

Our Healing, Our Way



The Indian Residential Schools Resolution
Health Support Program
Continuation Report

"The program has made me understand myself more and my healing journey has begun."

"I am more understanding of the trauma and dealing with it by practicing the seven sacred teachings in my daily life."

"I may be able to tell my children what happened to me in IRS someday."

In memory of Sarah (Sally) Johnson who spoke openly and courageously on all issues related to First Nations Mental Wellness.

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The Indian Residential Schools Resolution Health Support Program Continuation Report

EXECUTIVE SUMMARY

The Indian Residential Schools Resolution Health Support Program (IRS RHSP) was created as a result of the largest class action settlement to date in Canadian history, the Indian Residential Schools Settlement Agreement. Its purpose is to provide former students and their families with cultural, emotional, and mental health counselling services in response to the traumas they experienced in residential schools across the country.

In the first seven years of the program's existence (2011-2018), almost 900,000 Survivors and families reached out for cultural and emotional support 5.8 million times, and more than 65,000 Survivors and families participated in almost 500,000 counselling sessions across Canada.

Now, the IRS RHSP program is set to expire on March 31, 2021, despite evidence that it is achieving intended goals. There is no predetermined timeframe for healing and recovery from manufactured trauma. The Assembly of First Nations is coming together with Survivors, their families, support workers and community organizations to advocate for the continuation of the program and the sustained healing of Survivors. After everything Survivors have endured, the IRS RHSP must be recognized as an essential program rooted in culture.

This Continuation Report begins with background on the IRS RHSP and its current status, followed by recommendations consolidated in this report and drawn from the *First Nations Mental Wellness Continuum Framework and Summary Report*, the Assembly of First Nations' *Healing Beyond the Indian Residential Schools Resolution Health Support Program report*, the *First Peoples Wellness Circle's Mental Wellness Teams Comprehensive Needs Assessment Final Report*, and the National Centre for Truth and Reconciliation's *Lessons Learned: Survivors Perspectives* among other reports. Analyzing and coalescing the recommendations found in these key documents reinforces the critical nature of culture and of the need for a continuum of essential services, as well as highlighting how we can work together with partners and invest meaningfully in a new future so that we can all move forward with Survivors and their families to reclaim wellness.

Indian Residential Schools were the starting point of a more intense phase of the Canadian colonial project. The schools were a federal government arm that began to distress First Nations people and ways of life, devastate family systems, and obstruct self-determination. There is a direct correlation between the schools and missing and murdered Indigenous women, girls and gender diverse people, prolonged by the Sixties Scoop, and the current child welfare system that continues to take First Nations children from their families and their communities.



On the Indian Residential School Resolution Health Support Program:

*"The program
has made me
understand myself
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VOICES OF THE SURVIVORS

The voices of Survivors must always be at the heart of any assessment of the effectiveness of the Resolution Health Support Program and guide future configurations and revised iterations of the program.

The reflections of Survivors validate the significance of the program. It is the Survivors who advocated for it, and so their words on the value of the program and on healing begin this report. These words are medicine for other Survivors, and for anyone who feels alone as they begin their healing journey.

On the Indian Residential School Resolution Health Support Program:

"Knowing that I am not alone helps a lot."

"I thought I was the only one suffering. We all learned together."

"The program has made me understand myself more and my healing journey has begun."

"I am able to let go of my past slowly and to forgive."

"It's hard to forgive even though I realize that forgiveness will allow me to be free to move on with my life."

"Accepting myself as I am and accepting others as they are too. Being part of a group for comfort, security, confidentiality, togetherness, love, acceptance, caring, honesty, courage and learning to feel again."

"The camaraderie we enjoyed, laughing and crying, and acknowledging each other as beautiful human beings."

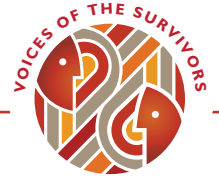
"This program has given me closure and I feel more comfortable."

On Healing:

"I feel more alive, especially after we went to sweat and received a spirit name."

"I use sweet grass and sage for smudging. I pray more; every morning and when I go to bed...I had the urge to pray for the person to hurt me. I prayed for his wife and children."

"I used to beat up people. Now I talk things through. I hurt a lot of people. Now I can control my anger. I pray for people who do bad things because I was there before."



On Healing:

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On Healing:

"I used to beat up people. Now I talk things through. I hurt a lot of people. Now I can control my anger. I pray for people who do bad things because I was there before."

"I am a better person now and my kids feel better about it."

"I learned to let go of my anger. I want to live a positive life."

"I wish we had therapy 25 years ago."

"I still think about it once in a while, but not all the time like before. I feel different now. I am more open and happy."

"I grieve in a better way by crying, by being kind to myself and by letting go of the past. Humour is a good way too."

"It really helped me to learn the stages of grief and helped me not to isolate myself."

"I am more understanding of the trauma and dealing with it by practicing the seven sacred teachings in my daily life."

"I may be able to tell my children what happened to me in IRS someday."

VOICES OF THE AFN NATIONAL MENTAL WELLNESS COMMITTEE

The Assembly of First Nations National Mental Wellness Committee provided strong guidance over several conference calls and video meetings, as well as at an in-person meeting in January of 2020, where they validated this report. The Committee ensured that the voices of Survivors and their families continue to be at the centre of any conversation about the IRS RHSP.

Currently, there is a Survivor's crisis exacerbated by the isolation prompted by public health measures required for the effective management of the COVID-19 pandemic. Elders in their seventies and eighties have time to reflect on the past and to relive their experiences, reawakening previous traumas and painful memories of lack of control and helplessness, sadness and loneliness. Anxiety has also been triggered by uncertainty about the continuation of this vital program.

Survivors in their senior years have exacerbated vulnerabilities, as they live the disparities between First Nations and non-First Nations peoples, including poverty, poorer health and housing, limited access to personal care homes, food insecurity, systemic and individual racism, and language and cultural barriers.

"We need to all ask ourselves, what did we do to make the final years of Survivors easier?" - National Mental Wellness Committee Member

Due to the painful legacy of residential schools, the Committee believes strongly that the IRS RHSP must continue to be an independent, stand-alone program that bears the Indian Residential School name. Survivors are adamant that it maintains its identity.

