

# Final Report of the Aboriginal Healing Foundation

## Volume I

### A Healing Journey: Reclaiming Wellness



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Final Report of the Aboriginal Healing Foundation

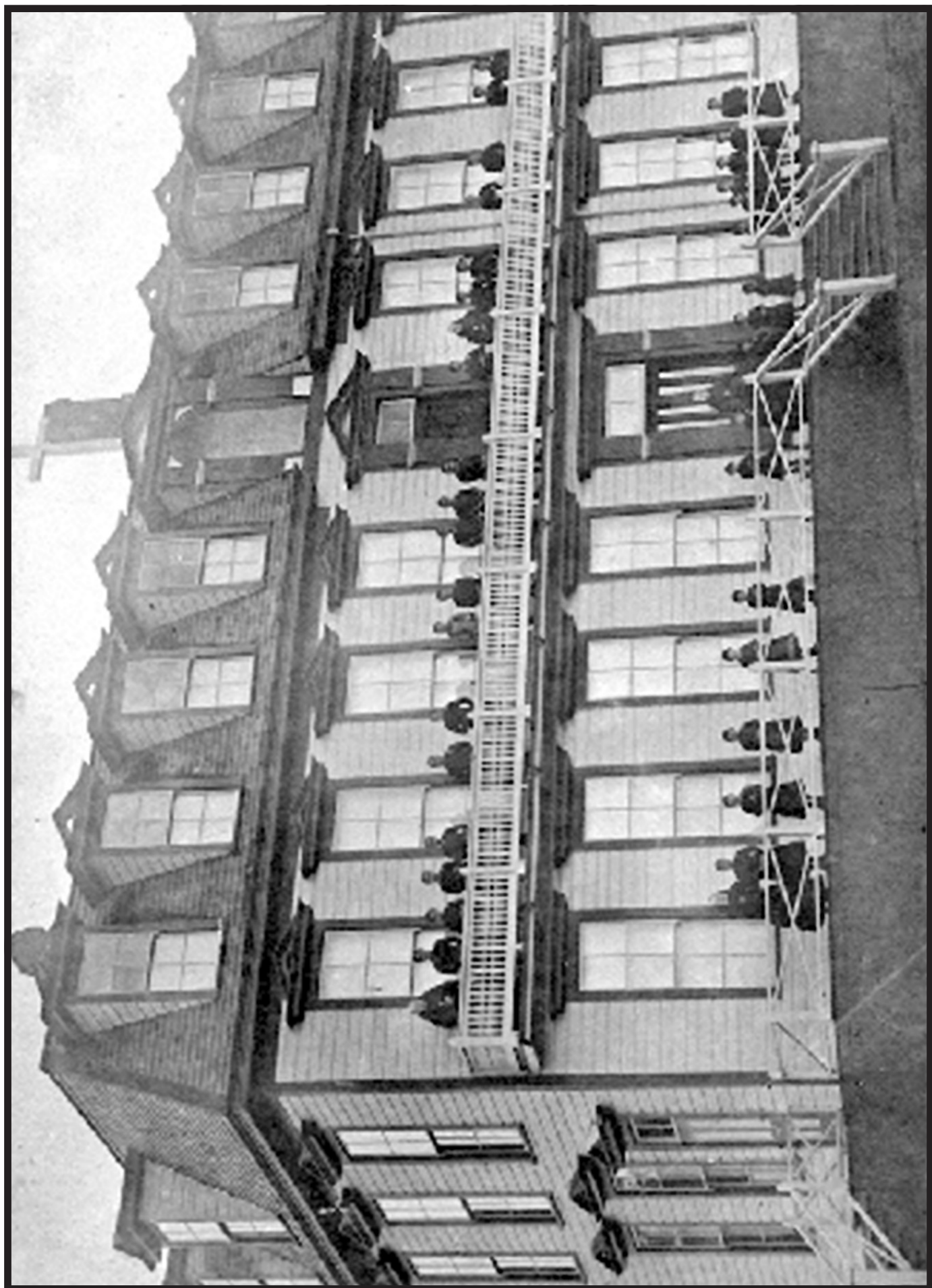
Volume I

A Healing Journey: Reclaiming Wellness

Prepared by

Marlene Brant Castellano

2006







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This report is dedicated to all Survivors of the residential school experience, the generations who continue to feel its impact, and those who dream of a future where Aboriginal children's legacy is one of wellness and hope.

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## Definitions

This glossary of terms has been provided as a way of ensuring clarity throughout the document. Please read through these definitions and refer to them as needed.

**Aboriginal people or Aboriginal** - includes Métis, Inuit and First Nations, regardless of where they live in Canada and regardless of whether they are “registered” under the *Indian Act* of Canada.

**Average** - the average is a measure of central tendency (or the “middle”) that is used in statistics and is calculated by adding all the values and dividing by the total number of values.

**Best practices or promising practices** - models, approaches, techniques and initiatives that are based on Aboriginal experiences; that feel right to Survivors and their families; and that result in positive changes in people’s lives.

**Capacity-building** - increase the ability, skill or knowledge on the part of healers, project administrators, volunteers and community members.

**Catalyst** - a determinant or factor that provokes or speeds significant change or action.

**Community support coordinator (CSC)** - Aboriginal Healing Foundation regional staff whose role is to provide advice at the program development proposal level; put communities in touch with other communities doing similar work; support applicants in setting up links and partnerships; and provide information on AHF program materials or research, services, programs and other funding sources already in existence.

**Greatest need** - where Aboriginal Healing Foundation selected indicators of mental health and family functioning (i.e., physical and sexual abuse, incarceration, children in care and suicide) show that the group is at greatest risk, as well as behavioural indicators (i.e., addictions and violence) that reveal to community members which individuals and families are at greatest risk.

### Healing approaches:

**Alternative** - approaches incorporating all those strategies outside of most regulated and provincially insured Western therapies and include, but are not limited to, homeopathy, naturopathy, aromatherapy, reflexology, massage therapy, acupuncture, acupressure, Reiki, neurolinguistic programming and bioenergy work.

**Traditional** - approaches incorporating all culturally-based healing strategies including, but not limited to, sharing, healing, talking circles, sweats, ceremonies, fasts, feasts, celebrations, vision quests, traditional medicines and any other spiritual exercises.

**Western** - approaches incorporating all strategies where the practitioner has been trained in Western institutions (i.e., post-secondary educational institutions) including, but not limited to, psychologists, psychiatrists, educators, medical doctors and social workers. For the most part, Western practitioners are regulated by professional bodies, have liability insurance and are state-recognized or their services are covered by provincial health care plans.

**Historic trauma** - is a cluster of traumatic events that operate as a causal factor in a variety of maladaptive social and behavioural patterns. Hidden collective memories of trauma, or a collective non-remembering, is passed from generation to generation, just as the maladaptive social and behavioural patterns that are symptoms of many social disorders. **Or** - is a cumulative emotional and psychological wounding across generations resulting from massive tragedies.

**Holistic healing** - healing of the mind, body, spirit and emotions.

**Individual healing** - is focussed upon personal growth and not community development.

**Intergenerational impacts** - the effects of sexual and physical abuse that were passed on to the children, grandchildren and great-grandchildren of Aboriginal people who attended the residential school system.

**Legacy of physical and sexual abuse in residential schools** - (often referred to as “Legacy”) means the on-going direct and indirect effects of physical and sexual abuse at residential schools. This includes the effects on Survivors, their families, descendants and communities (including communities of interest). These effects may include, and are not limited to, family violence, drug, alcohol and substance abuse, physical and sexual abuse, loss of parenting skills and self-destructive behaviour.

**Linear** - relating to, resembling or having a graph that is a straight line.

**Long-term** - refers to the results that are realistic in 10 to 15 years.

**Median** - the median is a measure of central tendency (or the “middle”) used in statistics and represents the “half way” mark. In other words, half of all values fall below and above the median.

**(n = x)** - refers to the number of responses received on a survey question.

**Outcome** - intended or unintended *result*.

**Output** - product or service delivered.

**Pivotal** - vitally important, crucial.

**Post traumatic stress disorder (PTSD)** - is a psychological disorder that develops in some individuals who had major traumatic experiences, such as those who experienced serious accidents, survived or witnessed violent crimes or acts of wars. Symptoms can include emotional numbness at first, depression, excessive irritability, guilt for having survived others who were injured or died, recurrent nightmares, flashback to the traumatic scene, and overreactions to sudden noises.

**Program** - or project are used interchangeably and refer to the action taken at the community level that is grant-specific. In other words, many communities have several grants from the AHF; however, each grant is considered a distinct program.

**Recidivism** - a tendency to relapse into a previous condition or mode of behaviour.

**Repertoire** - complete list or supply of skills, devices or ingredients used in a particular field, occupation or practice.

**Residential schools** - the residential school system in Canada attended by Aboriginal students. This may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students or a combination of any of the above.

**Short-term** - refers to the kinds of results that are immediately apparent and most often refer to cognitive change (i.e., changes in attitudes, motivation, ideas, knowledge) and realistic within the life span of the project.

**Survivor** - means an Aboriginal person who attended and survived the residential school system.

**Sustainability** - an indication of longevity beyond the limits of the Aboriginal Healing Foundation either through the financial contributions of others or through voluntary effort.









## Prologue

The Aboriginal Healing Foundation, in partnership with the Legacy of Hope Foundation, and the Library and Archives Canada<sup>1</sup> have sponsored the exhibition *Where are the Children? Healing the Legacy of the Residential Schools*, which opened at the National Archives in June 2002. In addition to the exhibition in Ottawa, a travelling exhibition was mounted to visit sites across Canada until March 2008. A virtual exhibit opened in March 2005 at [www.wherethechildren.ca](http://www.wherethechildren.ca). The purpose of the project is to acknowledge publicly a painful chapter in Canadian history and to honour Survivors of the residential school experience. The last section of the exhibition focusses on five Survivors who have gone on to make exceptional contributions to society. Shirley Ida Williams is one of those featured in the exhibition. The narrative that follows draws on an interview by Jeff Thomas, Curator, published in the catalogue that accompanies the exhibition.

Shirley I. Williams is an Odawa woman from Wikwemikong Unceded Reserve. She attended St. Joseph's Residential School for girls in Spanish, Ontario from 1949 to 1956. Shirley's parents negotiated a 3-year postponement of her enrolment in residential school, with the result that she remained at home receiving instruction in Odawa culture and language from her family, as well as instruction in the Catholic catechism, until she was 10 years old. When she left by bus for St. Joseph's school her father counselled her: "Do not forget your language. Do not forget who you are. No matter what they do to you in there be strong. Learn about the Indian Act and come home to teach us about it."

Shirley describes her introduction to St. Joseph's school: "As we were nearing the school the bus stopped and the gate opened. I remember feeling kind of sick when the gates closed. It was as if my heart shut down when the gates closed. I never knew why I became so unhappy." She does not dwell on the pain and loneliness and punishments that she and the other girls endured at the school; she talks instead with humour about the small acts of resistance that they engaged in. Despite the prohibition against using Aboriginal languages at the school Shirley practised talking to herself in bed at night, her head covered with a sheet. She imagined that she was back home at the kitchen table speaking Odawa to her parents. She dreamed of joining the ranks of high school graduates, a possibility that became real with the addition of high school instruction at St. Joseph's. But this was not to be.

When Shirley turned 16 her mother, at great personal sacrifice, sent Shirley a store-bought dress to celebrate her coming of age. The nuns saw the dress as an attempt to make Shirley "look like a whore". When she defended her mother she was slapped and strapped and made to stand facing one of four punishment posts in the middle of the building for three days with only bread and water for food. She and the other girls were forbidden to speak to each other during this time. That year at Christmas break Shirley sought her parents' permission to leave school and go to work.

