews. In total, 90 files were reviewed over the course of this evaluation. Files were reviewed from December 2002 to February 2003. Files were given a tracking number and entered into the same database used for the document review.

Therefore, a total of 355 secondary sources were reviewed: 90 files and 265 documents.

2.3 Methods of Synthesis and Analysis

2.3.1 Synthesis

Different methods for synthesizing the oral and written sources were used. Interview synthesis was conducted in February and March 2003.

Notes from the individual interviews and group interviews were summarized in a matrix, so that the range and variety of answers could be determined for each question. This information was further synthesized in the RMAF framework and the draft final report.

For the synthesis of the written sources, each source was summarized into a table format. Key points and page numbers were noted, and grouped according to component or theme, for quick

reference. The information was then synthesized, based on the relevant component and question from the Evaluation Framework, the RMAF framework and the draft final report.

2.3.2 Analysis

The analysis provides a comprehensive review of the findings, and developed conclusions and recommendations as defined by our mandate.

IER/ARI's process for the analysis provided an interactive and inclusive view of the research findings and their implications for the overall evaluation. Components included a review of the data collected, input from senior consultants and researchers involved throughout the research, a compilation of all of the research material and a discussion among IER/ARI's team members on the meaning of the evaluation findings and how they can be usefully framed in the report.

While producing this report, both quantitative and qualitative information were analyzed. Quantitative information (e.g. number of houses built, degree to which a task/component is complete) was cross-checked across sources for validity, and represented in numeric format so that quantities and magnitudes could be measured, assessed and interpreted. Qualitative information (e.g. description of strategy issues, points of view from interviewees) was analyzed while acknowledging that the information provided reflects the perspectives of the information source. Every effort was made to be objective in the analysis process. The difference in perspectives were noted and the validity of perspectives were not questioned.

2.4 Limitations to Methodology

This evaluation project has several limitations.

- Scope of the mandate (Section 2.4.1);
- Timing (Section 2.4.2);
- Logistical (Section 2.4.3); and
- Information sharing (Section 2.4.4).

2.4.1 Scope of the Mandate

This evaluation of the Labrador Innu Comprehensive Healing Strategy is focused on the Federal Government's roles and responsibilities in the Healing Strategy rather than on the Provincial Government's roles and responsibilities. For the sake of clarity, some background information is provided about developments that led up to the creation of the Healing Strategy, it is not the

mandate of this evaluation to address issues or actions of any party that pre-date the Healing Strategy (January 2001).

While it is true that a Healing Strategy as complex and diverse as the LICHS is related to many other issues – such as relationships between Aboriginal and non-Aboriginal peoples, government bureaucracy, and Provincial-Federal relations – these issues are not part of this evaluation, and therefore no comment is made with respect to them in the main body of the report. However, at the request of the Evaluation Steering Committee, these issues have been referred to in Part 1 of the Executive Summary and in some of the conclusions and recommendations, since they have an influence on the evaluation findings.

The evaluation is not meant to identify who is right or wrong, nor is it meant to resolve any disputes among parties. The evaluation is meant to determine what progress has been made on specified items of the Healing Strategy and whether or not the evaluation is progressing.

2.4.2 Timing Limitations

There are two timing limitations associated with this evaluation: the duration of the project, and the stage at which the Healing Strategy is being evaluated.

It is important to highlight that this evaluation is being conducted only one and half years after the LICHS received Cabinet approval (June 15, 2001). While most of the broad evaluation questions developed by the Evaluation Steering Committee dealt with issues that could be addressed at this early stage of the strategy's implementation, many of the indicators contained in the RMAF could not be evaluated at this time. The inability to address numerous RMAF indicators stems from two reasons: (1) some of the indicators pertain to intermediate outcomes and ultimate outcomes, which cannot be measured at this time; and (2) socially-related results that may be realized at this stage are tentative, as the pace of social change is inherently slow and are not necessarily linear. On a whole, the RMAF's social results for this evaluation (Appendix H) should be viewed as tentative.

The LICHS evaluation is a complex undertaking involving sub-evaluations of five components, work with five Federal Government bodies, three Provincial Government bodies and three Innu parties. The evaluation also involved completing 86 interviews and the reviewing 355 documents and files. All of these tasks were conducted in a time span of five months. Due to the time constraint, some key interviews were not done in person; this was because of previous commitments and limited number of opportunities to visit the communities. In addition, files were screened for review in Federal Government offices in tight time frames.

Progress to date needs to be considered in the context of when questions were answered by respondents. Some responses from interviewees reflect the moment in time at which they were

interviewed, particularly with respect to the relocation. As one respondent noted, , the components of the Healing Strategy were evolving in “real time”.

2.4.3 Logistical Limitations

In both communities, the demands on people’s time were extensive. Leaders in the community are involved in many committees within the community and with local government. In addition, several research projects were being conducted in at the same time as the LICHS evaluation; each project requested that Innu community members to participate. In Sheshatshiu, for instance, the researcher was advised that seven research projects were being carried out at the time when the LICHS evaluation was being conducted. The presence of so many competing research projects placed high demands on community participation, and in some cases, interviewees were not available to participate due to conflicting commitments.

Another logistical constraint was the timing of the visit to Natuashish. November and December was the peak period when community members began the move from Davis Inlet to the new community of Natuashish. Interviewing community leaders at this time was difficult because of competing demands on their time. Transportation at that time of year (December/January) between the two communities was difficult and unpredictable.

The implications of the logistical limitations on the end result of the evaluation is that key leaders in Natuashish were not available for in-person interviews. In Sheshatshiu, regular work loads and conflicting demands made scheduling interviews difficult. In both cases, telephone interviews were required to complete the roster of interviewees to obtain input on all component areas.

2.4.4 Information Sharing Limitations

While the IER/ARI team were provided with numerous documents and files for the purpose of the evaluation, limited financial information was shared with the evaluators. This situation prevented the IER/ARI team from conducting a thorough evaluation of cost effectiveness for the Healing Strategy and its components.

3. EVALUATION FINDINGS

3.1 Overview of the LICHS Evaluation Findings

The purpose of this section is to provide an overview of the key findings with respect to the Labrador Innu Comprehensive Healing Strategy and, in particular, to address the broad areas of the evaluation framework that relate to the Healing Strategy in its entirety, namely:

- Context for the evaluation (Section 3.1.1);
- Meeting the needs of the Innu (Section 3.1.2);
- Consultation with the Innu (Section 3.1.3);
- Collaboration among the three parties (Section 3.1.4);
- Capacity building (Section 3.1.5); and
- Cost effectiveness (Section 3.1.6).

More detailed information on the findings about to each of the Healing Strategy's five components (Community Health, Relocation, Registration and Reserve Creation, Programs and Services, and Community Policing) can be found in Subsections 3.2 - 3.9. In addition, a discussion of the RMAF indicators and the qualitative and quantitative information that resulted from the research process is included.

The evaluation is intended to provide a progress report about the Healing Strategy and its various components, to date.

3.1.1 Context for the Evaluation

Many respondents raised issues that related primarily to the context in which this evaluation was taking place, rather than to any of the specific evaluation criteria. These comments are presented below as context for the evaluation, as they informed and influenced the outcomes of the evaluation; they serve to qualify the results:

- The results presented here are not an evaluation of the completed Healing Strategy, but rather of the progress made to date, one and a half years into implementation. Therefore, these findings may not be indicative of the eventual outcome of the Healing Strategy.

- The problems experienced by the Labrador Innu have complex causes and have been years in the making. While the Healing Strategy involves multiple initiatives to address these causes, additional efforts beyond the Healing Strategy (for example, self-government negotiations) will be required by the communities and the Federal/Provincial Governments to effectively solve the Labrador Innu's problems.
- The conceptual framework used by the Federal Government for the evaluation of the Healing Strategy, and the Healing Strategy itself, approaches the situation from a specific perspective, in which the Innu have needs and therefore require the help of the Federal and Provincial Governments to meet those needs. However, an alternative way of thinking about the situation, is that the Federal and Provincial Governments also have needs, one such need is to learn how to work with and relate to the Innu.
- Finally, there are a number of differences among the cultures and understandings of the various groups involved in implementing the Healing Strategy. In particular, the concepts of need, consultation, collaboration, capacity building, and cost effectiveness appear to be understood differently by the Innu, Federal Government representatives, and Provincial Government representatives. In this overview section, these differences in understanding are illustrated and discussed in terms of their impact on the overall evaluation of the Healing Strategy.

3.1.2 Meeting the Needs of the Innu

The question of what needs the Healing Strategy is intended to address, and whether or not it has been successful in doing so lies at the heart of the evaluation. This is also an area where there is disagreement among the respondents. Government respondents (both Federal and Provincial) generally appear to take an issue-based view of the needs, reiterating the needs outlined in the Healing Strategy (for example, housing). Respondents from the Innu communities generally adopt a more encompassing perspective, in which the needs extend beyond those listed in the strategy and call for more general improvements, such as community healing. Addressing these needs would form a strong foundation to then tackle more specific problems. Respondents with an issue-based view of the needs of the Innu tended to feel that the Healing Strategy has been successful meeting those needs. Respondents with a broader view tended to feel that the Healing Strategy has not yet addressed these underlying issues.

A number of questions in the evaluation framework directly address the question of the needs of the Innu and the Healing Strategy's success in meeting those needs (evaluation framework questions #2, #3 and #5; also see list of evaluation questions in Section 2.2.2). The evaluation raised the following points with respect to the needs that the Healing Strategy is intended to address and its success, to date, in addressing those needs.

-
- Most respondents understood needs to include psycho-social (e.g. substance abuse), social (e.g. housing), and cultural needs (e.g. cultural dislocation).
 - In general, most respondents recognized that the Innu communities have many needs and, therefore, any support from the Healing Strategy meets a portion of those needs.
 - The majority of respondents agreed that the Healing Strategy is meeting some needs very effectively (for example, the housing needs of the Mushuau Innu).
 - Most respondents also agreed that since there are many needs, the Healing Strategy has not yet met all of the needs of the Innu communities.
 - Respondents differed on the extent and nature of the needs that have not yet been met by the Healing Strategy. For example, Federal Government respondents stated that many of the Innu's healing needs have been identified and that the LICHS is in the process of meeting many of these healing needs. In contrast, Innu respondents maintained that none of the short-term needs identified by them at the time of the 2001 gas sniffing crisis have been met by the LICHS. These differences in opinion are likely related to the different understandings of the Innu's needs Innu.

The evaluation framework also discussed the nature of the Healing Strategy and whether the multi-departmental approach taken by the Federal Government has been successful in meeting the needs of the Innu (refer to evaluation framework questions #6, #6a, #6b, and #8).

This multi-departmental approach is described as holistic. Holistic is another term that appears to be understood differently by different respondents. The Federal Government defined the Healing Strategy as holistic because it involves several departments with various specializations (health, policing, etc.) and different groups (the Federal and Provincial Governments and the Innu communities).

The Sheshatshiu Innu defined holistic in terms of the needs of the Innu which is a broader perspective than discussed above. It is evident that this definition of holistic, from an Innu, is not limited to the coordination of three Federal Government departments.

The evaluation raised the following points with respect to the multi-departmental approach taken by the Federal Government:

- Respondents from the Federal and Provincial Governments felt that the Healing Strategy is designed in such a way to address the Innu's needs as described in the Statement of Work.
- Some respondents from the Innu communities emphasized that the Healing Strategy does not take a holistic approach to addressing their needs, and that such an approach is impossible

without meaningful consultation with the communities as part of a needs assessment process (see below for further discussion on consultation).

- The majority of respondents agreed that a holistic strategy (Variously defined) is still required because of the multiple underlying needs of the Innu.
- Most respondents agreed that the Federal and Provincial departments currently involved with the Healing Strategy are appropriate and generally felt that the five components of the Healing Strategy were still appropriate.
- Innu respondents emphasized the importance of culturally appropriate initiatives.
- Some respondents suggested that additional departments and agencies be included in the implementation of the Healing Strategy, including Heritage Canada, the Atlantic Canada Opportunities Agency, and Human Resources Development Canada. Federal Government respondents raised a concern that increasing the number of departments involved could further complicate communication and the management of the Healing Strategy.

Finally, the evaluation framework discussed means to measuring success; in this context, this refers to, the availability of baseline information, the mechanisms in place to collect performance measurement data, and the sharing of data between the various parties (evaluation framework questions #16, #17, and #18). The evaluation raised the following related points:

- Most respondents were able to identify very few sources of baseline information against which to measure the success of the Healing Strategy to date. Some respondents from Federal Government departments indicated that the crisis response nature of the Healing Strategy resulted in a compressed time frame for development and implementation. This meant that there was no time to gather baseline information.
- Respondents from the Federal and Provincial departments were able to identify some mechanisms for collecting performance measurement data, including quarterly INAC reports, a separate concurrent health study by Health Canada, and the research conducted by the Working Group on Educational Outcomes.
- Some respondents from the Federal and Provincial departments felt that the mechanisms established for collaboration, such as the Main Tables, should enable the sharing of data among the three parties. In practice, however, the evaluation found that information – such as financial information – is not being shared among the three parties.
- Respondents varied in their understanding of the extent to which data is currently being shared among the three parties. Respondents from the Provincial departments were the most positive that data was being shared, followed by respondents from the Federal Government.

Respondents from the Innu communities felt that the performance management data was not being shared among the three parties.

3.1.3 Consultation with the Innu

The extent and nature of consultation between the Federal Government and the Innu communities is an issue that has relevance across all of the Healing Strategy's components and throughout the Healing Strategy's time frame: this ranges from a needs assessment and development of the Healing Strategy through to its implementation. The evaluation framework addressed consultation directly (evaluation framework question #10), but also indirectly through the discussion of whether or not the Healing Strategy was planned in an effective and appropriate manner (evaluation framework question #7).

The concept of consultation has varied meanings to the two groups primarily involved in consultation: the Innu and the Federal Government. This situation is not uncommon, as many groups and organizations struggle to define effective and meaningful consultation.

Regardless of how the term consultation is defined, the evaluation raised the following points with respect to consultation between the Federal Government and the Innu communities throughout the planning and implementation stages of the Healing Strategy:

- Respondents from the Federal Government and from the Innu communities agreed that the Innu were not consulted prior to the development of the Healing Strategy or during its development.
- The planning process was led out of Ottawa by three Federal departments: INAC, Health Canada, and the Solicitor General's office. The Innu communities had limited involvement in the planning of the Healing Strategy.

3.1.4 Collaboration Among the Three Parties

Collaboration between the three parties involved in the Healing Strategy (the Innu, the Federal Government, and the Provincial Government) is another issue that spans all components of the Healing Strategy and is understood differently by the various groups. Some respondents from the Federal and Provincial Governments appear to define collaboration as multi-lateral involvement in committee structures (e.g. the Main Tables) and other Federal and Provincial Government respondents appear to define collaboration as working together to implement the Healing Strategy on the ground (for example, by working together on a community health project). Generally, respondents from the Innu communities appear to define collaboration as part of the decision-making process and, as a result, having some control over the implementation of the Healing Strategy.

The evaluation framework addressed the issue of collaboration directly (in evaluation framework questions #9 and #9a) as well as indirectly, by addressing the decision-making process used in developing and implementing the Healing Strategy (evaluation framework question #7a). The evaluation raised the following points with respect to the extent and success of collaboration in the implementation of the Healing Strategy, the collaboration challenges and the nature of the decision-making process:

- Most respondents from the Federal and Provincial Governments appeared satisfied with the extent and nature of collaboration to date. Multi-lateral involvement in the wide variety of committee structures associated with the Healing Strategy was highlighted as evidence of successful collaboration. It should be noted that in the RMAF, one of the output indicators associated with collaboration is the number of joint meetings, which may serve to reinforce this definition of collaboration among Federal and Provincial Government representatives.
- Most respondents from the Innu communities were less satisfied with the level of collaboration than were Federal and Provincial Government respondents. Generally, most Innu respondents felt that collaboration had only taken place over the last year.
- Many respondents from the Sheshatshiu Innu were generally more satisfied with the extent of their involvement over the past year than respondents from the Mushuau Innu. Most Mushuau respondents expressed a need for increased collaboration in the areas of health and education, in terms of working directly with the community and assisting the community in building capacity to take over responsibility for these services.
- The majority of respondents identified a number of challenges that affect collaboration, including balancing the mandates of the different parties (particularly of the different Federal and Provincial Government departments), funding complications (which may be associated with the issue of mandates), capacity for collaboration (within both the Innu communities and the Federal/Provincial Government departments – see Section 3.1.5).
- The majority of respondents among all interview groups (i.e., Labrador Innu, Federal Government and Government of Newfoundland and Labrador) expressed a general level of uncertainty over how decisions related to the Healing Strategy were made. Only one secondary source documents reviewed (INAC 2001b, Annex C) provided details on the structure of committees under the LICHS, and it did not clearly describe decision-making structures within or among the various committees.

3.1.5 Capacity Building

There is no consensus between the Labrador Innu and Provincial and Federal parties on what the term capacity building means. The lack of common understanding of capacity development and

related terms between the Innu and Federal/Provincial Governments is also mentioned in recent capacity development research funded by INAC (Rawson Group Initiatives 2003, p.14).

Capacity building at the Federal Government and community levels is an issue that emerged during the implementation of the Healing Strategy. The extent of available capacity has had a direct impact on other evaluation factors, particularly the nature and extent of consultation and collaboration and the extent to which the Healing Strategy has met its goals and has been cost effective.

The concept of capacity is subject to varying definitions by the various parties involved in implementing the Healing Strategy. This is also an area where the overall conceptual approach to the Healing Strategy and the evaluation framework has an effect on a respondent's understanding of what types of capacity are needed and who needs to develop them. Respondents from all three groups appear to see capacity as tied to particular skills (for example, construction of housing). Others, particularly in the Federal and Provincial Government, related capacity to institutional frameworks (for example, financial management or governance). Some respondents, primarily from the Innu communities, appeared to define capacity as overall community health, the community's ability to manage its own affairs in a meaningful and effective manner. Federal respondents acknowledged that capacity was not properly planned for, nor were needs assessed for the Innu or for the government when the Healing Strategy was initially implemented. According to the Federal officials interviewed, "It was one of the weakest areas at the beginning of the Healing Strategy but it is really becoming important now. With so much required of the Innu in terms of how programs and services will be delivered in the communities, local capacity will be very important".

Capacity building has also been an issue for the two Innu communities. Respondents from Sheshatshiu expressed their thoughts on capacity in the following manner: "What they [INAC and Health Canada] chose to do was to set aside a huge block of funds to be used for a Healing Strategy. Then in order for the money to be expended according to their wishes, they've increased their own capacity to influence or participate in any new programs" (February 2003 Innu, Sheshatshiu).

The evaluation framework addressed the integration of capacity building into the Healing Strategy directly (evaluation framework question #11). It also addressed capacity indirectly by discussing the appropriateness of the pace of implementation (evaluation framework question #5a) and whether the development and implementation of the Healing Strategy respected the Innu's existing capacity (evaluation framework question #5b).

The evaluation raised the following points with respect to the integration of capacity building into the Healing Strategy and the pace of implementation:

- The majority of respondents agreed that the extent of existing capacity within the

communities and within the Federal Government departments was not adequately considered in the planning and development phase of the Healing Strategy.

- Differences in understanding about the nature of capacity and capacity building affected respondents' opinions on the related activities to date. Secondary source documents from INAC (for example, the *Capacity Development Strategic Plan*) indicate that capacity building programs in several areas were incorporated into the Healing Strategy. Some respondents from the Innu communities and some Federal Government officials generally felt that little to no capacity building had occurred to date as part of the implementation of the Healing Strategy.
- All respondents identified capacity as having an impact on the pace of Healing Strategy implementation. The majority of respondents from the Federal Government and the Innu communities felt that the pace of implementation should be slowed to reflect the scarce capacity in communities and associated Government departments. However, respondents from the Provincial departments felt that increased capacity development should be a priority to boost capacity and ensure that the planned pace of implementation could be achieved.

3.1.6 Cost Effectiveness

The evaluation of the Healing Strategy includes a review of cost effectiveness for Year 1 of the Strategy (Financial Year 2001-2002). Cost effectiveness, according to Treasury Board evaluation methods, refers to the "extent to which the program involves the most appropriate, efficient and cost-effective method to meet objectives"²

Actual figures were provided directly from the three Federal Department sources: INAC Atlantic Region Office, Health Canada Goose Bay Secretariat, and Solicitor General Headquarters. INAC figures for actual costs were received in a summary table dated April 24, 2003 (No author, 2003). All three department's budget figures were obtained in a document entitled "Labrador Innu Comprehensive Healing Strategy Annex H - Detailed Costing" (INAC 2001a). Additional detailed budget figures were obtained from INAC's internal quarterly reports (INAC 2001d, INAC 2002c, INAC 2002l, INAC 2002m, INAC 2002n, INAC 2003b). Supplementary information was provided by interviews.

3.1.6 (a) Challenges to Conducting a Cost Effectiveness Evaluation

The IER/ARI study team experienced two main challenges while conducting an evaluation of the

² Program Evaluation Methods: Measurement and Attribution of Program Results, Third Edition.
www.tbx-xct.gc.ca/eval/pubs/method/1-7.htm, p.2

LICHHS' cost effectiveness: Namely, insufficient information provided by the Federal Government departments involved in the Healing Strategy; and inadequate types of information.

The evaluation does not include a rigorous cost effectiveness section. The financial information provided by the Federal departments was of a very general nature and was not in a format where actual expenses could be compared, line by line, with budgeted costs.

Regarding the second challenge, the study team reviewed documents containing budget figures and actual figures. Making comparisons between budget and actual figures was challenging because the information came from different sources, and budget figures varied according to the sources of financial information provided. Budget figures varied, perhaps because different categories of costs were used in each case. Without explanatory notes from the sources, the evaluators were unable to determine where the budget costs were taken from.

The analysis was further challenged because the budget figures did not directly correspond to categories used for the actual figures. This was particularly difficult with Health Canada because the Community Health "budgeted costs" were categorized by sub-component (e.g., Addictions, Mental Health, Public Health, Community Health Planning and the Labrador Health Secretariat), while the "actual costs" were not. Explanations based on information provided by the government sources are provided in the tables below.

3.6.1 (b) Cost Effectiveness Findings

Due to the aforementioned challenges, the cost effectiveness findings for this evaluation are limited. Cost effectiveness findings are presented according to funding source rather than LICHHS component.

Indian and Northern Affairs Canada

INAC provides funding to three of the Healing Strategy components: (1) Relocation; (2) Registration and Reserve Creation; and (3) Programs and Services.

INAC's budget costs and actual costs for 2001-2002 are presented in Table 3.1.1

Table 3.1.1 INAC Cost Effectiveness 2001-2002

Funding Source	Activity	Budget	Actual
MIRA	Housing		\$10,400,000
	Infrastructure		\$26,600,000
	Other		
	Subtotal Relocation (MIRA) - quarterly reports	\$40,745,768	\$35,474,253
	Subtotal Relocation (MIRA) - INAC 2001c & No author 2003	\$8,836,000	\$37,000,000
INAC - LICHS	Programs and Services	\$0	\$200,000
	Reserve Creation	\$0	\$1,400,000
	Decommissioning		\$900,000
	Capacity Building		\$200,000
	Program Management		\$200,000
	Subtotal INAC (other than MIRA)	\$0	\$2,900,000
	Set Aside - Sheshatshiu School	\$3,300,000	
	New Housing - Natuashish	\$5,000,000	

INAC provided more information on actual costs than on budgeted costs; therefore, there are few areas for comparison other than at the subtotal levels. There is a disagreement in figures from quarterly report sources and the expenditure table provided by INAC regarding relocation budget figures and actual expenses (No author, 2003), so no cost effectiveness comment can be made about relocation. For other components, no budgeted costs were given, while the actual costs were \$2,900,000.

Interviews with INAC sources provided the following context to the department's actual expenses: LICHS costs under INAC included one-time costs as well as on-going program costs. INAC sources interviewed stated that under Relocation, extra costs were incurred due to delays in construction, but that despite these unexpected delays and expenses, the relocation costs overall were within budget. Registration and Reserve Creation took longer than initially anticipated and this tended to push the timeline for implementing other funded programs to the next fiscal year (Interviews - INAC).

According to interviews with INAC representatives, programs and services funds not used in the year they were allocated were redeployed to the Solicitor General to be used for the new RCMP detachment in Sheshatshiu. This is an item that was planned for, but not funded, by the Strategy.

Health Canada provides funding to the Community Health component of the LICHS.

Health Canada's budget costs and actual costs for 2001-2002 are presented in Table 3.1.2.

Table 3.1.2 Health Canada Cost Effectiveness 2001-2002

Funding Source	Activity	Budget	Actual
Health Canada LICHS	<i>Sheshatshiu Innu</i>		
	Country Based Family Treatment		\$1,200,000
	Aftercare Programs		\$40,000
	Specialized Healing		\$125,000
	<i>Mushuau Innu</i>		
	Country Based Treatment		\$1,200,000
	Aftercare Programs		\$500,000
	Specialized Healing		\$260,000
	White Swan Treatment		\$950,000
	Behavioural Healing Services		\$750,000
	Grace Hospital Costs		\$4,600,000
	Grace Hospital Costs		\$2,800,000
	Goose Bay ALA Costs		\$1,961,000
	<i>Labrador Health Secretariat</i>		
	Salary/Travel		\$196,241
	TOTAL BY BUDGET YR	\$9,429,075	\$14,582,241
Non-LICHS	Health Canada - Program Funding (Non LICHS)		
	Sheshatshiu Innu		\$992,702
	Mushuau Innu (Davis Inlet)		\$897,331

Since the categories provided in budget figures differed from the categories provided in actual costs, cost effectiveness can be discussed only at the total budget level for Health Canada. According to the information provided, actual costs were about 1 ½ times the budgeted figures. The reason for this large discrepancy between budgeted figures and actual costs, are one time costs, such as: (1) sending Labrador Innu children outside their communities to Health Canada treatment centre (White Swan Treatment); (2) addictions assessment of the Innu children (Behavioural Healing Services); (3) the re-opening and renovation of the Grace facility in St. John's, Newfoundland for treatment of the Mushuau Innu children (reimbursement to the Province of Newfoundland and Labrador); and (4) the costs of Alternative Living Arrangements for treatment of the Sheshatshiu Innu children.

According to Health Canada sources, there were many obstacles and challenges in Year 1 (2001-2002) because of the media attention and the need to expend funds for crisis management due to the costs associated with the detox treatment programs outside the community for the Innu youth. Setting up the Labrador Health Secretariat, and the delays in receiving the funds approved by Treasury Board, meant that the first year was primarily focused on setting up the Secretariat,

developing programs and job descriptions, and preparing to hire qualified staff.

The Solicitor General of Canada

The Solicitor General of Canada (SolGen) is responsible for funding the Community Policing component of the LICHS.

Interviews with SolGen sources provided the following context to the department's actual expenses: funding for negotiating the tripartite community policing agreement was delayed, so no SolGen funds were expended for this purpose; funds from INAC and Health Canada were redeployed to SolGen for the RCMP detachment in Sheshatshiu; existing trilateral funding was used in Natuashish to hire Tribal peacekeepers.

SolGen's budget and actual costs for 2001-2002 are presented below (Table 3.1.3).

Table 3.1.3 Solicitor General Cost Effectiveness 2001-2002

Funding Source	Activity	Budget	Actual
SolGen LICHS	Community Policing Agreement	\$0	\$0
	Sheshatshiu Detachment	\$0	\$0
	Evaluation	\$0	\$0

As there are no budgeted or actual SolGen costs for community policing in 2001-2002, therefore, no comment can be made regarding cost effectiveness.

3.1.7 Overview of Healing Strategy Progress by Component

The five components of the LICHS are at varying stages of completion. Currently, relocation of the Mushuau Innu and the registration of the two communities are largely complete; while Community Health, Community Policing and Programs and Services are not as far along. This does not mean that components which are presently less complete are behind schedule, while those which are more complete are on schedule, each component has its own particular pace and, in some cases (such as programs and services) progress is dependent on the completion of another component (such as Reserve Creation).

The overall degree of completion for each component is provided in Figure 3.1.1.

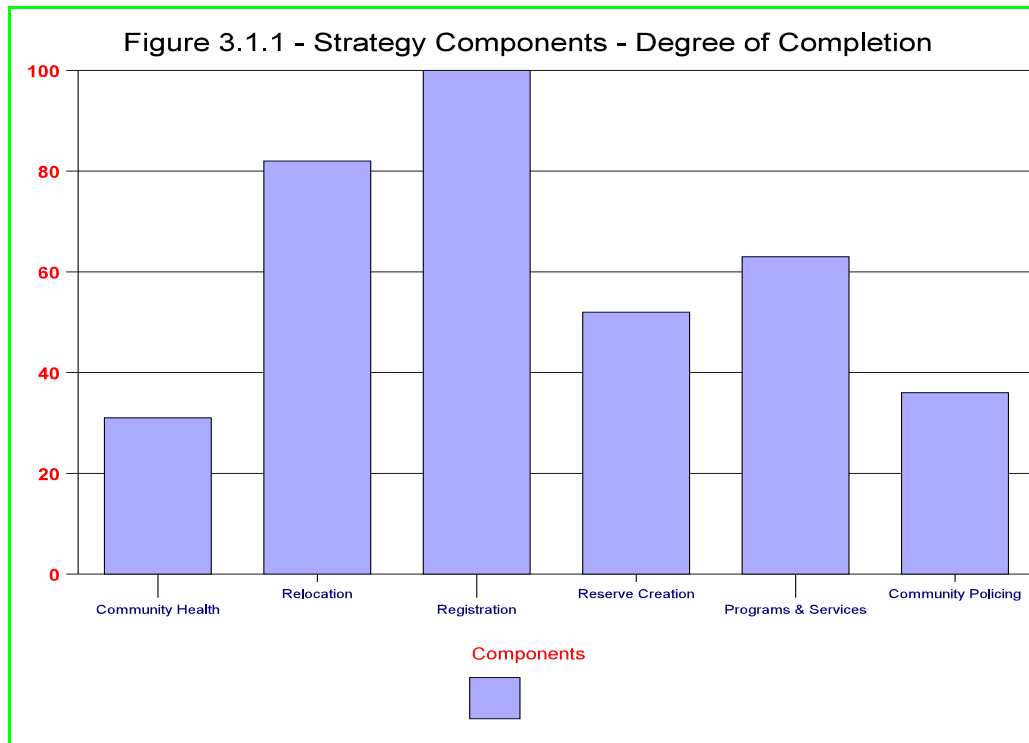


Figure 3.1.1 represents the degree of completion for the Strategy Components as of January 28, 2003. This information is according to INAC's *Critical Path* document, which tracks the progress of tasks within each component of the LICHHS. The progress for each component is a cumulative average of all the activities and subcomponents within the component³. This document is the sole comprehensive source of quantitative information regarding component progress made available to the IER/ARI study team, and therefore there are no other quantitative sources to compare with for the sake of determining accuracy of the information. Interviews from all sources generally confirm the degree of completion for the components indicated in this figure.

It is important to note that in the Healing Strategy, Registration and Reserve Creation are combined. However, for this report, Registration and Reserve Creation are treated separately.

Figures illustrating the degree of completion for individual components of the LICHHS are

³For example, if component "X" has 3-subcomponents: "a" (20% complete), "b" (40% complete) and "c" (90% complete), the overall progress for the component will be $20\% + 40\% + 90\% / 3 = 50\%$.

provided in Sections 3.3 to 3.9 of the report. The remainder of Section 3 provides details about the components of the Healing Strategy.

3.2 Community Health Component

This section of the report discusses the health component of the Labrador Innu Healing Strategy in detail and provides information on:

- The *Community Health Component* - this describes and discusses the context for the community health initiatives, the five areas included in the component, the parties involved in implementing the component, and how the component was planned.
- *Community Health Component Results* - this describes and discusses the progress to date, successes and challenges faced during the implementation.
- *Community Health Component Issues* - the issues faced in implementing the community health component in terms of the four broad evaluation areas are identified: consultation, collaboration, capacity building, and cost-effectiveness.

3.2.1 The Community Health Component

This subsection provides information on the context for the community health initiatives, the five areas covered under the community health component, the parties involved in implementing the community health component, and the process through which the community health component plan was created.

3.2.1 (a) Context

The context of the community health component can be summarized as follows:

- In the 1950's, the Innu lived on the land hunting and fishing (Innu respondent).
- By the 1970's, people mainly stayed in the communities (Innu respondent).
- In 1992, a house fire in Davis Inlet killed six children, while their parents were absent. This raised awareness of the critical health and social issues of the Mushuau Innu, such as poor housing, alcohol and solvent abuse, and long-standing issues related to settlement.
- Health and social issues continued to affect both the Mushuau Innu in Davis Inlet and the Sheshatshiu Innu throughout the 1990's. These are well documented in several reports including the "*Gathering Voices*" and two Human Rights Commission reports about the ongoing issues related to addictions, abuses and neglect.