Committee members believe we need to continue to improve the quality and quantity of service provided through capacity development, trauma and loss training, cultural practices and human resources. A two-eyed seeing approach is critical to ensure that clinicians receive ongoing cultural training, building on their capacity so the program is culturally safe.

The IRS RHSP needs to be supported to respond to community needs by offering community-based solutions. More emphasis is needed on cultural based healing on the land, and on traditional activities such as drum and basket making and beading; focusing on positive, healing activities in a non-threatening environment makes it easier to talk about the trauma. Survivors want to access sharing circles, more cultural programming, language and cultural revitalization. Survivors want to be able to reclaim ways of taking care of one another, for themselves and for our communities and Nations. This should mean transitioning the program from Canada to First Nations governments and organizations.

After more than 100 years and seven generations of harm, it will take more than 100 years and seven generations to recover.

Most importantly, Survivors and Committee members want the program to continue to address the ongoing impacts of trauma. **The program should exist, always and forever.**

BACKGROUND

Indian Residential Schools were the ultimate colonial project. Some 150,000 First Nations children were forcibly removed from their homes, separated from their families, communities and cultures, and sent to attend 139 residential schools across the country. The last federally-run school closed in the late 1990s.

"Trauma has always left me numb... Feeling the terror and pain of it paralyzes and numbs me." – Residential School Survivor

In May 2006, the Indian Residential School Settlement Agreement was approved by all parties to the Agreement including former students, the Government of Canada, the churches, and the Assembly of First Nations and other Indigenous organizations. The implementation of the Settlement Agreement began in



***On the Indian
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Support Program:***

*"The camaraderie we
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The Indian Residential Schools Resolution Health Support Program Continuation Report

September 2007 with the aim of bringing resolution to the legacy of the Indian Residential Schools.

Grief consumes me. I have lost so much – so many family members, my children lost their language because I thought it would be better for them not to know and be known by other kids as ‘Indian’. I tried to protect them from that.” – Residential School Survivor

The IRS RHSP was created as part of the 2006 Indian Residential Schools Settlement Agreement, the largest class action settlement to date in Canadian history. Its purpose is to provide former students of IRS and their families with cultural, emotional, and mental health counselling services, including:

- access to cultural and emotional support services,
- professional counselling services for individuals and families, and
- assistance with the cost of transportation to access counselling services and Elders.

Cultural and emotional support services are provided through First Nations and Inuit health authorities and organizations through more than 135 contribution agreements with Indigenous Services Canada (ISC). Mental health counselling and transportation is primarily provided through the regional offices of ISC, and Survivors and their families can choose to access both cultural and western services.

Cultural support services are provided by Elders or Traditional Healers, and emotional support services are provided by Indigenous health workers. While there are more than 580 resolution health support workers (RHSWs) and cultural support providers (CSP), the need for trained and trauma informed supports continues to increase, due to intersecting crises such as *missing and murdered Indigenous women, girls and 2SLGBTQQIA people*, and trauma from the Sixties Scoop, child welfare and Day Schools.



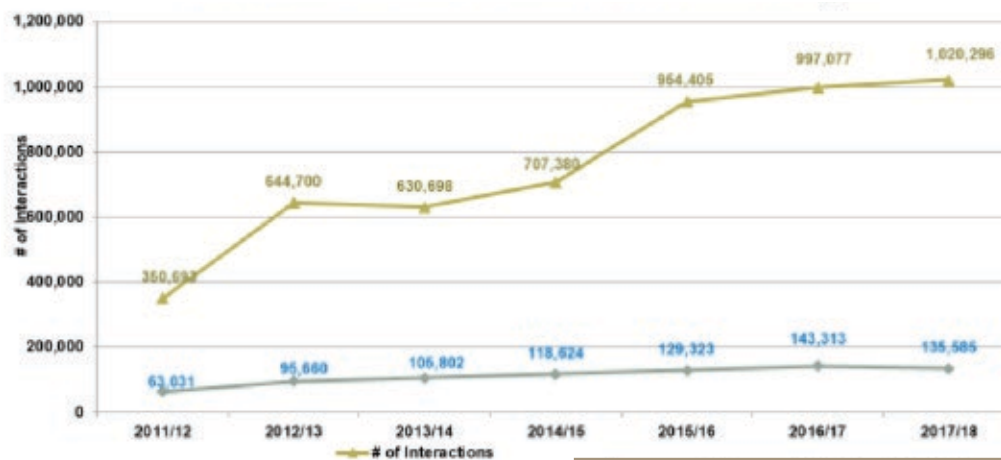
On the Indian Residential School Resolution Health Support Program:

“Accepting myself as I am and accepting others as they are too; and being part of a group for comfort, security, confidentiality, togetherness, love, acceptance, caring, honesty, courage and learning to feel again.”

In just seven years, between 2011/12 and 2018/19, more than 889,394 Survivors and families reached out for cultural and emotional support 5.8 million times.

High Demand: Cultural and Emotional Support

Indian Residential Schools Resolution Health Support Program
of Client Interactions with Cultural & Emotional Supports
and # of Clients Who Choose to Access Cultural & Emotional Supports



Between 2011/12 and 2018/19

Total # of Interactions: 5.8million

Total Number of Clients*: 889,394

**may include repeat clients from one year to the next.*

Mental health counselling services are provided by psychologists and social workers through ISC. If counselling is not available in a community, then transportation is available following NIHB guidelines.

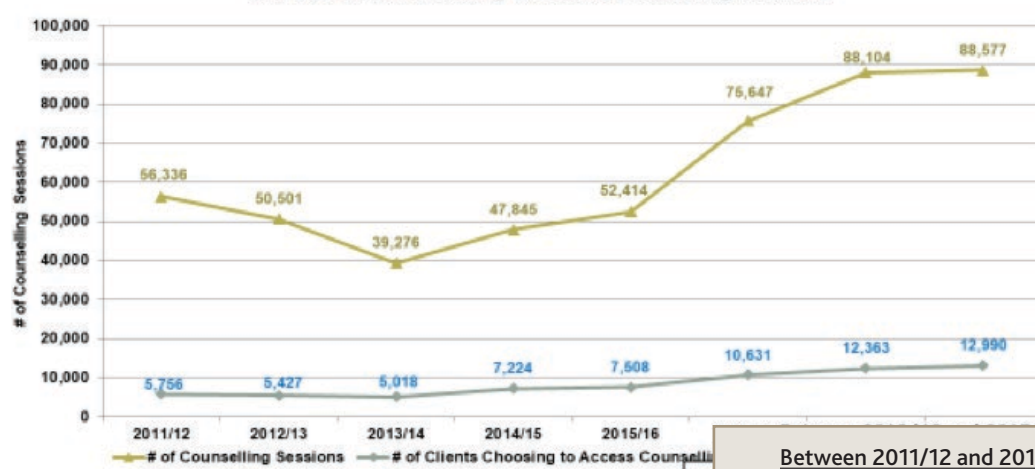


The Indian Residential Schools Resolution Health Support Program Continuation Report

In the seven years between 2011/12 and 2018/19, 66,917 Survivors and families participated in 498,700 counselling sessions.