Shirley speaks of her confusion about her identity, trying to merge into mainstream society and cover her brown skin with make-up, of having no sense that she had a right to her own

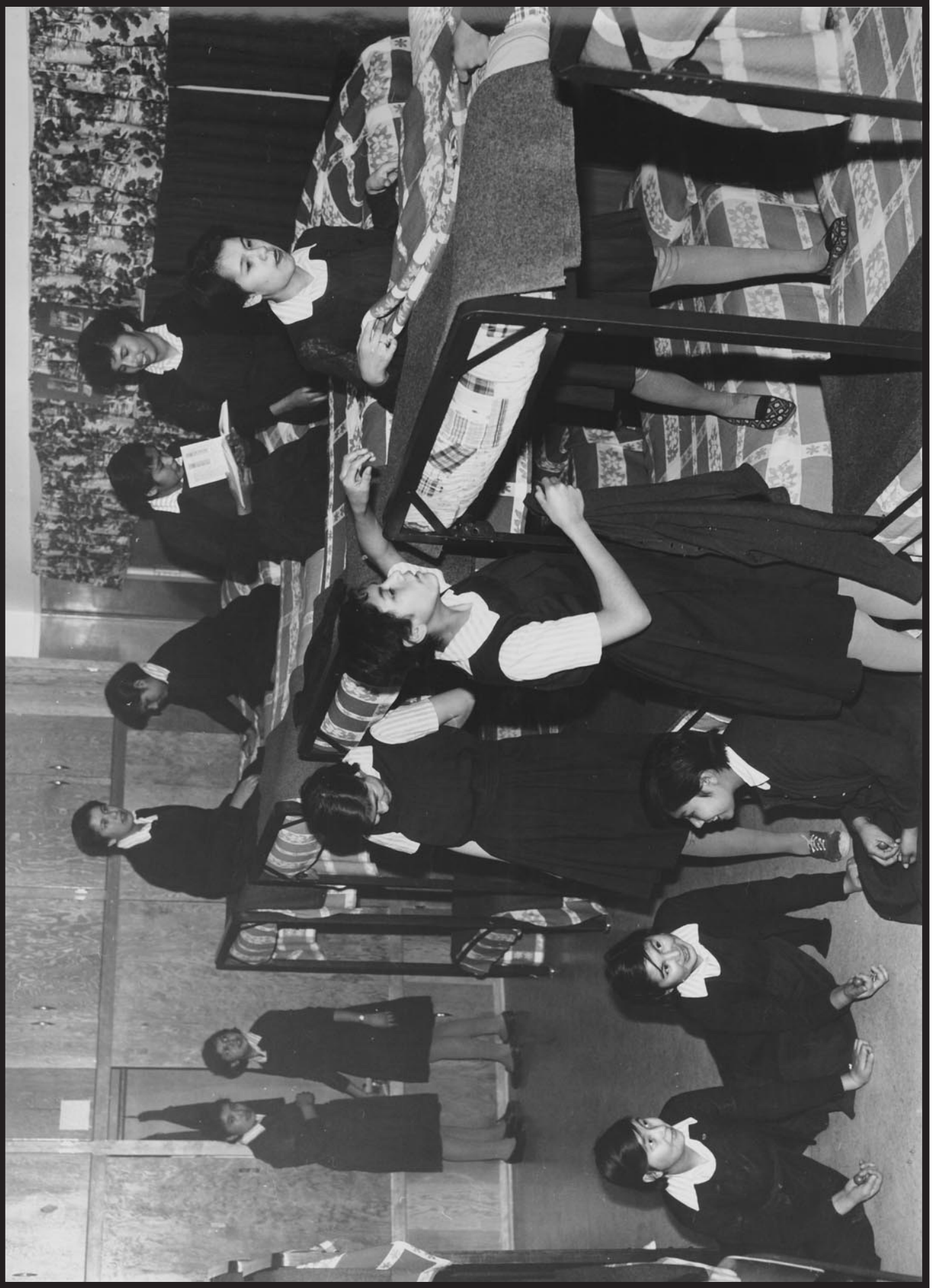
opinion, of being like a zombie following without question the directions that others gave her. She worked as a laundry and scrub woman in a hospital near home, made and ended a bad marriage, took night school and upgrading courses to attain high school equivalency. In 1979, at the age of 40, she undertook the challenge of entering Trent University to finish what she had promised her father as she departed for residential school.

When Shirley graduated with her Bachelor of Arts in 1983 everything seemed to point in the direction of teaching. With the background of her Native Studies degree she began teaching Life Skills and Natives in Transition preparing Aboriginal people for work or further education. In 1986 she followed in the footsteps of one of her mentors, Fred Wheatley, and obtained a position in the Native Studies Department at Trent University teaching Ojibway language which is closely related to Odawa. She says “Teaching helped me to heal myself because as I was teaching I also grew. In the language there are a lot of words and some of these are healing words. Last year I did a workshop on healing words.”

Today Shirley Williams is a Full Professor and a role model to the many Aboriginal and non-Aboriginal students who pass through her classes. She has completed a diploma in language teaching and a Master of Arts degree. She has produced books for language instruction and a CD-ROM bringing Ojibway language into the modern context of the hockey rink. Her residential school experience caused her to take a long, often painful, detour from her early goals. She credits her survival as an Odawa woman to the grounding in language and culture that she received within her family and to the healing power of learning. She is fulfilling the promises that she made to her father and herself so long ago.<sup>2</sup>

Shirley and other Survivors have reclaimed wellness for themselves. There are many others who are still on a healing journey and yet others who are heavily burdened with the legacy of abuse and shame.

This report is dedicated to all Survivors of the residential school experience, the generations who continue to feel its impact, and those who dream of a future where Aboriginal children’s legacy is one of wellness and hope.



Bishop Horden Memorial School  
(Moose Factory Indian Residential School)  
Photo: Courtesy of Janice Longboat

## Mission and Mandate

### 1.1 Introduction

The *Final Report of the Aboriginal Healing Foundation*, published in three volumes, records the formation and accomplishments of the Aboriginal Healing Foundation (AHF) between 1998 and 2005. *Volume II, Measuring Progress: Program Evaluation* presents quantitative data and interpretation of the impacts of program interventions in this time frame. *Volume III, Promising Healing Practices in Aboriginal Communities* analyzes and synthesizes information from project responses to a promising healing practices questionnaire, project files, regional and national gatherings and literature in the field of healing. The present volume, *A Healing Journey: Reclaiming Wellness*, tells the story of the AHF in language that we hope will speak to Survivors of the residential school experience, participants in projects funded by the AHF, Aboriginal communities, policy makers and the general public. Readers who are interested in greater technical detail are encouraged to examine volumes II and III. Supporting documentation is available on the AHF website at [www.ahf.ca](http://www.ahf.ca) or directly from the AHF office.

The AHF was created to manage the distribution of a \$350 million one-time grant from the Government of Canada for community-based healing of “the legacy of physical and sexual abuse at residential schools.”<sup>3</sup> The report covers the first seven years of the AHF’s life, to March 31, 2005. In the first year, the AHF set up operations and began to pursue its mission. Over the next four years, it allocated the entire amount of the original grant as required, and engaged in consultation and research to better understand the ongoing process of healing. With decisions made on final allocations in 2003, the AHF initiated a winding-down phase, maintaining a reduced staff to monitor projects receiving multiyear funding, to respond to information requests, and to explore partnerships and means of continuing the work of reconciliation that had begun.

In the budget of March 2005, the federal government made an additional commitment of \$40 million to enable the AHF to support healing projects for an additional two years and to continue promoting public awareness and understanding of healing issues. The extension was identified as an interim measure while the government considers how best to move forward with what it considers important work.<sup>4</sup>

### 1.2 Mission and Mandate

The Aboriginal Healing Foundation (AHF) came into existence on March 30th 1998 with Letters Patent under the Canada Corporations Act. It was created less than 90 days after the Honourable Jane Stewart, then Minister of Indian Affairs and Northern Development, announced a federal government commitment of \$350 million to support community-based healing of the legacy of physical and sexual abuse at residential schools. The healing fund was a component of *Gathering Strength: Canada’s Aboriginal Action Plan*.<sup>5</sup> The day following incorporation of the AHF, the nine members of the founding Board of Directors signed a funding agreement that set out in detail the objectives of the organization, the structure to govern it, the scope and limitations of the community efforts it would fund, and the criteria it would meet in managing its resources. The AHF, through its board of



directors, affirmed that it had the power, corporate and otherwise, to fulfill its obligations under the agreement. The Crown, represented by the Minister of Indian Affairs and Northern Development, agreed to make full payment to the AHF of \$350 million as soon as reasonably possible after an appropriation by Parliament, in the fiscal year 1998-1999. The content and language of the Letters Patent of the Foundation, By-law Number 1 establishing its mode of operation, and the funding agreement (see Appendix A) closely mirror one another. The mandate of the AHF, established under law, was clearly defined. The mission of the AHF was also set out in formative documents. Funding of the organization was for the purpose of

addressing the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts, by supporting holistic and community-based healing to address needs of individuals, families and communities, including Communities of Interest.<sup>6</sup>

Unravelling the complexities of that mission and implementing its intent over the next seven years would present the board of directors and the staff with many challenges, and take them on a journey that would plant guideposts for future initiatives of Aboriginal people to reclaim wellness.

The mission and mandate were products of intense negotiations between the federal government and representatives of five national Aboriginal organizations: Assembly of First Nations, Inuit Tapirisat of Canada (now Inuit Tapiriit Kanatami), Métis National Council, Congress of Aboriginal Peoples and Native Women's Association of Canada. The federal government was convinced of the need for healing from the legacy of physical and sexual abuse in residential schools. In a press release in February 1998 it declared its intention "to ensure that decisions about the healing needs of residential school attendees are shaped by those most affected by this system."<sup>7</sup> The Aboriginal organizations likewise endorsed the need for healing and the appropriateness of establishing a body that would be responsive to Survivors' direction and would operate at arm's length from both government and the Aboriginal political process. Neither the federal government nor Aboriginal leadership had a clear understanding of what constituted the physical, social, emotional and spiritual legacy of residential school abuse, what measures would promote healing, and where the direction of Survivors would take the AHF.

It quickly became evident that there was an inherent tension between the will of Survivors to direct their own healing and the AHF's obligation to work within the boundaries set by the funding agreement so that it maintained the confidence of the federal government. The most contested disparity between Survivors' definition of need and the program response defined under the agreement was the lasting negative impact from loss of culture and language by those who attended residential schools. While funding criteria did not exclude elements of culture and language in community projects the primary requirement for all applications was an outline of "the objectives of the proposed project and the intended activities and results *with regard to the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts*"<sup>8</sup> (emphasis added). The task of the AHF, under the leadership of the board of directors, would be to chart a course that respected and supported community initiatives while demonstrating the prudence, competence and accountability required in its relationship with government.

### 1.3 In This Volume

Chapter 2 of the present volume introduces background on the origin and intent of the Indian residential school system and the beginning awareness of the harms it inflicted on Aboriginal children. Steps taken to launch and direct a national Aboriginal organization dedicated to supporting community initiatives for healing are described. We track policies and practices put in place to reflect Aboriginal values in management and day-to-day operations and ensure that funds received would be managed prudently and applied effectively.

Chapter 3 provides an overview of program development guided by initial and ongoing consultation with Survivors of residential schools and those who experienced intergenerational impacts. The directions received in two Survivors' gatherings in 1998 served as a guide for preparing the first call for proposals and establishing criteria for assessing submissions. Feedback from the communities, including criticism about schedules, treatment of applications and equity of access, as well as success stories, helped the AHF to refine its practices. The organizational structure and processes that emerged are described in a broad outline.

Chapter 4 takes an analytical approach to evaluating the focus of community projects, the nature and level of participation, and reports on early effects. It draws on the overview and analysis of impacts developed from three cycles of evaluation and individual participant responses, which are detailed in *Volume II, Measuring Progress: Program Evaluation*.

Chapter 5 draws substantially on *Volume III, Promising Healing Practices in Aboriginal Communities* to reflect on what we have learned about promising practices in healing the legacy of physical and sexual abuse in residential schools. The evidence base for these insights includes monitoring reports collected on a regular basis, responses to a questionnaire on healing practices that work in local settings, regional gatherings of Survivors and participants, and studies commissioned by AHF Research. Direct experience is placed in the context of a growing body of scientific and professional literature on trauma and recovery following physical and sexual abuse in childhood.

Chapter 6 draws on major findings of AHF program evaluations, research on promising practices in healing projects, commissioned studies and academic research. In it, we explore the scope and depth of healing needs and develop principles to guide future Aboriginal healing programs. We consider strategies to utilize the pent-up energy and capacity of Aboriginal communities to lead their own healing. We outline systematic responses to recognize the value of Aboriginal healers and traditional healing practices in autonomous culture-based services and collaborative relationships with parallel services. We urge continuation of a community-led healing strategy that builds on the experience of AHF's initial mandate.

Chapter 7 looks to the road ahead, analyzing the work that remains to be done to consolidate and complete the work begun in the first seven years covered by this report. We bring together a statistical picture of the numbers of Survivors and those impacted intergenerationally, drawing on data from Statistics Canada, censuses of 1991 and 2001, the Aboriginal Peoples' Surveys of 1991 and 2001 and

responses to the First Nations Regional Health Survey of 2002. Based on survey data from AHF evaluations, we identify the types of healing services required and estimate the proportions of the affected population requiring different levels of intervention. In conclusion, we propose a strategy to press ahead on the healing journey, setting out costs of the strategy and the cost to Aboriginal people and Canadian society of prematurely terminating support for the healing that has begun.

A major source of information for our learning and our three-volume report has been the Survivors, project participants and communities that have shared their experience in surveys and questionnaires, monitoring reports, and regional and national gatherings throughout the life of the AHF. We thank them for their generosity and their willingness to walk with us on this journey. We trust that this report will support and reinforce our shared learning about healing, providing a solid basis for the next stage of the journey to reclaim wellness.