- In September 1999, John MacCready (a consultant) submitted a *Community Assessment Report* to Health Canada. The report states that the community of Sheshatshiu wants local ownership of its problems and community design and endorsement of the solutions. It also states that there is a serious need to build the capacity of the community and services personnel; and recommends that self-government, service devolution, local control and oversight of integrated services for Sheshatshiu continue to be supported (MacCready 1999, pp. 2, 9, 17).
- In April 2000, the Innu in Sheshatshiu established an inter-agency committee that met weekly to try and prevent more tragedies. Health Canada and INAC were invited to be a part of this committee.
- June 2000, the first country treatment (i.e., treatment conducted in the wilderness, outside the community) for addictions program was successfully piloted in Sheshatshiu. This was the precursor of the Family Treatment Program which is currently conducted as a healing program by the Sheshatshiu Innu at Lobstick Lodge.
- On November 23, 2000, Paul Rich, Chief of the Sheshatshiu Innu, wrote a letter jointly addressed to the Ministers of INAC, Health Canada and the Province (Rich 2000b), which offered a proposed outline of services and resources that the Innu believe are needed to address their most urgent and immediate healing needs. This letter was initiated subsequent Federal and Provincial Government commitments to the Labrador Innu and was therefore the genesis of the LICHS.
- November 26, 2000 a tripartite meeting in Goose Bay resulted in an agreement between the Federal and Provincial Governments to work cooperatively with the community to seek appropriate treatment options for the gas-sniffing Innu children as quickly as possible, and agreed to commit all necessary resources for this purpose. The commitments included the establishment of a detoxification centre with appropriate staff and programming resources in Labrador (No author, 2000, p.1).
- In Davis Inlet, similar problems were occurring in 2000. The Mushuau Innu appealed for help, and on December 6, 2000 a Draft Tripartite Protocol Agreement with a nine-point healing plan was established. This plan was based on the Mushuau Innu Healing Strategy that proposed to take children to a detox facility, set up adult detoxification, provide a comprehensive and medically supervised youth treatment program, a family treatment program, and ongoing counseling and treatment through the Family Healing and Cultural Centre at Davis Inlet.
- From January to June 2001, youth treatment programs were undertaken with Health Canada, Health and Community Services (Province) and the Innu to address the youth treatment.

Davis Inlet youths went to Grace Facility in St. John's Newfoundland for detoxification treatment, and the youth from Sheshatshiu were sent to Goose Bay for treatment.

- In January 2001, the Labrador Health Secretariat (Health Canada Goose Bay office) was established.

The Community Health Component of the Healing Strategy was developed in direct response to the above-noted requests for help made by the Chiefs of Sheshatshiu and Davis Inlet. The objectives of this component is to address the current and long-term health issues and build on the three pillars of the Healing Strategy, namely:

- (1) Restoring Health and Hope
- (2) Creating Strong Communities
- (3) Ensuring a future for the Innu

Interviews showed that the Health Component requires additional capacity to address the communities' needs (Health Canada, interviews) and needs to move toward devolution of services and programs to the community (Province, interviews).

3.2.1 (b) Description of the Community Health Component

The Community Health component focuses on the immediate and long-term healing needed in both communities. Expected long-term outcomes of the Community Health component include reduced substance abuse and violence, improved mental health status, healthier babies and children and improved community capacity for the delivery of health services (INAC 2001b, Annex D p.14).

The Community Health component is based on a social commitments made by Health Canada, INAC and the Province. These commitments are listed in Table 3.2.1.

Table 3.2.1 - Community Health - Federal and Provincial Government Commitments

Community Health Government Commitments (October 25, 2001)
<ul style="list-style-type: none">• Ensure that all Innu children receive the necessary treatment for their gas-sniffing addiction (Health Canada)• Establish a regional detoxification centre in Labrador with appropriate staff and programming (Health Canada) [later changed to two safe houses with detox capability]• Explore other long term initiatives to repair the cultural and social fabric of both Innu communities (Health Canada)• Assess the affected children and provide the necessary treatment (Province)• Develop a long-term family-centred treatment program for the affected Innu children and their families and community members (Health Canada, INAC, Province)

The Community Health component of the Healing Strategy incorporates five strategic programs areas. These include:

- *Addictions:* family country treatment, community-based aftercare, and family and cultural renewal in both Davis Inlet/Little Sango Pond and Sheshatshiu; clinical treatment to high-risk children and youth identified in the November 2000 crisis; and a safe house for Aboriginal residents of Labrador that has the capacity to provide detoxification services as required (INAC 2001b, Annex D p.14).
- *Mental Health:* The Mental Health subcomponent has the aim of establishing a multi-disciplinary mental health team in Goose Bay with regular visits to both Innu communities, to provide individual, group and family counseling, education and awareness, training and case management (HC, no date, p.2; INAC 2001b, Annex D p.14).
- *Public Health:* The Public Health subcomponent has the aim of establishing a multi-disciplinary public health team in Goose Bay with regular visits to both Innu communities (HC, no date, p.2). As a result, a public health team in Goose Bay was developed (INAC 2001b, Annex D p.14).
- *Community Health Planning:* A community health planning team to develop community capacity for health planning and evaluation (INAC 2001b, Annex D p.14). The Community Health Planning subcomponent has the aim of establishing a community health planning team to develop community capacity for health planning and evaluation (HC, no date, p.2).

- Labrador Health Secretariat: The Labrador Health Secretariat subcomponent has the aim of establishing a Health Secretariat in Goose Bay to manage the implementation of the Community Health component in coordination with the overall Healing Strategy (HC, no date, p.3).

3.2.1 (c) Parties Involved in Community Health Component

The Federal Government, through Health Canada's First Nations and Inuit Health Branch, has the lead role in the community health component. Health Canada's Atlantic Region office is in Halifax. In January 2001, the Labrador Health Secretariat (a commitment under the Community Health component), was established in Goose Bay, Labrador.

INAC and the Province are also involved in aspects of the Community Health Component. It was suggested that the Province's Child and Family Services works in conjunction with treatment programs for children and youth, under the purview of Health Canada. The Province is involved in both community health and child and family services.

The Province is involved community health through the Department of Health and Community Services, and through the Health Labrador Corporation. In each community, there is a clinic or nursing station whose staff report directly to the Health Labrador Corporation.

Both communities are involved in Community Health through:

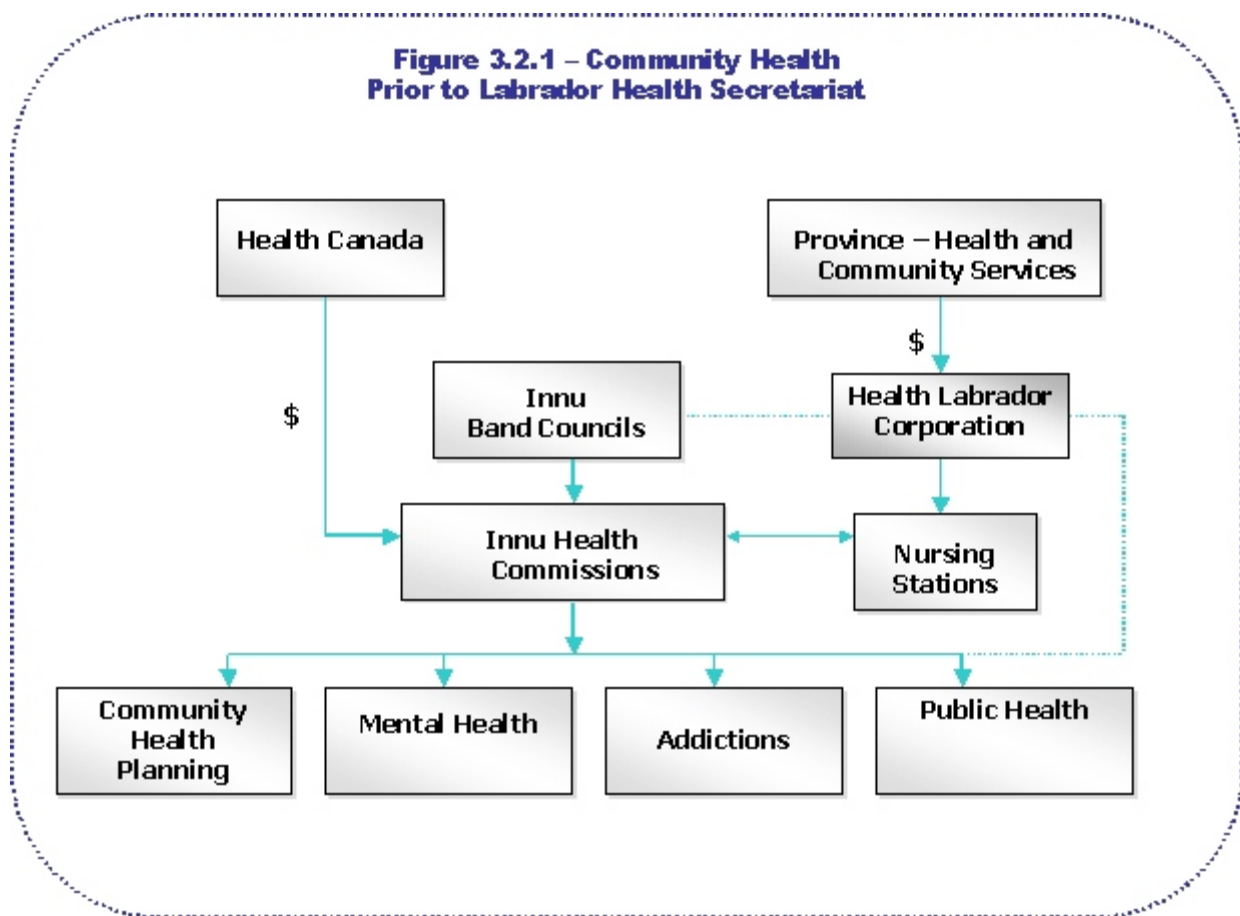
The Band Council; and

- The Mushuau Innu and Sheshatshiu Health Commissions

Health Canada provides funding for community programs related to addictions, mental health and public health. The Health Commissions in both communities receive funding for core programming and proposal-driven programs such as those outlined in the Healing Strategy (e.g. Family Treatment, Mobile Treatment).

The relationships of the parties involved in the Community Health component are illustrated in Figures 3.2.1 and 3.2.2.

Figure 3.2.1 identifies funding sources and the parties involved in delivering community health services prior to the establishment of the Health Canada Labrador Health Secretariat. Funding was historically received by the Health Commissions to deliver programs offered through Health Canada; these were either proposal driven, or part of Health Canada's programs available to First Nations. The Health Labrador Corporation also provided some health services and social services to the two Innu communities on behalf of the Federal Government until services could be devolved to the Innu. Funding of the nursing station for Natuashish is an unresolved issue



from the Province's perspective.

Figure 3.2.2. depicts the new relationships between the two Innu communities and Health Canada through the Labrador Health Secretariat. Health delivery will continue to be provided by the Federal and Provincial Government departments because of differing legislative and jurisdictional responsibilities. Interviews with Secretariat respondents indicate they have hired professionals to work with the Innu. Figure 3.2.2 illustrates some overlapping functions between Health Canada and the Province with respect to the implementation of the Labrador

Health Secretariat (i.e., mental health and public health).

On November 17, 2000, Chief Paul Rich and Peter Penashue (President, Innu Nation) presented a case to Health Canada outlining how they would like to see the problem of gas sniffing approached. They suggested a short-term strategy of placing children in a secure detox facility, preferably in or near their community. For long term healing, Chief Rich suggested financial support from both INAC and Health Canada to maintain ongoing counselling and community support programs (Potter 2000, pp.1-2).

During the first six months of 2001, the LICHS was being developed at the same time that the children who were gas-sniffing were being treated outside of their communities. The course of action for the children in crisis was determined by Health Canada, Innu leadership and the Province the course of action for the children in crisis.

The Community Health Components that became a part of the LICHS were developed by an inter-departmental steering committee made up of representatives from Health Canada in Ottawa and Halifax. The components were developed based on the following:

- Written submissions made by the Innu;
- History and experience with previous crises; and
- Consultation with a Technical Advisory Committee, which included leading experts on addictions issues facing Aboriginal communities.

Issues raised by interviewees related to planning the Community Health Component include:

- A concern that the Community Health Components of the LICHS focused too much on addictions without addressing more fundamental and deep-rooted issues; and
- The Community Health components were developed quickly, and were based on the commitments made in the communiques of November and December. The commitment came out of the crisis response, rather than on comprehensive consultation with the Innu on what was really needed in the area of healing in the communities.

3.2.2 Community Health Component Progress Against Plan

The Community Health Component builds on existing Health Canada funding and program support. The progress, according to the plan, can be divided into two main categories: The first set involves Health Canada's development of the Labrador Health Secretariat and its related areas; the second category refers to the programs that provide funding to communities for

specific core programs and projects (i.e., mental health, public health, and community health planning addictions treatment).

The five elements of the Community Health Component and a summary of progress to date are provided in Table 3.2.2.

Table 3.2.2 - Community Health Component of the LICHS

<i>Community Health Component Elements Funded under LICHS</i>
<ul style="list-style-type: none"> • Addictions programs, Family/Mobile Treatment and Aftercare, Detox/safe Houses, Clinical Services • Mental Health Services • Public Health Programs • Community Health Planning • Labrador Health Secretariat
<i>Work Completed (to Jan. 28, 2003)</i>
<ul style="list-style-type: none"> • Immediate treatment outside community for children and youth in early 2001 • Community-based Family Treatment Programs at Lobstick Lodge (Sheshatshiu) in 2nd year • Community-based Mobile Treatment Programs at Border Beacon (Mushuau) in 2nd year • Community-based Aftercare Programs (Mushuau and Sheshatshiu) such as Innu Uauitshitun (Innu Helping Innu) • Labrador Health Secretariat established (Jan 2001) and offices set up in Goose Bay • Professional staff hired for Goose Bay office (e.g. psychologist, mental health nurses, community health planners) • Key operational personnel hired for Labrador Health Secretariat (e.g. Director)
<i>Work in Progress</i>
<ul style="list-style-type: none"> • Community Health Planning

3.2.2 (a) Addiction Treatment

Addiction treatment and programs addressing fundamental underlying issues that lead to addiction problems form the core of the Addictions Component. Health Canada has assume responsibility for the provision of long-term treatment of the Labrador Innu. Both communities have developed detailed Healing Strategies which are specific to their unique needs and

capacities to deliver the programs. Funding from Health Canada enables the communities to offer these community-based programs which are managed and directed by the Innu themselves, such as the family treatment program (in Sheshatshiu) and the mobile treatment program (in Davis Inlet).

3.2.2 (b) Mental Health

Health Canada respondents explained that the Labrador Health Secretariat has hired two mental health professionals who will work in the communities with the Health Commissions (one mental health professional is an Innu originally from Sheshatshiu).

The mental health professionals will visit communities and work closely with the Health Commission staff on addictions and counselling and will assist with developing addiction support groups.

3.2.2 (c) Public Health

The Labrador Health Secretariat is in the process of hiring public health professionals to work with both communities.

3.2.2 (d) Community Health Planning

A Community Health Planner was hired by the Labrador Health Secretariat on January 1, 2003, to work with the communities to develop comprehensive health plans.

The Innu Nation, however, states that the community has made significant efforts in the area of community health planning, but that the Healing Strategy has had no significant effect in this area (Innu Nation 2003a, p.3). Examples of community health planning performed by the Labrador Innu include planning and implementing family treatment and country treatment programs, as well as Healing Strategies produced by each community.

3.2.2 (e) Labrador Health Secretariat

Health Canada established a presence in Goose Bay in January 2001 by opening the Labrador Health Secretariat (LHS). The mandate of the LHS is to work with both of the Labrador Innu communities of preventative health and healing. The Labrador Health Secretariat intends to eventually have 15-18 health professionals to work with the Innu (Health Canada Interview).

Secretariat staff, as of February 2003, included:

- Director;
- Associate Director; ;

-
- Psychologist (clinical support under the Addictions Component);
 - Support Staff;

 - Program Evaluation Officer (effective January 1, 2003);
 - Community Development Officer, effective January 1, 2003
 - Mental Health Professionals (2 have been hired); and
 - Public Health Professionals (Manager and ECD Nurse as of Feb 2003).

Sheshatshiu

Sheshatshiu Health Commission is the primary delivery agent for preventative health programs. They are not under third party management and have had a record of sound financial management (Health Canada, Innu interviews).

The Sheshatshiu Innu received LICHES funding to operate (or continue) the following programs (each is listed with a brief description):

- Family Treatment (Sheshatshiu) at Lobstick Lodge was first offered as an offenders program in the summer of 2000. Since then, its ability to attract participants has grown, and members who have been participants often come back as program leaders. The Province purchased the Lobstick Lodge facility and transferred it to the Sheshatshiu Innu.
- Aftercare programs, such as Innu Uauitshitun (Innu Helping Innu), support people who have participated in treatment programs.
- A partnership with correctional services (RCMP) has allowed offenders housed in Goose Bay to work on addiction and abuse issues (such as sexual or physical abuse). This program required the purchase of the facility and renovations. Training has been undertaken for health workers.
- Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effects (FAE) education awareness programs have been established.

The Innu Nation states that there is no safe house or detoxification capacity in Sheshatshiu, despite the submission of proposals for safe houses by the Innu (Innu Nation 2003a, p.3). According to interviews with Provincial representatives, Canada and the Province originally made commitments to establish a medical detox facility for the Innu. Canada and the Province have since revised their commitment, given the success of the family treatment programs in Sheshatshiu and the mobile treatment programs in Davis Inlet – and therefore the reduced need for a medical detox facility – by offering safe houses in the communities with detox capacity. No progress has been made in establishing the safe houses because there is no clear jurisdictional responsibility for building and operating them (interview - Province).

The Innu have expressed concern that the addictions treatment solutions that they have presented to the Federal and Provincial Governments have been largely ignored. For example, in the September 2002 meeting of the Federal/Provincial/Sheshatshiu Coordinating Committee, it was noted that the “immediate” needs identified by Chief Rich in his November 23, 2000 letter to INAC, Health Canada and the Province (i.e., legislative authority and mandate for Innu child protection and family services, Innu peacemaking and policing authority, band-controlled school, full-time crisis coordinator, capability to provide emergency relief staff, 24-hour detox facility, training for staff in a secure detox, and staffing and resources for a recreation department – Rich 2000b) were still on the agenda, with little or no progress made to address those needs.

Mushuau Innu

Community health services funded by Health Canada that are available to the Mushuau Innu include five aftercare programs:

- Life skills training;
- Youth program;
- Nechi training (to work with people who have addictions);
- Traditional healing, and hypnotherapy; and
- Mobile treatment program (Mushuau Innu 2002).

In Natuashish more financial and human resource support will be made available for developing the capacity of the Health Commission to manage their programs. In Natuashish the following programs have been started:

- Aboriginal HeadStart – a family resource, parent education and child nutrition program that supports a healthier family life; and
- FAS/FAE education awareness programs.

3.2.3 Community Health Component Results

Federal, Provincial and Innu respondents indicated that there is a difference between Sheshatshiu and Davis Inlet/Natuashish in terms of capacity to develop and deliver programs. Reasons offered for the difference in capacity between the two communities include the fact that Sheshatshiu is less isolated, has a larger population, and therefore has more human resources available. Health program delivery is challenging because of the isolation and severity

of the health and social problems in Davis Inlet/Natuashish and lack of trained health care professionals in the community on a long-term basis. The Mushuau Innu health programs are under third party management, and the organizational capacity of the Mushuau Innu Health Commission is not as experienced as the Sheshatshiu Innu Health Commission.

3.2.3 (a) Positive Impacts of Community Health

While it is early in the Healing Strategy to assess the impacts of the Community Health Component, some examples of positive change noted by the Federal and Provincial respondents include:

- Treatment programs addressed the immediate needs of children;
- Additional funding and professional health services to communities is being made available;
- A more structured approach in setting priorities and budgets was established (i.e., not as crisis driven);
- “Comprehensive range of services” refers to various degrees of service that are now available, especially for addictions;
- Significant partnerships were established in a short period of time (e.g. partnership between Health Canada and Health and Community Services [Government of Newfoundland and Labrador] in the treatment of the Labrador Innu children/youth sniffing gas); and
- The Labrador Health Secretariat was set up within two years with staff including professionals.

In addition, in conjunction with the Relocation Component of the Healing Strategy, the Natuashish Health Centre was opened in January 2003, which includes the Health Commission (preventative health), the nursing station (first-response services through Health Labrador Corporation) and Social Services (INAC and Province) in one location.

The Mushuau Innu

The Community Health Component has had positive impacts on the Mushuau Innu in terms of the Aftercare Programs and Mobile Treatment Programs that have been operating in the community as a consequence of the LICHS. The Mushuau Innu reported that participants in all five Aftercare Programs (life skills training, youth program, Nechi training, traditional healing, and hypnotherapy) deemed the programs to be successful and helpful in healing the community (Mushuau Innu 2002). Life skills training participants learned more about Innu culture and traditions, and developed greater self-esteem and confidence (Mushuau Innu 2002, p.5).

Participants in the Nechi training program stated that it helped to build self-esteem, enabled them to talk about personal issues for the first time, and was very enjoyable (Mushuau Innu 2002, p.6).

The Mushuau Innu's Mobile Treatment Program has been operating since spring 2001. The program involves a combination of traditional and western methods to help to heal the detoxified gas sniffers and their families in the country. It has been held twice per year for the last three years. The Mushuau Innu mobile treatment program's July 2001 session treated 24 adults and 6 youths; its summer 2002 session treated 13 adults and 6 youths (No author, 2002, p.2; MIHC 2001, p.6). Mushuau Innu participants in the Mobile Treatment Program have assessed the program as valuable and helpful in family healing (No author, 2002; MIHC2001).

A Mushuau respondent described the current and future health of the community in terms of the Mushuau taking control and responsibility of the circumstances: "Kids are doing well and they're going to do better if we start taking responsibility for our children. We need to be role models and leaders of the community. It has to come from us" (Innu Interview).

The Sheshatshiu Innu

The predominant positive impact of the Community Health Component in Sheshatshiu has been the community-based family treatment program.

The family treatment program was developed by an inter-agency committee in Sheshatshiu during the summer of 2000. The first program was considered by the participants to be very successful in assisting participants to work through their addiction issues, using traditional and modern healing approaches (e.g. the AA Model to treat addictions is linked with traditional healing circles and sweat lodges, as well as cultural pursuits like hunting and fishing). The program is delivered at Lobstick Lodge, which is within driving distance of Sheshatshiu. The program has also been offered as part of the Aboriginal Offenders Program in conjunction with RCMP to address the systemic issue of high addiction rates among incarcerated Aboriginal offenders (Innu interviews).

3.2.3 (b) Operational Challenges of Community Health

Working Relationships

The Labrador Innu and Health Canada staff share the view that the working relationship between the two parties has been less than satisfactory, although the reasons for the poor relationship seems to vary according to the party.

Some Mushuau Innu respondents expressed disappointment with their working relationship with Health Canada, reporting that it had deteriorated significantly in the last two years. In their view, the Health Canada communiques were a response to the communities' requests for help in

November 2000, but there was no substantial consultation with the communities, and the Innu were not included as decision makers in the creation of the Community Health component of the Healing Strategy. One potential contributing factor to the deteriorating relationship, reported by Health Canada respondents, is the high turnover rate of staff. This makes it difficult to establish relationships in the community. Innu respondents also noted that poor communication was a main challenge in the working relationship.

Respondents from Health Canada stated that there was too much of a focus on addictions and not enough on discussion on other preventative health concerns in the community. Some Health Canada respondents expressed concern that community health planning has not started, even though it is a critical health component.

Innu from both communities expressed concerns that Health Canada has superseded their respective Health Commissions rather than work with them to address community health issues.

Funding

There are several funding concerns, funding of the Community Health Component. The Labrador Innu believe that; (1) too much money is being directed away from community programs (and to the Labrador Health Secretariat); (2) that there is not enough financial commitment to community programs; and (3) the proposal process occupies too much of their time and energy.

Innu respondents stated that too much of their time and resources are spent writing proposals for Health Canada. Many Innu respondents believe that stable, reliable funding for treatment programs is needed. The same respondents believe that reliable and stable funding is also required because the treatment programs are long-term.

Respondents from Health Canada stated that the time required for the approval of Treasury Board funding causes delays in the creation of new positions by Health Canada. For instance, the Healing Strategy had been implemented for a year before funding was approved for new staff.

The Innu Nation stated that: (1) financial stability continues to be a challenge for the addictions aspect of the Community Health component (e.g. family/country treatment, aftercare, family and cultural renewal); (2) there is no long-term financial commitment for the family treatment program; and (3) budgets for the family treatment program have been consistently reduced since the first year of funding for family treatment (Innu Nation 2003a, p.2).

Sheshatshiu officials further this sentiment by expressing their concern for the way in which the Healing Strategy's funds are being managed: "Half of the money for the Healing Strategy has been used to build another layer of the Federal bureaucracy" (Innu Interview).

Capacity

To date, all parties have acknowledged that capacity building – as an element of the Healing Strategy – has not been adequately acknowledged. There is disagreement among the parties, about the degree to which capacity building has not been implemented.

The main concern about capacity from the Labrador Innu perspective is that they have the proven capacity to address their communities' healing needs, while (in the Innu view) Health Canada believes that the Innu communities do not yet have the capacity to adequately heal themselves.

The Innu Nation stated that over the years they have demonstrated a growing capacity to identify and address its own communities' healing needs, while the Federal and Provincial Governments have only focused on the Innu's shortcomings. They add that the challenge facing the Healing Strategy is to take the Innu's strengths and find opportunities to use those strengths as the basis for the healing process (Innu Nation 2003b, p.3).

Many respondents from Health Canada expressed that the needs in the Innu communities exceed the capacity of the communities' current human resources that are available to deliver programs. For example, from the Government perspective, the capacity of Mushuau Innu to deliver aftercare programs is challenged. Health Canada expressed concerns about the ability of Mushuau Innu Health Commission to meet the health needs of the community and its members due to lack of resources. Mushuau Innu respondents indicated that aftercare programs are operating less frequently because human resources are not available to deliver the programs in the community. At the same time, the Health Commission respondents expressed the need for more aftercare support as being critical.

Some Health Canada respondents expressed concerns that too many initiatives were being implemented too quickly without adequate capacity from the Federal/Provincial Governments or the Innu.

The need to develop community capacity in the area of community health is illustrated by the recurring problem of external (i.e., non-Innu) health professionals' apparent unwillingness to live or stay in the communities for long periods of time. It has been noted that if the services provided by external professionals is sporadic or infrequent, the community has a tendency to lose interest in the service. The Innu reported better long-term results with community-based programs than with programs that depend on external (non-Innu) professionals.

Labrador Health Secretariat

Health Canada and the Labrador Innu see the value of the Labrador Health Secretariat differently. The Innu respondents noted that the decision to create a Secretariat in Goose Bay was never suggested by the Innu. They also expressed concern that the Health Secretariat does not operate

from a community-based approach. Many Innu respondents expressed concerns that the Labrador Health Secretariat will deplete resources from the community rather than contribute to the development of resources in each community. Many Innu respondents also expressed concern about the amount of Healing Strategy funding that was allocated for the development of the Secretariat; they questioned the value that it will have in the long-term for the Innu. Innu interview respondents from the Health Commission in Natuashish indicated that they had requested training for administration, budgeting and planning for the Director and Band Council. This request has not been fulfilled, and the Health Commission remains in third party management. At the same time, Health Canada respondents expressed concern about the Health Commission in Natuashish and its ability to deliver program effectively.

3.2.4 Community Health Component Issues

This subsection discusses the ongoing issues faced in implementing the community health component in terms of the three broad evaluation areas: consultation, collaboration, and capacity building.

3.2.4 (a) Consultation

The evaluation has shown that most consultation occurred among the three parties during the planning phase, particularly, relative to the gas sniffing issue. During implementation, consultation occurred primarily through main table meetings and inter-agency meetings within communities.

Federal respondents interviewed indicated that the tripartite process (involving all players at the main table) was unique and positive. As one respondent stated, the “mere fact that everyone is working together is positive even if some of it is adversarial in nature” (Interview, Province). Respondents stated that the main tables bring all parties together and force them to work collaboratively; one person interviewed acknowledged that the process was painful at times.

Most respondents acknowledged that there were more meetings in the planning phase than in the implementation phase. Innu respondents raised some concerns that the level of consultation in the last year of the Healing Strategy was not as comprehensive as in the earlier stages of the Healing Strategy. One Innu respondent suggested consultation with Health Canada had been reduced to “sending proposals back and forth” (Mushuau Innu Interviews). While the response to the gas-sniffing was very collaborative, there was no Innu involvement or consultation in developing the Healing Strategy itself. As Health Canada respondents indicated, there were some ways in which the Healing Strategy could have been strengthened if consultation at this stage with the Innu could have been more extensive (Health Canada interview).

The Innu Nation states that there was no consultation with the Innu regarding the purpose and organization of the Labrador Secretariat; they described it as a “bureaucracy”. The Innu perceive

the Labrador Secretariat as a creation of “what the Innu have been attempting to tear down” (Innu Nation 2003a, p.1); specifically, another layer of Federal bureaucracy that further prevents the Innu from delivering community-based health programs.

3.2.4 (b) Collaboration

While there is evidence of collaboration between Canada and the Province of Newfoundland and Labrador on this component in the past, collaboration at the community level has so far been inconsistent. This is because many of the families being treated under the Community Health component are also involved in the Child and Family Services component. It is necessary for the Federal and Provincial parties involved in these two components to collaborate to ensure that these services complement and support each other while healing the communities .

The Mushuau Innu Healing Main Table and the Sheshatshiu Innu Healing Main Table are the primary mechanisms used for collaboration and consultation among all parties. The Main Tables are scheduled to meet monthly. However, according to Provincial sources, the Sheshatshiu Innu Healing Main Table has been meeting every three months, while the Mushuau Innu Healing Main Table has not met in over a year.

At the community level, Innu respondents stated that collaboration during the initial crisis had gone well, with frequent meetings and telephone calls. The same respondents, however, reported a decrease in the collaborative process during implementation of the Healing Strategy. Some Innu respondents stated that collaboration with the Federal and Provincial Governments is important, but a spirit of equal participation is needed, so that the Innu perspective is clearly understood and acted upon. Many Health Canada respondents also noted that collaboration could be further developed.

The Health Commission and community workers in both communities identified a need for greater collaboration between Child and Family Services (delivered by the Province and funding to come from INAC) and the Community Health Program (funded by Health Canada). Inter-agency case management is being tried at the community level. The challenge exists at the funding and jurisdiction level. This is most evident in child and youth addiction issues, with some portions managed by Health Canada, and others, such as Child and Family Services governing under Provincial jurisdiction. This challenge was particularly acute during the crisis affecting the children in the community.

Documentation (i.e., Borbey 2001 pp. 1-2) indicates that Health Canada has actively communicated with both INAC and the Province’s Health and Community Services about the need for all three parties to cooperate on the ongoing Innu treatment programs. Health Canada has also urged INAC and Health and Community Services to discuss means of implementing the Federal/Provincial commitment to establish a Labrador detoxification centre(which is outside Health Canada’s jurisdiction).

Evidence of renewed collaboration efforts by the Federal government can be found in a recent proposal by Health Canada (Dorey 2003) for a joint planning process between the Sheshatshiu Innu Band Council (SIBC), the Director of the Sheshatshiu Innu Health Commission and the Director of the Family Treatment Program. This proposal was written to address issues related to the role of the Labrador Health Secretariat and SIBC health delivery system. The letter also suggests a joint Health Canada/Sheshatshiu work plan to facilitate program and service delivery and issue resolution.

3.2.4 (c) Capacity Building

The Innu claim that in some areas of the Community Health component, Health Canada has made no efforts at building Innu capacity so far; this is despite claims by Health Canada that they have implemented various capacity development initiatives.

A Health Canada document (No author, no date-3, pp. 4-7) has listed a number of capacity building programs that it funded for the Innu in 2001-2002; however, there is neither interview nor documentary evidence to determine to what degree each of the capacity building programs were actually delivered.

The Innu Nation states that psychological services have not been effectively delivered in Sheshatshiu, and that there has been little or no capacity building efforts made by Health Canada staff with respect to psychological services (Innu Nation 2003a, p.2).

3.3 Mushuau Innu Relocation Component

This section of the report discusses the relocation component of the Labrador Innu Healing Strategy and provides information on:

- *The Relocation Component* - Includes the context for the relocation initiative, a description of the relocation component, the parties involved in implementing the relocation component, the process through which the relocation component plan was created, and the extent to which the relocation component has been implemented against plan.
- *The Relocation Progress Against Plan* - Discusses the extent to which the relocation component has been implemented against plan.
- *Relocation Component Results* - Details the results of the relocation and the operational challenges faced during its implementation.
- *Relocation Component Issues* - Includes the issues faced when implementing the relocation component organized according to the four broad evaluation areas: consultation, collaboration, capacity building, and cost-effectiveness.