High Demand: Mental Health Counselling

Indian Residential Schools Resolution Health Support Program
#of Counselling Sessions
and # of Clients Choosing to Access Counselling Sessions



Between 2011/12 and 2018/19

Total # of Counselling Sessions: 498,700

Total Number of Clients*: 66,917

*may include repeat clients from one year to the next.

As the demand increases, so does the complexity.

"We all needed counsellors, but we had none. The majority of us struggled to live normal lives. Most ended up having dysfunctional families. They are the product of this situation. They need to learn to function normally in their own lives. The affects had snowballed to the next generation." – Residential School Survivor

CURRENT STATUS

IRS RHSP funding was renewed in Budget 2018 with an investment of \$248.6 million over three years, with the federal government commitment set to expire on March 31, 2021. As there is no predetermined timeframe for healing, Survivors, their families, support workers and community organizations are now pressing for the continuation of this essential program. After enduring the most shameful chapter of Canadian history, fighting for the truth and recognition of the horrors experienced in these schools, and the conclusions disclosed in the Truth and Reconciliation Commission of Canada, the future of the program cannot remain ambiguous.

The Government of Canada recognizes that the IRS RHSP process is contributing to healing and recovery, as per the 2016 report by Health Canada and the Public Health Agency of Canada Evaluation of the First Nations and Inuit Mental Wellness Programs from 2010-2011 to 2014-2015.

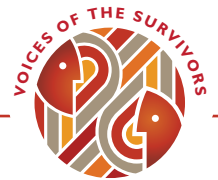
The report notes, "The combined influence of historical and current traumas and stressors on some First Nation and Inuit individuals, families and communities are contributing factors to a high level of crises at the individual, family and community level." (p. 40)

The report speaks to the important role the IRS RHSP plays in addressing these traumas and stressors:

"[A]lmost all (93 per cent) of community leaders and health directors/staff surveyed indicated that the program supported the community in its efforts to heal from the legacy of residential schools, 84 per cent indicated that as a result of the IRS RHSP, community members speak more openly about the legacy of the schools; 78 per cent indicated that community members seek help from counselors, community workers and Elders; 68 per cent reported an increase in attendance at community cultural events; and 50 per cent reported an increase in the number of community members who seek help to address their alcohol or drug use." (p. 27)

Additionally, the evaluation report notes:

"According to some key informants, the IRS RHSP has played a major role in addressing the root causes (intergenerational trauma) of many mental wellness issues and challenges faced by families of survivors." (p. 30)



On the Indian Residential School Resolution Health Support Program:

"This program has given me closure and I feel more comfortable."



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On Healing:

"I still think about it once in a while, but not all the time like before. I feel different now. I am more open and happy."

Client satisfaction surveys conducted by the IRS RHSP in 2014 demonstrated that most were very satisfied with the services provided by cultural support providers, resolution health support workers and counsellors; most felt safe to talk about sensitive issues, and that their cultural values and beliefs, as well as privacy, were respected.

The IRS RHSP also responds to the Truth and Reconciliation Commission of Canada's Calls to Action:

21. We call upon the federal government to provide **sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools**, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to **recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders** where requested by Aboriginal patients.

The **Calls for Justice** from the National Inquiry into Missing and Murdered Indigenous Women and Girls also speak to healing from trauma including:

7.2 We call upon governments and health service providers to ensure that health and wellness services for Indigenous Peoples include **supports for healing from all forms of unresolved trauma, including intergenerational, multi-generational and complex trauma**. Health and wellness programs addressing trauma should be Indigenous-led or in partnership with Indigenous communities **and should not be limited in time of approaches**.

3.7 We call upon all governments to provide **continual and accessible healing programs**... Specifically, calls for establishment of a fund akin to the Aboriginal Healing Foundation.

There are also Calls for Justice on cultural revitalization and access to cultural healing (2.2 ii, 2.3, 7.1, 7.4), access to land-based healing (7.4), supports for men and boys and 2SLGBTQQIA people (7.3), access to healing and treatment in Indigenous languages (7.5), and support and training for Indigenous people to work in health and wellness (7.8).

There is no doubt the current IRS RHSP model is working, but Survivors and health providers believe it can be strengthened. The 2016 evaluation report by Health Canada and the Public Health Agency of Canada noted a gap in the extent of support which “is not considered to be adequate to address the level of trauma that the survivors have experienced.” As the First Peoples Wellness Circle *Mental Wellness Teams Comprehensive Needs Assessment* found:

“An iceberg of unmet needs has been identified as teams begin to uncover and address the roots of intergenerational trauma linked to processes of colonization and the IRS experience ... Meanwhile, their work is carried out against the backdrop of a sparse system infrastructure and services landscape, chronic underfunding and a revolving doorway of changes amongst government policy and funding partners.” (p. 44)

The following recommendations address gaps and opportunities and their implementation should be overseen at the governance level by Survivors.

RECOMMENDATIONS TO ENHANCE THE IRS RESOLUTION HEALTH SUPPORT PROGRAM

The following recommendations are drawn primarily from three documents:

- *First Nations Mental Wellness Continuum Framework and Summary Report*,
- *Assembly of First Nations' Healing Beyond the Indian Residential Schools Resolution Health Support Program report*, and
- *National Centre for Truth and Reconciliation's Lessons Learned: Survivors Perspectives*.

The *Mental Wellness Continuum Framework and Summary Report* presents a shared vision of First Nations' mental wellness programs and services, and outlines steps to walk toward this future vision. The Framework describes how First Nations can work with government partners to enhance service coordination and support culturally-centred delivery of services, such as those provided by Traditional Healers and Elders. Developed at the request of First Nations communities and leaders, it was jointly developed in partnership with the AFN, FNIHB and mental health leaders from First Nations organizations and guided by the AFN National Mental Wellness Advisory Committee.