Participant at the Aboriginal Healing Foundation National Gathering  
July 9, 2004  
Photo: Kanatlio



## Launching a National Aboriginal Organization

### 2.1 Introduction

The creation of the Aboriginal Healing Foundation in March 1998 was a significant milestone in relations within the Aboriginal community and between the Government of Canada and First Nations, Inuit and Métis peoples. It marked the first time that diverse Aboriginal peoples, represented by five national organizations, had collaborated to establish a self-governing, non-political organization. Within the space of a few hours after its incorporation, the AHF became the vehicle for implementing a major policy commitment of the federal government.

The ground rules for collaboration were negotiated in an atmosphere of intense awareness of the importance of the undertaking and immense time pressure to achieve an organizational structure and a working agreement before the fiscal year and the offer of funding expired. The relationships established through these negotiations have endured over the past seven years and have provided the context for developing an organization that reflects the diversity of Aboriginal ethics, interests and priorities, and also responds to government requirements of effective and transparent administration. The organizational strategies put in place to maintain good relationships with different constituencies are the subject of this chapter.

### 2.2 The Residential School System

#### 2.2.1 Implementation

Residential schooling for Aboriginal children was a favoured approach to “civilizing” the original inhabitants of Canada from the 1830s, on the initiative of Christian missionaries. The residential school system was introduced as Canadian government policy, following a report in 1879 on the working of industrial schools in the United States by Nicholas Flood Davin under a commission from then Prime Minister Sir John A. MacDonald.<sup>9</sup> A brief overview of the origins and implementation of the residential school system is presented in Appendix B. Residential schools operated as a partnership between the federal government and Christian churches, principally Roman Catholic, Anglican, Methodist (United) and Presbyterian. Other religious groups (Mennonite, Baptist, and Salvation Army) also participated in the operation of Indian schools.

Although the schools are often referred to as Indian residential schools, Métis children were recruited to fill places in them throughout their history. From 1955 to 1970, residential schools and hostels for Inuit students were operated in the North under federal authority. Before 1955, Anglican and Roman Catholic churches in the Arctic operated residential schools with federal subsidies. After 1970, schools came under the authority of the government of the Northwest Territories.

In 1969, the Government of Canada ended its partnership with the churches in the management of residential schools and adopted a policy aimed at dismantling the system.<sup>10</sup> Between the 1800s and the 1990s, over 130 church-run residences, industrial and boarding schools and northern hostels



existed at one time or another, the number peaking at 80 in 1931.<sup>11</sup> A list of residential schools is included in Appendix C. The last federally-run residential school, Gordon Residential School in Saskatchewan, closed in 1996.<sup>12</sup>

### **2.2.2 Goals, Methods and Impacts**

The residential school system that was implemented for First Nations, Métis and, later, Inuit children began from the premise that Aboriginal people had to be liberated from their savage ways in order to survive in a modernizing society. Aboriginal adults were deemed unable to undergo the transformation in consciousness and life ways that was necessary and so policy turned to shaping the children. The residential school policy had three components: separating Aboriginal children from the influence of their parents and communities; re-socializing them in the values, beliefs and habits of colonial society; and absorbing them on completion of their training into the non-Aboriginal world.<sup>13</sup> Canadian society did not challenge either the intent of the system or the assumed beneficial effects of the program throughout its history. Aboriginal people, for the most part, experienced residential schools as inherently violent even in those situations where school personnel were kind and educational benefits were valued.

The force with which separation from families was maintained was described by a witness before the Parliamentary Standing Committee on Aboriginal Affairs and Northern Development in February 2005. Flora Merrick's story appears in the following box. She had sought compensation for pain and suffering through a dispute resolution process, received a small award that was appealed by the Government and subsequently enrolled in a class action lawsuit.

My name is Flora Merrick, the daughter of the late Flora McKinney and Archie Myron. I am the widow of the former chief of Long Plain First Nation in Manitoba, Angus Merrick, who was awarded the Order of Canada by the Governor General of Canada for his long-time work on behalf of the aboriginal people in Canada. I was born on Remembrance Day, November 11, 1916, and I've lived my whole life on Long Plain First Nation, approximately 120 kilometres west of Winnipeg, Manitoba....

I attended the Portage la Prairie residential school from 1921 until 1932. In all my 88 years, I have not forgotten the pain and suffering I went through while at residential school. Being separated from my loving parents and family at five years of age and enduring constant physical, emotional, psychological, and verbal abuse still haunts me. I was punished for speaking my own language and was always frightened and scared of what the teachers and principals would do to me. It was like being in prison. During my stay at Portage la Prairie residential school, I witnessed the injustices of beatings and abuse of other children, some of whom were my siblings. We were treated worse than animals and lived in constant fear. I have carried the trauma of my experience and seeing what happened to other children all my life.

I cannot forget one painful memory. It occurred in 1932 when I was 15 years old. My father came to the Portage la Prairie residential school to tell my sister and I that our mother had died and to take us to the funeral. The principal of the school would not let us go with our father to the funeral. My little sister and I cried so much, we were taken away and locked in a dark room for about two weeks. After I was released from the dark room and allowed to be with other residents, I tried to run away to my father and family. I was caught in the bush by teachers and taken back to the school and strapped so severely that my arms were black and blue for several weeks. After my father saw what they did to me, he would not allow me to go back to school after the school year ended....

I was raised in a close and loving family before I was taken away to a residential school, and being strapped until I was black and blue for weeks and being locked in a dark room for two weeks, to me, is barbaric....I don't know what more to say, but I think of this a lot. At home, I'm alone. As long as I live, I shall never forget what they did to us at that school.<sup>14</sup>

Reshaping the identity and consciousness of students required more than enforced attendance at the schools. To dislodge children's previous worldview and disrupt the transmission of cultural heritage

the government and the churches placed a priority on stamping out Aboriginal languages in the schools and in the children:

It was left to school principals to implement that directive, to teach the languages of 'civilization' ...and to prevent the language of 'savagery' from being spoken in the school. Some instituted imaginative systems of positive reinforcement through rewards, prizes or privileges for the exclusive use of English [or French]. More often than not, however, the common method was punishment. Children throughout the history of the system were beaten for speaking their language.<sup>15</sup>

The third element of the residential school strategy, to place graduates in employment away from their communities, was unsuccessful, largely because the level and quality of education delivered was inadequate to fit former students for employment. More often, former students returned to their communities, without the skills to fit in or pursue a productive life there or elsewhere.

Judgment on the impact of residential schooling rendered by John Tootoosis, a former student who went on to become a prominent Cree leader, was recorded in his biography:

when an Indian comes out of those places, it is like being put between two walls in a room and left hanging in the middle. On one side are all the things he learned from his people and their way of life that was being wiped out, and on the other side are the white man's ways which he could never fully understand since he never had the right amount of education and could not be part of it. There he is, hanging in the middle of two cultures and he is not a white man and he is not an Indian.<sup>16</sup>

The long-term consequences of residential schooling continue to reverberate in Aboriginal communities, families and individual lives. Canadian society is more prepared than ever before to recognize that rupturing the bonds between generations of children and their parents for purposes of the State, disrupting the transmission of cultural heritage through prohibition of Aboriginal language use, and leaving thousands of former students suspended between worlds, ill-equipped to function in either, constitute violations of human rights as we have come to understand them.

### 2.3 Breaking the Silence

Recognition that the experience of residential schooling had long-lasting damaging effects on Aboriginal children has emerged slowly in the consciousness of Canadians. Aboriginal people themselves, in many cases, have been unaware of the connection between the deprivation, humiliation and violence that they experienced in residential schools and subsequent challenges to their physical, social, emotional and spiritual well-being. Stories of hunger, isolation from family and harsh discipline from teachers and supervisors had circulated within families, sometimes interspersed with tales of resistance. The stories that were told were often those of individuals like Shirley Williams, recorded at the beginning of this volume, who had recovered a sense of worth and self-confidence and who spoke of their experience as a trial that they survived.<sup>17</sup>

Until the 1980s, a veil of silence concealed thousands of other stories with less happy endings. There were the uncounted numbers of students who died shortly after discharge from the schools in poor health or who were buried on school grounds, victims of malnutrition and disease. There were others who sought to deny their Aboriginal roots as best they could, becoming lost in unfriendly cities or forming families in which they never spoke of the past. And there were those who emerged from the schools carrying an intolerable burden of anger and shame and disconnection from society. In the final decades of the twentieth century, the silence of residential school Survivors was broken and the link between early abuse and later distress was acknowledged in public discourse.

Silence about other forms of violence in Canadian society had been slowly lifting as well. Women speaking out about family violence brought change in the way law and law enforcement agencies treated domestic violence. Child welfare authorities sought to protect or rescue children from physical abuse and witnessing abuse within families. By the late 1980s, child sexual abuse was coming to light and the Canadian government responded with the appointment of a special advisor to the minister of National Health and Welfare on Child Sexual Abuse in Canada.<sup>18</sup> Especially shocking to the conscience of Canadians were revelations that children who were in the care of church and state had been subjected to sexual abuse by their caretakers. Charges of past abuse were brought forward by adults who had lived in the Mount Cashel orphanage in Newfoundland, and Grandview, St. John's and St. Joseph's Training Schools in Ontario. In the early 1990s, these and other instances of abuse in child care, educational and correctional institutions across Canada were validated in public inquiries or police investigations that resulted in compensation packages to the victims.<sup>19</sup> Testimony at inquiries revealed that victims bear emotional scars from humiliating treatment, although only proof of physical or sexual abuse triggers legal consequences. Evidence of sexual abuse of children in these instances generated public outrage that was instrumental in motivating governments and churches to make out-of-court financial settlements.

The charges of institutional child abuse received broad media coverage. The similarity to circumstances in Indian residential schools was striking and undoubtedly shored up the courage of Aboriginal Survivors to disclose their experiences of physical and sexual abuse with some hope that they would be believed. Aboriginal Survivors in British Columbia and Saskatchewan launched court cases in 1992 and 1994. By the time the *Report of the Royal Commission on Aboriginal Peoples* was released in 1996, the federal government had received approximately 200 claims alleging abuse.<sup>20</sup>

The Royal Commission on Aboriginal Peoples (RCAP) was commissioned by Prime Minister Brian Mulroney in 1991 to "investigate the evolution of the relationship among aboriginal peoples (Indian, Inuit and Métis), the Canadian Government, and Canadian society as a whole" and to "examine all issues which it deems to be relevant to any or all of the aboriginal peoples of Canada."<sup>21</sup> The overarching theme of the Commission's report submitted to the prime minister in November 1996 was renewing the relationship between Aboriginal peoples and Canada. To rebuild the relationship, the Commission "urge[d] governments and the Canadian people to undertake a comprehensive and unflinching assessment of the unstable foundations of the relationship that...[were established] during the period...[when displacement of Aboriginal institutions and] assimilation"<sup>22</sup> of Aboriginal peoples into colonial society were the avowed objectives of public policy. A key component of that

unflinching assessment, initiated by RCAP, was a historical study of the implementation and impacts of the residential school policy.<sup>23</sup>

Summing up the historical investigation and testimony at public hearings, the Commission wrote:

No segment of our research aroused more outrage and shame than the story of the residential schools. Certainly there were hundreds of children who survived and scores who benefitted from the education they received. And there were teachers and administrators who gave years of their lives to what they believed was a noble experiment. But the incredible damage – loss of life, denigration of culture, destruction of self-respect and self-esteem, rupture of families, impact of these traumas on succeeding generations, and the enormity of the cultural triumphalism that lay behind the enterprise – will deeply disturb anyone who allows this story to seep into their consciousness.<sup>24</sup>

Archival research provided documentary evidence that conditions under which residential schools were maintained made them breeding grounds for malnutrition, disease and disciplinary measures that often crossed the line into abuse. Reports of Survivors describing destructive experiences and the long, arduous road back to emotional health were surfacing with increasing frequency. Among these was a 1994 publication by the Assembly of First Nations: *Breaking the silence: an interpretive study of residential school impact and healing as illustrated by the stories of First Nation individuals*.<sup>25</sup>

There were many indications that the scores of claims being brought forward alleging abuse were only the tip of the iceberg.

RCAP recommended that the government of Canada establish a public inquiry with a majority of Aboriginal commissioners to investigate and document the origins and effects of residential school policies and practices. The scope of the inquiry would include all Aboriginal people, including First Nations, Métis and Inuit, with particular attention to the nature and extent of effects on subsequent generations of individuals and families, and on communities and Aboriginal societies. The proposed inquiry was to hold public hearings, conduct research, identify abuse and recommend remedial action that might include apologies, compensation and funding for treatment. [A further RCAP recommendation was the] establishment of a national repository of records and video collections [that would] facilitate access to [information] and electronic exchange of research on residential schools. [The agency thus created would collaborate on related curriculum development] and conduct public education programs on the history and effects of residential schools as well as remedies applied to relieve their negative effects.<sup>26</sup> The RCAP recommendations regarding residential schools are reproduced in Appendix D.