3.3.1 The Relocation Component

This subsection provides information on the context for the relocation initiatives, the nature of the relocation component, the parties involved in implementing the relocation component, and the relocation component planning process.

3.3.1 (a) Context

The relocation of the Mushuau Innu from Davis Inlet to Natuashish has a long history that predates the development and implementation of the Labrador Innu Healing Strategy. The series of events underpinning the relocation initiative is as follows:

- In 1967, the Province relocated the Mushuau Innu from the Labrador mainland to the island community of Davis Inlet. Prior to 1967, the Mushuau Innu lived as nomadic family clans who hunted in the area known as Nitassinan and occasionally visited Davis Inlet to trade with the Hudson's Bay Company store e.
- The housing in Davis Inlet has never met basic health standards. There were no water or sanitation systems in place. Engineering studies conducted by Davis Engineering in the mid-1990s showed that such systems could not be provided in Davis Inlet. In addition to these health concerns, the community of Davis Inlet was extremely isolated.

- As a result, the community determined that moving the Mushuau Innu to a mainland location was the best means of addressing the health and isolation concerns associated with Davis Inlet. Discussions about the relocation began in the early 1990's.
- One complicating factor was that the Innu were never recognized by the Government of Canada as Status Indians under the *Indian Act*. This recognition was necessary before the Federal Government, through INAC, could justify their involvement in the relocation initiative.
- In July 1992, the community of Davis Inlet brought a complaint to the Canadian Human Rights Commission against the Government of Canada, which alleged that Canada had failed to exercise its constitutional responsibility to the Innu. The Government of Canada was thought to have failed in providing the Innu with the level and quality of services received by other Aboriginal peoples in Canada. In 1993, the Canadian Human Rights Commission issued a report prepared by Professor Donald MacRae of the University of Ottawa, on issues relating to the treatment of the Innu of Labrador by the Government of Canada. One of the recommendations from the 1993 report was that the Government of Canada make a commitment to expedite the relocation of the Mushuau Innu to a site chosen by them (Backhouse 2002, p.1).
- In February 1994, INAC announced its support for the relocation of the Innu from Davis Inlet (INAC 2003a, p.2).
- In December 1995, the Mushuau Innu Band Council and the Mushuau Innu Renewal Committee submitted its *Social Reconstruction Plan* (MIBC & MIRC 1995) to INAC. The Plan deal with issues such as culture, health, social services, education and training, justice, and police.
- In November 1996, the *Mushuau Innu Relocation Agreement* (MIRA) was signed by INAC, the Province, and the Mushuau Innu (Mushuau Innu 1996). The agreement provided for the development of an infrastructure plan, project management by the Innu, decommissioning of Davis Inlet and environmental assessment (INAC 2001b, Annex G p.5). The location of the new community, Natuashish (or Little Sango Pond), was chosen by the community through a clear and informed consent process (i.e., a process whereby the community clearly stated a preference for the Little Sango Pond location).
- The MIRA's Schedule D, Section 3.5.1, requires a project brief, which was to be the principal means by which the Mushuau Innu were to exercise control over every facet of the project. According to Innu sources, the project brief was never completed, despite repeated requests by the Mushuau Innu.

- The relocation project work began in 1997 (INAC 2003a, p.5). A detailed plan was developed with extensive community involvement including the layout of the streets, the style of homes, the services that would be required.
- Following the MIRA, Innu were trained in some skills, such as carpentry, so they could be involved in the building of the community.
- In January 1998, the Mushuau Innu developed and presented a proposed Healing Strategy for their community to the Provincial Government. The Mushuau Innu Integrated Healing Strategy was developed from the leadership's concern that while physical relocation of the community is progressing, healing of the community is fragmented and uncoordinated (Nui 1999, p.5). The Mushuau Innu Council endorsed seven items as the mandate for the Mushuau Innu Healing Strategy's immediate actions: (1) Mushuau Governance; (2) Policing; (3) Justice; (4) Youth Forum; (5) Recreation; (6) Family Treatment; and (7) Education (Mushuau Innu 1999, p.9). There is no documented evidence of the Province having taken action in response to the Mushuau Innu Integrated Healing Strategy presentation. The Mushuau Innu Healing Strategy was presented again to Provincial Government representatives in January 1999 (Nui 1999, p.4).

3.3.1 (b) Description of the Relocation Component

The relocation components of the Healing Strategy only applies to, and affects, the Mushuau Innu. Relocation is defined as the transfer of the entire community at Davis Inlet including its people and its services, to the community of Little Sango Pond/Natuashish. The Strategy provided the structure to ensure the relocation was completed as previous attempts were delayed and were very costly.

The Federal and Provincial Government commitments made in November 2000 to the Labrador Innu regarding the Relocation of the Mushuau Innu are provided in Table 3.3.1. These commitments form the basis of the relocation component of the Healing Strategy. The relocation component also responds to the requirements of the Mushuau Innu Relocation Agreement (1996). Davis Engineering was the external project management firm that worked with the MIRC (Mushuau Innu Relocation Committee) Innu project management team to complete the construction of the community at Natuashish.

Table 3.3.1 - Relocation of the Mushuau Innu - Federal and Provincial Government Commitments

Mushuau Innu Relocation Government Commitments (October 25, 2001)
<ul style="list-style-type: none">• Continue to implement the Mushuau Innu Relocation Agreement, and cover the additional costs associated with housing in the new community of Natuashish (INAC)• Continue providing emergency services funding for the community of Davis Inlet until the new community of Natuashish is ready (INAC)

The relocation activity consists of construction, moving the community to its new location, transition activities, and the decommissioning of the old site (INAC 2001b, Annex E p.27). The plan called for roads; a sewage treatment plant; a water treatment plant; 133 houses; a school; a fire hall; an airport; a wharf; a health centre; a police station ; and a Band Council Administration building.

The construction of Natuashish was a large capital project undertaken by INAC, on behalf of the Government of Canada. There are several geographic and climactic factors that contribute to the complexity and cost of the project, including:

- *The location of Natuashish* - Although Natuashish is on the mainland, it is difficult to access the community. The community can only be accessed by air and water (by boat in the summer and by snowmobile over the ice in the winter).
- *The brief construction season* - The construction season in Natuashish is approximately four months.

3.3.1 (c) Parties Involved in the Relocation Component

All three parties of the Labrador Innu Healing Strategy are involved in implementing the relocation component: the Federal Government, the Provincial Government, and the Mushuau Innu.

The Federal Government, through INAC, has the lead role in the Relocation Component (INAC 2001a, p.5). INAC has primary responsibility for the construction of the new physical infrastructure (roads, power generation, sewer and water, housing and other

building), the relocation of the families, and the training of the community members for sustained management of the community (INAC 2001b, Annex E p27). The Mushuau Innu Relocation Committee (MIRC) was responsible for the Innu involvement in the Relocation Component, i.e., management of the relocation process. Davis Engineering was the company hired to construct the new community's buildings and houses.

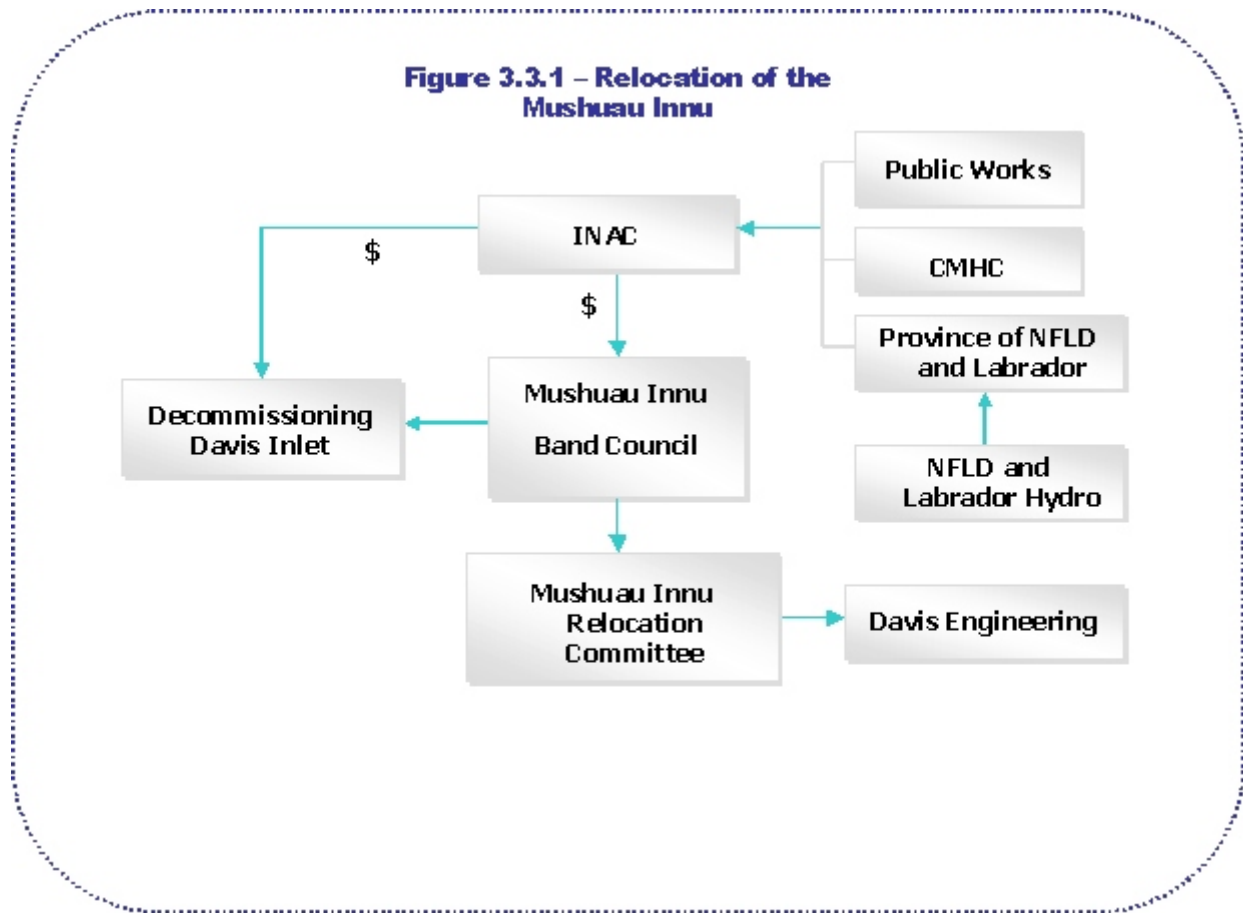
Other Federal departments are also involved in implementing the relocation component: Canada Mortgage and Housing Corporation (CMHC); Public Works and Government Services Canada (PWGSC); Transport Canada (Airport); Health Canada; Solicitor General; and Justice Canada.

The Government of Newfoundland and Labrador's Department of Labrador and Aboriginal Affairs is also involved in implementing the relocation component (decommissioning only):

Two Mushuau Innu organization are involved in the relocation component through:

- The Mushuau Innu Band Council; and
- The Mushuau Innu Relocation Committee (MIRC - the Innu project managers for the relocation component).

The parties involved in the Relocation component, and their relationships to each other, are presented in Figure 3.3.1.



3.3.1 (d) Process of Creating the Relocation Component Plan

The relocation component was based on the Mushuau Innu Relocation Agreement (MIRA), signed in 1996. The MIRA was developed through a process of informed consent. The objective of the Relocation Component was to complete the requirements of the agreement.

Since the relocation component of the Healing Strategy was initially planned, some changes have been made due to changing conditions, such as population growth which required modifications to house plans. Respondents from the Mushuau Innu reported that since the initial consultation in regard to the MIRA in 1996, further consultation with the community has been limited with respect to the planning aspect of the relocation component.

3.3.2 Component Progress Against Plan

This subsection discusses the extent to which the Relocation Component has been implemented against the plan.

Progress in the relocation of the Mushuau Innu is summarized in Table 3.3.2.

Table 3.3.2 - Mushuau Innu Relocation Component of the LICHS

<i>Relocation Component Activities funded under the LICHS</i>
(1) Complete Construction of new community (2) Move Mushuau Innu to new community (3) Plan and Implement Required Transition Activities (4) Plan and Implement Decommissioning of old site (Davis Inlet)
<i>Work Completed (to Jan. 28, 2003)</i>
<ul style="list-style-type: none"> • 105 houses • Teacherages, nurses' residence, community garage, school, fire hall, police station and nursing station completed • Virtually all families relocated • Municipal water services, sewage services, roads, telecommunications complete • Wharf construction • Ownership of assets
<i>Work In Progress</i>
<ul style="list-style-type: none"> • 33 houses not completed, as at December 31, 2002 • Band Office/Post Office not complete • Energy supply (almost complete) • Airport (certification required) • Additional 30 houses await approval and construction • Facilities management contract - tendered • Decommissioning Plan for Davis Inlet • Decommissioning of Davis Inlet - not started

Source: INAC 2001b, Annex A, p. 2

Several delays were experienced in implementing the relocation component of the Healing Strategy. The original relocation target date established in 1996 was Fall 2001 (INAC 2003a, p. 5). In October 2001, a new relocation target date was established for Fall 2002 (INAC 2001a, p.9). However, the first Mushuau Innu families relocated to Natuashish on December 14, 2002.

Delays and problems with relocation have been noted in an independent analysis. A follow-up review of the 1993 report to the Human Rights Commission [see Section 3.3.1 (a) above] was published in 2002. In regard to the progress of the Federal Government's implementation of the 1993 report recommendation on relocation, the 2002 report stated that the relocation is expected to be complete by the summer of 2003. The authors concluded that "the relocation has been beset by difficulties, many of which might have been avoided if the Government of Canada had acted expeditiously" (Backhouse 2002, p.5).

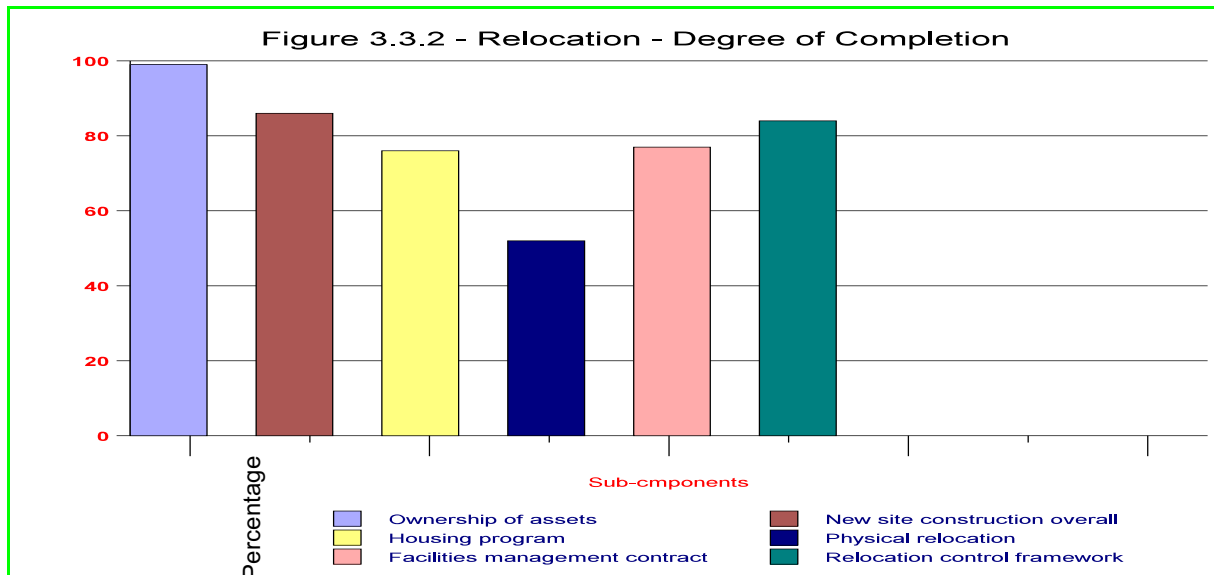
INAC reported a number of reasons for the delays in implementing the relocation component. These include the following:

- Problems related to the selection of a project manager (INAC and the Innu could not agree on a project manager);
- Re-design requirements arising from requests for larger facilities; and
- Strained relationships between some of the parties.

On January 28, 2003, the relocation component was 82% complete (INAC 2003a, p. 1). Much of the work has been completed (see Table 3.3.2). Areas where delays have occurred include:

- Band council office & post office (64% complete);
- Housing construction (39% complete) [note: "complete" means passed final inspection];
- Physical relocation (52% complete);
- Facilities management contract (77% complete); and
- Relocation control framework (84% complete). (INAC 2003a, pp. 1-9).

The degree of completion for the relocation component is illustrated graphically in Figure 3.3.2 below. This figure represents the degree of completion as of January 28, 2003, according to INAC's *Critical Path* document. The progress for each subcomponent is a cumulative average of all the activities within the subcomponent. This source does not define the terms it uses or describes how they are measured.



3.3.3 Relocation Component Results

This subsection discusses the impacts of the implementation of the relocation component and the operational challenges encountered to date.

3.3.3 (a) Positive Impacts of Relocation

The evaluation identified several positive impacts of the relocation component to date:

- The construction of quality housing and facilities in Natuashish;
- The majority of families from Davis Inlet have relocated to the new community; and
- A high level of satisfaction with the new community among the Mushuau Innu.

By mid-February, 2003, 105 of the 135 planned houses, including two houses for RCMP staff, were complete (INAC 2003b). Most of the houses are single family dwelling units, with a few “quad” units (containing two or three bedroom apartments) for non-Innu working in the community (for example, nurses, teachers, and visiting professionals). All buildings in Natuashish fulfill and exceed requirements of the standard building code. The school is a well-equipped facility that has a gymnasium, home economics room, daycare centre, industrial arts training centre, adult education centre (College of the North Atlantic - CONA), multi-purpose room with facilities for performing arts (e.g., music, drama), and many other amenities.

By March 2003, INAC indicated that virtually all of the families in Davis Inlet had moved to Natuashish (personal interview, INAC), despite delays in completing the construction as planned. This was made possible by families whose houses were complete offered space to families whose houses were not yet finished.

The immediate level of satisfaction with the new community (in January 2003) upon relocation appeared to be very high. The Mushuau Innu elders, leadership, and other community members indicated that they are pleased with the housing units.

Respondents from the Provincial departments also stressed that the extent of skill building and training for the Innu associated with the construction of Natuashish is a positive impact of the relocation component to date. One source indicated that 90 Innu were involved in the construction of the town. Other respondents raised concerns about training. These concerns are discussed in Section 3.3.3(b).

3.3.3 (b) Operational Challenges of Relocation

The operational challenges that were faced during the implementation of the relocation component of the Healing Strategy included:

- Delays in construction completion and associated costs;
- Inadequate forecasting of demand for housing in Natuashish;
- Poorly planned training opportunities for Innu community members – i.e. no direct link between training and construction-related employment in the community (although two houses were built entirely by Innu construction crews); and
- Concern about the long-term impact of and satisfaction with the relocation – i.e. the lack of social reconstruction in the relocation component, and the awareness that new houses and facilities alone will not heal the community.

Delays in Construction Completion

As stated in Section 3.3.2, the relocation component faced a number of delays in implementation. By December 14, 2002, the final target date for relocation, only 25 houses in Natuashish had passed their final inspection and were available for occupancy (INAC interview). As a result of these delays, respondents raised a number of concerns with the evaluation team:

- Respondents from the Mushuau Innu expressed concern and disappointment with the extent of the delays in relocating the community.

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- Respondents from INAC were also concerned with the cost implications of having to fund “two communities” (RCMP detachment, schools, stores) during the time when some Mushuau Innu had relocated to Natuashish while others remained in Davis Inlet.
 - Some respondents also found it difficult that some services are only located in one community or the other. For example, health services have been moved to Natuashish, but the post office and airport were still located in Davis Inlet.
 - Respondents from the Mushuau Innu pointed out that the majority of families have been able to relocate only because they were sharing houses with other families in Natuashish, and that implementing this solution to the problem of delays required significant negotiation between INAC and the Innu leadership.

The Mushuau Innu Band Council recently requested the Federal Government to “commission an independent review of the physical infrastructure part of the relocation with the view to determine the role that excluding the Mushuau Innu Band Council from any effective way from being a partner in implementing the MIRA played in explaining the myriad of problems encountered in the relocation including serious cost overruns and delays” (MIBC 2003).

Inadequate Forecasting of Housing Demands

It has also become apparent during the construction of the new community that the number of houses planned (133) will not be sufficient to house all members of the Mushuau Innu once they are all relocated. The population forecasting which was undertaken by INAC in preparation for the design and construction of Natuashish, did not take the rate of population growth in Natuashish into account, which is significantly higher than the Canadian average. Additional units will also be required to house non-Innu workers, such as RCMP staff, social workers, and nurses. For example, the number of teachers’ residences will have to be increased to accommodate a total of 19 teachers. The Mushuau Innu have revised estimates of housing requirements and have submitted this to INAC. The revised estimate includes 30 additional houses for the Mushuau Innu.

Poorly Planned Training Opportunities

The majority of respondents acknowledged that the training aspect of the relocation was not well planned or implemented:

- Innu respondents were generally disappointed with the extent of opportunities available to develop construction and operations training for Innu with the non-Innu project managers.
- Federal respondents pointed out that training was available for road construction, water and sewer construction, electrical installation, plumbing and heating installation, heavy equipment

operation and fuel truck operation. However, a formal training plan was not developed, so it was not possible to ensure that the Innu would be hired after being trained, even though it was agreed to in the contract with the construction company.

It must be noted that the IER/ARI team were provided with neither documents pertaining to a formal training plan, nor a training/employment contract with the construction company: it is therefore not possible to make any statements regarding the veracity of the statements made above.

Concern About Long-Term Impacts of Relocation

Some respondents from the Federal and Provincial departments were concerned with the long-term impact of the relocation on the Mushuau Innu. They pointed out that the relocation would not resolve all of the community's issues and felt that the initial level of satisfaction among community members would drop once this becomes apparent.

The Mushuau Innu also indicated that the move did not sufficiently address underlying social and health issues. In particular, the Mushuau Innu have expressed concern about the lack of a long-term social and economic reconstruction plan. Such a plan was mentioned in the Statement of Political Commitments by the Government of Canada, with the aim of "addressing the social pathologies and high unemployment levels in the community (Rich 2002b, p.2). However, the evaluation found no evidence that this long-term social and economic reconstruction plan is being developed. In its absence, the Mushuau Innu fear the end result of the relocation may be limited to improved housing and amenities, but not of a lasting social or economic nature.

The Mushuau Innu Band Council has recently requested the Federal Government to "immediately and on a priority basis sit down with the Mushuau Innu Band Council to develop a social reconstruction plan for Natuashish" (MIBC 2003).

3.3.4 Relocation Component Issues

This subsection discusses the issues faced in implementing the relocation component in terms of the three broad evaluation areas: consultation, collaboration, and capacity building.

3.3.4 (a) Consultation

It appears that the extent and nature of the consultation with respect to the relocation component varied throughout the implementation phase and, in the opinions of some respondents, deteriorated over time.

Several respondents from the Federal Government pointed to the development of the MIRA as a high point in the consultation process surrounding relocation because of the "informed consent"

process that was followed and documented. The MIRA consultations, however, pre-date the Labrador Innu Healing Strategy and, therefore, are not evaluated as part of this report.

Several Innu respondents indicated that once the MIRA was signed, the degree of consultation with respect to the relocation component and any changes to the relocation plan declined significantly. Innu respondents were particularly frustrated with the extent to which they were consulted on the delays in completing the new community. These respondents reported that the Federal Government did not consult with them about the delays, but rather “informed” them that the move would not take place as planned. They indicated that they felt that INAC had not been truthful in its previous communications with respect to the moving date.

Federal and Provincial respondents indicated that consultation occurred most frequently with project management and Innu leaders. They concurred that communication with the community was not as frequent.

For the Relocation component, project management refers to the MIRC and the INAC Relocation Project Team.

3.3.4 (b) Collaboration

Overall, respondents from all three parties felt that collaboration on the relocation component could be considered successful, as the community has been built and the majority of Mushuau Innu have been relocated. Many respondents, however, felt that collaboration between certain groups had been more successful than between other groups, or raised concerns with respect to the nature of the collaboration involved. For example:

- Respondents from INAC indicated that collaboration among the Federal departments involved had improved over time and with experience. In particular, they highlighted the extent of collaboration between INAC and PWGSC.
- Respondents from INAC also indicated that successful collaboration had taken place between their department and private sector partners - the MIRC and Davis Engineering.
- Respondents from the Federal Government also reported that there were numerous challenges to collaboration between the Innu leadership, the Band Council, and among the Federal Government departments, for example, not all parties attended meetings as required due to competing priorities.
- Respondents from the Provincial departments indicated that collaboration was difficult because of the degree of disagreement among the parties, but that they have been dedicated to the collaborative process.

- Respondents from INAC pointed out that collaboration could be improved through the development of better mechanisms [none specified by respondents] between the various departments involved.

3.3.4 (c) Capacity Building

During the implementation of the relocation component, it became clear that the Mushuau Innu would require significant capacity building in order to take over the management and operation of the infrastructure and physical assets of Natuashish from the external project management team. A number of capacity needs were identified, along with two approaches to capacity building in the context of the relocation component. These are:

- *The skills-based approach* - associates capacity building with training in specific areas, such as electrical installation or heavy equipment operation. This approach to capacity building appears to be favoured primarily by representatives of the Federal and Provincial Governments. Foremost among the capacity needs they identified were those associated with construction and maintenance of infrastructure and facilities.
- *The “community health” approach* - associates capacity building with the psycho-social well-being of all community members, which would then serve as the basis for the development of specific skills. This approach to capacity building appears to be favoured primarily by representatives of the Mushuau Innu.

Regardless of the approach to capacity building, the majority of respondents agreed that very little effective capacity building took place during the implementation of the relocation component. It appears likely that the lack of success in the area of capacity building is tied to the relatively late incorporation of specific capacity building initiatives into the relocation component plan. The following describes the sequence of events for specific capacity building initiatives:

- In October 2000, the Auditor General of Canada criticized INAC for paying too much attention to the relocation component’s basic infrastructure and not enough to healing and capacity building (INAC 2001a, 8).
- In response to the Auditor General’s criticism, INAC developed a detailed plan identifying tasks to be completed, timing and associated costs (INAC 2001a, p.8). The plan addressed specific skills and training needs required by the Innu.
- In 2001-2002, capacity building in maintenance management for the Mushuau Innu was among the capacity development programs listed by INAC for 2001-2002 (No author, no date-3, p.8).

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- In 2001, with the help of PWGSC, INAC established a plan to assist the Innu in managing the community's infrastructure and in developing the internal capacity to manage it on their own in the future (Gray 2001a, p.1).
 - In 2002, INAC agreed that MIRC would continue to manage the facilities of the new community as any outstanding work is completed, and would then support the Mushuau Innu in retaining the services of a private sector company to maintain the community for the long-term, until the Innu are in a position to do so themselves (INAC 2002c, p.3).

It is clear that the capacity building opportunities associated with the implementation of the relocation component have fallen short of the expectations of all respondents.

Although 70-90 Innu were involved in the construction of Natuashish (Interview, INAC), only six have received sufficient training to continue to maintain the community without assistance. Some respondents indicated that a lack of trust between the Innu leadership, Davis Engineering, and the Federal Government contributed to the lack of a sustained construction capacity development program.

A public tendering process was to be awarded by May 2003 for the on-going maintenance of Natuashish. A contract is expected to be awarded by August 2003. The contractor will be responsible for undertaken capacity development activities such that the Innu are able to take on complete responsibility for operations and maintenance of the community within three years (Interview, INAC).

3.4 Registration & Reserve Creation Component

This section of the report discusses the registration and reserve creation component of the Labrador Innu Healing Strategy and provides information on the following:

- (1) *The registration and reserve creation component plan and responsible parties* - this includes the context and description of the registration and reserve creation component, and the parties involved in registration and reserve creation.
- (2) *Registration and reserve creation progress against plan* - the extent to which the registration and reserve creation component has been implemented against plan.
- (3) *Registration and reserve creation results* -the positive results from registration and reserve creation and the negative impacts and challenges of implementing the registration and reserve creation component.
- (4) *Registration and reserve creation issues* -the issues faced in implementing the registration and reserve creation component in terms of four broad evaluation areas: consultation, collaboration, and capacity building.

3.4.1 Registration & Reserve Creation Component Plan & Responsible Parties

This subsection provides information on the context of registration and reserve creation, a description of the registration and creation component, the parties and the process through which the registration and reserve creation plan was developed.

3.4.1 (a) Context

The following is a brief discussion of the history behind Innu status and registration in Canada and the creation of a reserve at Natuashish:

- The Innu were never registered by the Federal Government as First Nations people, due to a 1949 decision by the Provincial Government that secession to join Canada would not mean giving special status to Aboriginal peoples in Newfoundland and Labrador.
- In March 1997, the Privy Council of Canada issued an Order-In-Council (No. P.C. 1997-7/415 dated March 19, 1997) authorizing Ministers of the Federal Government to consider the Labrador Innu as equivalent to the Status Indians residing on reserve lands for the purpose of providing funding for programs and services (INAC 2001b, Annex G p.5).

- On November 24, 1999, the Province and representatives of the Innu Nation signed an Agreement-In-Principle to provide the Innu with the appropriate tools to build a bridge between the current situation and eventual land claim and self-government agreements (INAC 2001b, Annex G p.6). In the Agreement-In-Principle, the Province made a commitment to facilitate the transfer of the land occupied by the communities of Sheshatshui and Natuashish to Canada. This land will eventually form part of the settlement of the Innu land claim (GNL 1999, p.1).
- Before registration, both communities were run as non-profit corporations, which made it difficult for the Federal Government to secure its position from a legal and jurisdictional standpoint. That is, the Federal Government had recognized the Innu as “equivalent to First Nations” status, but this still did not seem to provide enough risk management assurance for INAC to provide fully funded support.
- On November 26, 2000, the Government of Canada signed a communiqué with the Province of Newfoundland and Labrador, the President of the Innu Nation, and the Chief of the Sheshatshui Innu Band Council and the Chief of the Mushuau Innu Band Council. This communiqué committed Canada to register the Innu of Labrador as Indians under the *Indian Act* (INAC 2002g, p.1).

3.4.1 (b) Description of Registration and Reserve Creation Component

This component consists of two distinct steps: registration (the first step) and reserve creation (the second step). A reserve can be created only after the Band has been registered. Band registration is the means by which the Mushuau Innu Band Council and the Sheshatshui Innu Band Council become Indian Bands under the *Indian Act* (INAC 2002g, p.1).

Federal Government commitments made to the Labrador Innu that are the basis for the LICHS Registration and Reserve Creation Component are provided in Table 3.4.1

Table 3.4.1 - Registration and Reserve Creation - Federal and Provincial Government Commitments

Registration and Reserve Creation Government Commitments (October 25, 2001)
<ul style="list-style-type: none">• Register the Innu of Labrador under the Indian Act and create reserves for their two communities of Sheshatshui and Natuashish (INAC)

Registration and reserve creation will provide the Labrador Innu with:

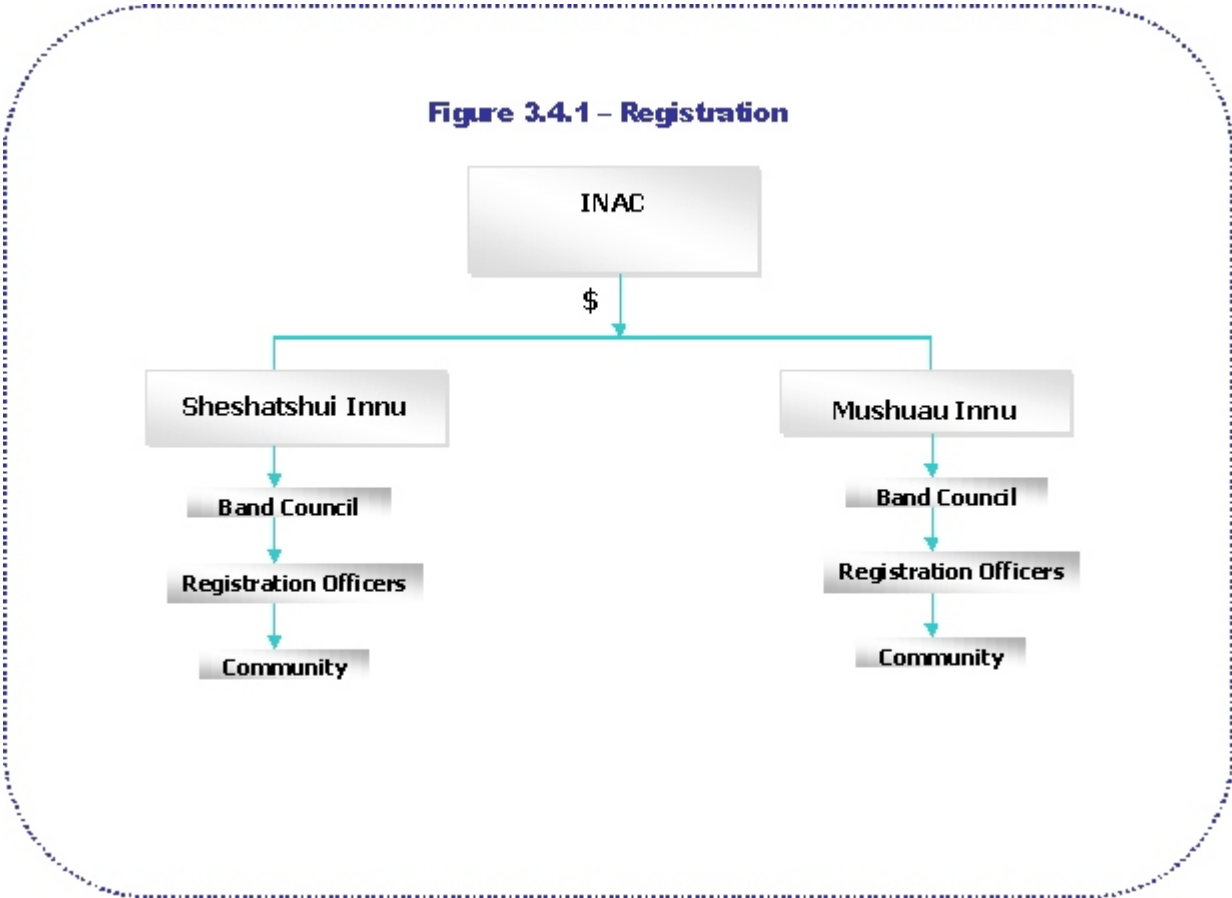
- A recognized land base, a governance structure, and more local control over their community (INAC 2001b, Annex E p.27).
- The ability to enact by-laws on such matters as alcohol and solvent control, and provide an opportunity to build internal capacity until self-government is implemented (INAC 2001a, p.10).
- Equal status with other First Nations and therefore will enable access to the same level of programs and services as other First Nations (INAC 2001b, Annex E p.27).