On Healing:

*“I feel more alive,
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On the Indian Residential School Resolution Health Support Program:

*"It's hard to forgive
even though I realize
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The Assembly of First Nations' *Healing Beyond the Indian Residential Schools Resolution Health Support Program* discussion paper responds to direction from the AFN mandate 29/2013 to advocate for the continuation of the IRS RHSP beyond its initial sunset date of 2016. The recommendations were developed with input from Survivors, First Nations health managers and the First Nations Health Managers Association, IRS resolution health support workers, cultural support workers and community members, and from engagement sessions and with strategic direction of the AFN National Mental Wellness Advisory Committee.

The National Centre for Truth and Reconciliation's *Lessons Learned: Survivors Perspectives* report spoke to Survivors about their experiences related to the Indian Residential Schools Settlement Agreement to identify lessons that should inform the way forward. The report is based on engagement sessions that included health support workers, a two-day national focus group, as well as key interviews and facilitated discussion with Parties to the Settlement agreement. All sessions were guided by the National Centre's Survivors Circle.

"The underlying lesson of all the experiences shared is the value and necessity of ... shifting into modalities where the traditions and protocols of Indigenous peoples shape and inform any given process." (p. 4)

The recommendations align with additional documents including:

- *Healing Historic Trauma: A Report from the Aboriginal Healing Foundation,*
- *First Peoples Wellness Circle Mental Wellness Teams Comprehensive Needs Assessment Final Report,* and
- *Assembly of First Nations' The First Nations Health Transformation Agenda.*

The report is also aligned with findings of the *Royal Commission on Aboriginal Peoples*, the *United Nations Declaration on the Rights of Indigenous Peoples*, and the groundbreaking Canadian Human Rights Tribunal decision of January 26, 2016, that found Canada to be discriminating against First Nations children living on reserve.

First Nations people are increasingly aware that we have a right to health and health services. According to Article 25 of the *United Nations Declaration on the Rights of Indigenous Peoples*, Indigenous people have an equal right to the enjoyment of the highest attainable standard of physical and mental health and States shall take the necessary steps with a view to achieving progressively the full realization of this right.

First Nations also have inherent Aboriginal and Treaty rights under Section 35 of the *Constitution Act*, 1982, including the right to health and self-determination over health systems. Treaties reaffirmed First Nations' jurisdiction over our own health systems and established the Crown's obligation to provide "medicines and protection." The report supports health equity and recognizes First Nations' Treaty rights to health.

The National Mental Wellness Committee was clear that all of the following recommendations are important.

1. Culture is the Foundation

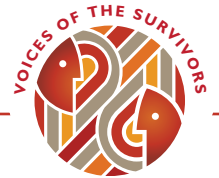
Culture is the foundation of life, of First Nations ways of knowing and being, and of healing. Culture is also the shelter that protects us. Traditional and cultural healing are wholistic and treat the whole person – spirit, mind, body and emotions. Traditional values, knowledge, world view, language and practices protected our communities and families. They helped us to flourish until colonization and became tools to adapt to survive it.

Cultural rights are also inseparable from Indigenous rights as recognized in the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP), and from human rights as recognized in the 2001 UNESCO *United Nations Educational, Scientific, and Cultural Organization's Declaration on Cultural Diversity*.

Culture was stolen from Survivors, and so access to cultural and traditional practices must be restored. As the 2019 *Healing Beyond the Indian Residential Schools Resolution Health Support Program* report notes:

"Time and time again we have been told that mainstream providers do not have the education or experience to understand the full nature of Residential School trauma and how to appropriately facilitate healing. In many cases, those seeking support are re-traumatized by care provision that is culturally incompetent and not trauma-informed." (p. 7)

Culturally competent and culturally safe programs and services must be the minimum standard, not a stretch goal.

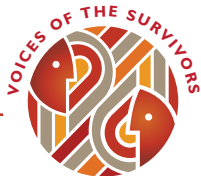


On Healing:

"I grieve in a better way by crying, by being kind to myself and by letting go of the past. Humour is a good way too."



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On the Indian Residential School Resolution Health Support Program:

*"I thought I was the
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1.1 New Framework

- Develop a new IRS RHSP framework of healing and wellness based on culture and on the strengths of community development, ownership, and capacity building (embedded in community). A framework that shifts the paradigm to "meet people where they are at," and includes culturally appropriate supports such as:
 - o Education, culture camps and traditional activities to reclaim culture and language, including immersion programs
 - o Family counselling and treatment centres to rebuild parenting skills and address family violence
 - o Available and accessible crisis interventions, home visits and addictions supports
 - o Sharing circles and symposia and other opportunities for Survivors to share with youth to rebuild the knowledge base and support knowledge transfer, including cultural protocol through storytelling
 - o Mentorship programs for youth to learn from traditional healers so that traditional medicine practices continue
 - o Traditional healers and medicines integrated into the range of recognized services
 - o Wrap around services and a continuum of care for individuals, families and communities throughout their lives consistent with a Stages of Life approach
 - o Share promising practices and encourage a team-based approach by doing so
 - o Trauma informed system of care within communities to support complex needs and defend against historical and ongoing colonial trauma

Community engagement is essential to developing a new framework. **Community development, ownership and capacity building** are core to rebuilding our health and our Nations. Communities must define their development, and the systems and structures, programs and services they need.

Community engagement is critical to this process, and involves core competencies including:

- Consultative dialogue and meeting facilitation techniques
- Identification of barriers and prioritization of goals
- Information gathering and needs assessment
- Community mapping, collaborative planning, and consensus building
- Communication strategies including social media campaigns and marketing
- Evaluation
- Reporting

Communities must be in control of their services which must be based on their community priorities, and change must be community-based, community-paced and community-led.