The RCAP recommendations reflected the conviction that truth-telling was a necessary first step in reconciliation, a process that had precedents in countries such as South Africa and Argentina where successor governments sought to lay to rest the legacy of abuses permitted or perpetrated by past governments. The recommendations also affirmed that the extent of injuries suffered deserved fuller exploration so that just compensation could be delivered. The precedent for compensation outside of a court process had likewise been set in institutional abuse cases in Canada.

Efforts to promote reconciliation between residential school Survivors, all Aboriginal peoples and the Christian churches, which had collaborated in the residential school system, had already been initiated as summarized below. The churches also put in place modest programs to support Aboriginal Survivors in their self-directed efforts at recovery from their experience and they sought to inform their members at large of the harm that had been done. The churches were often named in the litigation that was underway. Their apologies and statements of complicity went beyond responsibility for physical and sexual abuse which, when proven, would create legal liability. They variously acknowledged the lasting harm that was done to the development of healthy, well-functioning human beings by sustained emotional, cultural and spiritual violence.

### **A Series of Apologies by Churches that Partnered with Government In the Residential School System<sup>27</sup>**

- 1986: The United Church of Canada apologized for denying the value of Aboriginal spirituality and imposing western ways on Aboriginal people.
- 1991: The president of the Oblate Superiors of the Canadian Region, Missionary Oblates of Mary Immaculate (OMI) in Canada, apologized for the cultural and religious imperialism that motivated residential schools, the disruption of families and communities that resulted, and instances of physical and sexual abuse that occurred.
- 1993: The primate of the Anglican Church of Canada apologized for physical, sexual, cultural and emotional abuse in residential schools.
- 1994: The Presbyterian Church in Canada adopted a confession and regret for having cooperated in a policy of assimilation in residential schools, depriving children of their families and traditions, leaving them open to physical and psychological punishment and, in some cases, sexual abuse.
- 1998: The United Church of Canada apologized specifically for complicity in the operation of a cruel and ill-conceived system of assimilation in residential schools.

## **2.4 The Need for Healing**

In the 1990s, important advances were made in the therapeutic community in understanding the consequences of childhood abuse. In the early 1980s, post traumatic stress disorder (PTSD) had been identified as a disabling psychiatric condition affecting Vietnam veterans who had witnessed and participated in horrific events.<sup>28</sup> Judith Herman's classic work *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror* traced the similarities between the psychological and behavioural effects of domestic violence, physical and sexual abuse in childhood and terror associated with war.<sup>29</sup> Research in neuroscience revealed the neurological basis of memories that retained the power to arouse emotional and physical distress long after escape from the original frightful circumstances. Counsellors and therapists working with Aboriginal people began speaking and writing about effects of residential school abuse as a complex form of PTSD.



The momentum pressing the government of Canada to redress the wrongs inflicted on Aboriginal people in residential schools was building. Pending litigation was a driving force, but it was clear that the adversarial process of court action was seldom a satisfactory solution. Survivors who had pursued this course found that recounting traumatic events in the context of aggressive challenges to their memories or their truthfulness inflicted new trauma on them. If they lost the case, they were left with nothing but raw, reopened wounds. Even if their suit succeeded and they saw a particular abuser punished or they received an award for damages, many Survivors were still left with numbed feelings and shattered relationships, the residue of unhealed trauma.

Survivors and those who experienced intergenerational impacts of residential schools had been coming together occasionally for school reunions and mutual support for some years. Mutual aid to reinforce claims and survive the stress of court procedures gave organizations such as the BC Indian Residential School Survivors Society, The Children of Shingwauk Alumni Association in Ontario and the Association for Survivors of the Shubenacadie Indian Residential School new and stronger purpose.

Multiple departments of the federal government were engaged throughout 1997 in reviewing the hundreds of recommendations of the RCAP. Like the RCAP commissioners, government officials were moved by the compelling story of residential schools. It demanded a response not just as an Aboriginal issue but also as an issue of childhood, care and protection that resonated with Canadians' sense of justice. It was also powerfully symbolic of the government's relationship with Aboriginal people. Analysis of current knowledge about institutional abuse of children and youth, the role of apology and options for redress led to placing residential school healing at the forefront of the government of Canada's response to the RCAP report. An immediate, substantive commitment to healing would demonstrate the government's intent to set a new course in the relationship with Aboriginal people.<sup>30</sup>

## 2.5 The Government of Canada's Statement of Reconciliation

On January 7, 1998, the Honourable Jane Stewart, then Minister of Indian Affairs and Northern Development, unveiled *Gathering Strength-Canada's Aboriginal Action Plan* in response to the Report of the Royal Commission on Aboriginal Peoples. *Gathering Strength* set out objectives and program initiatives on several fronts, but as in the RCAP report itself, the overarching theme was transforming the relationship between the federal government and Aboriginal people. To that end, Minister Stewart made a solemn offer of reconciliation, which was subsequently distributed widely in the Aboriginal community. Reaction was mixed. Many Aboriginal people felt that the *Statement of Reconciliation* fell far short of the apology that was warranted and that it was carefully worded to restrict the scope of the harms that were acknowledged. Some of the national Aboriginal organizations were critical of the process leading up to the statement, where First Nations representatives were principally consulted.

The paragraphs relating to residential schools appear below. The full statement is reproduced in Appendix E. At the same time, as a first step to deal with the legacy of physical and sexual abuse at residential schools, Minister Stewart announced the federal government commitment of \$350 million for community-based healing.

**Excerpt from the Statement of Reconciliation by the  
Government of Canada, January 7, 1998<sup>31</sup>**

One aspect of our relationship with Aboriginal people over this period that requires particular attention is the Residential School system. This system separated many children from their families and communities and prevented them from speaking their own languages and from learning about their heritage and cultures. In the worst cases, it left legacies of personal pain and distress that continue to reverberate in Aboriginal communities to this day. Tragically, some children were the victims of physical and sexual abuse.

The Government of Canada acknowledges the role it played in the development and administration of these schools. Particularly to those individuals who experienced the tragedy of sexual and physical abuse at residential schools, and who have carried this burden believing that in some way they must be responsible, we wish to emphasize that what you experienced was not your fault and should never have happened. To those of you who suffered this tragedy at residential schools, we are deeply sorry.

In dealing with the legacies of the Residential School system, the Government of Canada proposes to work with First Nations, Inuit and Métis people, the Churches and other interested parties to resolve the longstanding issues that must be addressed. We need to work together on a healing strategy to assist individuals and communities in dealing with the consequences of this sad era of our history.

## **2.6 Formation of the Aboriginal Healing Foundation**

The offer of the healing fund was not open-ended; it was reserved in the budget of fiscal year 1997-98 and would be withdrawn if a structure for administering it was not in place by March 31, 1998. The government commitment was for a strategy that included First Nations, Inuit and Métis communities and did not compromise the needs of victims by jurisdictional boundaries that divided registered and non-status Indians, residents on- and off-reserve, Métis people and Inuit within and outside of land claim territories. Bringing these diverse constituencies together with government officials to negotiate the contours of a new organizational structure in less than three months was a formidable task. There were no national models of service delivery that brought the various constituencies together in a single organization. Political organizations had a history of converging briefly at critical points, such as constitutional conferences, and quickly reverting to separate and sometimes contentious positions relative to each other when the critical moment passed. The creation and sustainability of the AHF owed much to the urgency of finding common cause in early 1998. There was a real and perceived risk that if the promised funding were lost, residential school issues might again disappear from public awareness and policy priorities.

By February 1998, the proposed creation of a body at arm's length from government and Aboriginal political organizations to manage the healing fund was publicized.<sup>32</sup> Five national Aboriginal organizations cooperated to name a founding board of nine members that became the focus of negotiations on how the healing fund would flow to communities.

## Aboriginal Healing Foundation Board Representation

### Members of the Founding Board

Three members designated by:

The Assembly of First Nations

One member designated by each of:

The Inuit Tapirisat of Canada (now Inuit Tapiriit Kanatami)

The Métis National Council

The Congress of Aboriginal Peoples

The Native Women's Association of Canada

Two Members designated by

The Government of Canada, preferably Aboriginal Persons

### Additional Members Appointed Following Incorporation

Five First Nations persons

One Inuk

One Métis person

One Inuk or Métis person

Having committed itself to placing a substantial amount of money in the hands of a new organization governed by Aboriginal representatives, the government of Canada entered negotiations on mandate and funding conditions with understandable caution. The members of the founding board found themselves pressured by the looming deadline, when agreement of all parties had to be reached in order to secure the grant of healing funds, and the weight of expectation created in the Aboriginal community by the initial announcement of the fund. In the end, board members had little option but to agree to almost all of the conditions proposed by the government. Negotiations were concluded by late March; the application for *Letters Patent* creating the corporate body was expedited and approved March 30<sup>th</sup>, and the funding agreement was signed on March 31<sup>st</sup>, 1998.

Many of the conditions set out in the funding agreement related to good corporate governance and were readily agreed upon by the founding board. The board correctly anticipated that a few of the conditions would pose continuing problems in meeting the healing needs of the Aboriginal community and fulfilling the mandate of the organization.

The most significant constraint was that all proposals to the healing fund, in order to be eligible, had to relate to the legacy of physical and sexual abuse in residential schools, including the intergenerational impacts. The inclusion of intergenerational impacts was a concession inserted in response to strong representations by the founding board. The legacies of deprivation of family nurturance and transmission of parenting skills, loss of culture and language and assaults on identity and dignity could not in themselves be the focus of healing proposals, although they could be addressed in concert with the principal mandatory criterion for funding. The general criteria for funding provided some flexibility in addressing prevention and early detection of effects of the Legacy, research and capacity building

and community healing approaches, including traditional methodologies. However, the AHF bore the brunt of criticism for unduly limiting the healing initiatives that it would support.

A second problematic condition was the attempt to separate healing projects from the stream of litigation that continued to widen. The agreement provided that “costs related to compensation to individuals, any litigation or any public inquiry related to Residential Schools is not an Eligible Cost.”<sup>33</sup> Distinguishing between a project to assist healing of Survivors and one that supported them through the stress of pursuing legal action or participating in an inquiry required drawing a fine line. In fact, confusion between the healing fund and anticipated compensation payments persisted in some locations and in the minds of some Survivors throughout the granting phase of the AHF. The restriction that the AHF could not use the healing fund to “conduct activities related to advocacy (other than communicating the objects of the Foundation)”<sup>34</sup> posed an additional challenge in defining eligible educational activities that promoted support in the broader community for healing the Legacy.

A third condition, that would become the subject of further representations by the board, was the requirement that the AHF make best efforts to commit the entire healing fund within five years of signing the funding agreement or four years after the approval of the first eligible project, whichever came first.<sup>35</sup> It was expected that setting up the organization and establishing the procedures for receiving and assessing applications would consume the first year of the AHF’s life. Actual disbursement of funds allocated to eligible projects could extend over a ten-year period. From the beginning of dialogue about the AHF program, communities argued that four years was not long enough to repair the damage that had been done to successive generations over a century. Efforts of the board to extend the life of the AHF and alter restrictive conditions of investment to generate greater income were unsuccessful. Working within the restricted time frame for allocating funds posed particular difficulties in meeting the parallel commitment to honour “in a fair and equitable manner the geographical and demographic reality and, the concentration across Canada of those who attended Residential Schools and those who are affected by the Legacy.”<sup>36</sup> Some communities, regions and segments of the Aboriginal population required time and resources to identify needs and generate viable funding proposals. The issue of equitable access to the healing fund is discussed further in Chapter 3.

By the end of June 1998, the maximum slate of 17 board members was filled in accordance with corporation by-laws. Six of the nine founding board members were reconfirmed by the national Aboriginal organizations, three replacement members were designated, and the board selected eight new members following a public nomination process. A list of founding board members and subsequent appointees with dates of service is attached as Appendix F.

Criteria for board appointments were set out in the *Corporation By-law Number 1* and were intended to ensure that members were chosen from Survivors, Survivor organizations, healing organizations and other interested groups, as well as nominees from the designated political organizations and government, in a mix that had regional and gender balance. Survivors of residential schools were strongly represented in the initial slate and board membership throughout the period 1998 to 2005.