3.4.1 (c) Parties Involved in Registration and Reserve Creation Component

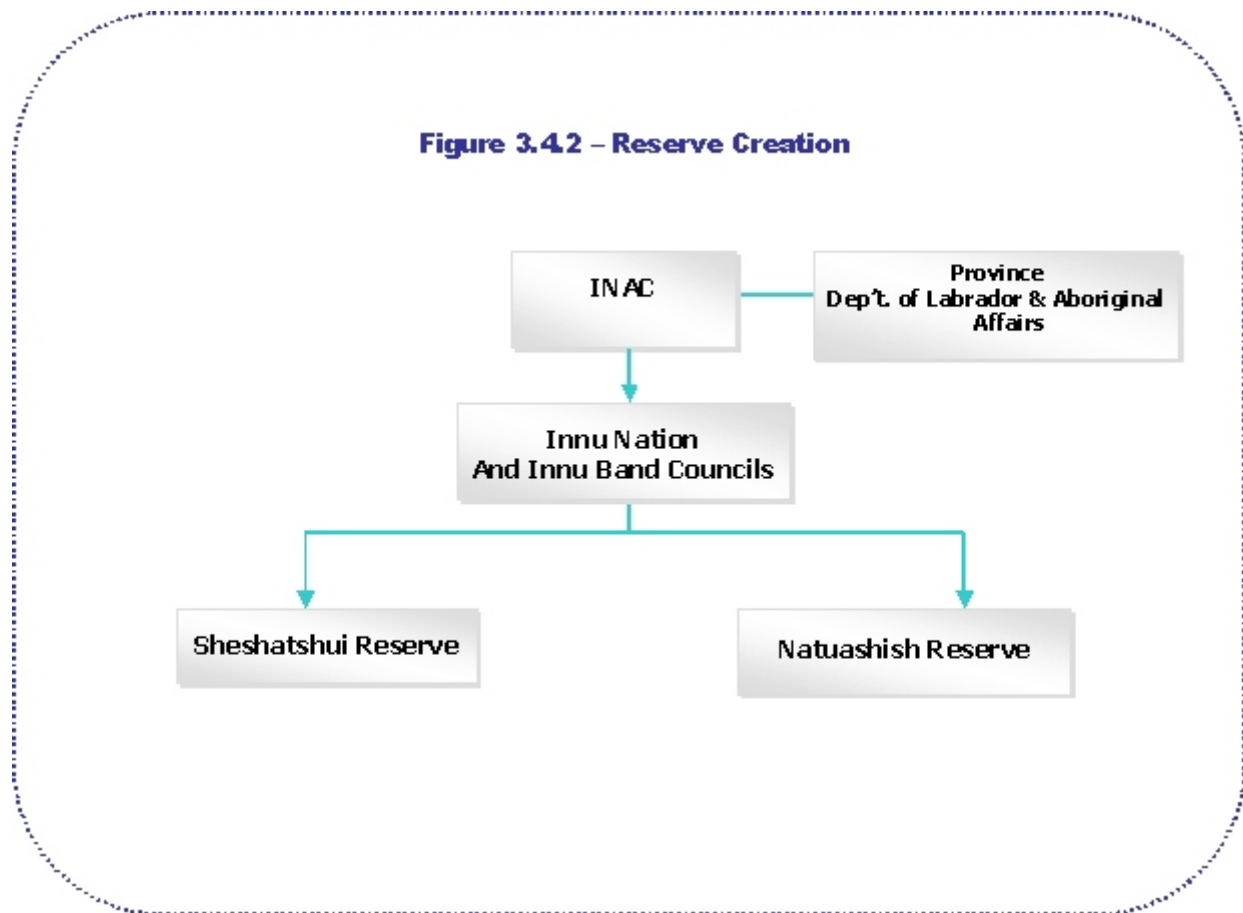
INAC is the Federal department identified as having a lead role in the Registration and Reserve Creation component (INAC 2001a, p.5).

The Registration and Reserve Creation component involves INAC (Ottawa, Amherst and Goose Bay officers), the Province of Newfoundland and Labrador - Labrador and Aboriginal Affairs, and the Band Councils of the Mushuau Innu and Sheshatshiu Innu. Meetings were held among INAC, Labrador and Aboriginal Affairs, and the Band Councils of the Mushuau Innu and Sheshatshiu Innu to establish the conditions for registration and reserve creation.

The parties involved in Registration, and their relationships to each other, are presented in Figure 3.4.1 below.



The parties involved in Reserve Creation, and their relationships to each other are presented in Figure 3.4.2 below.



3.4.2 Registration and Reserve Creation Progress Against Plan

This subsection describes the progress of registration and reserve creation separately, as they are very different, although related activities.

Progress of the Registration and Reserve Creation Component of the LICHS is summarized in Table 3.4.2.

Table 3.4.2 - Registration and Reserve Creation Component of the LICHS

<i>Registration and Reserve Creation Activities funded under the LICHS</i>
(1) Registering Innu members in two communities (2) Registering two Bands (3) Registering two Reserves
<i>Completed (to Jan. 28, 2003)</i>
Registration: <ul style="list-style-type: none"> • Founders lists for Sheshatshiu & Mushuau completed to 50% + 1 population to establish Band in each community • Band Orders finalized for both communities • Orders-in-Council for Registration completed for both communities • Registration of individuals continues Reserve Creation: <ul style="list-style-type: none"> • Land tenure studies completed • Sheshatshiu land survey completed • Mushuau Innu and Sheshatshiu Innu have official First Nation status • Tripartite Agreement for Mushuau Innu reserve creation signed
<i>In Progress</i>
<ul style="list-style-type: none"> • Land survey in Natuashish • Environmental Assessment and remediation for Sheshatshiu • Non-Innu owner land acquisition for Sheshatshiu • Innu owner land acquisition for Sheshatshiu • Properties acquisition for Sheshatshiu • Land transfer agreement for Sheshatshiu • Fixed asset transfer for Sheshatshiu • Land tenure impacts • GIS land management systems • Order-in-Council for Reserve Creation for Natuashish (submitted for approval) • Order-in-Council for Reserve Creation for Sheshatshiu

3.4.2 (a) Registration Progress Against Plan

While the process of registering the Mushuau Innu and Sheshatshiu Innu took longer than expected, the subcomponent has been completed.

The process to register individuals in each community included developing a “Founders List” for both communities. Two registration officers (officially known as Indian Registrations Agents [IRA’s]) were hired from each community to assist INAC officials. These positions were filled by Innu from the communities with training provided by INAC staff from Ottawa and Goose Bay. They were responsible for developing the initial lists (birth and death records, Health Canada cards), identifying “Innu” using various research methods (kinship, marriage, etc.), and informing people in the community about the process of registration. A brochure (in English and Innu Aimun) was created, community membership consultation meetings were conducted, and one-on-one visits by the Registration Officers with community members were conducted to inform the communities about the registration process.

To be placed on the founders list, individuals in both communities had to provide appropriate documentation regarding their eligibility, such as birth certificate or baptism certificate. Once the ‘Founders’ list included 50%+1 of the total population in each community, a Band could be registered. The Registration Officers developed a database to keep records in each community so that the lists can continue to be populated with Innu Band members’ names, especially those who have been born since November 21, 2002. Registration officers also provide one-on-one information to community members about the registration process.

INAC managed the consultation process to inform people in each community about becoming registered. Two public consultation meetings took place in Sheshatshiu and three took place in Davis Inlet. INAC and the Innu Registration Officers felt that participation numbers were low in each community. As part of their responsibility to explain the registration process and its implications to the Innu, Registration Officers reported having met with all members of the community.

The Registration subcomponent did not progress as rapidly as originally expected because more community awareness activities regarding the registration process were required than were originally anticipated. In October 2001, INAC reported that the completion of the registration process was targeted for March 2002 (INAC 2001a, p.10). The October 2002 Status Report on the Mushuau Innu Relocation, however, stated that there had been registration delays and that the Order-in-Council (OIC) process for registration was expected to be completed by the end of November 2002 (INAC 2002c, p.4).

The Band Orders were finalized on October 22, 2002 (JC 2002a; JC 2002b). Orders-in-Council for the registration of Bands for the Mushuau Innu and Sheshatshiu Innu were ratified on November 21, 2002.

3.4.2 (b) Reserve Creation Progress Against Plan

The Reserve Creation subcomponent has also been delayed to 2003, due to a combination of delayed completion of the registration process (upon which reserve creation is dependent) and complications in the transfer of land title from the Province (in the case of Sheshatshiu). Orders-in-Council declaring Reserves for the Mushuau Innu and Sheshatshiu Innu have not been signed. Progress has been faster for Natuashish than for Sheshatshiu due to land ownership issues in Sheshatshiu and, according to Provincial sources, a request made by the Sheshatshiu Innu to change the previously agreed upon boundaries of their future reserve.

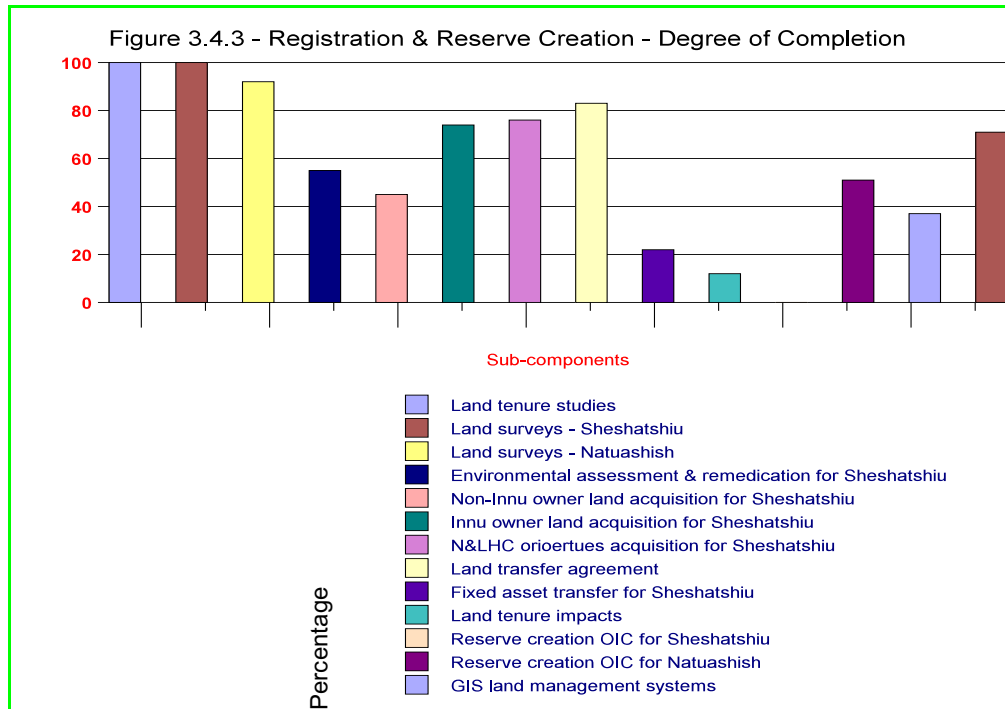
INAC is presently completing the Order in Council process for reserve creation for the Mushuau Innu (INAC 2002c, p.4). Currently, INAC does not have a satisfactory title for Sheshatshiu lands. INAC is dependent on the Province to provide Canada with a satisfactory title (INAC 2002c, p.4). According to Provincial sources, the Province is willing to expropriate acquired lands (to ensure the completeness of the federal title) provided that Canada reimburses the Province for all expenses. The Province will transfer any provincial crown land within the reserve land area at no cost.

In October of 2002, INAC stated that it would soon begin the process of negotiating a land transfer agreement process with the Province. As of January 28, 2003 the process of negotiating a land transfer agreement in Sheshatshiu was 30% complete (INAC 2003a, p.13). The current target date for INAC to have satisfactory title for Sheshatshiu lands is mid-2003.

As of January 28, 2003, the reserve creation subcomponent was 52% complete. Some of the subcomponents are complete or near completion (see Table 3.4.2). Significantly incomplete subcomponents include:

- Environmental assessment & remediation for Sheshatshui (55% complete);
- Non-Innu owner land acquisition for Sheshatshui (45% complete);
- Fixed asset transfer for Sheshatshiu (22% complete);
- Land tenure impacts (12% complete); and
- GIS land management systems (37% complete) (INAC 2003a, pp.11-14).

Figure 3.4.3 below represents the degree of completion as of January 28, 2003 according to INAC's *Critical Path* document. The progress for each subcomponent is a cumulative average of all the activities within the subcomponent.



3.4.3 Registration & Reserve Creation Results

This subsection discusses the highlights of the implementation of the registration and reserve creation component and its impacts and challenges.

3.4.3 (a) Highlights of Registration Results

The Registration subcomponent is complete. The following were accomplished as a result of Band Registration:

- Out of 695 Mushuau Innu, 477 individuals of the Mushuau Innu have been registered, which exceeds the necessary 50% +1 requirement (JC 2002a). 732 individuals of the Sheshatshiu Innu have been registered, which also exceeds the requirement (JC 2002b). Registration of eligible community members has proceeded since the signing of the Orders-in-Councils declaring Reserves for the Mushuau Innu and Sheshatshiu Innu in November 2002 (INAC 2003b, p.1).

- Orders-in-Council declaring Bands for the Mushuau Innu and Sheshatshiu Innu have been completed (INAC 2003a, p.9). They were signed on November 21, 2002. The Order-in-Council for the Mushuau Innu Band is PC 2002-1948 d. Nov 21/2002 Reg. No. SOR/2002-9415. The Order-in-Council for the Sheshatshiu Innu Band is PC 2002-1047 d. Nov 21/2002 Reg. No. SOR/2002-0414.
- As a consequence of the completed Orders-in-Council, equal status as Status First Nations people has been achieved for both communities.

3.4.3 (b) Highlights of Reserve Creation Results

The reserve creation component is not complete. The evaluation identified several positive steps in the reserve creation component to date:

- As of January 28, 2003, the Reserve Order-in-Council for the Mushuau Innu was 51% complete, with a draft OIC completed and draft OIC reviewed and approved by the Band (INAC 2003a, p.13). As of March 2003, the Order-in-Council package had been forwarded to INAC headquarters for final approval (INAC 2003b, p.2).
- For the Mushuau Innu, a tripartite agreement amongst the Band Council, the Province and Canada has been signed. This location was easier to determine because the boundaries are well defined, and there are no private land ownership interests to contend with (all Crown Land, transferred from the province).
- On January 28, 2003, the Reserve Order-in-Council for the Sheshatshiu Innu was 0% complete, with neither a draft Order-in-Council completed nor a draft Order-in-Council reviewed and approved by the Band (INAC 2003a, p.13).

3.4.3 (c) Negative Impacts of Registration and Reserve Creation

The evaluation identified several negative impacts in the registration and reserve creation component to date:

- Concern among Innu leaders that reserve creation may further sideline the land claims and self-government negotiations that had been shelved as a result of reserve creation. The Innu were negotiating land claims agreements during the 1990s: this process has been put on hold (by agreement of the Federal, Provincial and Innu government representatives) until the reserve creation is complete.

- Concern has been generated among some Innu that reserve creation may be contrary to Innu self-government. One Innu leader expressed concerned for the long-term implication of the Indian Act on the Innu.

While it may be argued that the above do not constitute direct impacts of the registration and reserve creation process, they are, in fact, direct consequences of producing reserves for the two Labrador Innu communities.

3.4.3 (d) Registration and Reserve Creation Challenges

INAC's March 2003 Healing Strategy quarterly report states that land assembly problems remain a significant challenge for the completion of the Reserve Order-in-Council for the Sheshatshiu Innu: INAC therefore does not expect reserve creation for the community to be complete before September 2003 (INAC 2003b, p.2). Land assembly problems include private land ownership and liens on properties within the boundaries of what will be the Sheshatshiu Reserve.

3.4.4 Registration and Reserve Creation Issues

This subsection discusses the issues faced in implementing the relocation component in terms of three broad evaluation areas: consultation, collaboration and capacity building.

3.4.4 (a) Consultation

Consultation is an important requirement for any process that will affect a community. Consultation occurs both at the policy level, among Federal Government departments and among jurisdictions, and at the community level.

November 2000 commitments to register the Innu of Labrador was a result of consultation among INAC, the Province and Innu leadership. The results of the interviews conducted for the evaluation indicate that the level of consultation and communication between the lead parties increased significantly after November 2000 in the form of formal and informal meetings.

The evaluation identified several areas where consultation could be improved:

- The Federal Government and Innu registration officers were generally disappointed with the low level of attendance at the community consultation meetings.
- Innu leadership understood how registration and reserve creation would affect the communities. People at the community level who were asked about their understanding of registration and reserve creation were not clear on the implications, except that they now had

tax exemption privileges. More needs to be done to improve consultation with community members in regard to the implications of registration and reserve creation.

3.4.4 (b) Collaboration

Respondents at INAC Headquarters felt that there was good collaboration among the Innu, INAC/Goose Bay staff and themselves in setting up and implementing the registration process. By January 2002, Registration officers had been hired in both communities and INAC staff (from Goose Bay and Ottawa) have worked well with them.

3.4.4 (c) Capacity Building

The evaluation identified several commitments designed to build capacity in the communities, although record of actual progress in community capacity development under Reserve Creation has been scant:

- One of the Capacity Development Officer's roles is to assist the Band Council in the development of By-Laws once reserve creation is completed.
- Registration officers were hired for both communities (two in each). INAC staff in Ottawa and Goose Bay provided one-on-one training and mentoring for the registration officers.
- INAC's Capacity Development Strategic Plan for the communities of Davis Inlet/Natuashish and Sheshatshiu included programs of hiring of registration clerks and officers; training on Band governance; management assessment; training in project management for Bands; and community consultations on reserve creation. Most training was to be provided by or before January 2003 (INAC 2002h, pp.5-7); there is no record of what training was accomplished by this date.
- For 2001-2002, INAC is listed as funding the following capacity building programs to the Labrador Innu: management support (both communities); band support (both communities); training and development for enhancing skills to Band Chief, Council, management and staff (both communities); capacity building development of By-laws (Sheshatshiu only); administrative support and training in Registration (Davis Inlet only); training and capacity regarding Membership (Davis Inlet only); Indian Management Development (Davis Inlet only); Community Economic Development Officer planning and operations (Davis Inlet only); land management training program (Innu Nation); and Indian Registry administration (Innu Nation) (No author, no date-3, pp.7-9).

3.5 Programs and Services Component

This section discusses the programs and services component and its three subcomponents (education, child and family services and social assistance/income support) of the Labrador Innu Healing Strategy and provides information on:

- *Programs and Services Component Plan and Responsible Parties* - the context for the programs and services, a description of the programs and services component, and the parties involved in implementing the programs and services.
- *Progress in the Programs and Services Component* - the extent to which the programs and services have been implemented against the plan.
- *Programs and Services Issues* - the issues faced in implementing the programs and services component in terms of three broad evaluation areas: consultation, collaboration, and capacity building.

Program-specific findings are provided in Section 3.6 Education; Section 3.7 Social Assistance; Section 3.8 Child and Family Services.

3.5.1 Programs and Services Component Plan & Responsible Parties

This subsection provides information on the context of programs and services, a description of the programs and services component, the parties involved in implementing the programs and services, and the process through which the Programs and Services component has been implemented against the LICHS plan.

3.5.1 (a) Programs and Services Context

When Newfoundland and Labrador became a part of Canada in 1949, the Innu were not recognized as Indians under the Indian Act (INAC 2002g, p.1; INAC 2002k, p.1). Over time, however, the Federal and Provincial Governments developed a shared responsibility for the Innu through agreements and commitments on programs and services (INAC 2002g, p.1). Until the Healing Strategy, the programs and services of education, social assistance, and child and family services were delivered by the Province.

In the 1993 Canadian Human Rights Commission report on the Mushuau Innu [see Section 3.3.1(a)], one of the reports' recommendations was that the Government of Canada "abrogate its funding arrangements with the Government of Newfoundland and Labrador in respect of the Innu communities of Sheshatshiu and Davis Inlet and enter into direct arrangements with the Innu as

Aboriginal people in Canada, such as arrangements should ensure that the Innu have access to all Federal funding, programs and services that are available to status, on-reserve Indian people in Canada” (Backhouse 2002, p.1).

The 1996 Mushuau Innu Relocation Agreement (MIRA) marked a change in plans for the future delivery of programs and services to the Mushuau Innu. The MIRA Sect 8.5 states: “...programs and services shall be provided as agreed between Newfoundland and Mushuau Innu at Davis Inlet and Natuashish until the relocation of the community is complete.” Furthermore, in Sect. 9.3 “Canada agrees to enter forthwith into negotiations regarding the devolution to Mushuau Innu of certain programs and services” (Mushuau Innu 1996, p.10).

3.5.1 (b) Description of the Programs and Services Component

The *Labrador Innu Comprehensive Healing Strategy* states that as a result of registration and reserve creation, INAC will assume primary responsibility for the provision of programs and services to the communities of Natuashish and Sheshatshiu. Programs and services include education, social assistance, and child and family services (INAC 2001a, p.12). INAC, however, will not be directly involved in the delivery of its programs and services to the Labrador Innu. In most instances, the funding will be provided to the Province, which is responsible for delivery of the services (INAC 2001b, Annex E p.27).

INAC will “develop all necessary financial arrangements (e.g. for education, social services, economic development, etc.) with the Province, the Innu, or other service delivery agencies sanctioned by the province” (INAC 2001b, Annex E p.27). Once sufficient capacity has been developed within the communities, INAC will “enter into bilateral agreements with the Labrador Innu for the delivery of certain programs and services” (INAC 2001a, p.12). Until such time, “the Province is responsible for the provision of services according to established standards” - the Province will therefore be “the primary delivery agent” of programs and services to the Mushuau Innu and Sheshatshiu Innu communities (INAC 2001b, Annex E p.27).

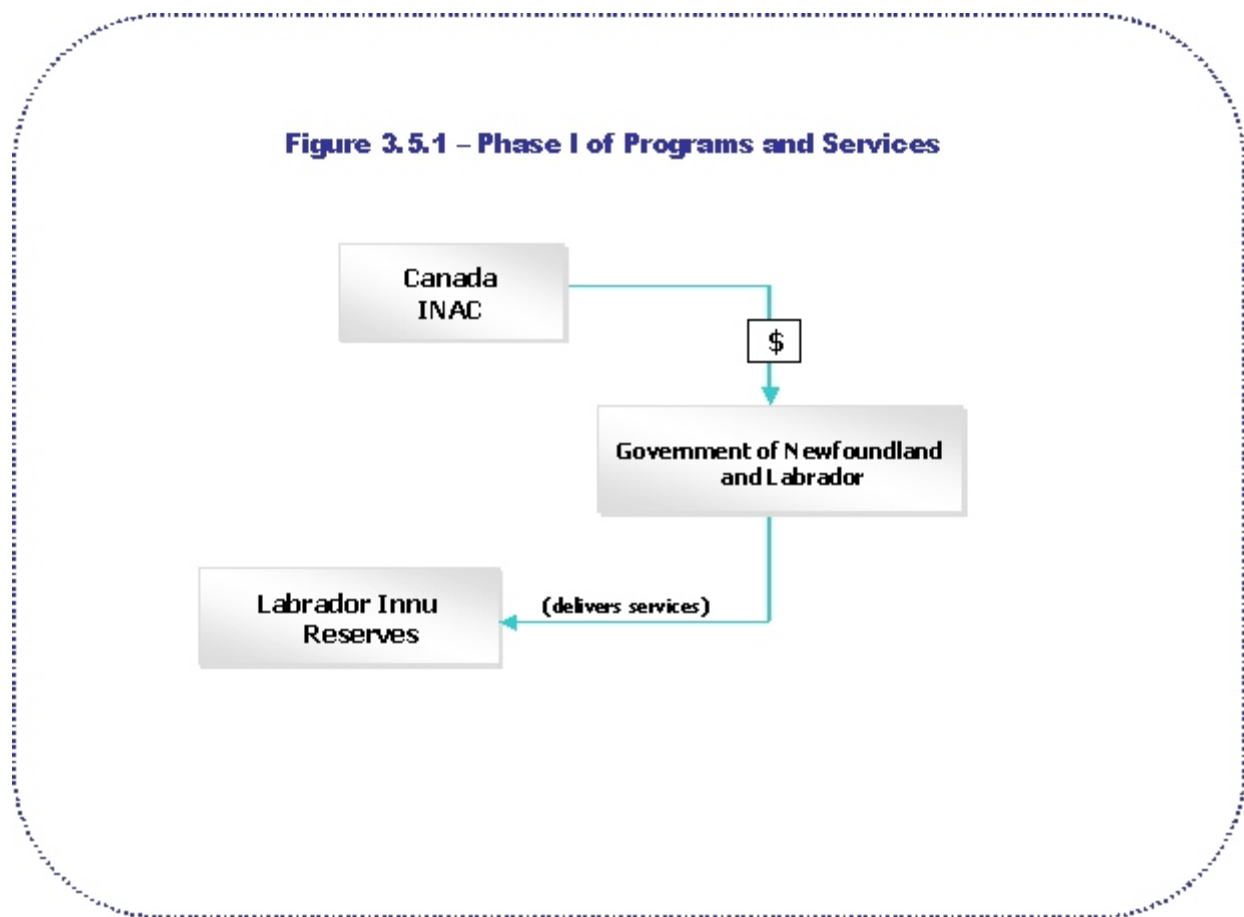
The *Labrador Innu Comprehensive Healing Strategy* therefore describes the transfer of programs and services to the Labrador Innu as a two-phased approach (although the term “phase” is not used in the document).

Phase I: Bilateral Agreements and Building Innu Capacity

Phase I of the approach to programs and services involves the completion of bilateral agreements (Canada/Newfoundland and Labrador) for the funding of each service to the Labrador Innu. There is one agreement for each of the three programs delivered by the Province to the Innu communities (education, social assistance, and child and family services). These agreements are intended as transition measures to ensure the delivery of programs and services by the Province

of Newfoundland and Labrador to the Innu communities after the creation of reserves for the Labrador Innu. Without these agreements, the Province of Newfoundland and Labrador no longer be responsible for the delivery of these services to the communities, and the Federal and Provincial governments are concerned that the communities may not be prepared to take control of all programs and services the moment they are declared “reserves”. In essence, Phase I represents no change in terms of who is delivering the programs and services: the Province is still responsible. However, the first phase seems to imply that Innu capacity will be developed which will then, at that point in time, mark the beginning of Phase II.

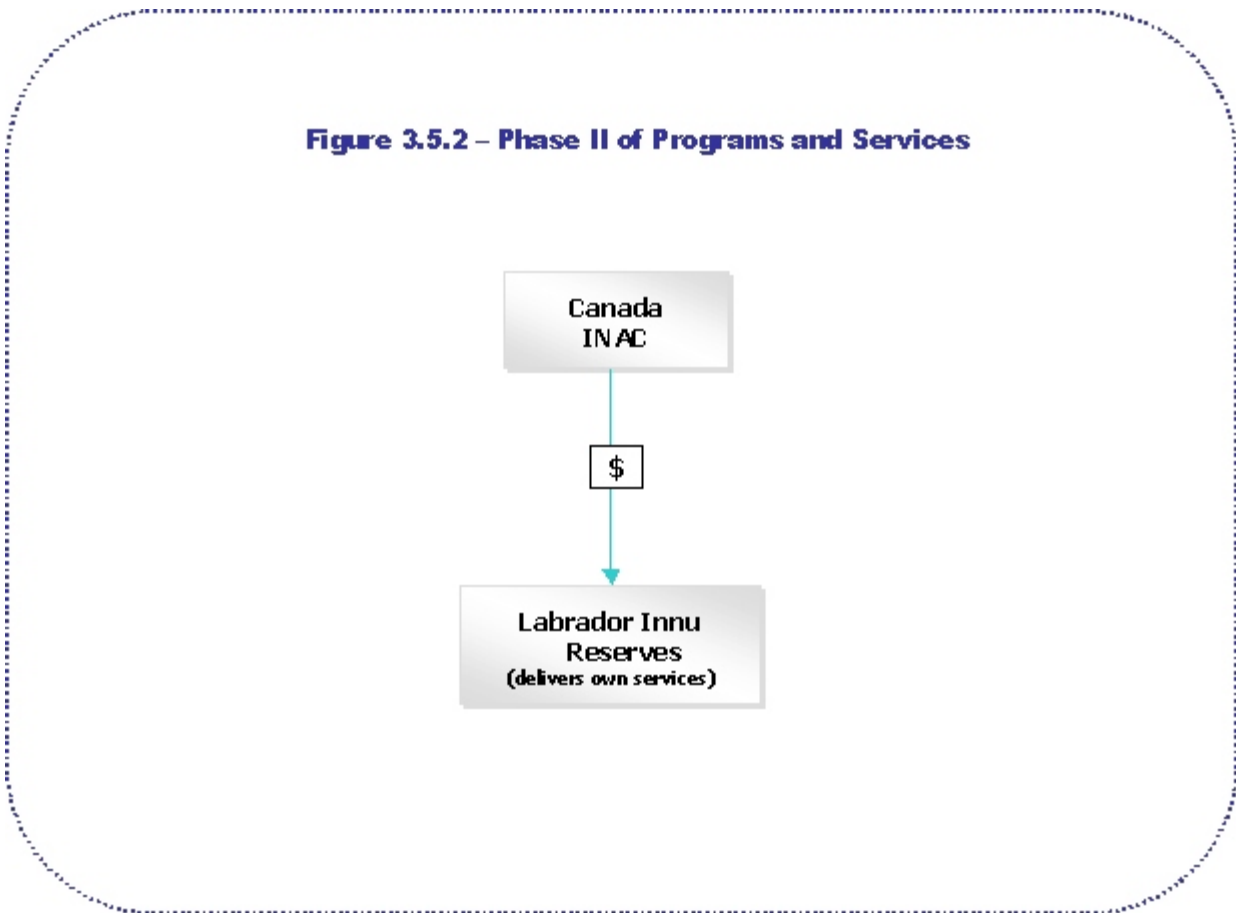
The relationship between parties in Phase I is represented in Figure 3.5.1.



Phase II: Transfer of Programs to Innu Reserves

Phase II is the ultimate goal of the Programs and Services component of the LICHHS. It involves replacing the Federal/Provincial bilateral agreements with new Canada/Labrador Innu bilateral agreements. This will occur when the community has the capacity to deliver their own services.

The relationship between parties in Phase II is represented in Figure 3.5.2.



Mechanism for Implementing Phase II

While the model for service delivery is clear for both Phases I and II, it is not clear what mechanism or process will be used to trigger the implementation of Phase II for a program (e.g., education) in a particular Innu community. The “test” to trigger Phase II is demonstrated by the capacity of the community to operate the program/service. But it is not clear who will decide that the community has passed the “test” or what criteria will be used to determine a community’s readiness or capacity to deliver a program or service.