1.2 Culturally Competent Workforce

- **Ensure equal recognition and acknowledgement** of cultural support workers, resolution health support workers and traditional healers as legitimate practitioners. Review the name "cultural support worker" to more appropriately reflect the importance of their position as Traditional Knowledge Keepers.
- **Invest in the long-term development** of a fully culturally competent and historically trauma informed workforce that includes cultural support workers, resolution health support workers and traditional healers, including more trained workers who speak Indigenous languages, recognizing the connection between land, language and culture.
- **Establish a community of practice**, formal networks and support networking of cultural support workers, resolution health support workers and traditional healers to share wise and promising practices, build knowledge, expertise, and capacity in community clusters, regional and national annual or biannual meetings. Create opportunities for knowledge translation and transfer through coaching, mentorship and "train the trainer."

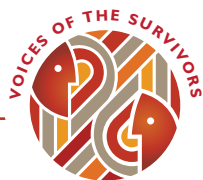


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On the Indian Residential School Resolution Health Support Program:

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2. Circle of Care: Continuum of Essential Services

In *Lessons Learned: Survivor Perspectives*, TRC Commissioner Wilton Littlechild spoke of the importance of "a blanket of support around the individual before we began to listen to their stories." Survivors have highlighted the importance of a circle of care that wraps around each person, family and community throughout the continuum of life.

Sometimes there is balance in our lives, and the purpose, hope, belonging and meaning that is referred to in the *First Nations Mental Wellness Continuum Framework* is present. At other times, when balance and interconnectedness are missing due to trauma, there is a critical need for more support and a circle of care to protect us and bring us back to ourselves and our communities. A continuum of essential services is a critical part of the circle of care, and it is described in the Framework as health promotion, prevention, community development and education; early identification and intervention; crisis response; coordination of care and care planning; detox; trauma-informed treatment; and support and aftercare/futurecare.

As the residential schools profoundly affected communities as a whole, many Survivors identify the need for supports that wrap around their communities, specifically for their children and grandchildren, to overcome the intergenerational effects and to end negative cycles.

2.1 Healing for Intergenerational Survivors

- Acknowledge and address **childhood sexual abuse**, and the ongoing, intergenerational legacy and trauma of sexual abuse at IRS.
- Healing must be community-based and include those experiencing **homelessness and addiction and those involved with the child welfare, justice and other institutional systems**.
- Acknowledge and address the **sexual violence** leading to youth suicide, sex trafficking and *missing and murdered Indigenous women and girls, two-spirit and gender-diverse people*.



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- Create an easily accessible, curated “one-stop-shop” website to share information, including policies, resources, training opportunities and research.
- Support access to Elders and Traditional Knowledge Keepers and ensure meaningful involvement of Elders and Knowledge Keepers so that they can collaborate, consult, and share knowledge.

1.3 Cultural Training and Knowledge

- Develop training and curriculum with a **two-eyed seeing** approach that integrates and incorporates traditional, cultural and land-based approaches, to support and strengthen interdisciplinary teams.
- The IRS RHSP and Mental Wellness Teams and **all systems need to work together** in a cohesive and coordinated way to wrap around families and deliver a continuum of care.
- **Develop content** on colonization, social determinants of health, lateral violence, crisis response, trauma informed care, and other training topics as needed and as identified based on regional priorities. Ensure pediatricians, medical workers and crisis team members, early childhood educators, teaching professionals and providers in schools are trauma informed.
- Develop trauma informed, healing centred community mental health and addictions **education curriculum** and continuing education curriculum that can be delivered in short modules and workshop models that include experiential learning components.
- Support **gatherings** focused on trauma informed care, including discussion groups, social gatherings and feasts, inspirational speakers and stories of Survivors who have been able to live a good life.
- Develop with cultural support workers, resolution health support workers and traditional healers **accredited standards and accountabilities** and advocate for equitable pay and policy and reporting that is supportive and respectful of wholistic programs.
- **Train mainstream mental health providers** in trauma informed care and traditional healing to better understand their clients’ lives and experiences and provide a higher quality of care.



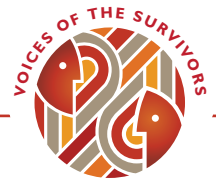
On the Indian Residential School Resolution Health Support Program:

*“I am able to let go of
my past slowly and to
forgive.”*

- **Develop and define cultural safety and cultural humility standards for clinical practitioners**, and if needed, for Contribution Agreement holders.
- Collaborate with **Indigenous training institutions** across the country to develop high quality programs that result in accredited certificates.
- Identify and **nurture natural helpers** and respect their time and skills with appropriate remuneration.
- Allow **regional distinctions** while working towards national consensus for all of the above.

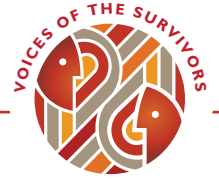
1.4 Research and Data Collection to Strengthen Quality

- Collect **meaningful and relevant data** with a purpose to support prevention and services to Survivors and track successes.
- Develop **culturally relevant evaluation frameworks** and measures of success that include traditional, cultural and land-based healing paradigms. Include research on the strength-based, Indigenous design of Mental Wellness Teams, including governance models, team composition, structure and processes.
- Support **investment for First Nations driven research**, including into trauma informed care.
- Value **qualitative** research and stories and storytelling.
- Review and co-develop templates to ensure collected content is truly important and not missing data, including the voices of those in personal care homes and jails, MMIWG families and Survivors, those who survived day schools, those who live in northern and remote communities, who are street-involved, and with substance abuse issues.
- Develop reporting mechanisms and ensure communication back to communities, stakeholders, etc.



On Healing:

"I am more understanding of the trauma and dealing with it by practicing the seven sacred teachings in my daily life."



On Healing:

*"I am a better person
now and my kids feel
better about it."*

2.2 Crisis Response

- Increase resources so that **crisis response teams are funded and structured to respond 24/7**, with both clinical and cultural supervision and support.
- Develop crisis **response plans** that acknowledge community capacity and identify available external or neighbouring supports.

2.3 Aftercare and Future Care

- Connect community members returning home to a **full range of supports** that must be available to them in their community, including people transitioning from addictions treatments and incarceration. Without strong aftercare supports it can be difficult if not impossible to sustain growth made in treatment or counselling.

2.4 Healing the Healers

- Ensure healers can access the support and **self-care** they need to address their own trauma and healing, including training for frontline workers on dealing with grief, trauma and de-escalation.
- Recognize the vicarious trauma that can be inherent in working with and supporting those who have been traumatized and are working through multiple traumas.