All members were expected to be of good character and bring skills relevant to the mission of the organization. Although some were appointed by political organizations, it was agreed that all members would strive to make decisions using their best judgement in the interests of all Aboriginal people and not as representatives of particular groups. Decision-making by consensus was specified in the by-law as the optimal way of proceeding, but in the absence of consensus, a decision could be taken and carried by a majority of members. Some decisions, such as the appointment of new board members, required a two-thirds majority.<sup>37</sup>

Georges Erasmus, former national chief of the Assembly of First Nations and former co-chair of the Royal Commission on Aboriginal Peoples was elected chair of the board. He was quoted in the first newsletter of the AHF:

I am especially proud of the wealth of experience on the Board in such areas as healing and abuse issues, community development, social and legal issues, public communications and public affairs, all in the Aboriginal context.<sup>38</sup>

A broad range of skills was needed as the AHF began the work of building an organization from the ground up. One of the first tasks was to forge a consensus on the work ahead and the principles that would guide the organization. The time and effort devoted in the early months to formulate a statement of vision, mission and values proved to be a sound investment. The statement affirmed the principles and high purpose that had brought the organization into being. It provided a context for negotiating the divergent interests of various constituencies and mediating the differing opinions of strong personalities.

In subsequent months, the statement was complemented by the development of codes of conduct to which all AHF board members, employees and others associated with the work of the AHF were required to subscribe. The *Code of Conduct* included conflict of interest and confidentiality guidelines. Communities and organizations receiving project funding were likewise required to develop ethical guidelines based on a template provided by the AHF to ensure that safety and respect prevailed in funded projects. A sample code of conduct and ethical guidelines for community projects are presented in Appendix G and Appendix H, respectively.

### Statement of Mission, Vision and Values<sup>39</sup>

Our vision is one where those affected by the legacy of Physical Abuse and Sexual Abuse experienced in Residential School have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations.

Our mission is to encourage and support Aboriginal people in building and reinforcing sustainable healing processes that address the legacy of Physical Abuse and Sexual Abuse in the Residential School system, including intergenerational impacts.

We see our role as facilitators in the healing process by helping Aboriginal people help themselves, by providing resources for healing initiatives, by promoting awareness of healing issues and needs, and by nurturing a supportive public environment. We also work to engage Canadians in this healing process by encouraging them to walk with us on the path of reconciliation.

Ours is a holistic approach. Our goal is to help create, reinforce and sustain conditions conducive to healing, reconciliation and self-determination. We are committed to addressing the legacy of abuse in all its forms and manifestations, direct, indirect and intergenerational, by building on the strengths and resiliency of Aboriginal people.

We emphasize approaches that address the needs of Aboriginal individuals, families and the broader community. We view prevention of future abuse, and the process of reconciliation between victims and offenders, and between Aboriginal people and Canadians as vital elements in building healthy, sustainable communities.

By making strategic investments of the resources entrusted to us, and by contributing to a climate of care, safety, good will and understanding, we can support the full participation of all Aboriginal people, including Métis, Inuit and First Nations, both on and off reserves and both status and non status, in effective healing processes relevant to our diverse needs and circumstances.

The board appointed an interim executive director and worked with small teams and consultants to define the components of the work to be done and design an organization fitted to achieving its goals. Also in the early months, the board had to educate itself on the governance of a foundation as it received and assumed stewardship of the \$350 million healing fund. The board sought legal advice on corporate structures and liability, financial advice on capital management and investments, and advice on granting processes from foundations with experience in comparable work. For direction on how to begin the practical work of supporting community healing, they turned to the people experienced with healing in their own lives and communities – Survivors, community workers, formal and informal leaders.



## 2.7 The Squamish Conference

A meeting of Survivors had been convened in March 1998 to help shape the formation of the AHF. A second meeting to consult with Survivors from across Canada was convened on Squamish Territory in North Vancouver, British Columbia, 14-16 July 1998. The Squamish Conference, as it came to be known, provided an opportunity for those most affected by the residential school experience to have their say in focussing the activities of the AHF and establishing a model of accountability to the Aboriginal community.

The Squamish Conference was funded by a special grant of \$400,000 from Indian and Northern Affairs Canada. It sponsored 150 participants and opened its doors to others who came on their own. Survivors of 21 residential schools and participants from every region of Canada attended. The agenda included information sessions where formative documents were interpreted and work to date was reported. Emerging plans for program development were outlined before the conference broke into working groups to develop feedback and recommendations. Facilitators and recorders assisted the working groups. Elders and counsellors were available throughout the conference to support participants for whom discussions of residential experience and healing needs triggered intense and difficult memories and feelings. The conference generated 52 recommendations on board roles and responsibilities, issues to consider, foundation operations, program design and content, program criteria and other matters. The grouped list of recommendations is presented in the box below. A conference synopsis is presented in Appendix I. The priorities, insights and cautions captured in the report of the conference became a reference point for self-examination as the AHF set about implementing its program.<sup>40</sup> The AHF's response to each of the recommendations is included in Appendix I.

**Residential School Healing Strategy Conference, July 14-16, 1998  
Recommendations to Board Members<sup>41</sup>**

1. Board members should be on their own healing journey: sober, drug free, and walk their talk. Board members need to be role models.
2. Board and staff should have a code of ethics.
3. Survivors need to be strongly recognized on the Board.
4. The Foundation must establish and build trust.
5. There should be ownership of the Foundation by the communities it serves.
6. The Board must stay at the grass roots level and not place too much priority on administration. Professional help is needed by all members of survivors' families.
7. The Board membership should be restricted to survivors and one Elder.
8. The Board communicate with survivors by a communication which is truthful, honest and open.
9. The way of operating be traditional and holistic.
10. Foundation bylaws should not conflict with existing treaties and research should be done with respect to any conflict with the Charter of Rights and Freedoms.

Perhaps the most significant outcome of the Squamish Conference was the beginning trust that was generated in the leadership of the AHF. Board members demonstrated that they were committed to the establishment of an organization that belonged to the people and that would listen to them. In lengthy open sessions, board members and some government resource persons sat on the platform and listened to comments, queries and challenges from the floor. They responded with information, explanations of why and how certain things were done, commitments to pursue questions that could not be answered immediately and they referred issues outside of AHF's mandate to appropriate sources. These open forums where AHF leadership attended meetings to report on their work and open themselves and the organization to questioning and feedback from the community became hallmarks of the AHF's way of doing business.

## 2.8 The First Call for Proposals

By the Fall of 1998, the AHF had hired an executive director and headquarters staff. It had developed internal operating procedures and plans for receiving and reviewing proposals. The first call for proposals and application form went out in early December 1998. The *Program Handbook* incorporated the eligibility criteria and restrictions of the funding agreement, together with advice on community needs and priorities brought forward in the Squamish Conference. Proposals were invited under four themes: 1) *Healing*, which included community healing projects and healing centres; 2) *Restoring Balance*, which focussed on early detection and prevention of intergenerational effects of the legacy of physical and sexual abuse; 3) *Developing and Enhancing Aboriginal Capacities*, which could include needs assessment or training; and 4) *Honour and History*, which focussed on sharing, validating or recording residential school experience with the objective of honouring Survivors and promoting healing. Proposals could also seek funding under the sub-theme *Returning Voice to the Women* in any of the four theme areas. Deadlines for proposal submission were staggered between January 15<sup>th</sup> and March 31<sup>st</sup>, 1999, the first due date falling approximately six weeks after the call for proposals. A series of 18 information workshops was held across the country, led by staff or consultants to assist with understanding and completing applications.

The first call for proposals was an attempt to respond to the expectation from communities that funding should start flowing without prolonged delay. Within weeks of Minister Stewart's announcement in January 1998, Indian and Northern Affairs Canada, Health Canada and the Assembly of First Nations were receiving requests for funding. The board struggled with the choice of setting a short timeline to deal with the built-up demand or moving more slowly to ensure that the process was well understood and accessible. The compromise solution was to receive applications quickly and encourage communities that needed more time and assistance to apply for grants to assess needs under the theme *Developing and Enhancing Aboriginal Capacity*. In addition to the regional information workshops, information officers were available by telephone at the AHF office.

The strategy provoked a storm of protest. The specification of themes and the application form were considered to be too complex and the time frame for submitting applications unreasonably short. Support for navigating the application process was inadequate and severely disadvantaged small communities and those Métis and Inuit communities that lacked organizational infrastructure or personnel skilled in preparing proposals.

To deal with identified problems and move ahead with the timetable of approving grants by the first anniversary of the AHF, the board introduced short-term *Proposal Development Assistance Funding* between January and March 1999. The criteria for the fund were developed over Christmas 1998 to deliver assistance before the first deadline. Eligible recipients, as defined in the call for proposals, could obtain lump sum advances to a maximum of \$5,000, subject to subsequent audit, for the purpose of preparing an *Application for Project Funding*. The resulting proposal could be submitted at any phase of the AHF funding cycle.

Despite the turbulence following the first call, 1,066 project proposals were received within the deadlines in addition to requests for *Proposal Development Assistance Funding*. Given that the AHF at that time was working with a skeleton staff, and that full-scale hiring had just begun, there were few human resources to handle the flood of applications that came in. Submission deadlines were enforced and communities felt rejected when late applications were sent back unopened. Communities were unsure they would have another opportunity to apply. Political support for the AHF was strained by the initial short deadline, and some chiefs complained by mounting a resolution at the Assembly of First Nations General Assembly in 1999.

No contribution agreements were initiated in fiscal year 1998-99, although the *1999 Annual Report* recorded forward commitments at March 31 of \$19.613 million for approved and conditionally approved agreements for the funding of projects in 1999-2000.<sup>42</sup>

A report on *Proposal Development Assistance Funding* in the 1999-2000 annual report indicated that 1,282 applications were received under the program and 917 were funded for a total of \$4,362,052. Proposals submitted by 31 March 2000 as a result of the funding totalled 414.<sup>43</sup>

In addition to generating over 400 proposals from communities, the *Proposal Development Assistance Funding* program produced important lessons for the development of the AHF. The urgency and extent of needs brought forward gave an indication of the service demands ahead. Community initiatives for healing could not be easily framed within criteria derived from the funding agreement and directives from the Squamish Conference; the fit had to be worked through with creativity and sensitivity. Internal systems and programs were in an early stage of development during the first call and staff resources were minimal. It was clear that advice from the community to restrict the costs of staff and administration had to be balanced with the need for local, accessible support in making effective use of the healing fund.

During the period 1999-2000, these lessons were put into practice. The *Program Handbook* and application form were revised and simplified. The program themes were retained to provide ideas for submissions, but applications did not have to be fitted into these categories. Two proposal deadlines in 2000 were established, but applicants could submit proposals at any time and receive staff support to assist in clarifying funding criteria and explaining the requirement of the applications forms. Applicants were encouraged to revise unsuccessful applications and resubmit them in subsequent rounds. The AHF formed a team of community support coordinators (CSC) who were based in regional locations and who were able to provide service in Inuktitut as required. CSCs organized and delivered proposal development workshops to communities and organizations interested in preparing proposals to the AHF, giving practical help in completing applications on-site and clarifying the application review process.

## 2.9 Organizational Development

By the fall of 1999, the organizational structure that would serve the AHF as a granting agency for the next six years was in place. The *Annual Report 2000* cited a complement of 59 full-time staff, over 90 per cent of them Aboriginal persons, including the executive director and senior managers. In 1999-2000, policies and procedures were developed to ensure efficient management of resources and effective implementation of the AHF mission.

A governance model was adopted whereby the board of directors is legally accountable to the government of Canada for expenditures and adherence to terms of the Funding Agreement and morally accountable to Aboriginal people for fulfilment of its mission. The board is responsible for establishing the purpose of the organization and providing fiscal, legal and policy oversight. It retains direct responsibility for monitoring investments, for relationships with political entities and for giving final approval to the funding of healing projects. Executive responsibilities, in general, are delegated to a single employee, the executive director. The executive director reports to the board of directors and provides the leadership required for the achievement of the AHF mission, strategy and objectives. He exercises powers and fulfils duties as specified and delegated by the board of directors and facilitates interaction among senior management, staff, the board and outside agencies.

Throughout most of the period covered in this report, operations of the AHF were carried out in four areas: finance, programs, communications and research, led by four directors who reported to the executive director. Finance continues to be responsible for the management of the AHF's internal financial operations, negotiation and monitoring of funded projects, and strategic management of AHF investments. Programs was responsible for ensuring that Aboriginal communities across Canada had equitable and fair access to funding under eligibility criteria. It provided information and community support, coordinated in-house screening, proposal assessment, and data entry for tracking project implementation and reporting. Communications continues to facilitate communication within the AHF and between the organization and the Aboriginal community, as well as cultivating a supportive public environment. Publications, the Internet website, media liaison and a quarterly newsletter *Healing Words* are among its responsibilities. Research consists of the director and two employees who supervise periodic evaluations of AHF program impacts, maintain the AHF Resource Centre, and contract research to support community healing initiatives.

In 2002-2003, with the final call for proposals in process, the need for outreach and proposal review declined. Most community support coordinators concluded their contracts and the need for monitoring existing projects to ensure accountability and sound management became more prominent. To reflect the shift in focus and effect economies in wind-up mode, the Programs and Finance sections were merged.