With the creation of new reserves under the *Indian Act* there is a need for transitional measures to ensure continuity between former Provincial jurisdictions and new Federal jurisdictions. Such is the case for programs and services delivery and funding. However, with the introduction of transitional measures, such as bilateral agreements, there is a greater need for clarity and certainty as to the transitional nature of the measure regarding:

- how long they are to be in effect;
- what the criteria is for determining their termination; and
- who determines when they are no longer transitional but permanent in nature.

In terms of the Healing Strategy, the nature of the transitional measures regarding programs and services have yet to be made clear. Currently the various interpretations surrounding the negotiation of bilateral agreements are, at best, contradictory and confusing. With respect to the process whereby transitional measures become permanent, there does not seem to be any clear indication of how, when or by what means these events will occur. Consequently there is a high level of confusion and, in the case of the Innu, distrust in regard to the process as it is currently being implemented.

Application of Programs and Services in Each Innu Community

The Programs and Services component of the LICHs operates under different authority for each of the two Labrador Innu communities. For the Mushuau Innu, Programs and Services is governed by the Mushuau Innu Relocation Agreement (MIRA).

For the Sheshatshiu Innu (who are not party to the MIRA), the Programs and Services component applies as a consequence of Band registration and reserve creation. Programs and services in the areas of education, child and family services, social assistance, housing and infrastructure costs are an integral part of the support that INAC provides First Nations in Canada. With registration of the two Innu Bands (completed November 21, 2002) and reserves expected to be declared in 2003, the Mushuau Innu and Sheshatshiu Innu will soon be entitled to receive the full extent of funding available to manage programs and services.

Programs and Services Commitments by Federal/Provincial Governments

The only program area to which a government commitment was expressly made in November/December 2000 was regarding education (described in subsection 3.6): this commitment is Provincial, not Federal.

3.5.1 (c) Parties Involved in the Programs and Services Component

The Federal Government, through INAC, has the lead role in the Programs and Services component (INAC 2001a, p.5). INAC is responsible for the negotiation of financial arrangements and/or the funding for programs and services (INAC 2001b, Annex E p.27). Various Provincial

Ministries, the Mushuau Innu and Sheshatshiu Innu First Nations are also parties in the component: the actual parties involved differ among the three main programs (education, social assistance, and child and family services).

3.5.2 Progress in the Programs and Services Component

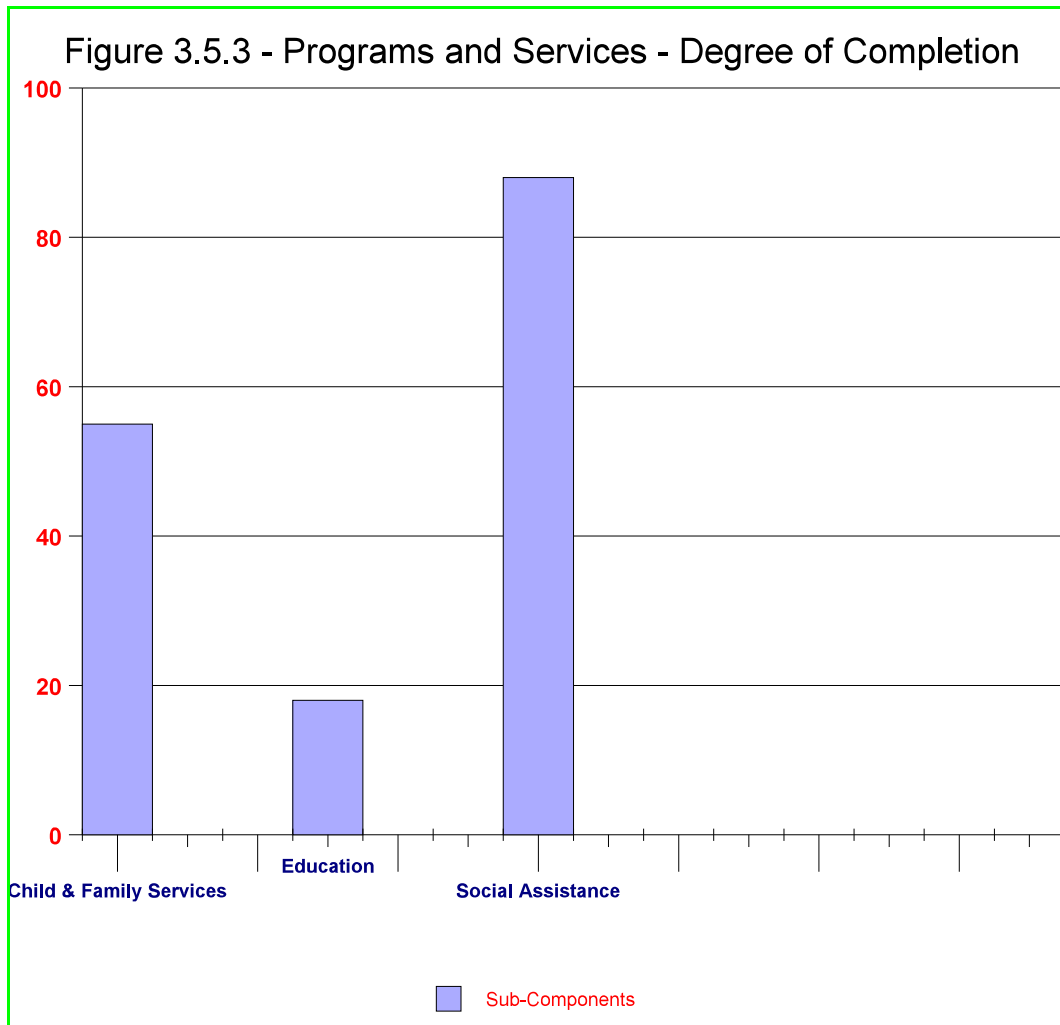
As described in 3.5.1 (b), the Programs and Services component has two phases: (1) bilateral (Federal/Provincial) agreements for the funding and provision of each service to the Labrador Innu; and (2) delivery of the services in the Labrador Innu communities.

Phase 1 of this component is complete: the bilateral agreements have been established so that Federal funds will flow to the Province of Newfoundland and Labrador to continue providing education, social assistance and child welfare programs. As of January 31, 2003, these agreements were ratified as follows:

- (1) Child and Family Services Agreement: signed, June 2002; effective November 1, 2002.
- (2) Education Agreement: signed January 1, 2003; requires approval by the Provincial legislature.
- (3) Social Assistance (or Income Support) Agreement: has been approved by Provincial legislature, completed January 1, 2003, but still requires signatures.

Phase 2 is not complete. The delivery of Programs and Services to the communities requires focussed planning and implementation. According to the interview data, INAC-Newfoundland and the Labrador Secretariat (in Amherst and Goose Bay) will work with both communities to determine how the three subcomponents of the Programs and Services component of the Healing Strategy will ultimately be delivered to the community, as many government interviewees expressed concern that the communities currently lack the capacity to independently implement these programs and services.

The degree of completion for the three main programs as of January 28, 2003, according to INAC's *Critical Path* document in this component, are illustrated in Figure 3.5.3. The progress for each subcomponent is a cumulative average of all the activities within the subcomponent.



3.5.3 Programs and Services Results

Information on the results of the Programs and Services component are provided in three subsections 3.6 - Education, 3.7 - Social Assistance, and 3.8 - Child and Family Services. It should be noted that in this presentation of various issues, there are only a few areas where there is consensus of opinion between the Labrador Innu and the Federal/Provincial Governments. In most cases, there are strongly opposing views. This illustrates the “polarity of opinion” discussed and analyzed in Section 1 of the Executive Summary.

3.5.4 Programs and Services Issues

The following section discusses the issues faced in the Programs and Services component section in terms of the broader evaluation areas, in particular consultation, collaboration and capacity development.

3.5.4 (a) Consultation

The Federal and Newfoundland and Labrador Government respondents felt that there has been more consultation at all levels of government (Federal, Provincial and Innu) in the last two years than in the previous ten years. Government respondents in general felt that the consultation process was improving.

Government respondents felt that on-going consultation on programs and services has occurred between the Federal and Provincial Governments in terms of finalizing the bilateral agreements. INAC respondents reported that progress towards finalizing these agreements has been slower than anticipated due to the variations in jurisdictional mandates and funding formulas. For example, the “Social Assistance Act” was being amended by Provincial parties at the time when the Social Assistance Agreement was being negotiated. Provincial sources, on the other hand, do not agree that the amendment of the Social Assistance Act slowed the negotiations of the bilateral agreement. The Innu, however, expressed concern about their exclusion from meetings between the Federal and Provincial Governments in the bilateral funding agreement negotiations concerning programs and services.

The respondents from the Federal Government also felt that the consultation surrounding the Tripartite Education Working Groups was successful. Most respondents from the Provincial Government felt that the Innu have been consulted on all major decisions on education. The Innu, however, believe that in some aspects of education, consultation appears to have been lacking. For example, a September 2001 letter from Chief Paul Rich to James Wheelhouse (Rich 2001a) states that the Chief has not been made aware of an INAC Task Force having been established on Innu education, and indicates concern about the department proceeding on such a key item without Innu knowledge or involvement. It is not possible to determine whether or not the “INAC Task Force” is a working group.

3.5.4 (b) Collaboration

The Healing Strategy as a whole was brought together through collaboration with the various departments and the Innu through the Main Table process. Although the level of collaboration at the outset of the strategy may have been limited at times, the evaluation indicates that respondents from the Federal and Provincial Governments generally feel that collaboration between the different governments and the community is better now than when the Healing Strategy started and that there is increasing cooperation between the parties.

Federal and Provincial Government respondents felt that the committees developed to deal with specific subcomponents of programs and services were good examples of collaboration between the parties. It is important to note, however, that at the same time the Federal and Provincial Government respondents believed that collaboration around devolution of services to the Innu communities was only at the discussion stage.

An example of good collaboration among the three parties was offered with respect to the devolution of education. The Working Group on Educational Outcomes has worked together since January 2002 and has made progress on developing a work plan to devolve education to the community. The group is also working on the development of the educational structures that will be needed to manage education, such as, an Innu Education Authority. Unfortunately, no funding has been allocated yet to help build the capacity of the Innu Education Authority.

Respondents from the Federal Government also felt that the Income Support Committee established in November 2002, which is designed to devolve social assistance to the communities, is an example of successful collaboration among the parties. Interviews with the Innu involved in the social assistance component indicated that this committee is undertaking research on social assistance delivery, specifically employment assistance and income support, in other First Nation communities (New Brunswick First Nations, Conne River and Quebec). Federal Government respondents on the Committee expressed confidence that social assistance will be delivered by the Innu as soon as the reserves are declared.

Collaboration between the Federal and Provincial Governments in meeting community requirements for Child and Family Services has been more challenging at the community level. Finding ways for all parties to work together to address issues like child welfare and family treatment requires an integrated approach to working together. There appears to be incompatibility between INAC's and the Province's CYFS definitions of child and family services: INAC funds only children "in care" (i.e., out of the home and away from the family), while Provincial legislation supports early intervention and activities to prevent separation of the child from the family/home. This is complicated by the fact that INAC may allow the Innu to manage their own Child and Family Services, but will still be governed by the Province's legislation and regulatory framework.

Collaboration with other jurisdictional partners, including Health Canada and the Province through Health and Community Services, has also been challenging. Respondents from Health Canada and the Provincial Government expressed a concern about unclear jurisdictional responsibilities and overlapping mandates with respect to children's issues. There are differing funding mechanisms for INAC and Health Canada. Both communities expressed frustration over the fact that it is more difficult to determine who is responsible for what programs now that the Federal Government is paying for programs through the Province. In addition, there is growing frustration among the Innu due to the fact that they are dealing with Health Canada in the provision of front-line health services, and with the Province and INAC who are administering the

most at-risk children and families (who are recipients of the same services from Health Canada). Collaboration between Health Canada and INAC/the Province at the front-line and planning/negotiations levels have been difficult (Innu Interview).

3.5.4 (c) Capacity Building

Although some initiatives have been carried out with regard to capacity building – such as the Educational Outcomes Working Group in Sheshatshiu -- it has been acknowledged by all respondents that this is an area that has been neglected. The Federal Government and Innu respondents have stated that capacity building needs to have a greater emphasis and play a greater role in the Healing Strategy.

The Federal Government recognized that forms of capacity building in both communities are required before the communities can begin to independently manage the implementation of most of the Programs and Services component. While respondents from the Federal Government felt that initiatives like the Healing Strategy could help to build the capacity necessary to manage the needs of the community, they also acknowledged that the Healing Strategy has been deficient in this area.

Training requests have been made by the Innu in various areas of capacity development. However, as of January 2003 no Innu reported being trained, or is taking training in social work even though this has been recognized as an important need in both communities. Interviews with Community Services Workers (CSWs) indicated that requests for training have been made in areas that would assist them in case management, but training has not been provided so far. Many of the CSWs workers feel overwhelmed with their current responsibilities Without adequate training and support from the Province of Newfoundland and Labrador, the needs of the community, particularly children and families, cannot be met.

Innu respondents have stated that for programs and services in general, the current capacity of the Innu – particularly among the Sheshatshiu Innu – has not been sufficiently acknowledged. For example, the Innu Nation believe that the Sheshatshiu Innu approach to addressing child and family needs has not been seen by either the Federal or Provincial Governments as demonstrating real capacity to do the work, nor have the Innu received adequate assistance to build on their existing capacity (Innu Nation 2003b, p.3). The Sheshatshiu Innu, however, have been frustrated by the fact that although the Sheshatshiu Innu Band has many years' experience with the delivery of front-line services to Innu families and individuals (without being subject to third party management), the Federal and Provincial Governments have not recognized this capacity (Qupee 2003).

There are, however, some areas of programs and services where Innu capacity has been recognized by the Federal and Provincial governments, at least to some degree. Until recently, the Province of Newfoundland and Labrador was not supportive of the Innu taking over education in

either community. However, as a result of meetings with the Sheshatshiu Innu in February 2003, the Province has become more supportive of the Sheshatshiu Innu taking over education (interview - Province). INAC (Ottawa) has also stated confidence that the Sheshatshiu Innu have made excellent progress towards devolution of education and that unique Innu vision of education is being developed by the community.

3.5.4 (d) Other Issues

Adequate, trained and professional staffing is an issue for both communities. Federal and Provincial Government respondents indicate that it is difficult to recruit and retain sufficient numbers of social workers who will work in the communities for a long period of time. The lack of facilities in the communities, isolation and the need to relocate, working conditions and burnout are all obstacles to the retention of “outside” social workers staying in the Labrador Innu communities for extended periods of time. This is compounded by the high level of social and health problems in the two communities. Ideally, one or two social workers would live in the community to provide sound case management services, and to mentor and train the Innu Community Service Workers (CSWs). Unfortunately, the Community Service Workers are often left on their own without the legal support of a social worker to procedures, as required under the Child, Youth and Family Services Act.

Other issues of concern raised by interview respondents regarding programs and services include:

- By end of January no social workers had visited Natuashish since the previous October – reasons given include lack of proper housing and accommodation during the move.
- In Sheshatshiu, social workers staged a “walkout” in protest of the working conditions in December.
- Four social workers are employed in the community (two are supposed to go to Natuashish), but three are away on stress leave. Social workers only go to Davis Inlet/Natuashish sporadically (due to weather, isolation, work load).

3.6 Programs and Services Component - Education

This section of the report discusses education, a subcomponent of the Programs and Services component of the Labrador Innu Healing Strategy.

3.6.1 Education Subcomponent Description & Responsible Parties

This subsection provides information on the context of the education plan subcomponent, a description of the education subcomponent, the parties involved in implementing the plan and the process through which the education plan was developed.

3.6.1 (a) Labrador Innu Education Context

Education is the jurisdiction of the Province of Newfoundland and Labrador through the *Schools Act, 1997*. Educational programs and services were provided by the Labrador School Board to the Mushuau Innu and Sheshatshiu Innu. In the early years, education was also provided by the church since the 1950's and 60's. Throughout the years, education has been a serious problem for many reasons, and consequently the Labrador Innu children have consistently fallen well below the National and Provincial standards, graduation rates are poor and attendance at higher grade levels is very low. As noted in Section 1.2.3, school attendance among the Labrador Innu is very low, and several studies have shown that the current Provincially-run education system does not enable Innu youth to fully participate in the Innu or Euro-Canadian societies (Backhouse 2002, p.51; SIBC undated, p.9; Samson et al 1999, p.22).

Earlier reports, such as the 1995 report on the situation of the Mushuau Innu entitled *Gathering Voices Finding Strength to Help Our Children*, included community member discussions on education where the community members expressed a desire to take control over the education system (Innu Nation 1995, p.79). There were also criticisms on the lack of Innu culture represented in the educational curriculum (Innu Nation 1995, p.67).

Much deeper educational problems were acknowledged by the Mushuau Innu in the *Gathering of Voices* report. In the words of one Davis Inlet member, "Many children cannot listen and learn anything because they have too many problems. It is not good for the teachers either, because if the children are not listening, they are not learning anything. Children have their problems bottled up inside; they can't get them out. They have too much anger inside of them; they can't leave their problems at home and they can't bring them to school. They don't know whom they can go to" (Innu Nation 1995, pp. 71 & 73).

According to the 1995 MIRA, education would be devolved to the Mushuau Innu, and delivery of education services for the Mushuau was to begin upon reserve creation (INAC 2002d, p.2).

A detailed education and training needs analysis (date unknown) was sponsored by the Education Branch of the Sheshatshiu Innu Band Council. The needs analysis identified a strong desire by the community for control over education in the areas of language, education process and content, attendance and scheduling. The needs analysis concluded that the present system of education in Sheshatshiu is not working, and that “tinkering” with the present system will have only limited positive results. The author of the analysis recommended that a totally new approach to education be used (SIBC, no date, pp.13,19).

The 1999 Agreement-In-Principle (which was intended to provide the Innu with the appropriate tools to build a bridge between the current situation and eventual land claim and self-government agreements) addressed education, among other services to the Labrador Innu (INAC 2001b, Annex G p.6). In the Agreement-In-Principle, Canada made a commitment “to cover the costs of Innu educational programs” and that “Canada and the province would work together with the Innu to transfer control for these programs to the Innu” (GNL 1999, p.1). According to Provincial sources, the Province has not yet received any money from Canada in this regard.

Presently, in both Labrador Innu communities, the Band Councils receive funding to employ an Education Director (responsible for post-secondary education) and Innu-speaking teaching assistants to provide school resources, and to maintain the school buildings. The Province, through the Department of Education, manages and funds teacher contracting, curriculum delivery, and monitors schools statistics such as attendance and graduation rates.

3.6.1 (b) Description of Education Subcomponent

The Government of Newfoundland and Labrador’s commitments to the Labrador Innu include education. No Federal commitments to the Labrador Innu regarding education were made in November/December 2000.

Federal/Provincial Government commitments made to the Labrador Innu that are the basis for the LICHS Programs and Services component relative to Education are provided in Table 3.6.1.

Table 3.6.1 - Education - Programs and Services Component and Federal and Provincial Government Commitments

Programs and Services Component - Education Government Commitments (October 25, 2001)
<ul style="list-style-type: none">• Apply Provincial savings realized as a result of registration and reserve creation to the new school in Natuashish, in addition to other agreed upon initiatives (Province)

The education subcomponent consists of the following main elements:

- Creation of a Federal/Provincial bilateral education funding agreement
- Creation of an Innu Education Authority
- Creation of an Innu Nation Education Capacity Development Plan
- Completion of the Innu School Improvement Plan
- Creation of an Education Transition Plan
- Negotiation of tripartite funding agreements for the devolution of education to the Innu communities

An “Innu Education Authority” has been created in preparation for devolution of educational services to both communities. At the present time, the Authority consists of six members, three from each of the two communities. The “Authority” only exists “on paper” at the moment, as no resources have been allocated to implement it.

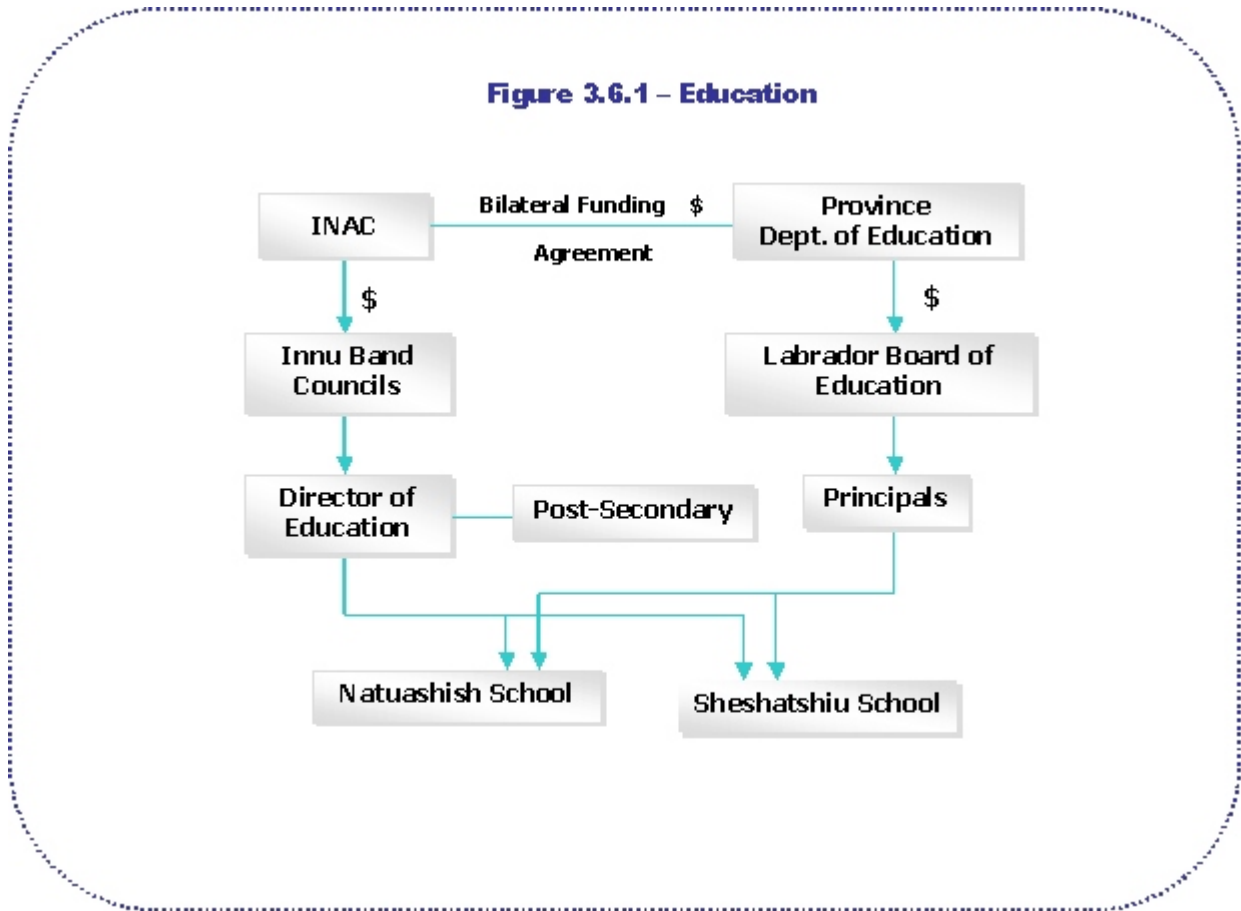
3.6.1 (c) Parties Involved in Education Subcomponent

The Education subcomponent involves the following parties:

- INAC (Headquarters and Newfoundland and Labrador Secretariat);
- The Province of Newfoundland and Labrador Department of Education;
- The Labrador School Board;
- The Band Councils of the Mushuau Innu and Sheshatshiu Innu; and
- The two community schools.

INAC is the Federal department lead identified for programs and services, which includes education (INAC 2001a, p.5).

The parties involved in the Education subcomponent, and their relationships to each other, are presented in Figure 3.6.1.



The relationship among the parties involved in education has not changed significantly from the current configuration except that funding for education is provided by INAC to the Province now that an education agreement has been signed. This agreement ensures that educational services continue to be provided when each community is declared a reserve. The Provincial jurisdiction for education remains in terms of legislation, regulations and education standards (Innu interviews). The Labrador School Board is the service provider on behalf of the Province, contracting teachers and monitoring school outcomes. In addition, INAC funds the Band Councils in each community for a Director of Education and Innu Aimun speaking teaching assistants who work with the teachers in the schools. In preparation for the Innu managing education within their communities, an Innu Education Authority (in Innu-aiman it is “Innu Nutem Etshishkutamashunanunt Kanakatauatak” or INEK) has been established.

3.6.2 Progress in Education

This subsection discusses the extent to which the education plan has been implemented. Progress in Education as an element of the LICHS Programs and Services Component is summarized in Table 3.6.2.

Table 3.6.2 - Programs and Services Component - Education

<i>Education Activities funded under LICHS:</i>
<ul style="list-style-type: none"> • Negotiate bilateral funding agreements for Education (to continue services) • Negotiate tripartite funding agreements for the devolution of education services to the Innu
<i>Completed (to Jan. 28, 2003)</i>
<ul style="list-style-type: none"> • Bilateral Education Funding Agreement (Fed/Prov) signed • New school in Natuashish (Relocation) • Educational Outcomes Working Group established • Innu Nation Education Capacity Development Plan completed (2002) • Trilateral Innu Nation Education Transition Conceptual Proposal submitted
<i>In Progress</i>
<ul style="list-style-type: none"> • Education Transition Plan to transfer education authority to communities • Student Assessment Research in both Innu communities (Memorial University) • Plan for devolution of education to Sheshatshiu (expected Sept 2004) • Mushuau Innu discussions regarding devolution of education

Source: INAC 2001b, Annex A, p. 2

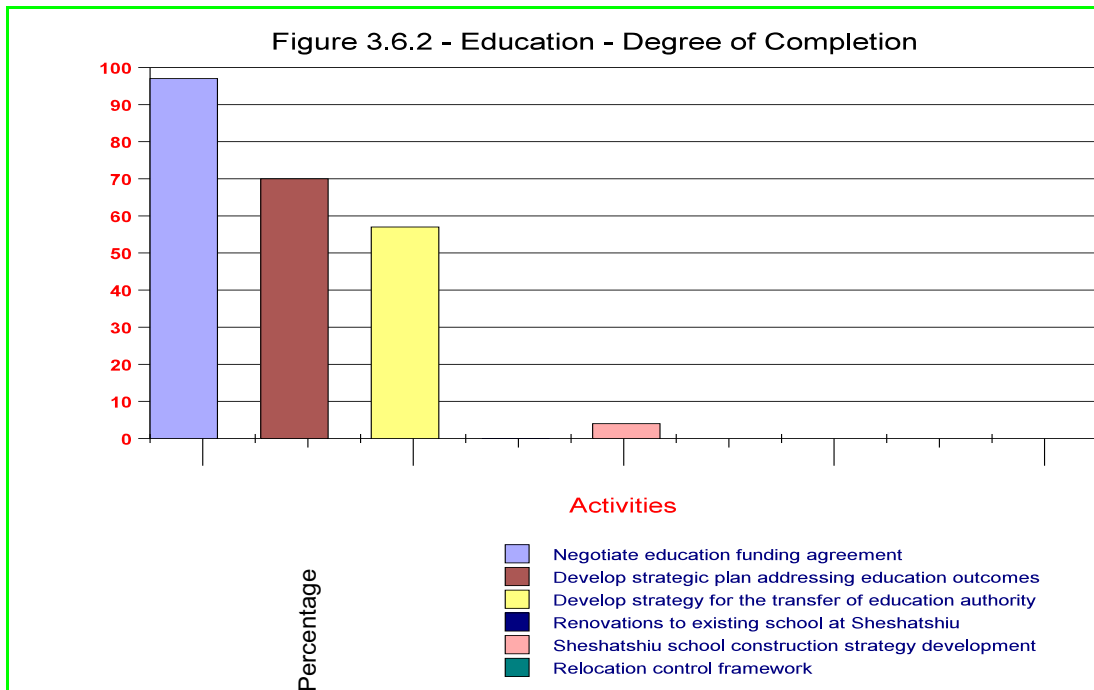
Overall, progress in establishing education agreements has been delayed. Slow progress in the Registration and Reserve Creation component has resulted in delayed progress in finalizing the education agreement.

The Education Agreement was signed on January 1, 2003. The agreement will ensure that the Province of Newfoundland and Labrador, through the Labrador Board of Education, will continue to provide education services until they are transferred to the communities.

INAC has agreed to begin funding education at Natuashish, pursuant to the Education Agreement with the Province, and to cover education costs at Davis Inlet. Discussions between Canada and

the Province continue on an action plan to transfer education directly to the Innu (INAC 2003b, p.2)

The degree of completion for the Education subcomponent is depicted graphically in Figure 3.6.2 below. This Figure represents the degree of completion as of January 28, 2003, according to INAC's *Critical Path* document.



3.6.2 (b) Devolution of Education Services to the Innu

The Education subcomponent was 55% complete by the end of January 2003. Negotiation of the final agreement was 97% complete (according to a member of the ESC, although the agreement has now been signed and approved, funds are not yet flowing). Development of a strategic plan addressing education outcomes, and development of a strategy for the transfer of education authority, were over 50% complete by January 28, 2003 (INAC 2003a, p.14).

Respondents from the Federal Government identified some of the benefits of the Education Transition Plan:

- Help Innu take ownership of their school;

- Identify how children can improve their achievement (through student assessments conducted by Memorial University);
- Develop an overall Action Plan to help towards securing their future; and
- Help in healing the community.

The Innu, on the other hand, want to see the Province's role reduced as soon as possible. Sheshatshiu Innu indicated that they have taken concrete steps towards devolution including developing criteria to assess readiness to manage education, creating a systematic plan, hiring expertise and visiting other First Nations to learn about successful school systems. One person in Sheshatshiu commented that "education must come on its own, it is too important to be buried in Programs and Services."

In Natuashish, Innu respondents indicated their main focus has been on the move to the new community and opening the new school. However, an educational working group was established and, with Sheshatshiu, will begin working on a plan to manage the school in their community.

Provincial respondents working in education expressed concern that Natuashish will not be ready to take over education in the near future because of the number of changes happening with the community move, the severity of the problems (particularly number of special needs FAS/FAE children in the schools) and the few number people from the community who have the capacity to take on more responsibility.

The evaluators were informed of the intent to transfer education to the Innu by the Federal and Provincial Government respondents, and that seven indicators had been agreed to, as a guide for assessing the capacity of the Innu to provide education (governance, education standards, school improvement, human resources, Innu program resourcing, professional services and protocol).

However, no documentation nor information from interviewees provided a clear process that determined how the transition would be managed or how the capacity of the Innu to take over education would be determined. Innu respondents involved in education are unclear (and worried) as to how the devolution of education services will ultimately be decided.

The Innu strongly expressed their concern about the Province continuing to be the education service provider when the history of education in both communities has seen such poor educational outcomes. Innu respondents want to stress that they feel that they cannot do any worse than the current education system. To this end, a workplan has been created and the Innu Education Authority (INEK) has been established. Sheshatshiu is working toward managing educational services as soon as possible, with the date of Fall 2003 as the first transition period.

Due to the compressed time frame, the Innu have agreed to have the Labrador School Board negotiate and administer teacher contracts for another year.

3.6.3 Education Results

This subsection discusses the results from the education plan subcomponent and the challenges of implementing the education plan.

3.6.3 (a) Positive Impacts

The evaluation of the education plan subcomponent identified the following positive impacts/results:

The Mushuau and Sheshatshiu Communities

- An Educational Outcomes Working Group was established in January 2002.
- Educational assessments completed for all children in both schools (psychological, educational, FAS/FA effects, etc.), which was conducted by Memorial University in St. John's NL.
- Innu respondents indicated that INEK - Innu Education Authority - has been established, which will have three Board members from Mushuau Innu and three from Sheshatshiu Innu and has met once. This came about as a result of the ongoing work of the Education Outcomes Working Group. In consultation with the Federal and Provincial Government, they have produced a detailed table of prerequisites for the transfer of control of education to the Sheshatshiu Innu and Mushuau Innu Band Councils. Prerequisites cover the areas of governance, education standards, school improvement, human resources, Innu program resourcing, professional services and protocol (IEA 2003).
- As a result of the education plan, the Innu visited the Cree School Board in Chisasibi Quebec, thereby exposing them to Aboriginal school systems for the first time.