"The trauma is evident and our children and young adults and our communities need healing and counselling resources delivered by our own people in our cultural ways, with language, material culture, history, drumming, dancing, beadwork, writing, oral history, and storytelling. This must be supported by our government through proper funding. We need to take ownership of our history – written and oral and through artistic expression. This is how we heal and this is how we instill pride, continuity and perseverance in our children, our young adults, and the children not yet born."

– Roseanne Sark, Mi'kma RHSW/CSP Coordinator



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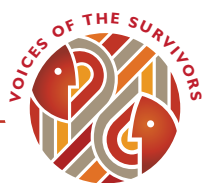
3. Working Together: Collaboration with Partners

Working together with governments, health, justice, social services, education and employment sectors and authorities, and a range of First Nations partners is necessary to create wholistic systems and structures for healing. Federal and provincial orders of government must also overcome ongoing jurisdictional issues and fragmented programs and services, and there must be clarity around roles and responsibilities.

Survivors are calling for true and respectful partnerships, and it must be First Nations led. Colonial systems and structures doing “to” and “for” First Nations resulted in the residential schools that created so much trauma, and the ensuing and untenable conditions that exist today. As the Assembly of First Nations’ *The First Nations Health Transformation Agenda* notes, there is a well-documented health crisis, including “suicide clusters, children dying of treatable conditions, and preventable deaths caused, in part, by racism and discrimination within mainstream systems” (p. 11). First Nations have higher rates of chronic and communicable diseases, and the confluence of poor housing, contaminated water, food insecurity and lack of employment opportunities steal years of life expectancy from First Nations peoples. The statistics all speak to the need to do things differently.

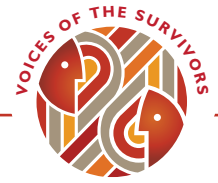
Just as the land, animals, birds and fish teach us the interdependence of all creation, so must we recognize and harness our interdependence and the interdependence of all systems. Let’s transform the relationships and get them right, for the benefit of Survivors, of the IRS RHSP and of all programs and services.

- Develop **partnerships based on mutual respect** following principles of effective partnership development including:
 - o Recognition of First Nations as key partners
 - o Recognition that partners have a shared responsibility with clear roles and responsibilities
 - o Recognition of the responsibility of partners to educate themselves, to understand the conditions in which First Nations live, to value culture, and to collaborate in ways that support cultures, traditions and languages



On Healing:

“I learned to let go of my anger. I want to live a positive life.”



On Healing:

"It really helped me to learn the stages of grief and helped me not to isolate myself."

- Advocate for **increased collaboration and support** from Provincial and Territorial governments and work with the Federal government to support First Nations and provide more equitable, culturally safe and coordinated services including crisis response.
- Increase **outcome based trilateral discussions** to implement the Truth and Reconciliation Commission's Calls to Action and the National Inquiry's Calls for Justice.
- Encourage and **guide governments to evolve the way they do business**, working horizontally across governments and across departments with First Nations as key partners. Support governments to make the **paradigm shift to a strength-based approach** with culture at the centre of all programs and services.
- Work with **municipalities, mainstream health providers, regional and urban Indigenous organizations, the post-secondary sector and others** to support First Nations led solutions, strategies and initiatives at the regional and local level.
- Work with **non-Indigenous organizations, funders, policy makers and institutions** to create a more culturally safe environment for First Nations.

4. Meaningful Investment in a New Future

The Canadian Human Rights Tribunal ruling on discrimination and funding inequity within the child welfare system has ramifications and implications for all other services provided under the Indian Act and beyond, including the IRS RHSP. As is noted in *Healing Beyond the Indian Residential Schools Resolution Health Support Program*, the equalization section of the Canadian Constitution speaks to "providing essential public services of reasonable quality to all Canadians."

Government of Canada documents show the current investment in the IRS RHSP to be on average \$42 million a year (access the documents here: <https://www.rcaanc-cirnac.gc.ca/eng/1523216774162/1555525786505>). This is an investment in reconciliation, in addressing trauma and intergenerational trauma, and in beginning to repair the harm done over more than a century. The investment is



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On Healing:

"It really helped me to learn the stages of grief and helped me not to isolate myself."

also fiscally prudent as it reduces costs to other systems including child welfare, social assistance, health, justice, education and the economy. But more is needed, to move beyond the inefficiencies of the current short term, unstable, inflexible and inequitable funding model.

- Secure **long term, equitable, sustainable and adequate flexible funding** to address the ongoing healing of First Nations. Identify investment areas to co-develop health legislation and support the development of First Nations led, culturally centred programs and services, including land-based healing. This will involve examining current Contribution Agreement Terms and Conditions.
- **Invest in people** and in human resource and governance capacity to support a healthy and thriving First Nations workforce **as currently crisis teams are under-resourced and overworked.**
- **Advocate for equity of funding** overall, including compensating Elders and Traditional Knowledge Keepers and Healers at the same rate as Western practitioners, and ensuring workplace policies are aligned and harmonized. The IRS program has lost knowledgeable and competent people due to lack of equitable funding and funding uncertainty.
- **Invest in cultural activities and practices** from coming home ceremonies, pow wows and sundances to arts and crafts, cultural supplies and traditional medicines.
- **Invest in commemoration**, as a way to share truth, honour Survivors and the children who did not make it home, and begin to reconcile the past.
- **Make significant capital investments**, including infrastructure such as for treatment and trauma centres.

MOVING FORWARD: RECLAIMING WELLNESS

More than a decade ago, The Aboriginal Healing Foundation recognized a new paradigm of healing that could absorb the successive waves of trauma experienced by Indigenous communities in the past, and which continue to crash around us. The deluge has been unrelenting, from demographic collapse caused by early infectious diseases and colonization to the attempted assimilation and institutionalization in residential schools that has resulted in the multigenerational trauma witnessed today.

Healing has begun for many Survivors, thanks to the hard-fought class action lawsuit, Indian Residential School Settlement Agreement and resulting IRS RHSP. Almost 900,000 Survivors and their families have reached out for cultural and emotional support some 5.8 million times, and more than 66,000 Survivors and families have participated in almost 500,000 counselling sessions to March 31, 2019.

"I now understand that the trauma I experienced was not my fault. It was not normal but I am normal. No one can hurt my spirit but myself and I will not allow it to happen." - Residential School Survivor

Demand for the IRS RHSP continues to grow, as does the complexity of the trauma; new crises compound the wounds of historic loss and cultural genocide suffered by those who lived through the residential school experience. The IRS RHSP must continue for as long as Survivors and their families say they need it.