In its budget plan announced in February 2005 the federal government committed an additional \$40 million to the AHF "to continue supporting healing projects and to promote public awareness and understanding of healing issues."<sup>44</sup> The Government acknowledged that: "The AHF has helped many thousands of individuals and hundreds of communities begin their healing journeys and has

contributed to a deeper understanding of the legacy of the residential school era. However, individuals and communities are at different stages in their healing work.”<sup>45</sup> The new funding was an interim measure while the Government takes stock and considers how to move forward with what it noted is important work.

In response to the announcement of new funding the AHF commended the Government for this much-needed allocation of resources but reiterated that the work of healing the legacy of a century-and-a-half of residential schooling abuses will require long-term commitment and resources. The \$40 million would allow extension of 91 out of 364 active funded projects representing just 24 per cent of the total. No new call for proposals would be issued. In an AHF press release Mike DeGagné, Executive Director, observed that renewing all active projects would require \$115 million.

The executive of the AHF and staff of the operational sections were in the front line of contact with Survivors and the communities and organizations that sponsored proposals. They facilitated applications, implemented projects and evaluated impact. They channelled information to the board, generated solutions to problems and honoured the successes of community partners. They shared with the board, to an extraordinary degree, the sense of purpose and the commitment to accountability that has energized the AHF and enabled it to meet the challenges of launching a national Aboriginal organization.

## 2.10 Conclusion

In speaking about their personal journey to reclaim wellness, Survivors of residential schools often spoke of the long road that they walked, the setbacks that had to be overcome and the relationships that sustained them. After the first 18 months, it could safely be said that the AHF was on that road in partnership with Survivors and communities reclaiming wellness. Board members and staff had gained an incredible amount of knowledge about healing, the complexity of the process and the extent of the need. They had learned to listen to the people they were appointed to serve and correct course when the people told them, in no uncertain terms, that they had taken a wrong turn. They were learning to adapt organizational practices to accommodate the language and life ways of the people without sacrificing sound management principles. In the next chapter, we review the program initiatives that took shape and were refined in the second and subsequent years of operation.







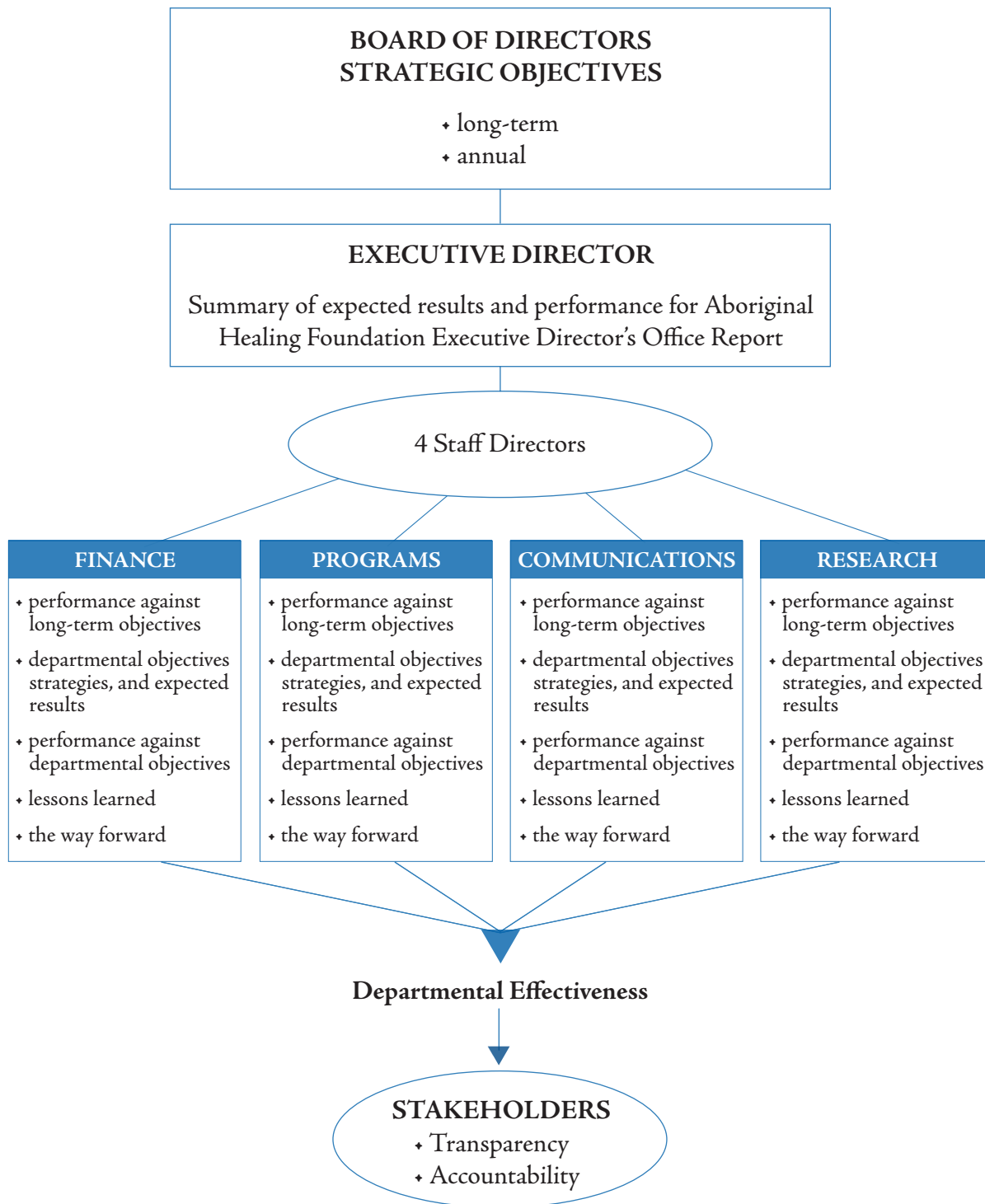
## Milestones Along the Way

### 3.1 Introduction

In this chapter, we highlight how the AHF organized itself to fulfil its mandate and point to some of the milestones it reached along the way. Detail of objectives, activities, expenditures and accomplishments on a year-to-year basis are contained in annual reports from 1999 to 2005 available on the AHF website: [www.ahf.ca](http://www.ahf.ca)

We begin with a summary of expenditures and commitments up to 31 March 2005. We discuss the board's definition of its role, its relations with the Executive, and give examples of its engagement with community, staff and government to achieve its goals. We then turn to each of the operational areas: Communications, Programs, Finance and Research to illustrate how each contributed to the effectiveness of the AHF. We conclude with summary comments on the history we have reviewed. Figure 1 displays the organizational relationships and the responsibilities of each area to ensure transparency and accountability to community stakeholders.

**Figure 1) Departmental Effectiveness**





### 3.2 How the Healing Fund Was Distributed

The first year of the AHF's life was devoted to start-up: completing board appointments and establishing ground rules for decision-making; receiving and investing the \$350 million healing fund; defining staffing needs and beginning recruitment; organizing and publicizing the first call for proposals. Staggered deadlines for the first call for proposals concluded March 31, 1999, the last day of the fiscal year. Projects approved on the last day of the 1998-99 fiscal year began receiving funds in 1999-2000. Expenditures in the *Proposal Development Assistance Fund* described in Chapter 2 totalled \$1,758,340 in 1998-99. Once project proposals were approved and contracts signed, the total amount of the contracts was reported in annual reports as funds committed even though the payout might extend over more than one fiscal year.

Table 1 shows revenues, project grants and administrative expenses in each fiscal year to March 31, 2005. Project grants grew from \$15,241,690 in 1999-2000 to a high of \$68,932,159 in 2004-05. By March 31, 2005 a total of \$305,041,091 had been disbursed to projects. Administrative expense to March 31, 2005 totalled \$46,321,185 representing 13.19% of total expense. A further \$72,704.76 was committed to ongoing projects for a total projected outlay of \$377,745,857 to March 2007, not including the \$40 million announced in 2005. Interest earned and anticipated on the original grant of \$350 has thus added to the amount available to community projects and entirely covered administrative expense.

**Table 1) Revenues, Project Grants and Administrative Expenses by Year**

Item	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	Total
Revenue	\$6,037,725	\$25,285,589	\$43,900,744	\$59,662,673	\$74,983,263	\$75,791,529	\$71,696,075	\$357,357,598
Project Grants Expense	0	15,241,690	36,642,788	51,880,069	67,240,532	68,932,159	65,103,853	305,041,091
Administration Expense	4,279,385	7,440,187	7,247,956	7,801,537	7,533,870	6,737,700	5,280,550	46,321,185

As at March 31, 2005 (Per Audit)  
(without \$40M)

Total Project Grants Expense \$305,041,091

Total Admin Expenses \$46,321,185

Total Expense \$351,362,276

Administration as % of Total Expenses 13.19%

Cumulative Project Commitments to March 31, 2007 (without \$40M) \$377,745,857



Table 2 presents a summary of all proposals received as of March 31, 2005 and decisions made following their review. Requests and approvals for *Proposal Development Assistance Funding* in 1998-9 are included. Four-thousand-six-hundred-and-twelve proposals requesting more than \$1,312 million in funding support were received in the seven-year period. Of these, 1,779 fell within the mandate and met the funding criteria announced in the call for proposals. Criteria were based on conditions of the funding agreement and directions from Survivors at the Squamish Conference. One-thousand-four-hundred-and-ten proposals were given conditional approval by the Board, for an overall approval rate of 75.5 per cent. The number of contribution agreements subsequently signed was 1,346 with some attrition due to withdrawals or problems in concluding an agreement. Applicants whose proposals were screened out because of eligibility requirements or declined on the basis of quality were encouraged to use AHF assistance and resubmit in a later funding cycle. The number of repeat applications in the 4,612 submissions total is not known.

**Table 2) Summary of Proposals, Approvals and Contribution Agreements  
as of March 31, 2005**

4,612 proposals received since January 1999	\$1,312,992,183 requested in funding support
1,779 proposals met mandate & funding criteria	\$586,796,794
1,410 proposals given conditional approval by the Board (75.5% overall approval rate)	
1,346 contribution agreements signed	\$377,745,857

Table 3 shows the number of proposals submitted in each fiscal year up to March 31, 2005. Table 4 shows the number of contribution agreements initiated in each fiscal year for healing projects, healing centres and projects under \$50,000, the latter typically for events, needs analysis or short-term activities.

**Table 3) Proposals Submitted by Fiscal Year as of March 31, 2005  
(project submissions, healing centres, under \$50,000)**

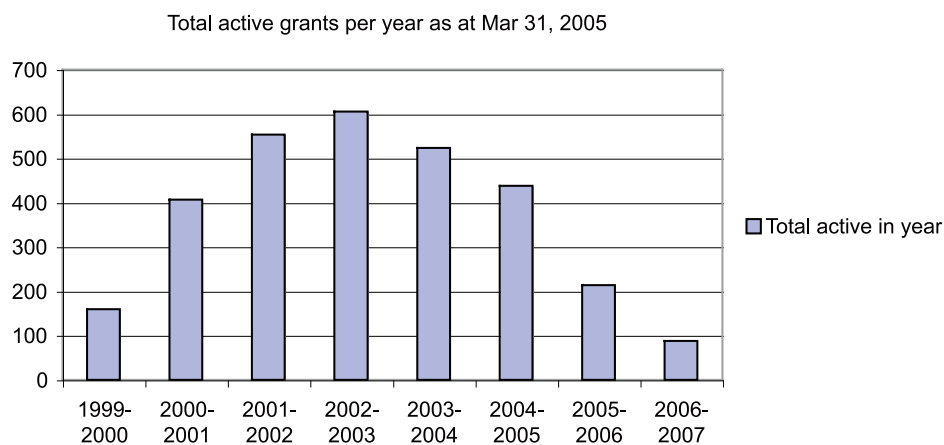
	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	
Total	2,272	528	549	532	652	43	36	0	0	4,612

**Table 4) Contribution Agreements by Start Date by Fiscal Year as of March 31, 2005**  
(project submissions, healing centres, under \$50,000)

	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	
Total	0	159	254	318	327	196	92	0	0	1,346

Many projects continue beyond the year of start-up. To show a fuller picture of project activity Figure 2 shows the total number of grants active in each fiscal year. For example, although Table 4 shows only 92 agreements initiated in 2004-5, there were 438 grants to healing projects active within that year. Similarly, although no new grants were projected for 2005-6 and 2006-7, grants projected for those years were 214 and 88 respectively.