Sheshatshiu Innu

The Sheshatshiu Innu are moving systematically towards devolving the management of school operations. An educational consultant has been working with the Innu to assist with the transition of responsibility from the Province of Newfoundland and Labrador by September 2004. Provincial representatives indicated strong support for the Sheshatshiu's initiatives toward devolution of education. Sheshatshiu's initiatives toward devolution of education

Mushuau Innu

The Mushuau Innu have experienced several positive results in education, such as:

- The completion of the Natuashish school. Under relocation funding, a new school in Natuashish was opened on January 15, 2003 – enrolment was 140 students (Jan 24, 2003).
- Attendance in the Natuashish school since January 2003 shows improvement from the old school.
- The new school in Natuashish provides improved access to educational programs and services because it has more educational programs and services than the Davis Inlet school.
- The College of the North Atlantic (CONA) in Natuashish is teaching Adult Basic Education (ABE) in the new school in Natuashish and the enrolment is increasing.
- In Natuashish, more parent involvement in education was noted by school staff in an attempt to address significant challenges, such as, school attendance - no details were provided about the nature of the involvement.

3.6.3 (b) Negative Impacts

The evaluation has identified two negative impacts of the education program subcomponent of the LICHS:

The first negative impact is the delay in implementing the education program subcomponent, as a consequence of slow progress of reserve creation - upon which education program transfer is dependent. The delay in devolving education to the communities is particularly frustrating for the Labrador Innu, who are extremely dissatisfied with the quality of education in their community as delivered by the Labrador Board of Education on behalf of the Province of Newfoundland and Labrador. The Innu believe that if they took over education- despite their capacity limitations - they could not possibly do a worse job than the status quo.

The second negative impact is the process of bilateral negotiations between Canada and the Province of Newfoundland and Labrador: the Labrador Innu were unaware of the process and they do not understand the purpose. The Federal/Provincial bilateral agreement on education raises questions in the Innu communities regarding the proposed process of devolving the service to the Innu and building community capacity to that end.

3.6.3 (c) Education Challenges

The evaluation identified several challenges to the implementation of the education plan:

- Innu respondents and documents support their frustration over the lack of clear direction and goals in education planning for the communities (Innu Nation et al 2003b, p.1). Indicators were finally developed by the Working Group. Otherwise, no guidelines were developed to determine when the community would be sufficiently “capable” of deploying education (Sheshatshiu - interview).
- Recruiting teachers to remote communities is a challenge. In Natuashish, the school requires 19 teachers to run all the programs: 15 teachers are currently on a contract through the Province (Innu Interview, Province Interview).
- Differing perspectives among the parties with regard to the cause of poor education outcomes (the system, teachers, ills of the community) may hinder the progress towards transfer of education (Innu Interview, Province Interview).

There is conflicting opinion between the Innu and INAC regarding the pace of devolving education to the communities. In the *Innu Nation Capacity Development Plan 2002-2003*, submitted to INAC in April 2002 (Innu Nation 2002), the Plan states that the Band Councils of the Mushuau Innu and Sheshatshiu Innu have expressed the desire that education program delivery be devolved to local control at the earliest possible date. INAC, however, has stated that, in its view, it is too early to define a delivery date for the Innu’s Education Transition Plan, as its development should be based on the information collected from the School Improvement Plan, which was not completed by the time of correspondence in September 2002 (Rochon 2002, p.1).

3.7 Programs and Services Component – Social Assistance

This section of the report discusses social assistance, a subcomponent of the Programs and Services Component of the Labrador Innu Healing Strategy.

3.7.1 Social Assistance Subcomponent & Responsible Parties

This section provides information on the context of the social assistance plan, a description of the plan, the parties involved in the implementation of the social assistance plan and the process through which the social assistance plan was created.

3.7.1 (a) Social Assistance Context

Social Assistance -- or “income support” – as it is referred to by the Province, is the provision of directly paid income support to social assistance recipients. Income support is currently delivered directly to Innu individuals through the Newfoundland and Labrador Department of Human Resources and Employment under the *Social Assistance Act*. The communities have little involvement in its delivery except to provide assistance to community members with filling out appropriate forms and delivery of cheques. This assistance is currently provided by the Community Service Workers in each community, under the Child Youth and Family Service Program.

3.7.1 (b) Description of the Social Assistance Program

Social Assistance has been one of the programs that was to be devolved to the Mushuau Innu since the MIRA was ratified in 1996. Social Assistance for the Mushuau Innu is to begin upon reserve creation (INAC 2002c, p.2). The Social Assistance program for the Sheshatshiu Innu is poorly understood, due to the lack of documentation.

Under INAC’s Social Assistance Program, INAC must adopt the terms and conditions of the Provincial and Territorial general assistance programs. While INAC may directly deliver the social assistance program, the program has been largely devolved (INAC, no date, p.1).

Rather than using the Province as the delivery agent, INAC is looking at moving to a model of Innu delivery of Social Assistance from the outset, possibly using the services of the third party manager in the case of the Mushuau Innu (INAC 2002c, p.5).

While no specific government commitments (from either Canada or the Province of Labrador and Newfoundland) were made to the Labrador Innu relative to social assistance, Programs and Services entitlement occurs once reserves are declared for each community (see Table 3.7.1).

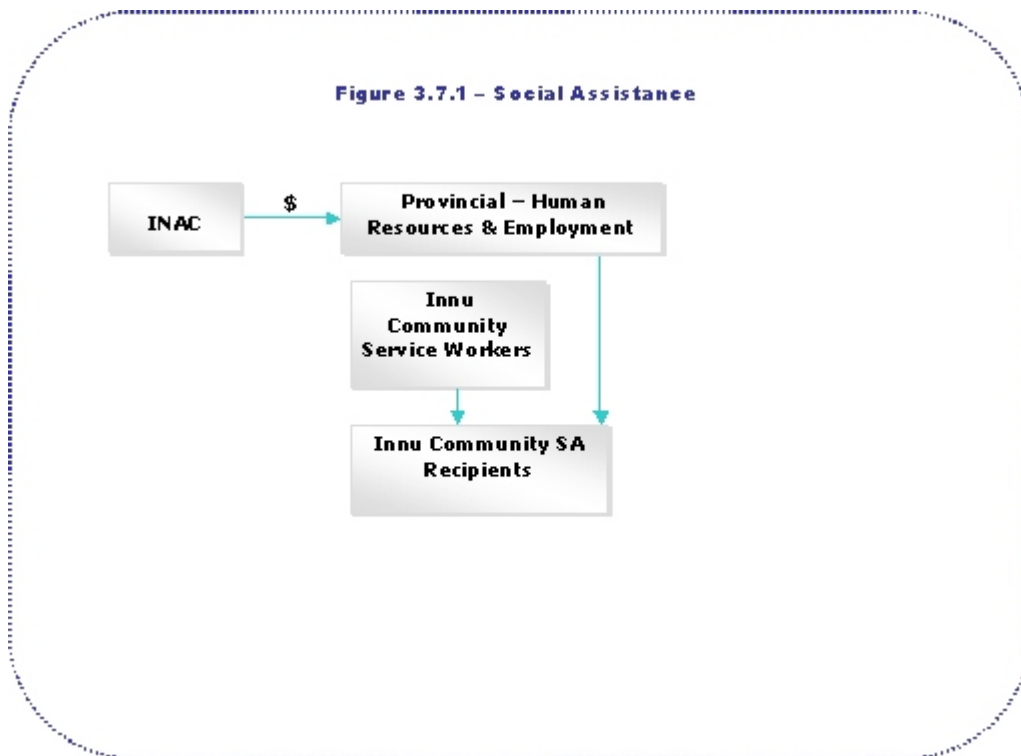
Table 3.7.1 - Social Assistance/Income Support of Programs and Services - Federal and Provincial Government Commitments

Social Assistance Progress Against Commitments Government Commitments (October 25, 2001)
<i>(no specific Federal or Provincial commitments relative to social assistance)</i>

3.7.1 (c) Parties Involved in the Social Assistance Program

The parties involved in the Social Assistance subcomponent are INAC, the Province of Newfoundland and Labrador Department of Labrador and Aboriginal Affairs, the Department of Human Resources and Employment, the Mushuau Innu and Sheshatshiu Innu. INAC is the Federal department identified as having the lead role for programs and services, including Social Assistance (INAC 2001a, p.5).

The parties involved in the Social Assistance subcomponent and their relationships to each other are presented in Figure 3.7.1.



3.7.2 Progress in Social Assistance

This subsection discusses the extent to which the social assistance plan has been implemented according to the plan.

Progress in the Social Assistance/Income Support element of Programs and Services Component of the LICHS is summarized in Table 3.7.2.

Table 3.7.2 Social Assistance - Programs and Services Component of the LICHS

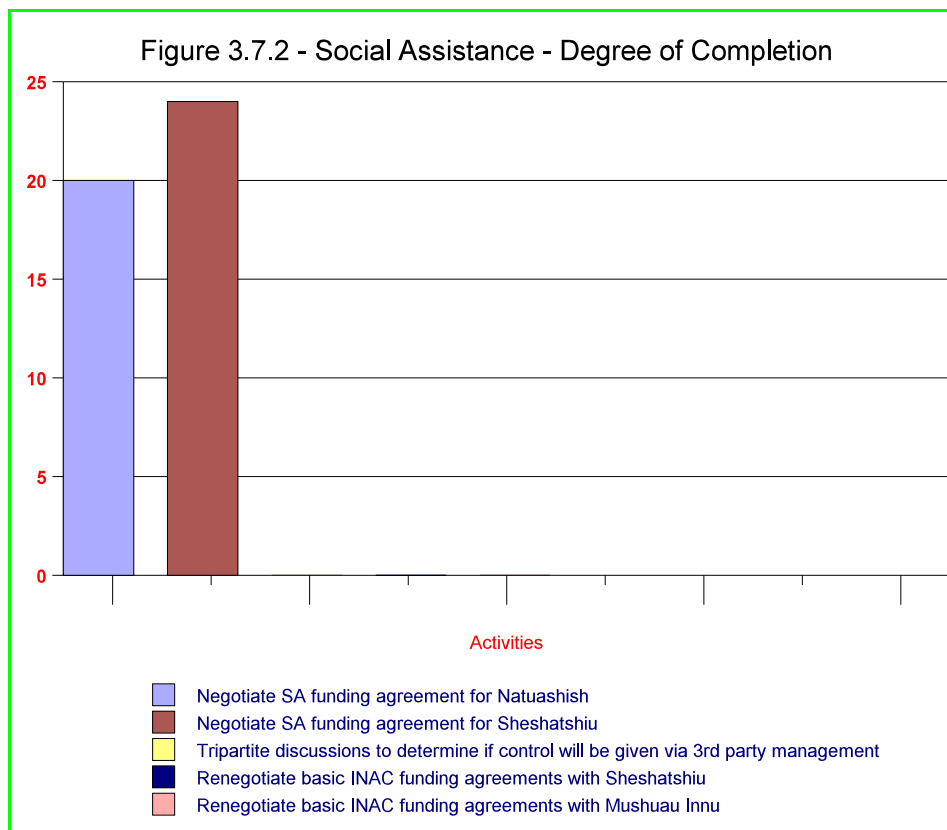
<i>Social Assistance Activities Funded under the LICHS</i>
(1) Negotiate bilateral funding agreements for Social Assistance (2) Negotiate trilateral funding agreements for the devolution of services to the Innu (3) Establish Capacity building programs
<i>Work Complete (to Jan. 28, 2003)</i>
<ul style="list-style-type: none"> • Income Support Committee established • Social Assistance Funding Agreement (Fed/Prov) approved by Province
<i>Work in Progress</i>
<ul style="list-style-type: none"> • Income Support Committee negotiating tripartite Social Assistance Funding Agreement with Mushuau Innu and Sheshatshiu Innu • Negotiations of basic INAC funding agreements with Mushuau Innu and Sheshatshiu Innu

Source: INAC 2001b, Annex A, p. 2

The Income Support Committee was established in November 2002 to enact the devolution of income support to the communities. They are working towards immediately devolving social assistance delivery within the two communities as soon as reserves are declared. INAC and Innu respondents felt that from a human resources point of view, there is more immediate need to devolve education and child and family services to the community than social assistance, which may be the easiest to transfer first.

A major obstacle in the implementation of Programs and Services in general, and Income Support in particular, is the delay in the Registration and Reserve Creation component. INAC stated in October 2001 that a target date of Fall 2003 was set for its assumption of responsibilities for the funding of social assistance (INAC 2001a, p.13). Provincial sources also state that a decision cannot be made regarding income support programming until the Income Support Committee completes their work and determines how the Innu want to proceed on the matter.

The degree of completion for the Social Assistance subcomponent is depicted graphically in Figure 3.7.2. This Figure represents the degree of completion as of January 28, 2003, according to INAC's *Critical Path* document. A comparison of components by overall degree of completion is provided in Section 3.1 (Figure 3.1.1) e.



Although the agreements relative to Programs and Services have approached completion, the implementation has barely begun. The Social Assistance subcomponent was 18% complete by the end of January 2003 (INAC 2003a, p.15). As of January 28, 2003, negotiations on the social assistance funding agreement for the Mushuau Innu was 20% complete and negotiation on the social assistance funding agreement for the Sheshatshiu Innu was 24% complete (INAC 2003a, p.15). According to INAC documentation, discussions among INAC, the Province and the Innu to

determine if control will be given to the Innu through a Third Party Manager had not begun as of January 28, 2003 (INAC 2003a, p.15). Provincial sources, however, have stated that the Province will be renewing the bilateral agreement and that based on the timeframes determined by the Income Support Committee, the Province and INAC may discuss possible third party management.

3.7.3 Social Assistance Plan Results

This subsection discusses the positive impacts from the social assistance plan and the negative impacts and challenges of its implementation.

3.7.3 (a) Positive Impacts

Federal interviews suggested progress was being made in the area of social assistance because a trilateral Income Support Committee had been established in November 2002 that was meeting regularly. Since the committee was formed only shortly before the evaluation was conducted, it is not yet possible to determine progress or accomplishments by the committee. The mandate of this committee is to develop an action strategy on the devolution of services to the communities as soon as possible. INAC and provincial respondents indicated optimism that social assistance would be delivered directly by the Innu in the near future.

3.7.3 (b) Negative Impacts

No negative impacts were reported with respect to social assistance in relation to the Strategy itself. However, a negative impact that could occur is increased workload for community service workers who currently assist community residents to fill out application form on behalf of the Province as Provincial employees (employed by the Health Labrador Corporation).

3.7.3 (c) Social Assistance Challenges

No specific Social Assistance-related challenges were identified at the time of the evaluation.

3.8 Programs and Services Component - Child and Family Services

This section of the report discusses Child and Family Services, a sub- component of the Programs and Services Component of the Labrador Innu Healing Strategy.

3.8.1 Child and Family Services Plan & Responsible Parties

This subsection provides information on the context of the Child and Family Services subcomponent, a description of the plan, the parties involved in the implementation of the Child and Family Services subcomponent and the process through which the Child and Family Services subcomponent was created.

3.8.1 (a) Issues Context

Since the 1960's, until the present, the funding and delivery of Child and Family Services to the Labrador Innu has been the responsibility of the Province's Child, Youth and Family Services (CYFS), and Department of Health and Community Services. Social workers who work with Innu Community Service Workers in each community, are hired by the Province to administer the *Child, Youth and Family Services Act*. The Child Youth and Family Services delivery agent is the Health Labrador Corporation (HLC), which is given the authority under the Province's *Health and Community Services Act* to deliver the service under the Province's *Child, Youth and Family Service Act*. The HLC coordinates the social workers who are hired to meet the needs of the community.

Innu Community Service Workers (CSWs), employed by the HLC, work with the non-Innu social workers in both communities. The HLC reports directly to the Province's Department of Health and Community Services. CSWs provide assistance with family interventions, translation to Innu-speaking clients, and in some cases, working with the school, the police and the Health programs, to work with children and families in the absence of the social worker. Provincial sources state that the HLC has had difficulties in recruiting social workers for Davis Inlet, which has resulted in the CSWs taking on functions normally performed by a registered social worker.

Child and Family Services are delivered differently in each of the two Labrador Innu communities. At the time of the evaluation, Natuashish/Davis Inlet did not have a resident social worker, although social workers in Sheshatshiu were supposed to serve both communities.

The Innu Nation states that the Labrador Innu concern about Child and Family Services has been paramount in their communities for more than a decade (Innu Nation 2003b, p.2).

The Labrador Innu communities reported that they have struggled for more than ten years with the issues facing families (especially addictions and dysfunction) and that Child and Family Services

issues are extensive. Each community has different issues, however, both are dealing with family violence, substance abuse and child neglect issues.

In April 1992, a report by the Province's Department of Social Services and the Innu Nation concluded that a new relationship between the Innu and the Department had to be developed because the existing relationship was not working. It was recommended that "it is time to end this relationship so that the Innu can develop their own ways to cope with social issues involving families and children" (Andrew 1992, p.26). The report had 18 recommendations but the Innu claim that none of them were ever implemented. The Province of Newfoundland and Labrador respondents indicated that they were unaware that this report existed, although they would follow up to determine its status.

The 1995 report on the situation of the Mushuau Innu, entitled *Gathering Voices Finding Strength to Help Our Children*, included community member discussions on child and family services. In the report, members of the Mushuau Innu stated that social workers control their lives, but do not understand the Mushuau Innu culture. "While social workers don't understand us and our culture. We think Social Services is making a lot of decisions about our lives. We feel like social workers control the lives of our families....Social Services is like all government agencies. They are trying to control us and tell us what we should do" (Innu Nation 1995, p.81).

On November 15, 2000, Chief Paul Rich wrote on behalf of Sheshatshiu community agencies to Child, Youth and Family Services (Rich 2000a) requesting that the Services immediately find safe placements for children with abuse problems.

Issues associated with Labrador Innu children and families at risk were the catalyst that established the Healing Strategy. The Province sees this area as critical for the healing of the two Innu communities.

During the November 2000 crisis, people working for the Province's CYFS were responsible for removing children from the communities to treatment facilities under the *Child, Youth and Family Services*.

3.8.1 (b) Description of the Child and Family Services Subcomponent

The goal of the Healing Strategy's Child and Family Services is to devolve services to the Labrador Innu communities. According to the MIRA, Child and Family Services is one of the programs that is to be devolved to the Mushuau Innu,. The Federal and Provincial Governments have been involved in negotiating a Canada/Newfoundland and Labrador Child and Family Services Agreement. The purpose of the Agreement is to "establish the principles and mechanisms whereby Programs and Services will be delivered by the Province,... and to outline the roles and responsibilities of the parties" (INAC 2002e, p.6).

Once the Child and Family Services Agreement has been signed, and the reserves have been created for the Mushuau Innu and Sheshatshiu Innu, INAC will fund Child and Family Services through its Programs and Services Funding. With the new agreement, funding will be provided by INAC to the Province of Newfoundland and Labrador, Health and Community Services with service delivery continuing to be provided by the Health Labrador Corporation (INAC and Provincial interviews).

Government commitments were made to the Labrador Innu in regard to child and family services but they will be entitled to Programs and Services entitlement once each community is declared a reserve (see Table 3.8.1).

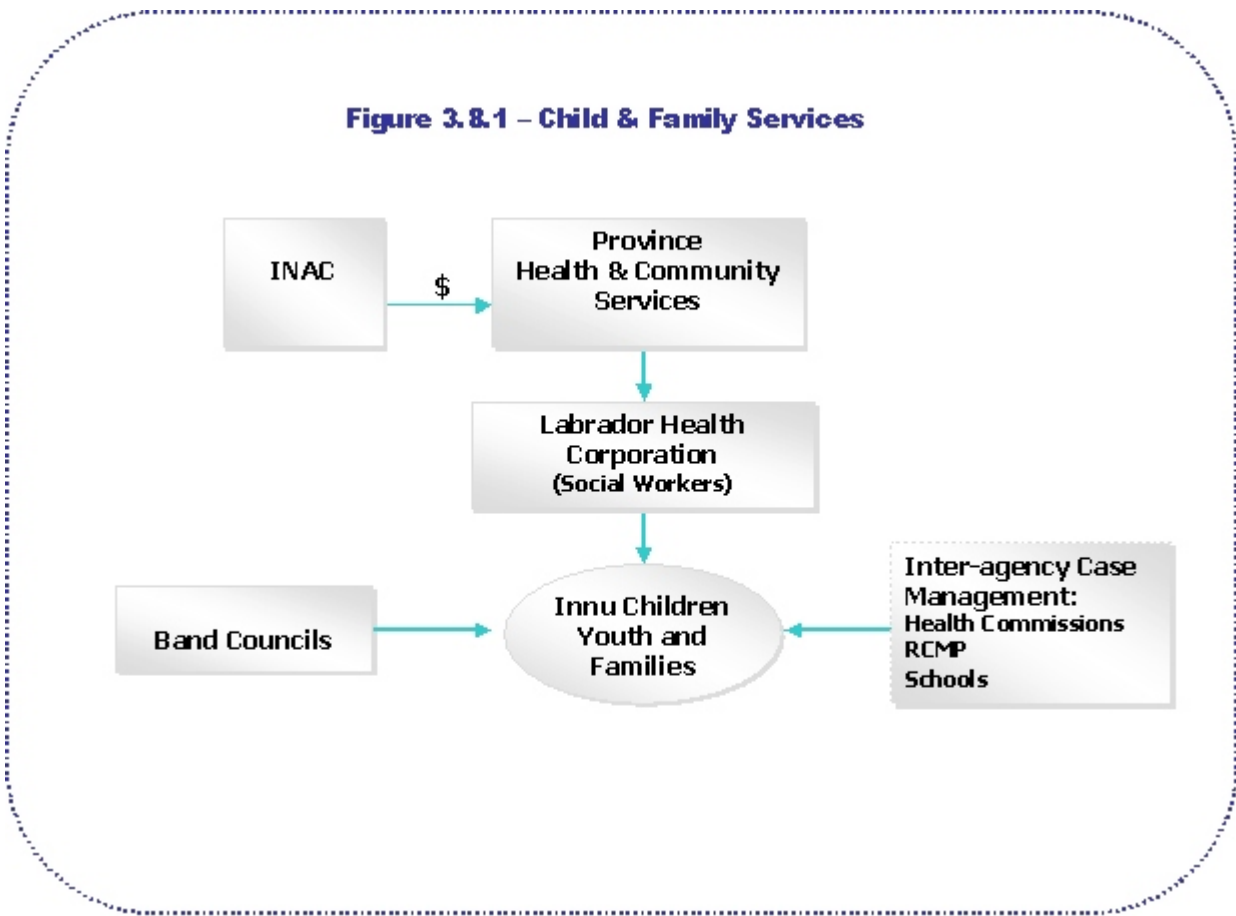
Table 3.8.1 - Child (Youth) and Family Services - Programs and Services - Federal and Provincial Government Commitments

Programs and Services - Child and Family Services Government Commitments (October 25, 2001)
<i>(No specific Federal or Provincial commitments relative to Child and Family Services were identified)</i>

3.8.1 (c) Parties Involved in Child and Family Services Subcomponent

The Child and Family Services program involves INAC, the Newfoundland and Labrador Ministries of Health & Community Services and Labrador and Aboriginal Affairs, the Health Labrador Corporation and the Councils of the Mushuau Innu and Sheshatshiu Innu (INAC 2002e, p.1).

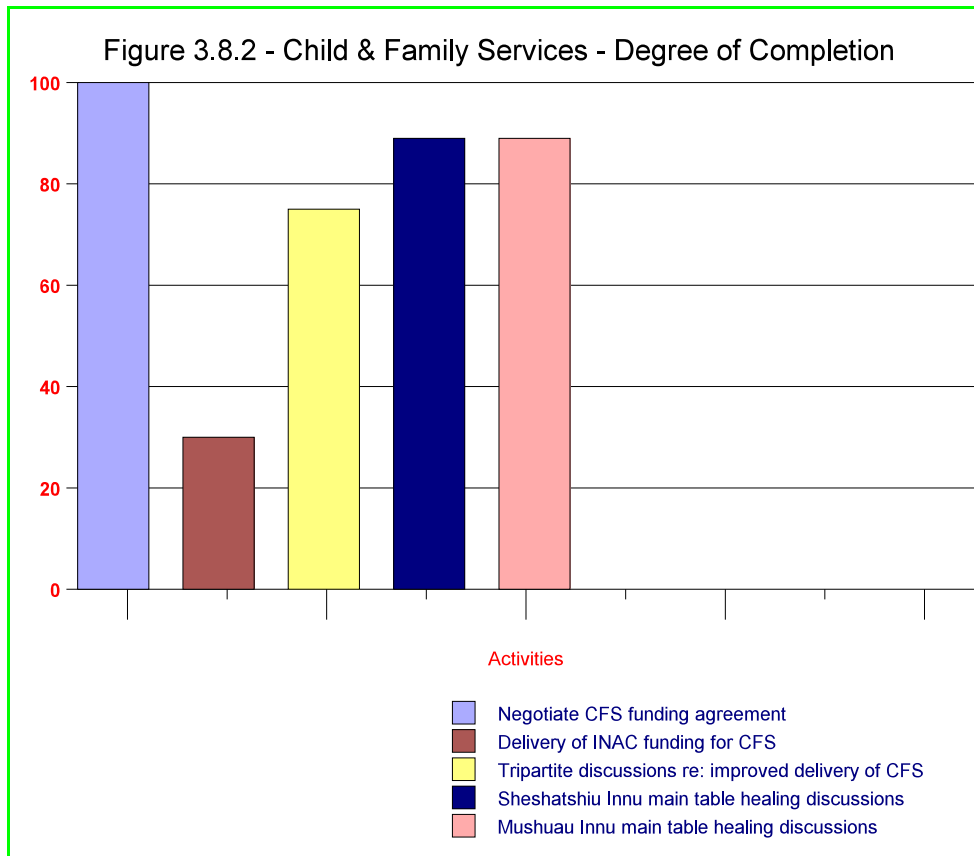
The parties involved in the Child and Family Services subcomponent, and their relationships to each other are presented in Figure 3.8.1.



3.8.2 Child and Family Services Progress According to the Plan

Work towards devolution of Child and Family Services to the communities is slowly progressing. The slow progress in the Registration and Reserve Creation component has resulted in delayed progress in this program component.

The degree of completion for the Child and Family Services subcomponent is illustrated in Figure 3.8.2. This figure represents the degree of completion as of January 28, 2003, according to INAC's *Critical Path* document. The progress for each subcomponent is a cumulative average of all the activities within the subcomponent.



The Child and Family Services subcomponent was 88% complete by the end of January 2003 (INAC 2003a, p.14). Negotiations of the Child and Family Services Funding Agreement was 100% complete as of January 28, 2003 (INAC 2003a, p.14). The delivery of INAC funding for Child and Family Services; discussions among INAC, the Province and Innu regarding improving delivery of Child and Family Services; and main table healing discussions with both communities regarding Child and Family Services are all in progress (INAC 2003a, p.14).

Progress in the Child and Family Services of the Programs and Services Component of the LICHS is summarized in Table 3.8.2.

Table 3.8.2 - Child (Youth) and Family Services - Programs and Services Component

<i>Child (Youth) and Family Services Activities Funded under the LICHS</i>
(1) Negotiating bilateral funding agreements for Child, Youth and Family Services (to continue services) (2) Negotiating trilateral funding agreements for the devolution of services to the Innu (3) Capacity building programs
<i>Work Complete (to Jan. 28, 2003)</i>
<ul style="list-style-type: none"> • Intergovernmental Child and Family Services Subcommittee established • Child and Family Services Agreement (Fed/Prov) signed and in effect since June 2002 • Draft MOU on Innu Child, Youth and Family Services Interim Delivery Arrangements produced
<i>Work in Progress</i>
<ul style="list-style-type: none"> • Delivery of INAC funding for Child and Family Services • Tripartite discussions regarding improving the delivery of Child and Family Services

Source: INAC 2001b, Annex A, p. 2

The conflicting approaches of the Innu and the Provincial/Federal Governments regarding responsibility for Child, Youth and Family Services reflects the overall misunderstanding and divergent approaches between the parties regarding the process of transferring programs and services to the Labrador Innu, as described in Section 3.5.1 b). In essence, the unclear process of transferring services to the Innu has led to two vastly different interpretations of how to best effect the transfer.

A Draft Memorandum of Understanding (MOU) on Innu Child, Youth and Family Services Interim Delivery Arrangements has been produced to provide specific Child, Youth and Family Services the Innu Communities of Labrador (INAC 2002f, p.1). The September 2002 Draft states that “upon registration as Indians and as reserves under the Federal *Indian Act*, the Innu indicated they would seek delegated authority over Child, Youth and Family Services comparable to other First Nations. However, the Federal and Provincial Governments have negotiated a bilateral agreement whereby they will continue to be responsible for child, youth and family services delivery in the two communities” (INAC 2002f, p.1)

The Draft MOU further states that Child, Youth and Family Services will “remain within the jurisdiction of the Province” (Section 1.1), and that all interim delivery shall be conducted so as to meet Provincial regulatory obligations. Section 1.3 of the draft MOU states that “a non-profit corporation will be established to manage interim delivery of Innu Child, Youth and Family Services” (INAC 2002f, pp.1-2). It also states in Section 1.8 that “the parties recognize that interim delivery will employ a community-based team model built on sensitivity to Innu language, culture and family relationships that may require front line procedures that differ from existing practices” (INAC 2002f, p.2).

Pursuant to the Healing Strategy, INAC negotiated a Child and Family Services Agreement with the Province, which became effective June 1, 2002. This Agreement will see that the existing service provider (Health Labrador Corporation) will continue to provide these services until the Innu have the capacity to deliver them on their own (INAC 2002c, p.5).

3.8.3 Child and Family Services Results

This subsection discusses the positive results from the child and family services plan and the negative impacts and challenges of implementing this plan.

3.8.3 (a) Positive Impacts

Delivery of child and family services has begun under the new agreement, although the Province remains responsible for delivering them. Positive impacts as a direct result of the Strategy itself, were not identified during this evaluation.

3.8.3 (b) Negative Impacts

Because the bilateral agreement took so long to approve, no funding was available to the communities until recently for the delivery of child and welfare services to both communities. The impact of the relocation of Natuashish also affected the ability of social workers to go to the community at a time of high stress and high needs.

Until Child and Family Services are devolved to the community little change would be expected because the delivery mechanisms remain with the Province. There is still a shortage of qualified social workers who will go to the isolated community of Natuashish.

3.8.3 (c) Child and Family Services Challenges

The evaluation identified six challenges to the child and family services subcomponent:

(1) Child and Family Services has historically been a major problem in both communities, and residents state that the problems continue unabated. The Sheshatshiu Innu have indicated there has

been poor service to their community. Given that the same social workers in Sheshatshiu are supposed to serve the Mushuau Innu, it is even less likely that social services are being adequately provided in Davis Inlet.

(2) The Innu distrust of the Province as a competent delivery agent for child and family services is another challenge. According to Innu sources, in response to a letter from INAC, which indicated departmental support of the tripartite Child and Family Services Agreement (Gray 2001b), both Chiefs Paul Rich and Simeon Tshakapesh stated serious concerns about the ongoing adequate delivery of the Provincially-mandated Child and Family Services in the two communities.

(3) There is concern among staff working in the communities about the adequacy of service provision. A senior front-line worker in Sheshatshiu has written “the services provisions within the Sheshatshiu office are so fragile and inconsistent that they tend to break down for the client...the shear [sic] volume of the caseload makes it impossible to conduct proper case planning and assessments...lack of follow through and exploration of case planning decisions tend to leave clients with little or no supports when they are faced with challenges or issues” (Correspondence 2002 – author’s name omitted to preserve confidentiality). According to Innu sources, in the same month, the entire staff of the District office wrote to their employer, stating that they are not in a position to fulfill their legally mandated youth and corrections duties and requested further support to enable them to do so.

(4) Progress toward devolution of services is slow, but both communities (Band Councils) recognize the importance of having the appropriate services and supports to address Child and Family Services issues.

(5) Respondents from the Provincial Government felt that the male-dominated nature of the Healing Strategy has failed to address women’s issues in the communities. The women of the communities have not been consulted in regard to their views of child and family services issues and programs.

(6) Interviews and documents indicated that there was a need for more safe places where young children from unsafe environments could be taken.

3.9 Community Policing Component

This section discusses the policing component of the Labrador Innu Healing Strategy and provides information on:

- *Community Policing Component Plan and Responsible Parties* - the context for the community policing component, a description of the policing component, the parties involved in implementing the policing plan and the process through which the policing component has been implemented according to the plan.
- *Community Policing Component Progress* - the extent to which the policing component has been implemented according to the plan.
- *Community Policing Component Results* - the positive results from the policing component and the negative impacts and challenges of its implementation.
- *Community Policing Component Issues* - the issues faced in implementing the policing component in terms of four broad evaluation areas: consultation, collaboration, capacity building and cost effectiveness.

3.9.1 Community Policing Component Plan & Responsible Parties

This subsection discusses the context for the community policing component, a description of the policing component, the parties involved in implementing the policing component and the process by which the policing component has been implemented according to the plan.

3.9.1 (a) Context

Community policing in Innu communities has been at the discussion stage for more than ten years. The continuing need for more community-based policing has been fueled by frustration with the Provincially administered justice system and the role of the Royal Canadian Mounted Police (RCMP) in each of the communities.