"It takes some time, years to find yourself, the you before all the trauma was imposed on you as a child... It is the government's due diligence to make sure that they keep their word, for what is an apology without the substance or true meaning behind it?" - Roseanne Sark, Mi'kma RHSW/CSP Coordinator

Survivors have a right to a renewed IRS RHSP strengthened by the recommendations consolidated in this report and drawn from the *First Nations Mental Wellness Continuum Framework and Summary Report*, the Assembly of First Nations' *Healing Beyond the Indian Residential Schools Resolution Health Support Program* report, and the National Centre for Truth and Reconciliation's *Lessons Learned: Survivors Perspectives*. Survivors have a right to an IRS RHSP grounded in culture, where they can be at the centre of a circle of care within an



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evidence-based continuum of care. Healing supports and services must be accessible and of such quality that every Survivor can find healing.

"If you heal an individual, a family benefits, if you heal a family, a nation benefits." Healing Beyond the Indian Residential Schools Resolution Health Support Program report (p.30)

Now is the time for all stakeholders – governments, healers, communities, and families to come together to support Survivors and restore our communities and our Nations. Beyond being an Indigenous rights, human rights and Treaty rights imperative, it is an act of reconciliation and an investment worth making.

"As I firmly plant my moccasins into the red sand, I am reminded of those before me who were brutally taken away from the roots of this earth we knew and call home. With the changing of the tides and the numerous moons that have passed it is once again that I stand with the ancestors and Elders who have secured their footing and are beside me, strong and resilient like tides and the moons. They are our roots and their moccasins are planted firmly in our red shores to show the way to the generations to come. All My Relations."
- Tiffany Sark, IRS Worker



On Healing:

"I may be able to tell my children what happened to me in IRS someday."

APPENDIX 1

First Nations Mental Wellness Advisory Committee Members

British Columbia - Erika Mundel <i>First Nations Health Authority</i>	Alternate: Jason Tockman <i>First Nations Health Authority</i>
Alberta - Patty Wells <i>Blood Tribe Department of Health Inc</i>	
Saskatchewan - Flora Fiddler <i>Meadow Lake Tribal Council</i>	Alternate: Charmaine Pyakutch <i>FSIN</i>
Manitoba - Stephanie Sinclair <i>FNHSSM</i>	Alternate: Carla Cochrane <i>FNHSSM</i>
Ontario - Bernadette deGonzague <i>Chiefs of Ontario</i>	
Quebec - Richard Gray <i>CSSSPNQL</i>	
New Brunswick - Ron Brun <i>Elsipogtog Health & Wellness</i>	
Prince Edward Island - Roseanne Sark <i>Mi'kmaq Confederacy of PEI</i>	
Nova Scotia - Sarah (Sally) Johnson	
Newfoundland and Labrador – Alternate Nadia House <i>NFNHTN Rep</i>	
Yukon - Mary Jane Jim <i>Champagne & Aishihik First Nation</i>	Alternate: Dayle MacDonald <i>Council Yukon First Nations</i>
Northwest Territories - Emelie Saunders	Alternate: Patricia Modeste
Youth - Vacant	
Youth Solvent Abuse Committee - Pamela Charlong and Audrey Ward	
First Peoples Wellness Circle - Dr. Brenda Restoule	
Thunderbird Partnership Foundation - Carol Hopkins	
AFN's Elders Council - Edmond (Ed) Sackaney	