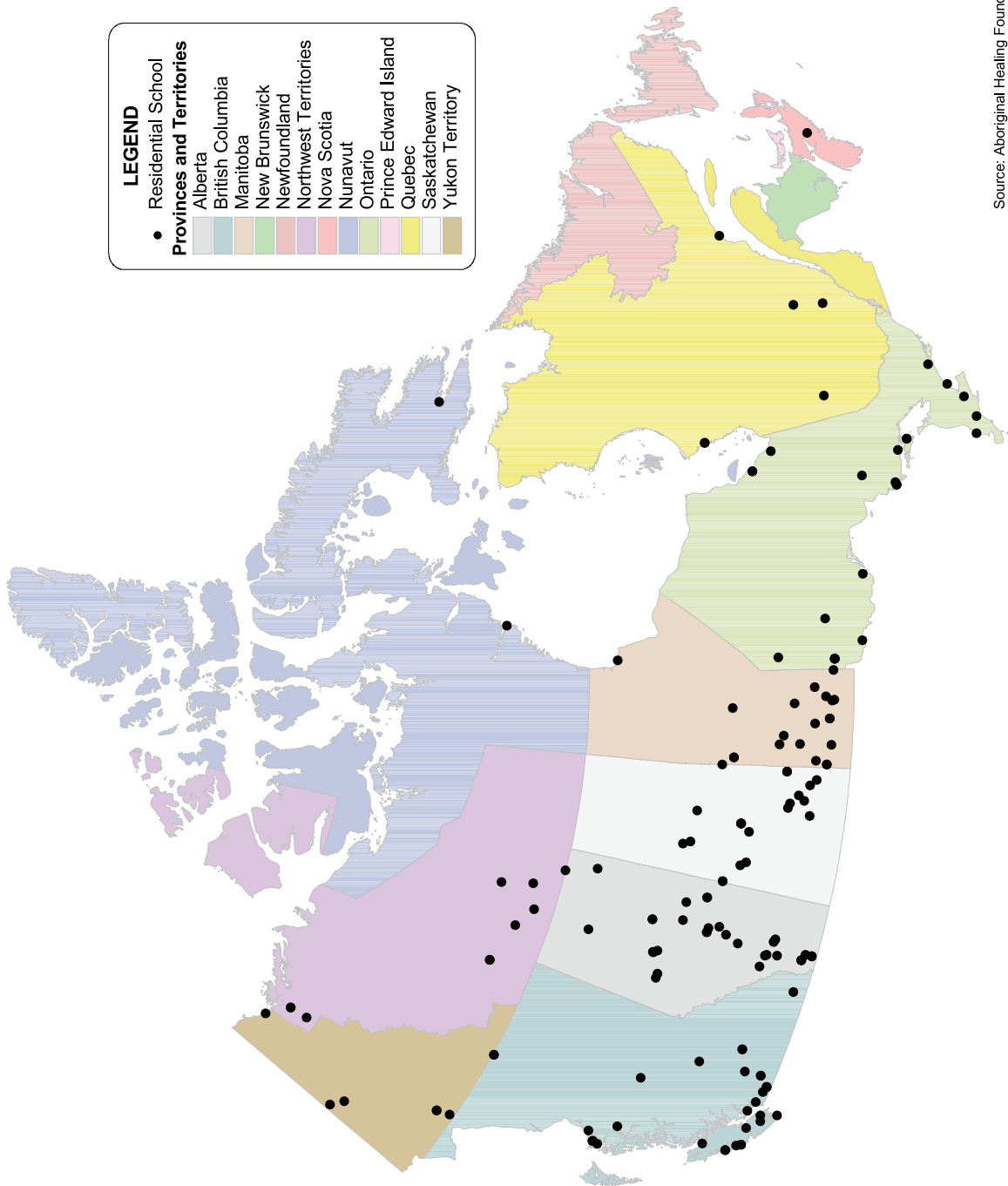
**Figure 2) Total Active Grants Per Year as of March 31, 2005**



	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Total active in year	159	407	553	605	523	438	214	88

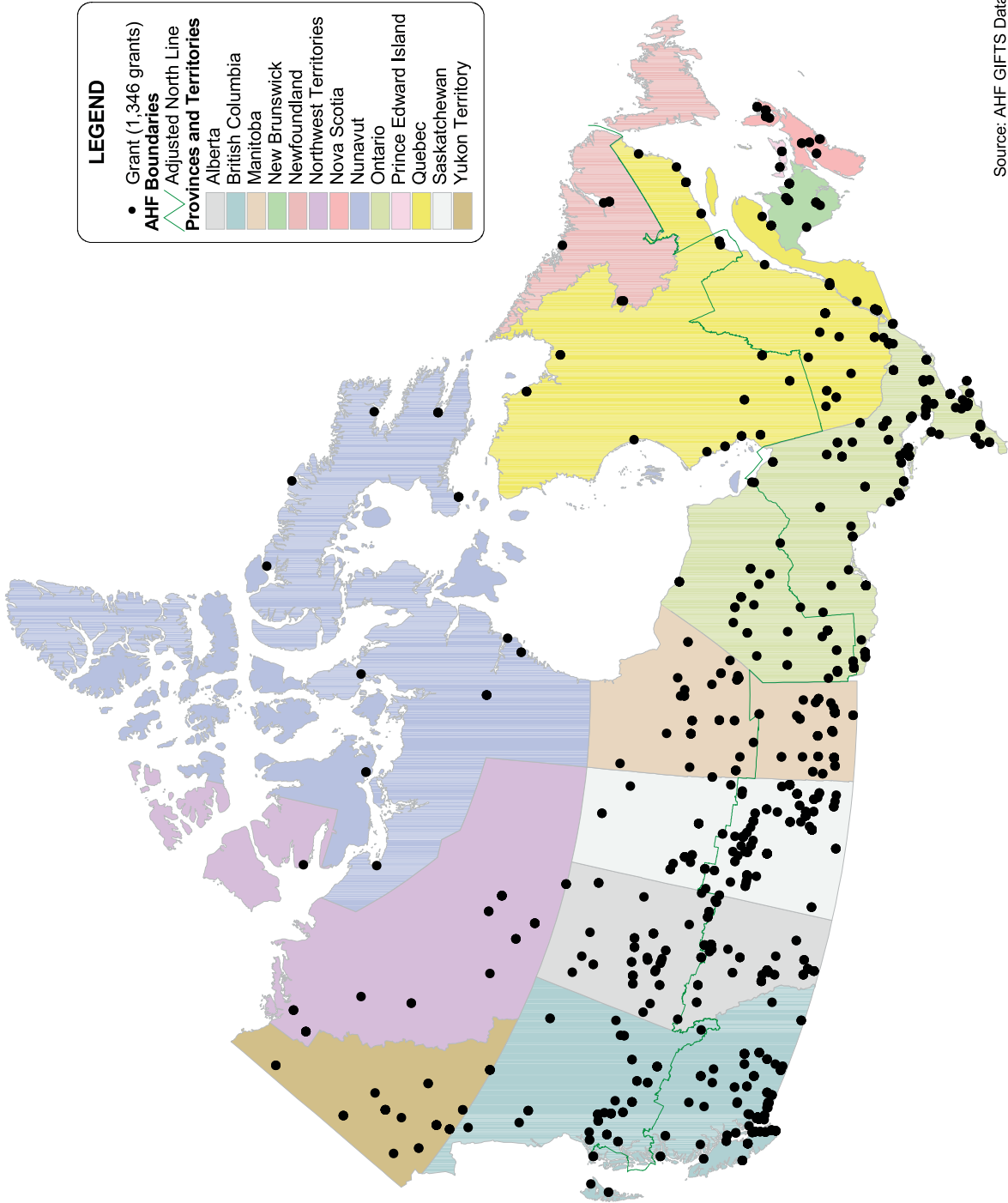
While no strict geographical formula was followed in allocating grants the Board did take into account the geographic and demographic reality and the concentration across Canada of those who attended residential schools, as specified in the funding agreement.<sup>46</sup> The location of residential schools is shown on the map in Figure 3. The location of projects receiving grants is shown on the map in Figure 4. Enlarged maps showing the location of projects by region are attached in Appendix J.

Figure 3) Map of Residential Schools



Source: Aboriginal Healing Foundation

Figure 4) Approved Grants, June 1999 - March 2005



Source: AHF GIFTS Data Base

Announcement of the healing fund in January 1998 generated a surge of expectation that was often accompanied by a sense of entitlement among Survivors and their descendents. The discovery that the fund was not what they expected or needed, in many cases, created a backlash that the AHF had to deal with from the outset. A key decision of the Board that contributed to the backlash was establishing the principle of funding projects based on merit, not on rigid regional allocations or funding formulas. This meant that well planned projects received funding while others received nothing. First Nations communities in particular were accustomed at the time to funding decisions where everyone received an equal, often inadequate, amount that could be enhanced by political influence and lobbying. Establishing trust between the AHF and potential beneficiaries presented a challenge to the board as well as staff.

The AHF is putting too much emphasis on satisfying the requirements of the Funding agreement and not enough on the needs of the Survivors.

Participant, AHF Regional Gathering  
Toronto, October 14, 1999.

Coming from our isolated community, we have not made an attempt to write a proposal yet. We have heard that there are proposals being rejected, sent back and we are afraid to be rejected again. I don't know how we can help these less fortunate people that don't have the expertise in their communities.

Participant, AHF Regional Gathering,  
Winnipeg, October 12, 2000.

### 3.3 A Governing Board; A Working Board

The 17 members appointed to the Board of Directors brought lengthy records of service to their communities or, in the case of the youth member appointed to the first board, the confidence of peers that she would effectively speak for them. In Aboriginal communities, credibility as a leader or spokesperson is based on the quality of relationships as much as on skills and the networks of relationships that Board members brought to their task were essential to their effectiveness. The majority of Board members had attended residential school or had relatives who attended. They were deeply touched emotionally by the issues on which they were called to make decisions and they were acutely aware of the positive or negative impacts their decisions could have. Their degree of personal involvement made it difficult to delegate important responsibilities to staff. They wrestled with the reality that the magnitude of a national granting program made it unrealistic to take a hands-on approach to their duties. Board confidence in delegation of operational decisions to staff increased in the first year as Board and staff roles and responsibilities were clarified and tested in practice.

The challenge was to manage a national granting operation applying practices that were consistent and visibly fair to applicants coming from vastly different circumstances. Other foundations with a mandate to fund projects took a hands-off approach to project management once a grant was made; to do otherwise, would require a large and costly administrative structure. Further, the early experience with the *Proposal Development Assistance Fund* had demonstrated that measures to ensure grants achieved intended results had to be included at the proposal and assessment stage.

### 3.3.1 A Hybrid Governance Model

The governance model adopted was a hybrid of a policy board delegating authority to a single employee, the executive director, and a working board that reserved certain operational decisions to itself. Executive Director Mike DeGagné, hired in October 1998, brought management experience from the federal public service. He is of Anishinabe origin and had engaged in negotiations with Aboriginal groups. He was instrumental in helping the board find a balance between the flexibility required to nurture a new Aboriginal organization and the predictability required to gain and maintain the trust of the Aboriginal community and the confidence of government.

The board exercised its governance responsibility by establishing policy and budget and reviewing performance reports channelled through the executive director. In addition, it assumed direct responsibility for monitoring the investment portfolio, giving final approval of projects for funding, with particular attention to equity principles, attending regional gatherings and other meetings to give an accounting to the Aboriginal community, and planning for succession when the AHF's limited term expired.

The success of the AHF board and executive in establishing governance structures and practices that meet the high standards of transparency and accountability required by both the Aboriginal community and government has set an important precedent. Part of the legacy of the AHF will be the model of a self-governing Aboriginal organization with a mandate for service of national scope. The National Aboriginal Health Organization, established in 2000 shares a number of organizational and governance features with the AHF.

### 3.3.2 Asset Management

In overseeing investment of the healing fund, the board sought expert guidance on the management of the \$350 million in capital, on adherence to the investment guidelines set out in the *funding agreement*, and on maintaining liquidity to meet annual expenditure commitments.

The investment guidelines in the *funding agreement* required that the bulk of the fund be invested in bonds with AAA rating, meaning that they had to be secured by governments or reliable collateral.<sup>47</sup> Such bonds return relatively low rates of interest. Concerted effort by the board in the early years of the foundation to secure approval of plans for less restrictive investment guidelines were unsuccessful, as discussed below in the section Planning for Succession.



### 3.3.3 Equity of Access to the Healing Fund

Equitable access to the healing fund by diverse Aboriginal people and communities was a condition set out in the funding agreement:

Disbursement of the Amount shall be fair and equitable, taking into account, and honouring, the geographical and demographic reality and the concentration across Canada of First Nations, Inuit and Métis who attended Residential Schools, and those who are affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts.<sup>48</sup>

Among the general criteria for project funding was the condition that a project might, but need not, “address the special needs of segments of the population, including those of the elderly, youth and women.”<sup>49</sup>

The make-up of the board was designed to bring the interests of various constituencies forward even though members agreed to apply their best judgement in the common interest. Seven of the seventeen board members were designated by national Aboriginal organizations;<sup>50</sup> eight individuals selected through a public nomination process came from diverse segments of the population; and two members were appointed by the federal government. The Programs area of the AHF monitored the source and distribution of applications and contracts for regular board briefings. The board was clear that proposals should be assessed on the basis of meeting the mandatory funding criteria, reasonable prospects that the objectives set out could be achieved, and financial accountability. While they chose not to distribute funds on a regional formula they did press staff to find means of promoting participation by regions and constituencies that were underrepresented in successive cycles of funding.