The 1995 report on the situation of the Mushuau Innu, *Gathering Voices Finding Strength to Help Our Children*, included community member discussions on policing. Davis Inlet residents had many criticisms about policing in their community, including poor communication (i.e. the Innu do not understand the laws under which they are subject), the need for a permanent police presence in the community, lack of police involvement in youth and alcohol programs in the community, and the habit of police mixing only with the non-Innu of the community (Innu Nation 1995, pp.107-111).

In March 1995, the Mushuau Innu signed an Interim Policing Agreement with the RCMP, which provided for greater Innu involvement in the policing of the community. On May 2, 1995, an agreement was reached between the Province, the Band Council, and the Innu Nation on the return of the Provincial Court to Davis Inlet (INAC 2002j, p.1).

On November 24, 1999, in response to reports of unusually high rates of suicide and demands by the Innu for better policing, INAC, the Province, and representatives of the Innu Nation signed an Agreement-In-Principle to provide the Innu with the appropriate tools to build a bridge between the current situation and eventual land claim and self-government agreements (INAC 2001b, Annex G p.6). Point 3 of the 1999 Agreement-in-Principal states that “the parties will conclude an agreement on Aboriginal policing as soon as possible” (GNL 1999a, p.1).

Currently, police services are provided by the RCMP who are hired, on contract, through the Provincial Justice Department to serve both Innu communities, as well as the Inuit communities along the coast of Labrador. The RCMP would like to continue to serve Innu and Inuit communities in Labrador.

Currently, the parties are involved in a three-phase process whereby in Phase I the Innu have proposed a First Nation community police service. Innu representatives have stated that Phase II is for the development of the process and Phase III is for implementation. Innu representatives stated that INAC may be providing funding to SolGen for Phase II.

In Davis Inlet, RCMP officers worked two-week rotations. In Natuashish, two residences have been constructed for RCMP officers who will live permanently in the community in allocated housing. The Mushuau Innu also have four Tribal peacekeepers, funded through an agreement with SolGen. The Tribal peacekeepers are Innu-Aimun speaking community members who have received training in British Columbia. Tribal peacekeepers work alongside the RCMP, but their role is to work as peacekeepers rather than law-enforcers and therefore do not carry firearms. The police work with various agencies in the community, such as the school and social services. They are involved in issues pertaining to domestic violence, alcohol abuse, and the removal of children from unsafe environments.

The community of Sheshatshiu is served by the RCMP in Goose Bay, although there are plans to build a new detachment in Sheshatshiu so that the RCMP are located in the community. At the present time, there are no Tribal peacekeepers in Sheshatshiu.

3.9.1 (b) Description of the Community Policing Component

The Community Policing component of the LICHS involves the establishment of the RCMP First Nations Community Policing Services in the Mushuau Innu and Sheshatshiu Innu communities. The intent of the Community Policing Component of the LICHS is to contribute to social stability and public safety in each community. The Healing Strategy outlines how policing might be

improved by moving towards a community policing approach as outlined in Canada's First Nations Policing Policy (FNPP).

Under the Federal Government's First Nations Policing Policy (for which the Ministry of the Solicitor General is responsible), the RCMP First Nations Community Policing Services is governed by two separate agreements:

- A Framework Agreement between the Province/Territory and the Federal Government outlining funding and other managerial arrangements; and
- Community Tripartite Policing Agreement between the First Nation community, the Provincial Government and the Federal Government, which outlines the specific details of the community policing service (RCMP 2002, p.2).

The Community Policing component of the LICHs involves the negotiation and implementation of the Framework Agreement and Community Tripartite Policing Agreement. Furthermore, it involves the construction and operation of RCMP detachments in the Mushuau Innu and Sheshatshiu Innu First Nation communities. According to the plan, an additional 13 RCMP officers could be dedicated to the two communities (INAC 2002a, p.17). The RCMP feel that having police officers living in the community will help build better relationships and trust with community members and Innu leaders .

No Federal or Provincial Government commitments were made to the Labrador Innu in November 2000 (see Table 3.9.1) with respect to community policing. Previously, commitments were made based on the 1995 Interim Policing Agreement and 1999 Agreement in Principle [described in Section 3.9.1 (a)].

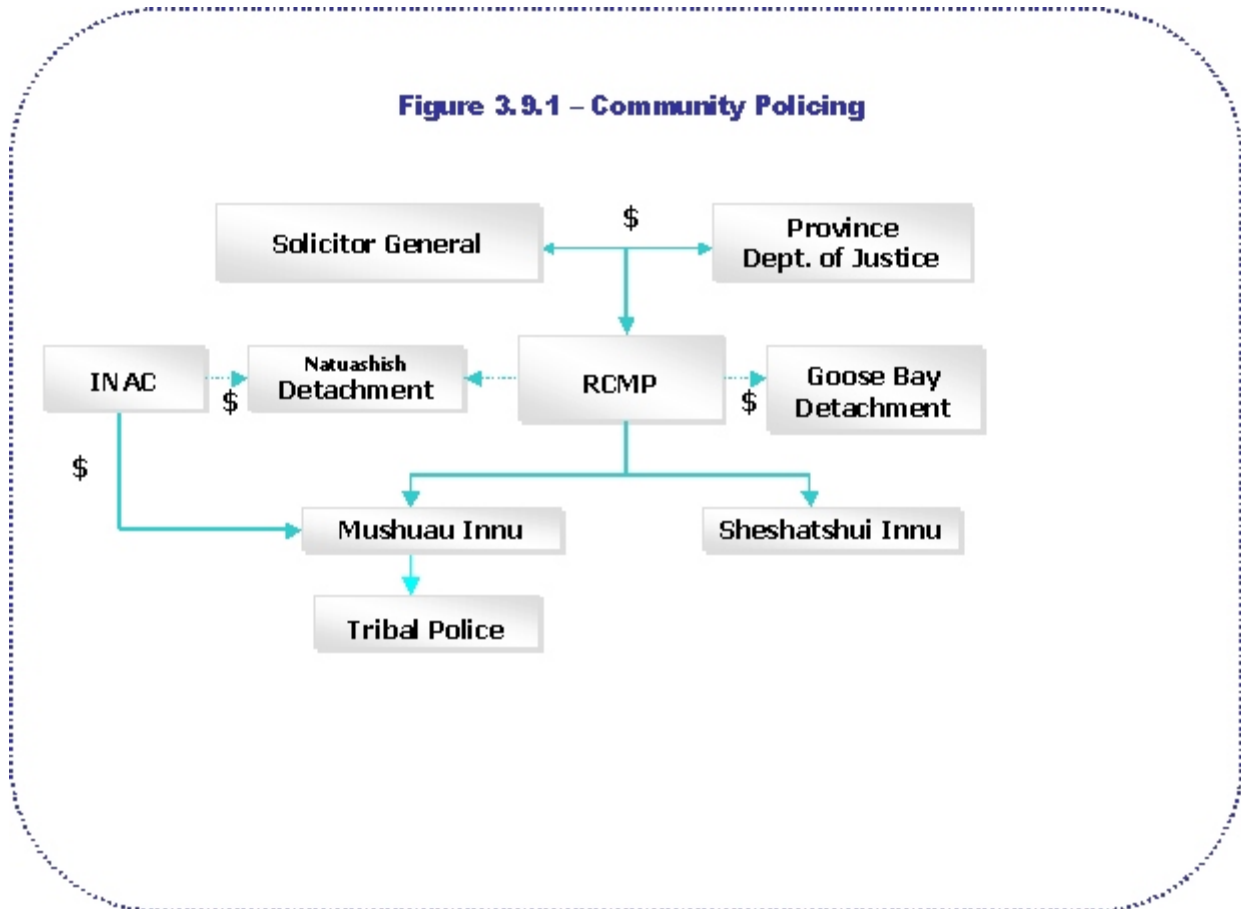
Table 3.9.1 - Community Policing - Federal and Provincial Government Commitments

Community Policing Government Commitments (October 25, 2001)
<i>(No specific commitments were made with respect to Community Policing in November 2000)</i>

3.9.1 (c) Parties Involved in Community Policing Component

The community policing component involves the Federal department of the Solicitor General, the Province of Newfoundland and Labrador, Department of Justice, Department of Labrador and Aboriginal Affairs, and the RCMP. The Solicitor General is the Federal Government lead for the

community policing component (INAC 2001a, p.5). The parties involved in the Community Policing component, and their relationships to each other are presented Figure 3.9.1.



3.9.1 (d) Process of Creating Community Policing Component Plan

A working group was established with membership from the Solicitor General, INAC, RCMP and some involvement by the Province. There has been no involvement by the Innu in the development of the policing component, although discussions about community policing between INAC and the Innu date back to 1991.

3.9.2 Community Policing Component Progress Against Plan

This subsection discusses the extent to which the policing component has been implemented against plan.

Progress in the Community Policing Component of the LICHS is summarized in Table 3.9.2.

Table 3.9.2 - Community Policing Component of the LICHS

<i>Community Policing Activities Funded under the LICHS</i>
(1) Negotiation of administration of tripartite police service agreement under the First Nation Policing Policy (2) Police Detachment for Sheshatshiu
<i>Work Completed (to Jan. 28, 2003)</i>
<ul style="list-style-type: none"> • Transfer of re-profiled funding to INAC regarding Sheshatshiu Detachment • Approval from RCMP for lease of Sheshatshiu Detachment • Obtaining title land from Province for Sheshatshiu Detachment • Resolving funding issue regarding Sheshatshiu Detachment • Building design for Sheshatshiu Detachment
<i>Work In Progress</i>
<ul style="list-style-type: none"> • Negotiations (Fed/Prov) on a Framework Agreement for Community Tripartite Agreements (no progress since December 2002) • Negotiations (Prov/Innu) of a Tripartite Policing Agreements (no progress since December 2001) • Tender Project Management for Sheshatshiu Detachment
<i>Work Not Started</i>
<ul style="list-style-type: none"> • Tender for construction for Sheshatshiu Detachment • Construction of Sheshatshiu Detachment

Source: INAC 2001b, Annex A, p. 2

The Tripartite Policing Agreements have not yet been signed. The *Game Plan* document developed by INAC staff stated that negotiations with the Innu in regard to the First Nations Policing Agreement were expected to be completed in 2002 or 2003 (INAC 2002a, p.17).

On January 2003, the community policing component was 36% complete (INAC 2003a). Particular areas of the component that are still incomplete include:

- Negotiations between the Solicitor General and the Province on a Framework Agreement, which are 90% complete. The Province and SolGen have worked on this Framework

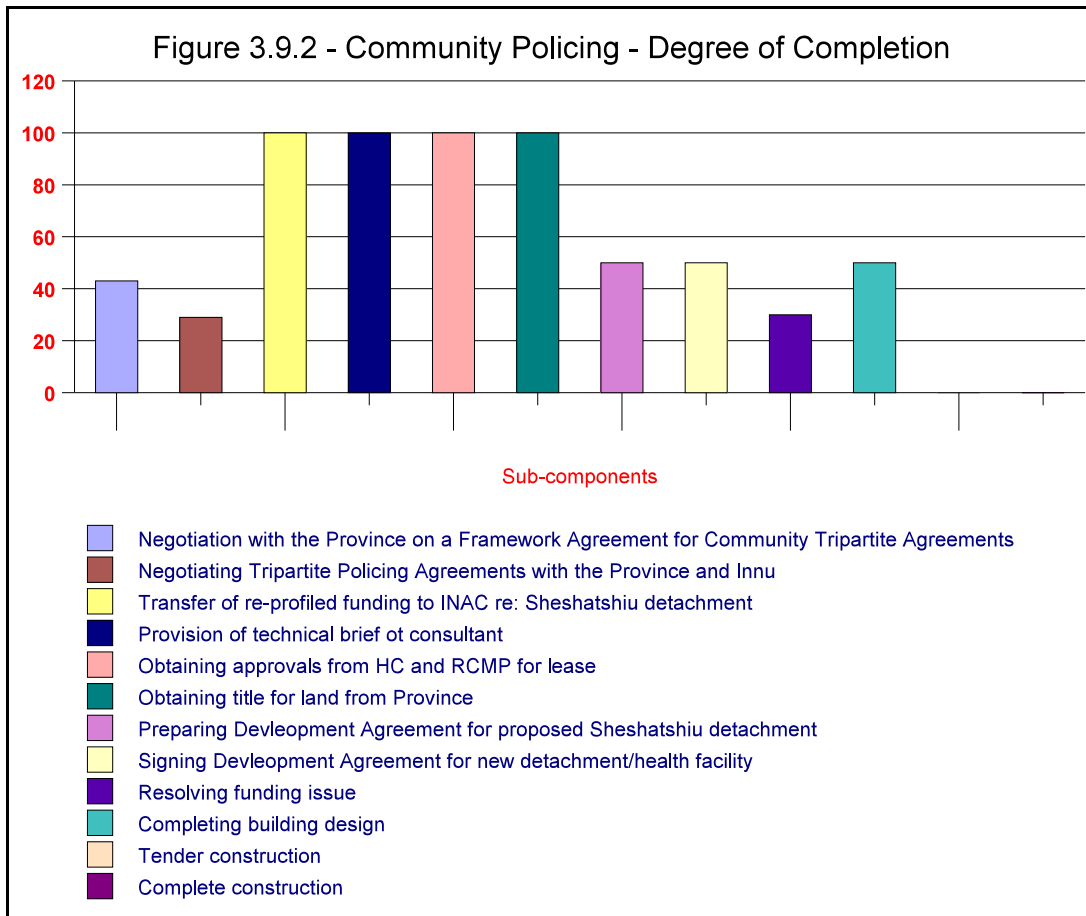
agreement. It will not be finalized until an individual Community Tripartite Agreement is ready for signature;

- Negotiations between INAC, Solicitor General and the Province on a Framework Agreement for Community Tripartite agreements was 90% complete ;
- Preparing Development Agreement for proposed Sheshatshiu detachment was 50% complete;
- Signing a Development Agreement for new Sheshatshiu detachment/health facility was 50% complete;
- Resolving funding issue in regard to Sheshatshiu detachment was 30% complete;
- Completing building design was 50% complete;
- Tender construction was 0% complete; and
- Construction of the Sheshatshiu detachment was 0% complete (INAC 2003a, p.16).

An RCMP police detachment has been built in Natuashish. It was 99% complete by January 28, 2003 (INAC 2003a, p.8). At the time of the interviews, the building was complete except for the cell blocks. The new RCMP police detachment is expected to help attract officers to work and live in the community over an extended period of time. The detachment in Natuashish was built under Relocation funding and not community policing. Two residential units have been constructed for RCMP officers who will live permanently in the community.

An RCMP police detachment is planned for Sheshatshiu through a combined funding agreement via the Healing Strategy. The Solicitor General, the Province of Newfoundland and Labrador, the Innu and the RCMP believe that building a new detachment in Sheshatshiu was important for the Community Policing Component to eliminate the need for officers to drive from Goose Bay and to have a physical presence in the community. The detachment design has been finalized so that it will be a multi-purpose building that will be shared with Health Canada. The Sheshatshiu detachment building has been designed to be a “community building” to help build better relationships with community members. It will include a community room where restorative justice approaches can be practised, Elders and youth can also use the room for various meeting purposes.

The degree of completion for the Community Policing component is shown graphically in Figure 3.9.2. This Figure represents the degree of completion as of January 28, 2003, according to INAC’s *Critical Path* document. The progress for each subcomponent is a cumulative average of all the activities within the subcomponent. A comparison of components by overall degree of completion is provided in Section 3.1 (Figure 3.1.1).



3.9.3 Community Policing Component Results

This subcomponent discusses the positive results from the policing component and the negative impacts and challenges of its implementation.

3.9.3 (a) Positive Impacts of Community Policing

Respondents from the Federal Government feel that the detachment in Sheshatshiu will help with community building, by developing stronger relationships between all parties, resulting in less disruption in the community. A Provincial source has stated that as a result of the component, policing has been enhanced in both Innu communities – although no evidence was provided to substantiate this statement.

3.9.3 (b) Negative Impacts of the Community Policing Component

As a consequence of the vastly differing perspectives among the Labrador Innu, the Government of Canada and the Government of Newfoundland and Labrador regarding the ultimate outcome of this component (discussed in Section 3.9.3-c below), the community policing component has resulted in deteriorating relations among the three parties.

3.9.3 (c) Community Policing Challenges

The evaluation identified several challenges to community policing:

- There are differing perspectives on the type of policing that the community should have. The Innu believe that First Nation administered policing services is necessary to address some of the social issues in the communities (Olthuis 2001a, Olthuis 2001b, Olthuis 2003). The Province, however, is opposed to First Nation-administered policing services (Correspondence, Justice Department 2002, pp. 1-2). Interviews with representatives of the Province and the RCMP confirm this position as the Province does not have the statutory capacity to establish it. A Provincial source, however, has countered that both the Province and SolGen see First Nation administered policing services as an issue that is to be discussed during self-government negotiations rather than via the LICHS.
- The Innu Nation continues to recommend that Canada and the Province immediately enter separate policing agreements with the Sheshatshiu Innu and Mushuau Innu that Canada provide funding for the policing agreement negotiation and that self-government negotiations recommence with a focus on justice-related issues so that the policing agreements move to First Nations-administered policing (Innu Nation et al 2003a, pp. 2-4).
- Respondents from the Federal Government expressed concern that the last Community Policing Agreement meeting was more than one year ago. A Provincial source, however, has stated that the last meeting was in September 2002, and that there has been correspondence on the issue since.
- To increase Aboriginal representation in the RCMP, six Innu were admitted into the RCMP's Aboriginal Cadet Development Program to (ACDP) upgrade their skills to qualify to enter RCMP training in Regina. However, keeping Innu recruits in the programs is an on-going challenge because going outside the community (away from family) for training is problematic for some Innu.
- The Innu believe that the RCMP do not respond promptly to their needs and feel that certain illegal activities are allowed to go unnoticed (interviews - Innu).

- The RCMP have difficulty in enforcing the law in regard to serious social problems. For example, many cases of sexual assault go unreported, and even when cases are reported, few victims lay charges (interviews - RCMP).
- According to the Innu, Tribal peacekeepers' training is not recognized as legitimate training by the RCMP in Sheshatshiu, but is recognized (and funded) in Natuashish (interview - Innu). A Provincial source, however, counters that SolGen and the RCMP do recognize Tribal peacekeepers' training as legitimate, but they question the competence of Tribal policing.

3.9.4 Community Policing Component Issues

This subsection discusses the issues faced in implementing the Community Policing component in terms of the four broad evaluation areas: consultation, collaboration, capacity building and cost effectiveness.

3.9.4 (a) Consultation

While respondents from all parties expressed the objective is to ensure that communities are safe and secure, both governments (Federal and Provincial) and the Innu have different ideas on how community policing should be delivered. Currently, the parties are involved in a three-phase process whereby in Phase I, the Innu have proposed a First Nation community Police service. ESC representatives have stated that Phase 2 is for the development of the process and Phase 3 is for implementation. Innu representatives stated that INAC may be providing funding to SolGen for Phase 2 to move forward.

3.9.4 (b) Collaboration

The evaluation identified several areas where collaboration has been successful:

- Inter-agency collaboration, in times of crisis, is working well in both communities. Particularly, when children need to be removed from unsafe environments. Several social services, the RCMP and the Health Commission staff work well together on solutions (Interviews - HC, SolGen).
- Remarks from Solicitor General respondents, the lead group in obtaining the necessary funding to build a detachment in Sheshatshiu, indicated that collaboration among the parties was helpful in obtaining funding for the detachment in Sheshatshiu. The Solicitor General appreciates that the RCMP in Goose Bay will act as Project Managers to assist with the building of the detachment in Sheshatshiu given their expertise and proximity to the site.

The evaluation identified several areas where collaboration could be improved:

- The relationship in Natuashish between the Tribal peacekeepers and the RCMP is strained. The Tribal peacekeepers and the RCMP will need to develop a better understanding of their working relationship to serve the community's multiple needs. Currently the Tribal peacekeepers are not involved in Framework Agreement discussions, as they do not have criminal code authority .
- The Innu and the court system have had problems working effectively over many years so any collaboration is challenging.
- There is little collaboration among the Innu leadership and the RCMP in either community for several reasons: the history of poor communications between the two parties, the lack of RCMP involvement in the communities, lack of recognition of Tribal peacekeeping in the communities and the Innu desire for First Nations administered policing.

3.9.4 (c) Capacity Building

For 2001-2002, the RCMP is mentioned as not having been provided any capacity development money for either community, although it was able to take advantage of other Federal and Provincial funding initiatives, such as the Summer Student program, the Aboriginal Cadet Development program, and the Federal Youth Internship program (No author, no date-3, p.9).

3.9.4 (d) Community Policing Funding & Cost Effectiveness

Funding Formula Changes

Once tripartite agreements are finalized, funding will be shared between the Solicitor General (52%) and the Province (48%). Better funding for policing due to Federal involvement means that more funds will be available for police services in each community. The previous funding split was Federal (30%) and the Provincial (70%). The current Provincial budget is \$210,000, which will become a 48% share rather than a 70% share. Therefore more funds for policing will be available for both communities. The Solicitor General "top-up" funds allow for more officers to potentially be placed in each community.

Funding the Sheshatshiu Detachment

The Solicitor General respondents view an improved RCMP presence in Sheshatshiu as an important element to improving community policing. A Tripartite First Nation Community Policing Agreement from 1999 provided funds for "peacekeepers". As Sheshatshiu detachment discussions advanced, agreement discussions seemed to have less priority as the SolGen limited

resources to work on the tripartite agreement and detachment planning simultaneously.

Detachment planning for Sheshatshiu was time consuming because INAC and the RCMP faced a funding issue with regard to the construction of the Sheshatshiu community detachment. The source of the issue is that Cabinet approved a police detachment for the community of Sheshatshiu, but failed to provide the required resources to move forward with the project (INAC 2001a, p.7). By October 2002, an agreement in principle between INAC and the RCMP was established to resolve this funding issue (INAC 2002b, p.2).

In 2002, INAC made funds available to the RCMP in order to fund the construction of the new police detachment in Sheshatshiu. Programs and services funding that could not be expended due to delays in registration and reserve creation processes were redeployed. All parties to the Healing Strategy agreed that this is an important step for success in the Healing Strategy at Sheshatshiu (INAC 2002c, p.5). Sheshatshiu's detachment design plans have been approved.

3.9.4 (e) Other Issues

The evaluation identified several other issues faced in implementing the community policing component:

- Burnout and discouragement by police who are overwhelmed by the problems within the community.
- Difficulty in laying charges in the community, particularly in the area of sexual assault, theft and vandalism.
- RCMP are concerned that their responses are focused on crises and not enough on prevention and building relationships within the community. RCMP involvement in hockey for youth has been positive in helping to build relationships.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction to Conclusions and Recommendations

4.1.1 Scope of the Conclusions and Recommendations

This section of the report synthesizes the IER/ARI study team's evaluation findings about the LICHHS and its components, and presents the synthesis in a structured set of conclusions and recommendations. All recommendations produced for the report flow from the study team's conclusions. In order to clearly link the recommendations to their rationale, this section presents each recommendation in association with the relevant conclusion.

The IER/ARI study team have been faced with the challenge of trying to confine the report's conclusions and recommendations to the study's Terms of Reference/Statement of Work. A polarity of responses between the Federal Government and the Labrador Innu (as discussed in Part 1 of the Executive Summary) renders staying within the bounds of the terms of reference of the evaluation questions meaningless. In order to put the evaluation findings (and therefore conclusions and recommendations) into a meaningful context, the study team has produced conclusions and recommendations that include the larger issues that surround the development and implementation of the Healing Strategy.

4.1.2 Structure of the Conclusions and Recommendations

The conclusions and recommendations are primarily framed by four concepts: (1) Polarization; (2) Blended Model; (3) Creating a Blended Model; (4) An Implementation Plan.

(1) Polarization

Briefly put, the larger issue of polarization of opinion between the Federal Government and the Labrador Innu is the central issue which the report's conclusions and recommendations attempts to deal with. In the current approach to the Healing Strategy, the two parties, as a general rule, have worked in isolation from each other and, as such, have worked against each other.

(2) Blended Model

Little concerted effort was made at the beginning of the Healing Strategy to establish common ground between the Labrador Innu and the Federal Government; polarization is a consequence of this. The IER/ARI team believe that common ground needs to be established, and suggest that the interests, perspectives and approaches of these two parties must be blended into the Healing Strategy by means of establishing a blended model or approach. From this model, a foundation of common interests can be established, and a joint relationship can be built.

(3) Creating a Blended Model

Given the length of time in which the two parties have been largely opposing each other, it will probably not be easy for a blended model to come into being. In order to facilitate the process of creating a blended model, the IER/ARI team recommend a step-by-step approach to establish a series of important and achievable successes. Many of the conclusions and recommendations are framed within the step-by-step process of creating the blended model.

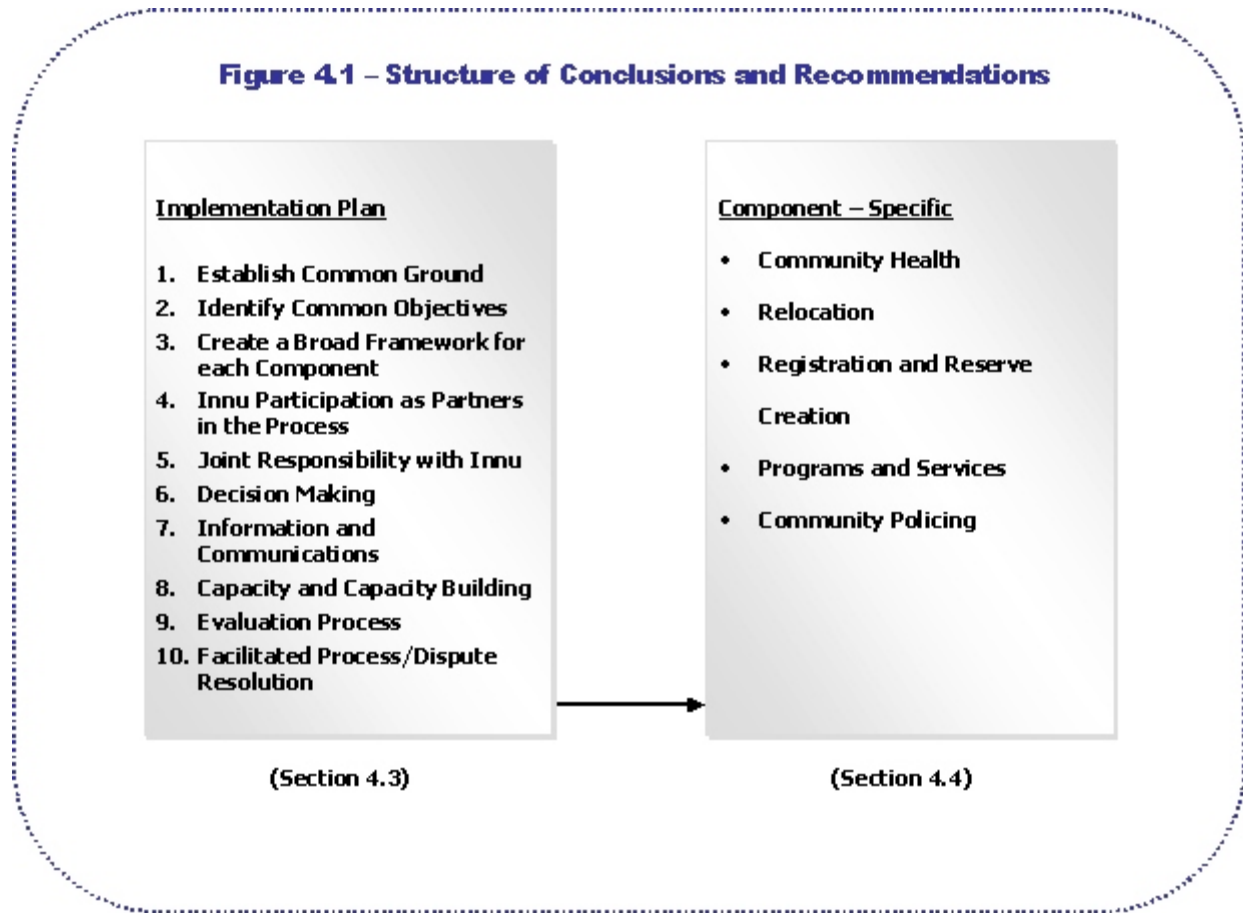
(4) An Implementation Plan

The study team has produced a step-by-step process within the context of an implementation plan as a starting point to creating a more blended model of relationships between the parties involved in the Healing Strategy. Since the concept of an implementation plan was suggested by the Evaluation Steering Committee (which represents the views of the various parties), it is more likely that the implementation plan will succeed than if a solution that is not endorsed by the various parties.

Most of the report's conclusions and recommendations pertain to the implementation plan, as it is the study team's belief that the resolution of conflicting views between the Federal and Innu parties is paramount for the future success of the LICHS. In addition, there are conclusions and recommendations regarding individual components of the Healing Strategy. While important in and of themselves, they are of secondary importance to the implementation plan conclusions and recommendations. Only once a blended model is successfully established, the component-specific recommendations should be implemented.

The IER/ARI study team were concerned about the task of producing cost effectiveness figures for the LICHS evaluation. Therefore, a conclusion and recommendation is provided about cost effectiveness.

The structure of the report's conclusions and recommendations is illustrated in Figure 4.1.



4.2 External Issues Overview

This subsection outlines the larger issues and puts the LICHS into context. In addition, conclusions and recommendations are framed within this context.

4.2.1 Historical Relationship - The “Old Approach”

There is a historical relationship between the Innu Nations and Canadian society. In the past, the relationship between the Innu and the Federal Government has not worked well, and has had disastrous consequences for the Labrador Innu.

The Healing Strategy is representative of an attempt, by all parties involved, to change the nature of the past relationship between the Innu and the rest of Canadian society, and more particularly, between the Innu and the Federal and Provincial Government.

In order to frame the conclusions and recommendations relating to the Healing Strategy, it is necessary to first answer a primary question inherent in the Healing Strategy. The question is: “what has changed in the approach taken by the Healing Strategy from the past approach -- an approach that has had disastrous consequences for the Innu?” The Labrador Innu and Federal Government responses to this key question sets the overall context for the conclusions and recommendations.

4.2.2 The Healing Strategy: A New Approach or More of the Same Old Approach?

4.2.2 (a) The Innu Perspective – More of the Same Old Approach

From the Innu perspective, which tends to focus more on the overall relationship and processes, the Healing Strategy does not represent a substantial change from the old approach experienced by the Innu. From this perspective, the Healing Strategy is repeating history and therefore cannot be considered as a step in the right direction. If the historical relationship and previous approach did not work for the Innu, repeating that same process but with some minor modifications will not work. Repeating the past could mean that , the Labrador Innu will be the ones to suffer the consequences.

From this perspective, the Innu do not agree that implementing the same programs and services and adhering to the same standards (that did not work previously) will have significantly different results under the LICHHS. This is one of the reasons why, from the Innu perspective, that the situation continues to be in a state of crisis.

4.2.2 (b) Federal Government Perspective – A New Approach

From the Federal Government perspective, the Strategy may not necessarily herald the beginning of a new era but it does represent some very innovative features that are new, and quite significant in terms of accomplishing the tasks outlined in the Healing Strategy.

From the perspective of Federal Government, the Healing Strategy is unique and, in many ways is charting new territory. The coordinated approach of a number of different Federal and Provincial departments, all working toward the physical and social reconstruction of two communities, in addition to supporting the healing of a peoples is a task without large amount of precedent within the Federal and Provincial Government. The overall accomplishment of the tasks undertaken requires the simultaneous performance of a number of complex activities, such as:

- creating reserves and new Bands under the Indian Act;
- building a completely new community in the North, complete with new infrastructure; and
- attempting to ensure that these activities take place in a culturally appropriate manner in a complex environment of social and politically sensitive issues.

Within this framework, the Federal Government holds the opinion that this unique environment has resulted a number of new or different approaches to suit the needs of the particular circumstances of the Labrador Innu. There have been a number of joint initiatives attempted, such as joint committees and numerous meetings, to ensure that new levels of consultation and collaboration can be attempted.

4.2.3 The Success of the Healing Strategy - Now and in the Future

Despite the polarity of the opinions expressed by the parties, all agree that they want the Healing Strategy to succeed. All agree that the stakes are too high – with the future of the Innu children hanging in the balance – for the Healing Strategy to fail. With this in mind, all agree that the Healing Strategy is designed to achieve positive results in the Innu communities. Ultimately, the success of the Healing Strategy will depend on the results achieved in the communities.

As illustrated in this evaluation, the Healing Strategy can successfully accomplish a number of activities, tasks, objectives and milestones and do so in a timely manner. However, these accomplishments are judged in an overall context of the polarity that exists between the parties. Consequently, the current polarity may lead to the situation that no matter what accomplishments are achieved by the Healing Strategy (i.e., using Federal Government standards) it will ultimately be judged a failure at the community level (i.e., using Innu standards). This is not a situation that will benefit either the governments or Innu.