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APPENDIX 2

Indian Residential School Survivor Continuation Report

Mary Azure-Laubmann

Wayne Mason

Barbara Martin

Maria Moore

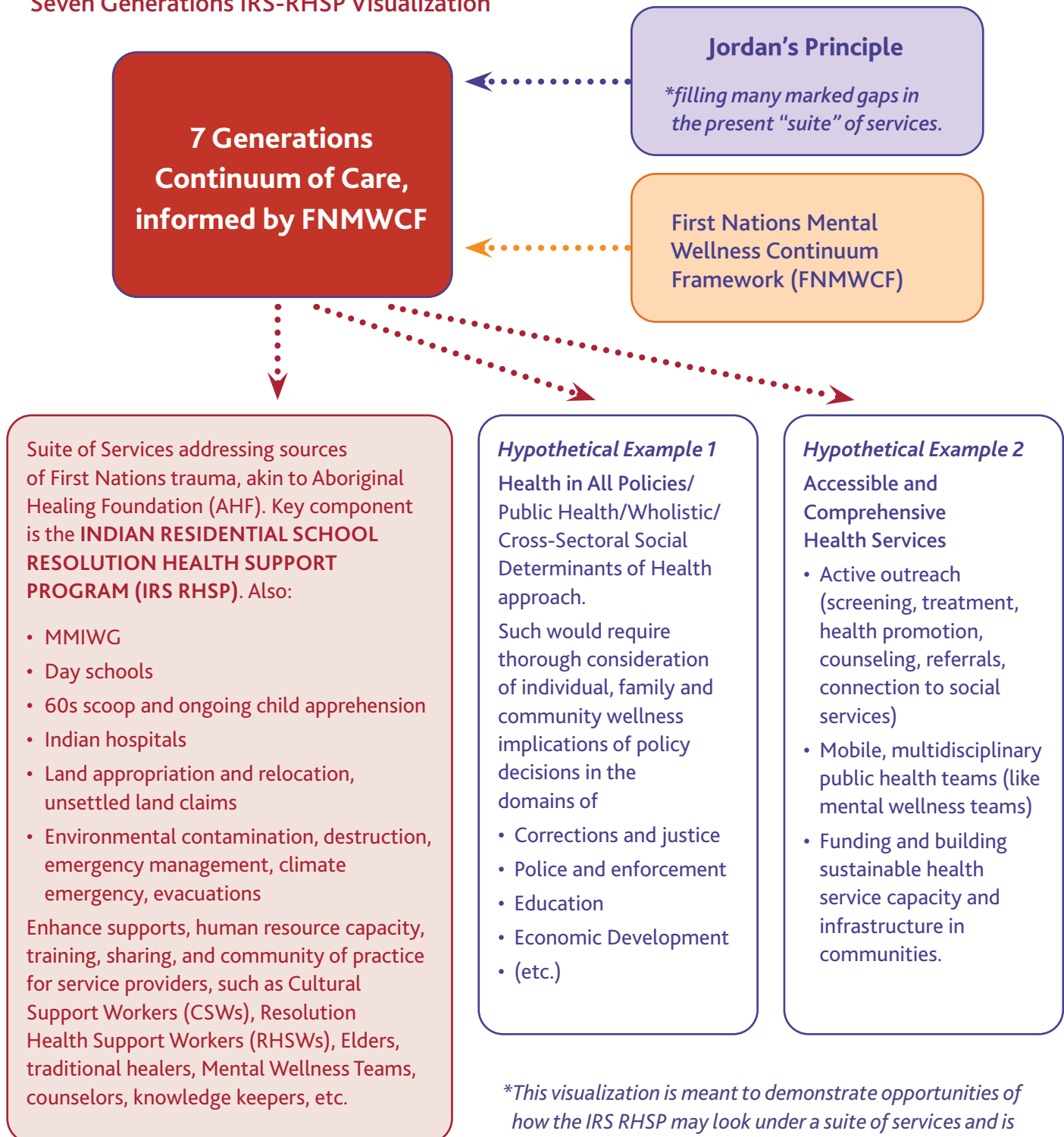
Lorraine Naziel

Virginia Toulouse

Eva Wilson Fontaine

APPENDIX 3

Seven Generations IRS-RHSP Visualization



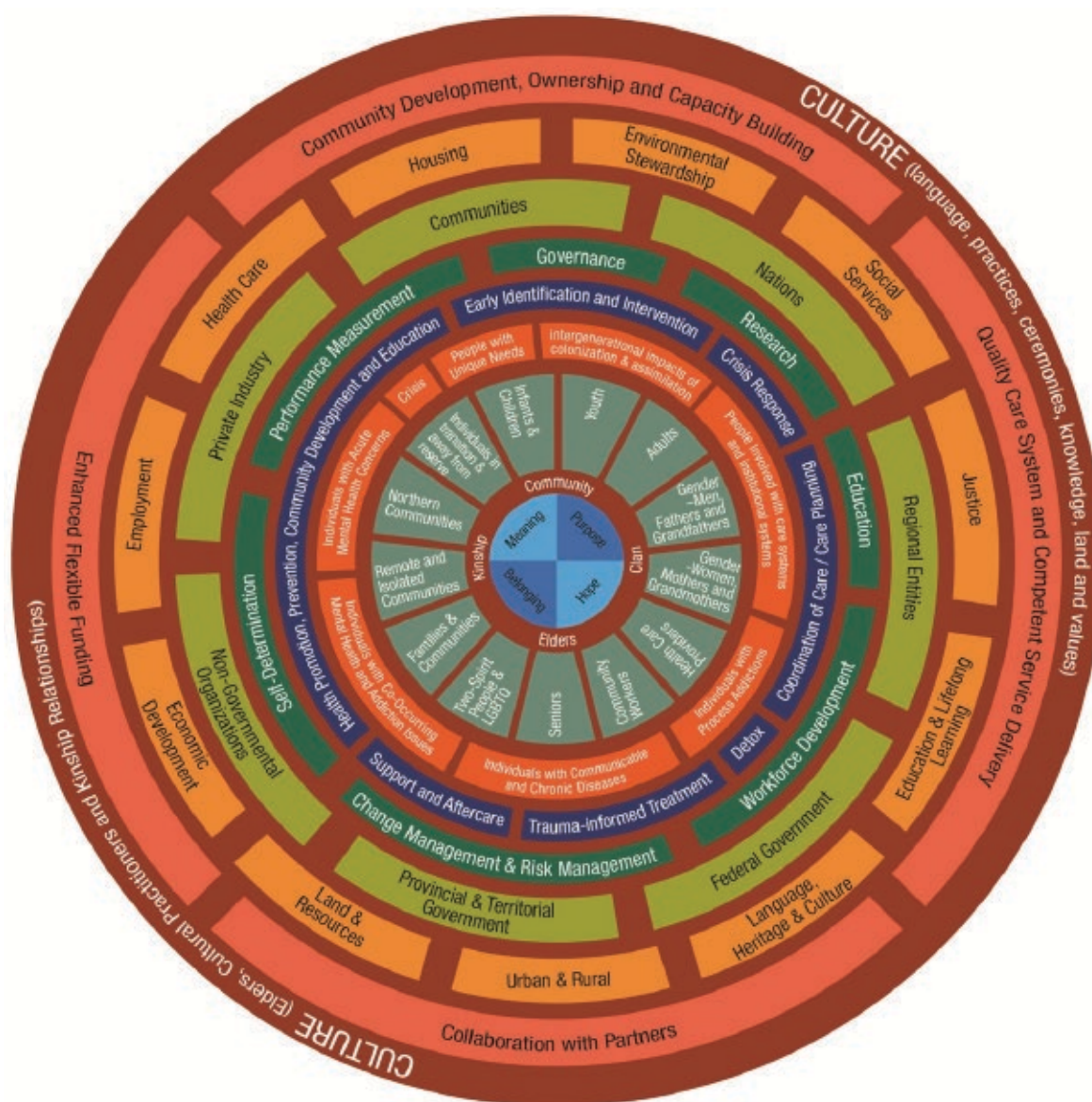
**This visualization is meant to demonstrate opportunities of how the IRS RHSP may look under a suite of services and is hypothetical.*



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APPENDIX 4

First Nations Mental Wellness Continuum Framework



The First Nations Mental Wellness Continuum is a complex model, rooted in culture and comprised of layers and elements foundational to supporting First Nations mental wellness. Embedded within the model are the key themes that emerged through dialogue with partners as well as the social determinants of health that are critical to supporting and maintaining wellness.

APPENDIX 5

AFN First Nations specific determinants of Health:

1. Community Readiness
 2. Economic Development
 3. Employment
 4. Environmental Stewardship
 5. Gender
 6. Historical Conditions and Colonialism
 7. Housing
 8. Land and Resources
 9. Language
 10. Heritage and Strong Cultural Identity
 11. Legal and Political Equity
 12. Lifelong Learning
 13. On and Off Reserve
 14. Racism and Discrimination
 15. Self-Determination and Non-Dominance
 16. Social Services and Supports
 17. Urban and Rural
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