4.3 Implementation Plan Conclusions and Recommendations

4.3.1 Blended Model

Conclusion #1: Polarity of Opinion is the Primary Obstacle to Achieving Successful Outcomes

The polarity of opinion between the Federal Government and the Labrador Innu regarding the nature of the Healing Strategy is the primary obstacle to achieving successful outcomes. It is in the interests of all parties involved in the Healing Strategy to change the current approach to achieve a commonly defined and agreed upon foundation for mitigating – if not removing – the basis for the polarities that exist amongst the parties.

Recommendation #1: Create a More Blended Model of Relationship/Operations

Recommending a new model is easy, but implementing it may be a challenge. In order to maximize the chances of success in implementing the recommendation, the IER/ARI study team have given careful consideration to the recommendation.

The parties have become quite polarized in their positions and are quite entrenched in their approach. Therefore beginning the process of creating a more blended approach/model may not be that simple. For this reason we have framed our conclusions and recommendation in terms of an implementation plan -- as this framework was already suggested by the Evaluation Steering Committee (ESC) and therefore may be a more acceptable way of beginning to improve the existing situation. In April 2003, Innu members on the ESC stated that they wanted to be more involved in defining success; this indicates a willingness on their part to be involved in the joint implementation of the model suggested in this recommendation.

To facilitate the process of jointly creating an implementation plan, the following recommendations are framed in a step by step approach. To create an implementation plan the IER/ARI team suggests that the parties proceed through the steps identified, modifying the approach only when jointly approved. The adoption of a stepped approach is based on the logic of establishing common ground; this can begin with relatively simple goals, and then proceed to more complex tasks.

The following ten step process is based on a very simple approach of answering the following basic questions:

- Where are we going?
- How will we get there?
- How will we get there together?

In terms of the Strategy, these questions translate into the following questions on:

- Objectives: What are the common objectives for the Strategy?
- Process: What type of joint processes will allow these objectives to be accomplished?
- Relationship: What relationships must be established for the parties to jointly accomplish these goals?

The step-by-step approach to the implementation plan has been designed to address these fundamental questions and issues while, at the same time, staying within the context of the Healing Strategy.

The **10-step implementation plan** is briefly outlined below. Each step is described in more detail in the following subsections.

Step# 1: Agree to the Stepped Approach to Creating the Implementation Plan – establish common agreement between the two parties to begin the process using a stepped approach

Step #2: Objectives – define the common objectives for the Healing Strategy

Step # 3: Process – agree on a common process to achieve the commonly accepted objectives

Step # 4: Relationship – define the elements of a new, mutually agreed-upon relationship; change the Labrador Innu’s status from participants to partners.

Steps 5 through 8 deal with specific aspects of the Labrador Innu’s enhanced status as partners.

Step # 5: Joint Responsibility – as a partner, the Innu must be made jointly responsible and accountable for the Healing Strategy

Step # 6: Decision Making – the structures of decision-making within the LICHS are to reflect the Innu’s enhanced decision-making authority as partners

Step # 7: Information and Communications – develop means of communicating all relevant information among the parties, including the Labrador Innu

Step # 8: Capacity and Capacity Building – create common definitions of these terms and review the Capacity Development Strategic Plan

Step # 9: Evaluation – joint design of LICHS evaluations by the two parties, starting when the next RMAF will be developed

Step # 10: Facilitated Process – develop the process safely and securely through mediation or facilitation by a third party

4.3.2 Development of an Implementation Plan

The benefit of conducting an evaluation early in the implementation of the Healing Strategy is that it presents the opportunity to make changes early in the Strategy. At this juncture in the LICHS, adopting a different approach (i.e., the blended model) may present some challenges, however, they are not insurmountable, as all sides have expressed an interest in attempting to improve the existing process.

The development of an implementation plan should take into account the difficulties currently being experienced and attempt to mitigate these difficulties. The primary approach is for the parties to develop some common ground upon which they can then proceed into the more complex details of the Healing Strategy. This may not be an easy exercise, given the existing polarities. However, with a gradual, step-by-step process, it may be possible for both parties to continue to build trust in each other and step back from their entrenched positions. While this process may seem onerous, it may confirm the aspects of the Healing Strategy that are working well in the Innu communities and will modify those aspects of the Strategy’s implementation that are in need of change.

4.3.3 Step 1: Agree to the Stepped Approach to creating the Implementation Plan

Conclusion #2: No Common Ground was Established at the Outset of the LICHS Process

All agree that the problems and issues that the Healing Strategy are attempting to address are complex, multifaceted and in many ways, daunting tasks to take on. As such there needs to be a minimum level of commonality, or common ground established amongst the parties before undertaking such a task. Otherwise, the process designed to solve the situation will contribute to the overall complexity of the task.

Recommendation #2: Jointly Develop Common Principles

In the current environment, any recommendations have the potential to stall rather than facilitate the parties getting past their current positions. This holds true for the process of creating an implementation plan. Therefore, the first step is just getting a common agreement to begin the process using the general framework of a stepped approach and for the parties to jointly develop some common principles and grounds in order to establish a sound footing to proceed into the difficult task of dismantling the polarity of opinion.

Once into the process the parties can jointly change the process or the steps within the process, but first the parties have to establish a common framework (the implementation plan) in which to get that joint agreement. In the current situation, there is rationale to delve into the specifics if the parties cannot first reach a commitment to the approach.

4.3.4 Step 2: Objectives

Conclusion #3: There is No Mutual Agreement on the Healing Strategy's Aim

Currently, there is no agreement between the Federal Government and the Labrador Innu about precisely what the Healing Strategy is attempting to accomplish: there are only stated objectives by the Federal Government. As long as there is no mutual agreement on the Healing Strategy's aim, the established positions of each party will remain entrenched. It is therefore necessary to define the common objectives for the Healing Strategy, so that all parties can then agree on how to achieve these objectives.

Recommendation #3: Establish Overall Goals and Objectives

The first common principle for the two parties to establish should be the overall goal and objective(s) of the Healing Strategy. Each party must discuss with the other what, in their view, the Healing Strategy needs to address. The objective of the decision-making process will be to establish some level of agreement on the overall objectives of the Healing Strategy.

4.3.5 Step 3: Process - Create a Broad Framework

Conclusion #4: Common Agreement Needs to be Reached on Process of Achieving Objectives

Once commonly defined objectives have been identified by the two parties, it is necessary to take the next step of achieving common agreement on the overall process of how the commonly defined objectives are to be achieved.

Recommendation #4: Jointly Develop a Broad Framework for the LICHS

Using the commonly defined objectives as a map, the Federal Government and Labrador Innu must jointly develop a broad framework for the LICHS, for each component. At this stage the framework is not to be highly detailed; rather, it should outline the overall direction and process for each component. Producing the broad framework will allow all parties to know at the outset the general direction, tasks and timeframes of the overall Healing Strategy process.

4.3.6 Step 4: Innu Participation as Partners in the Process

The subject of the Innu's status in the Healing Strategy is not in the Terms of Reference. However, it was raised so frequently by persons interviewed in the course of the evaluation that it of great significance to the LICHS' overall success.

Conclusion #5: The Labrador Innu Need Greater Status in the LICHS Process

The status of the Labrador Innu as participants in the LICHS is one of the other major obstacles to cooperation and shared perspectives between the Innu and the Federal Government. The Healing Strategy process will not significantly improve unless the status of the Labrador Innu is changed.

It is important, at this juncture, to be clear about what partner means in the context of the Healing Strategy. To begin with, it is not just a matter of semantics; nor is it a matter of "increased Innu participation" or "building the Innu" to a greater extent into the existing process, as these measures would only be making some revisions to the current model of relationships: given the Labrador Innu's dissatisfaction with the current model, these approaches simply will not work.

Recommendation #5-a: The Labrador Innu are to be Partners in the Process

Within the general framework for the LICHS, agreement must be established between the two parties regarding the Labrador Innu's participation as a partner in the process. Once common objectives and a broad framework for the Healing Strategy is completed, the Federal Government and Labrador Innu should jointly define and reach a general level of agreement over what being a partner means in the LICHS process.

Recommendation #5-b: As Partners, the Labrador Innu Need to Have Co-responsibility, Decision Making Powers and Access to Information

The term Partner implies some form of joint process. It is not the same as partnership, as being a partner must include the principle of increased responsibility. In order for the Labrador Innu to take responsibility for decisions made, the Innu will have to have some decision making authority or capacity. Further, in order to make good decisions, this would require good information. Hence there is a need for increased information access and communication for the Innu.

Each of these three features of partnership mentioned in Recommendation #5-b, are discussed in more detail below.

4.3.7 Step 5: Joint Responsibility with the Innu

Conclusion #6: The Labrador Innu Have Not Had Responsibility for the LICHS to Date

So far, the Labrador Innu have had no sense of “buy in” or “ownership” of the Healing Strategy. As a result, they have taken no responsibility for the initiative. The current relationship structure, with the Innu as participants means that the Innu are not able to take responsibility for anything other than individual healing programs (such as the family treatment and country treatment programs – which have been assessed by Innu participants as being largely successful). The Labrador Innu want to take more responsibility for programs and services (including health and policing) that are delivered in their communities as soon as possible.

Recommendation #6: As Partners, the Labrador Innu Need to be Jointly Responsible for the LICHS

Allowing the Labrador Innu to be jointly responsible for community programs and services will:

- Demonstrate to the Innu that a new approach is actually being implemented, not just being talked about by the Federal and Provincial governments;
- Generate more buy in from the Innu communities in the Healing Strategy and lead to an increased desire by the Innu to work together with the Federal Government; and
- Bring political leaders together.

4.3.8 Step 6: Decision Making

Increased responsibility means more decision making authority. This means that as partners, the Innu will have more decision-making powers to influence the LICHS. With increased decision-making powers, the Innu will have more at stake in ensuring that the Healing Strategy is a success, because they will no longer be outside the process; it is very easy to be a critic when one is excluded from the process.

If the Labrador Innu are to have increased decision making powers, then it will be necessary for this to be reflected in the decision making structures within the LICHS. However, the existing system of decision making within the Healing Strategy may first need to be reviewed.

Conclusion #7: Current Decision Making Structures are Vague and Confusing

The current decision making structures in the LICHS are vague and confusing. The Healing Strategy has a significant number of committees, tables and working groups. However, there does not seem to be a clear decision making relationship among all the various organizational bodies identified in the LICHS. The team recognizes that the Healing Strategy is complex; it involves five components and many parties. Therefore, it needs various committees; however, a clear relationship is lacking. This is demonstrated by a high level of uncertainty – certainly amongst the Innu -- about how decisions related to the Healing Strategy are being made and who is making the decisions.

Recommendation #7: Implement a Structural Review of Committees and Decision-making Structures

The implementation plan should include a structural review of committees and decision-making structures for the sake of incorporating the Labrador Innu's into decision making. In addition, it is important to clearly identify the relationships among the committees and note who is making decisions for the Healing Strategy and its various components. The structural review should also question whether the current number of committees, is appropriate and efficient; and, if the answer is no, then, there will be a need to revise the structure while ensuring that there is no disruption in the progress of the Healing Strategy as a consequence of the restructuring. It is also necessary to involve the Innu in this review and to incorporate more decision-making powers in new structures created as a consequence of the review.

Conclusion #8: Jurisdictional Differences Have in Some Cases Meant Little or No Progress in Decision Making

The Implementation Plan is primarily focused on the need to bring the Labrador Innu and Federal Government together. However, there is a need for better progress to be made at the decision-making level between Federal Government departments and between the Government of Canada and Government of Newfoundland and Labrador on certain aspects of the Healing Strategy. While there are signs of cooperation between Federal Government departments, and between the Federal Government departments and their counterparts in the Government of Newfoundland and Labrador, there are areas of the Healing Strategy, such as the proposed safe houses for Sheshatshiu and Natuashish, where protracted debates between government bodies regarding their mandates have meant little or no progress.

Recommendation #8: Build on Successful Cooperation and Strive to Resolve Areas of Disputed Responsibility

The Federal Government departments and Government of Newfoundland and Labrador ministries involved in the LICHS should strive to build on their successes in cooperation with each other to overcome areas of conflict and resolve “gray” areas of disputed jurisdiction or mandate, for the sake of the success of the Healing Strategy.

4.3.9 Step 7: Information and Communications

In order for decision making to have value, there must be a means to have access to sufficient information. For the Labrador Innu to have increased decision making powers, this means that all necessary information must be readily shared between the Federal and Provincial Governments and the Labrador Innu. However, the data collected during the evaluation indicates that so far, the Labrador Innu have had limited access to relevant information about the LICHS during strategy’s development and implementation.

Conclusion #9: The Innu were Poorly Informed about the Healing Strategy

The Labrador Innu were until very recently unaware of many details relating to the LICHS, although they were aware of, and participated in, the various component initiatives of the Healing Strategy. This occurred as a result of a combination of poor communication by the Federal Government to the Innu communities about the Healing Strategy and the plethora of Federal Government initiatives in the communities competing for the Innu’s time and attention. The evaluation process, however, appears to have made significant inroads in raising awareness of the Healing Strategy in the Labrador Innu communities. As the party with the most accurate view of conditions in the communities, they also have a great deal of valuable information to provide to the Federal Government departments and the Government of Newfoundland and Labrador.

Recommendation #9-a: Create a Communications Plan

INAC, Health Canada and SolGen should make a more concerted effort in informing the leadership and members of Sheshatshiu and Natuashish about the Healing Strategy, its goals and components, and how they can be involved in directing its course -- ideally through the medium of a coordinated and comprehensive communications plan. This will help to bring the Innu communities “up to speed” about the Healing Strategy and, when combined with increased decision making powers, enhance community “buy-in”. The Labrador Innu should also be involved in the creation of the communications plan: their participation will increase the legitimacy of the plan and enable the communications materials to be designed for the Innu audience.

Recommendation #9-b: Involve the Innu in Staffing Recommendations

The Innu should be involved in making staffing recommendations resulting from the implementation of the Healing Strategy. This applies to all programs and services associated with

the Healing Strategy as it pertains to their communities. This will ensure that the staffing reflects the “on the ground” realities in the communities.

Conclusion #10: There are Different Interpretation of Terms and Concepts Between Parties

A significant measure of how well a program is proceeding is the ease at which the participants communicate with each other. In the instance of the Healing Strategy a major obstacle to effective communication among the parties is the different interpretations given by these parties to terms used in the Healing Strategy. As long as differences in interpretation of terms exist, there is no opportunity for building consensus among the parties.

Recommendation #10: Jointly Define Terms and Definitions

The communication plan should include common definitions for the most frequently used terms and/or concepts used in the Healing Strategy (i.e., “holistic”, “healing”, “comprehensive”). The terms and definitions used in the Healing Strategy must be jointly defined by the Federal Government and the Innu. If the two parties fail to establish common definitions and understanding of words and phrases that are central to the Healing Strategy, then these words should not be used in the Healing Strategy’s title.

If the Innu are not accorded the status of partners, then the phrase “Labrador Innu” should be taken out of the Healing Strategy’s title to remove the impression that the strategy is a joint effort between Canada and the Innu.

Conclusion #11: Insufficient Exchange of Information with the Labrador Innu

The Federal Government and the Province of Newfoundland and Labrador have not shared sufficient information with the Innu regarding the Healing Strategy. This must change.

The Labrador Innu need to be brought into the “loop” of information regarding the LICHS, at the very least. The Federal Government needs to share the actual Healing Strategy documents with the Labrador Innu, including information regarding budgets and timelines, as well as the bilateral (Federal/Provincial) agreements produced as part of the strategy. Nevertheless, concerns by the Governments of Canada and the Province regarding confidentiality and preserving secrecy of information are legitimate. There are some provisions that have to remain disclosed from the other parties.

Recommendation #11: Create Information Sharing Protocols

It is important to create information sharing protocols for two reasons, to balance information sharing among the parties and the need for governments to protect their information. The proper means of sharing information among parties while protecting the required confidentiality and secrecy is for all the parties to jointly develop information sharing protocols: determining what information is required, how the information is to be shared and when and by whom. Under carefully thought-out information sharing protocols, it is possible for the Federal and Provincial

governments to have appropriate safeguards built into the plan to ensure confidentiality when necessary or appropriate: for example, a signed agreement not to distribute protected information.

4.3.10 Step #8: Capacity and Capacity Building

While the issue of terms and definitions has been dealt with in general in the Conclusion and Recommendation #9 in the preceding subsection, the word “capacity” and the phrase “capacity building” are of such significance to the Healing Strategy that specific recommendations address these terms, the underlying concept, and their application.

The pace at which the Federal Government is addressing the Labrador Innu healing crisis has been quickened by the Healing Strategy. There is divided opinion, however, as to whether the pace is too fast (a view held by the Federal and Provincial Governments, who are concerned that the Innu communities lack sufficient capacity to heal themselves), or too slow (a view held by the Innu, who say that capacity building has not been a major element of the Healing Strategy and that the crisis will not be sufficiently addressed until they have control of the healing programs and services in their communities).

Conclusion #12: There are Different Perspectives on Innu Capacity

The differences in view between the Federal Government and the Labrador Innu regarding the pace of the strategy is tied to their different perspectives of Innu capacity.

Recommendation #12: Create a Commonly Accepted Definition of Capacity

In order to resolve the issue of pace, there must be a commonly defined meaning of “capacity”. Therefore the Federal Government and the Labrador Innu should develop a common and agreed upon definition of “capacity” and “capacity building”. This will mean that parties will have to look at their own approach and modify accordingly to establish some common ground. For example, the Federal Government must look at different ways to utilize the existing Innu capacity in the communities when implementing specific aspects of the Healing Strategy components.

Conclusion #13: Both the Labrador Innu and the Federal Government May Presently Lack Sufficient Capacity

Through the LICHs, both the Labrador Innu and Federal Government are taking on new responsibilities, but do not seem to have the capacity to fulfill what each party expects of the other under the Healing Strategy. The main reason why the Federal Government has signed bilateral agreements with the Province of Newfoundland and Labrador on programs and services (education, social assistance, and child and family services) is that neither the Federal nor Provincial Governments believe that the Labrador Innu have sufficient capacity to take control of these services. Part of the problem is the inability or unwillingness of these governments to see the current capacity of the Labrador Innu. Another part of the problems is that in certain areas they are not yet ready to take control of these services.

Capacity building is not a one way street...it is not only the Innu that have to build capacity. The federal government has undertaken a number of responsibilities that require the development of sufficient capacity to effectively implement these undertakings. Capacity in this regard refers not only to a sufficient budgetary allocation for the Strategy, the appropriate number and training of staff, but also refers to the overall approach taken by the federal government to the new relationship being established with the Innu. For example, throughout the evaluation process a large number of Innu respondents indicated they strongly held believe that the federal government lacks the capacity to understand their communities' needs. The result of this lack of governmental capacity is the continuation of a model of interaction with the Innu which, in the past, has not been successful. Hence the reason and ultimate rationale behind the creation of the Healing Strategy – to establish a new and ultimately more successful healing relationship between the Federal Government and the Innu communities.

Currently agreed upon definitions of capacity and capacity building do not exist. This has implications for the Healing Strategy and evaluation of the components that make up the Strategy. For example, on the issue of the pace at which the Healing Strategy is implemented, different opinions on pace are linked to different perceptions of Innu capacity.

Once common definitions of “capacity” and “capacity building” in the context of the LICHs are established, it is necessary to build the capacity of both the Innu and Federal Government to adequately play their respective roles in implementing the Healing Strategy.

Recommendation # 13-a: Review the Capacity Development Strategic Plan

As part of the implementation plan, the parties should review and make the appropriate changes to the Capacity Development Strategic Plan and jointly implement the plan.

Recommendation #13-b: Build Innu Capacity

While the Healing Strategy is an improvement in the pace of addressing the Labrador Innu healing crisis, the Federal and Provincial Governments must step up their efforts to build Innu capacity to heal their own communities, and make capacity building the primary focus of the Healing Strategy. The goal should be for Innu delivery of programs and services in their respective communities once reserve creation is complete.

Recommendation #13-c: Review the Federal Government's Capacity

The Federal Government should conduct an internal review of their capacity to deal effectively with their undertakings as contained within the Healing Strategy. Issues such as budget, human resources (number of personnel, training), allocation of resources (both financial and human resource based) and overall approach taken to implementing the Strategy should be included in the internal review. Improvements to the current approach could then be incorporated into the Capacity and Development Strategic Plan which would then be jointly implemented with the Innu.

4.3.11 Step 9: Evaluation Process

Conclusion #14: Lack of Innu Involvement in Designing the LICHS Evaluation

The lack of Innu involvement in designing the LICHS evaluation process means the evaluation is one-sided. The process of designing the evaluation of the LICHS was led by the Federal Government. Due to the polarity of opinion between the Federal Government and the Innu that has developed -- partially due to the lack of Innu involvement in designing the LICHS and its evaluation -- there is no consensus among these two parties regarding the relevance of the Healing Strategy as it is currently being implemented or the success of the Healing Strategy.

Recommendation #14-a: Future Evaluations Should be Jointly Designed by the Federal Government and Labrador Innu

In order to strive for a more objective and consensus -based evaluation of the LICHS in the future, it is necessary to involve both the Federal Government and the Labrador Innu in the next Healing Strategy evaluation by:

- Jointly identifying evaluation questions and indicators of progress that satisfy both the product-orientation of the Federal Government and the process-orientation of the Innu;
- Developing an evaluation framework together; and
- Jointly producing an implementation plan that establishes clear goals, definitions and terms of reference for future evaluations.

Recommendation #14-b: Consider On-going Evaluations of the LICHS

The situation of the Labrador Innu communities is complex and changing. The formal periodic evaluation process can be cumbersome and inaccurate; between the time research data is collected and a final report is produced, the situation described may no longer be accurate. The Federal Government and Labrador Innu could consider an on-going evaluation process for the LICHS to ensure that the information presented is up-to-date. It is important that the Labrador Innu have input into the design of such an evaluation. It is also important for a decision regarding ongoing evaluation to be made as soon as possible (but still as step 9 within the 10-step framework), so that preparations for the evaluation made without delay.

4.3.12 Step 10: Facilitated Process/Dispute Resolution

Conclusion #15: The Parties Need to be Brought Together

Given the fact that the polarity of opinions held by the Federal Government and the Labrador Innu has been long-standing, it may be difficult for each party to voluntarily “pull back” from their entrenched views of each other, despite a desire to do so.

Recommendation #15: Develop Middle Ground Through a Facilitated Process

Due to the degree of polarity between the Federal Government and the Labrador Innu, it is recommended that the process of creating and implementing the blended approach to the Healing Strategy be facilitated. Both parties have very strong opinions on the validity of their respective approaches, terms and concepts. A facilitated process will help to get both parties past their current positions and to develop a new frame of reference.

A facilitated process must be planned properly to ensure that it is correctly and appropriately implemented. It is therefore necessary that commitments by both parties to the process be clearly made, personnel be selected, and a budget be set aside to have this process facilitated.

Both parties may also choose to have a third party work as an on-going dispute resolution mechanism for the Healing Strategy, to ensure that any contention between the two parties are resolved as early as possible.

4.4 Component-Specific Conclusions and Recommendations

The Implementation Plan should also look at each of the components of the Healing Strategy and make improvements as required. Accordingly, the remainder of the conclusions/recommendations are grouped according to the individual Healing Strategy components.

This subsection provides the IER/ARI study team's conclusions and recommendations as they pertain to each component of the LICHHS. It is important to note that the component-specific conclusions and recommendations are to be treated as subsidiary to the Implementation Plan conclusions and recommendations. If the component-specific recommendations are acted upon without implementing the Implementation Plan recommendations, the polarity of opinion between the Federal Government and the Labrador Innu – which is the primary obstacle to the Healing Strategy's successful implementation – will continue unabated.

4.4.1 Community Health Component

Conclusion #16: The Innu-run Healing Programs Have Been Successful

The most pressing healing issue -- detoxification and healing of the gas sniffing children and youth apprehended in October 2001 -- has been largely addressed. The detoxification treatment predates the Healing Strategy and therefore must not be considered as a Healing Strategy success. Success in the Community Healing component exists in the operation of the family treatment program (run by the Sheshatshiu Innu) and the country treatment program (run by the Mushuau Innu).

Recommendation #16: Support the Family Treatment and Country Treatment Programs

Participants in the Mushuau Innu's country treatment program, and the Sheshatshiu Innu's family treatment program for healing substance-abusing children/youth and their families have declared these programs to be successful in terms of addressing the healing needs of the community in a culturally appropriate manner. It has also allowed previous program 'clients' to work in subsequent programs as employees. This has enabled community members to be directly involved in the healing process. In addition, these healing programs are central to the goal of the Healing Strategy. Community capacity is built as a result of operating these programs. Given the positive community assessment and the appropriateness of these healing programs, the Federal Government should increase its financial and capacity-building support for these programs, in consultation with the Innu.

Conclusion #17: Too Much Innu Time and Effort is Being Diverted Away from Running Programs in Order to Produce Proposals

The Labrador Innu appear to lack the capacity to provide the Federal Government departments with sufficiently detailed budgets in their healing program proposal submissions. This has resulted in significant delays in program implementation and frustration among both the Labrador Innu and the Federal Government departments.

Recommendation #17: Health Canada Should Revise the Proposals Process to Allow the Innu to Focus More on Program Implementation

It must be recognized that the Innu communities have limited resources and capacity for writing proposals. The process of funding approval for community healing programs should be revised so that the Innu are able to spend more time and effort on implementing and less time and effort on proposal writing. Health Canada and the Labrador Innu should jointly explore alternative funding mechanisms to the proposals process for the Community Health component of the LICHs.

4.4.2 Relocation Component

Conclusion #18: Physical Construction and Relocation is a Qualified Success but Social Reconstruction is Lacking

Though behind schedule, the relocation component of the program is largely complete in terms of physical construction. There has been little progress in social reconstruction despite the 1990 Auditor General's report highlighting this deficiency.

Recommendation #18-a: Develop a Social Reconstruction Plan

The Healing Strategy needs to be focused on healing and social reconstruction, and should include a social reconstruction plan. The Federal Government should immediately and on a priority basis sit down with the Mushuau Innu Band Council to develop a social reconstruction plan for Natuashish.

Recommendation #18-b: Review the Relation Component’s Physical Infrastructure Aspects

The Federal Government, in conjunction with the Mushuau Innu, should “commission an independent review of the physical infrastructure part of the relocation with the view to determine the role that excluding the Mushuau Innu Band Council from any effective way from being a partner in implementing the MIRA [Mushuau Innu Relocation Agreement] played in explaining the myriad of problems encountered in the relocation including serious cost overruns and delays” (MIBC 2003).

4.4.3 Registration and Reserve Creation

Conclusion #19: Risky to Create Reserves While Community Capacity Is Inadequate

INAC’s current policy direction is to move away from the reserve model (where First Nation communities are passive recipients of Federal and Provincial programs and services) to a model which transfers the control of programs and services to the First Nation communities. Given the lack of capacity building in Natuashish and Sheshatshiu by Canada and the Province of Newfoundland and Labrador, the creation of reserves for these two communities runs the risk of adhering to the reserve model.

Recommendation #19: (same as Recommendation #13-b)

While the Healing Strategy is an improvement to the pace of addressing the Labrador Innu healing crisis, the Federal and Provincial Governments must increase their efforts in building Innu capacity to heal their own communities. Capacity building should be one of the primary focuses of the Healing Strategy. The goal should be for the Innu to deliver programs and services to their own communities once reserve creation is complete.

4.4.4 Programs and Services Component

Conclusion #20: There Has Been a Lack of Innu Involvement in Planning Programs and Services

Granted the significance of the “domino effect” to the programs and services component due to delays in reserve creation, very little progress has been made in providing programs and services to Innu communities. The Innu communities have not been directly involved in discussions between the Federal and Provincial Governments on programs and services plans. Therefore, they are not aware that the plan is for the Province to initially deliver the programs and services and that the Innu communities will only take over delivery of each service once they have the demonstrated capacity to do so. The frustration the Innu have experienced with the delivery of these programs and services and the lack of Innu involvement in planning them could potentially hamper the progress and future of the Healing Strategy.

Recommendation #20-a: Inform Staff in Innu Communities About the Programs and Services Component

INAC and the Province need to inform all program and services staff working in the communities of Sheshatshiu and Natuashish about the planned process and timelines for program transfer to Innu control. Staff should also be informed about the community capacity required to take over the programs and services, and Aboriginal “best practices” regarding management of programs and services.

Recommendation #20-b: Consult With/Inform Innu Community Members About the Programs and Services Component

INAC should consult the Innu communities more in terms of how to fulfill Innu needs in the design and implementation of the transfer of programs and services.

4.4.5 Community Policing Component

Conclusion #21: Incompatible Visions of Community Policing is Stalling the Component’s Progress

There is an impasse in the community policing component between the Province (which is prepared for the establishment of the RCMP First Nations Community Policing Services in the two Innu communities) and the Innu (who, due to their negative experience with the RCMP in the past, want a First Nations Administered Policing Service). There is also a difference of opinion between the Province and SolGen regarding the Innu’s ability to develop their own police force in the short term. Unless this impasse is resolved, the Innu will not be satisfied with the policing in their communities.

Recommendation #21-a: Consider Third Party Mediation Over the Community Policing Conflict

The conflicting opinions of the Provincial Government and Innu communities regarding previous commitments by the Province to the Innu should be mediated by a third party (other than SolGen or the RCMP), and that the future plans for the community policing component be revised, if required, based on the mutually agreed upon course identified through the mediation.

Recommendation #21-b: Close Cooperation is Required Among All Parties to Produce Community Policing Agreements

The Solicitor General must work closely with the Innu and the Government of Newfoundland and Labrador’s Ministry of Justice to ensure that a community policing agreement is successfully negotiated between the Innu, the Province of Newfoundland and Labrador and Canada, and that the agreement reflects the needs and circumstances of the Innu in Sheshatshiu and Natuashish.

4.5 Cost Effectiveness Conclusion and Recommendation

Conclusion #22: The Lack of Information Sharing Affected the Study Team's Cost Effectiveness Analysis

The evaluation was unable to include a rigorous cost effectiveness section, on account of the lack of the detailed financial information.

Recommendation #22: Share Information Among All Parties and Evaluators in the Future

All the relevant information -- including financial information -- relating to the Healing Strategy and its evaluation needs to be readily and equally shared among all the parties to enable a more thorough cost effectiveness evaluation in the future, as well as to build trust among parties.

4.6 Information Sharing Conclusion and Recommendations

Conclusion #23: Information About the Healing Strategy Seems Not to Have Been Shared Readily or Equally Among the Three Parties

Based on the information provided by persons interviewed, and the experience of the IER/ARI team in gathering information from the three parties, it is evident that only under specific circumstances has an adequate amount of information in possession of one party been freely shared with the other two parties. This has been happening despite the existence of numerous main tables, committees and working groups. Financial information, in particular, seems to have been carefully guarded by the Federal Government departments involved with the Healing Strategy. The lack of free exchange of information is a symptom of the distrust that exists among the parties. It is also a major impediment to the Healing Strategy itself, as only when all parties are "on the same page" can they provide valuable input into the process.

Recommendation #23-a: Ensure that Sufficient Information is Being Collected

Information cannot be shared if it is not being collected in the first place. The IER/ARI team found no evidence of a systematic information collection system being implemented across all components of the Healing Strategy. Considering the importance of the Healing Strategy, the level of commitment by the Federal Government to the strategy, and the need for sound baseline information to conduct a thorough evaluation, it is essential that a process of identifying and collecting all important "indicators" for each component of the Healing Strategy be jointly designed and implemented by the Federal, Provincial and Innu parties. Without a good baseline information, future evaluations – which will likely be more oriented towards measuring 'success' – will be handicapped.

Recommendation #23-b: The Best Means to Encourage Information Sharing is to Build Positive Relationships Among the Parties

The lack of information sharing is not a result of insufficient mechanisms for enabling the information to be shared, as there are numerous committees in existence to accomplish this. The real result is lack of willingness to share information, coupled with no clear acknowledgement

that all parties have a right to access the information (excepting confidential or politically sensitive information). If the Blended Model of relationships among the parties is adopted and successfully implemented, then the problem of inadequate information sharing should, of itself, cease to be a problem, for a more positive and balanced relationship will exist among the three parties involved in the Healing Strategy.

Recommendation #23-c: A Baseline Information Sharing Plan Should Be Developed, Implemented and Monitored

The sharing of baseline information about the two Labrador Innu communities will be of great value to all parties involved in the Healing Strategy. Further, it will be of great value in assessing quantitatively the changes experienced in the communities as a consequence of the implementation of the Healing Strategy for the next evaluation. In order to facilitate the sharing of this baseline information among the parties, a Baseline Information Sharing Plan – complete with clear lines of responsibility and protocol for each party – should be developed, implemented and monitored to ensure that the information is being adequately shared and compiled.