The AHF acquired and utilized mapping software to allow tracking and comparison of approval data with accuracy and timeliness. A full-time-equivalent staff position has been dedicated to this mapping, greatly facilitating the Board’s work in achieving fair and equitable distribution of funding in accordance with its mandate. The process established for assessing proposals and issues around equity are discussed further in the section on Programs.

### 3.3.4 Public Accountability

The board considered itself legally accountable to the government of Canada for the disbursement of the \$350 million healing fund and morally accountable to Aboriginal people for fair, equitable and effective support of community healing initiatives. The principal means of meeting requirements in relation to government was the annual report, which the *funding agreement* stipulated should also be communicated to the public. Internal procedures to ensure prudent management of the healing fund are detailed in the section on finance below. Annual reports have included information on distribution of funds and program activities and auditors’ reports, which have been unblemished throughout the life of the AHF. In addition, the AHF has commissioned three evaluations of program impacts by an external consultant. Audits have been conducted using generally accepted accounting principles.

Evaluations, which are reported fully in Volume II, *Measuring Progress: Program Evaluation* and in summary format in Chapter 4 of this volume, have applied professional evaluation methods.

The Auditor General in 2002 expressed concern about the federal government practice of transferring substantial sums to foundations which were accountable to their boards rather than to Parliament and, further, were not accessible to government audit. These concerns were reiterated and expanded in her report of 2005. She noted that the achievement of policy objectives was in question in the absence of performance (effectiveness) audits or in cases where funds remained in foundation accounts rather than being expended for established purposes. Some foundations have a degree of shared governance through federal government appointments to their boards but it was not clear how those appointees exercised federal influence since their fiduciary obligations to the foundation would predominate.<sup>51</sup>

The AHF had an independent audit carried out in 2003-4 that anticipated some of these concerns. The audit confirmed compliance with the *funding agreement* and the investment guidelines set out therein. The Auditor General acknowledged that the AHF had voluntarily undertaken three evaluations and was one of three foundations that carried out their own compliance audits. The AHF submits its annual reports to the sponsoring department, now Indian Residential Schools Resolution Canada, and relies on government-appointed members to alert the Board to any potential concerns that might arise.

### 3.3.5 Accountability to the Aboriginal Community

Annual reports have provided formal accountability to the Aboriginal community as well. However, documentary communications were insufficient to meet the moral obligation to grassroots Aboriginal communities that rely heavily on oral and personal communications and that are widely scattered, often in small, rural and remote locations. The AHF implemented various modes of communicating its mission and activities, including toll-free telephone service, a quarterly newsletter *Healing Words*, public media, and community support coordinators located in the regions. However, it was the implementation of a schedule of regional meetings that gave Board members visibility and placed them on the frontline to explain what the AHF was doing and why, to interpret annual reports and expenditures, and to listen to Survivors, project personnel, disappointed applicants, critics and participants appreciative of support on their healing journey.

Between September 1999 and January 2004, the chair or vice-chair and board members from the various regions attended 27 regional gatherings, listed in Table 5. The usual format was a presentation on the mandate of the AHF, the annual report including expenditures, an update on the application process and an open session to hear and respond to questions and comments from the floor. Staff were present to respond to queries about specific projects and practices and to ensure that commitments made to attendees were followed up. Attendance varied from 17 in Yellowknife to 300 in Edmonton. The gatherings gave board members a first-hand opportunity to hear about perceptions and impacts of the program in the Aboriginal community. As had been the case with the Squamish Conference, advice and criticism from the gatherings were influential in providing context for staff reports and making decisions, sometimes difficult, to shift approaches that had been adopted previously.

Table 5) AHF Regional Gatherings

Year	Total for year	Location	Date
1999	4	Yellowknife, NT	September 30
1999		Thunder Bay, ON	October 14
1999		Montreal, QC	October 28
1999		Edmonton, AB	November 4
2000	5	Iqaluit, NU	September 28
2000		Winnipeg, MB	October 12
2000		Vancouver, BC	October 26
2000		Ottawa, ON	November 9
2000		Moncton, NB	November 23
2001	6	Yellowknife, NT	January 26
2001		Whitehorse, YT	January 30
2001		Toronto, ON	October 10
2001		Montreal, QC	October 12
2001		Regina, SK	October 24
2001		Halifax, NS	October 26
2002	7	Inuvik, NT	April 27
2002		Calgary, AB	October 1
2002		Prince Albert, SK	October 3
2002		Prince George, BC	October 15
2002		Kenora, ON	October 16
2002		Moncton, NB	October 28
2002		Québec City, QC	October 30
2003	4	Vancouver, BC	October 16
2003		Sudbury, ON	October 28
2003		Montreal, QC	October 30
2003		Iqaluit, NU	November 19
2004	1	Watson Lake, YT	January 22

### 3.3.6 Planning for Succession

Even while the board was seeking approval from the federal government to extend its life span beyond a four-year granting period and an additional six years to expend funds and monitor projects, it was looking ahead to closure within the original terms of the funding agreement. In communications with communities, the AHF underlined the limited term of the funding program. All applicants seeking to meet community need were asked to consider and state how their initiative could be sustained when AHF funding was no longer available.

From the beginning, the board recognized that raising awareness of the legacy of physical and sexual abuse in residential schools would open doors of remembrance and pain that could not easily be closed on a short-term schedule. The original grant of \$350 million, substantial as it was, was not sufficient to counter the extensive impact of generations of abusive treatment in the residential school system. The effects of trauma and deprivation have reverberated through family networks in communities and replicated themselves in successive generations. Even with the inclusion of intergenerational impacts, most cultural, emotional and spiritual consequences were excluded from the healing mandate.

For all these reasons, the AHF began, early in its life, to explore the creation of a charitable foundation that could carry on the healing work initiated by the AHF, with fewer restrictions on the scope and duration of its effort. In 2001, the Legacy of Hope Foundation was registered as a charitable foundation to secure support from the private sector and individuals for the purpose of promoting healing from the residential school experience. The first major undertaking of the charitable foundation was partnering with the AHF and Library and Archives Canada<sup>52</sup> to research and mount a photo exhibition entitled *Where are the Children? Healing the Legacy of the Residential Schools*.

From the creation of the AHF in 1998 to the writing of this report in 2005 the time limit placed on AHF funding activities has been problematic. It has been a regular source of irritation to communities who perceived the AHF as the enforcer if not the source of unreasonable expectations that healing of trauma inflicted over generations could be relieved in two or three years of project activity. The Board and executive have expended substantial time and effort in largely unsuccessful bids to have the time constraints loosened.

In 2000 the AHF initiated discussions with the government and in February 2001 presented a proposal for an alternative investment plan and extended mandate to federal government representatives and the Honourable Robert Nault, then Minister of Indian and Northern Affairs Canada. The plan was developed with expert consultation. Two years later with pressure of applications increasing and no government decision on extension forthcoming, the board proceeded to commit its funds within the original terms and conditions of the funding agreement and issued its final call for proposals in February 2003. In the same year the government offered to extend the granting period by two years without alteration of other conditions.<sup>53</sup> Given the lateness of the offer and the degree to which the original grant had already been committed, the plan was no longer practicable. The board declined the offer.<sup>54</sup>

The board has continued to explore avenues for maintaining momentum in healing activities through an informal Legacy of Hope Coalition. Discussions of strategies and alternatives have involved Survivor organizations, Aboriginal political organizations, the federal government, church representatives and the Legacy of Hope Foundation in an informal Legacy of Hope Coalition. Options and alternatives for a continuing role for the AHF in community healing from the legacy of residential school abuse are discussed more fully in Chapter 7 of this volume.

The provisional exit strategy developed in 2003 anticipated winding up funding to multi-year projects by 31 March 2007 and closing AHF doors on March 31, 2008. The announcement of a new grant of \$40 million in the budget of February 2005 extended the AHF's granting capacity briefly. The board made the very difficult decision to fund a limited number of ongoing projects rather than issue a new call for proposals. Granting extended life to all 364 projects would require an estimated \$115 million. The criteria applied to select recipients from a field of many worthy projects were: a track record of successful service; effective management of resources; delivery of direct therapeutic services; service to hard-to-reach populations and broad geographical coverage. The new grant permitted the extension of 91 existing projects. The project wind-up date of March 31, 2007 and closure of the AHF in 2008 are not altered by the interim grant.

### 3.4 Organization and Activities

Board leadership and executive skills are necessary but not sufficient resources to enable an organization to succeed in its mission. Competent staff who are informed about goals and policies and familiar with the working environment are also essential. The board set a priority on hiring Aboriginal staff and consultants and public reports highlighted the achievement of having Aboriginal people filling more than 90 per cent of staff positions. There was a high degree of stability at the management level, with the executive director who was hired in 1998 and most of the directors hired in 1999 remaining in their positions into 2003-2004 when downsizing was implemented.

The executive director noted that, in order to recruit highly skilled personnel, it was necessary to recognize that the AHF, with its limited-term mandate, could not offer them career advancement. One of the compensating factors was encouraging skill development and training that would be valuable in subsequent employment.<sup>55</sup> The Programs manager, who oversaw the training of staff who interacted with applicants and projects, recognized that the work was emotionally intense and staff needed to be treated as whole human beings and not just workers doing a job. The AHF was doing new things in a new way and staff needed personal and professional support to grow into their roles.<sup>56</sup>

Supports included social activities to encourage community building within the staff group and a mentoring approach on the part of managers. All areas were expected to set performance as well as activity objectives in their annual work plans. If specialized skills such as use of a sophisticated computer program or conflict resolution were required, staff were encouraged to take training. Individual performance reviews were implemented and achievement of skills development was recognized. Staff complement and distribution were revised as program activities evolved to better respond to community needs and expectations, and personnel were redeployed to work in areas of their strength and organizational need. Where supportive, flexible management was insufficient to resolve persistent problems, the difficult decision to terminate the appointment was taken. The high level of employee retention, especially at the manager and director levels, is an indicator of the success in building and maintaining staff morale and effectiveness. A list of staff appears in Appendix K. While each of the operational sections has its own area of responsibility, there was a great deal of communication and coordination between them as noted in the following commentary on areas of activity.

### 3.4.1 Communications

One of the clear messages from Survivors at the Squamish Conference was that they expected accountability from the board. This meant the board and the organization not only had to be responsive to direction from the community; they also had to communicate that they were responsive by making accurate, timely and understandable information available in formats that were accessible to diverse regions and segments of the Aboriginal population. The board was also constantly aware of the short-term of the AHF mandate and the necessity of fostering understanding of its healing mission in the broader community and developing partnerships to achieve its goals.

By the fall of 1999, the board had adopted an integrated communications strategy to pursue these goals. In succeeding years, the Communications area, comprised of six persons, continually refined its tools and functions to implement the strategy. The annual report of 2003 provided an overview of communications during one of the peak years of AHF activity.<sup>57</sup>

Communications' main responsibilities were to communicate the board's strategic decisions to AHF's stakeholders and to promote in a proactive manner the vision, mission and activities of the AHF. Its activities were directed to providing an interactive forum for sharing knowledge on residential schools and healing with Aboriginal communities, promoting exchanges between communities, and raising awareness among the Canadian public of the need and possibilities for reconciliation. Communications also collaborated with other areas of the AHF to facilitate the flow of information internally, with the board and among staff. It served its stakeholders in English, French and Inuktitut.

Communications bore lead responsibility for:

- ✦ publications including annual reports and the newsletter *Healing Words*;
- ✦ website;
- ✦ media liaison;
- ✦ regional gatherings;
- ✦ public presentations;
- ✦ advertisement;
- ✦ public education;
- ✦ mailing and database; and
- ✦ translation and editing.

A primary objective of Communications was to report on AHF processes and activities to Survivors and their descendants and generate awareness of the mandate among Aboriginal communities. This involved encouraging attendance at specific AHF events designed to report on AHF activities, hearing the concerns of Survivors and community members, and maintaining communication through public media, preparation and publication of a variety of documents.



In addition to responding to specific requests for information through telephone calls, faxes, e-mails and letters, Communications ensured the supply and mail-out of thousands of documents produced by the AHF and assisted community members with locating or accessing information from other sources.

In a single year (2002-2003) Communications organized media liaison, logistics and documentation for seven regional gatherings involving 1,500 participants. Communications provided information to journalists and organized interviews with the media for AHF spokespersons or gave interviews directly. It regularly updated and improved the website for friendly interface with users. By 2003-2004, website usage had expanded to an average of 343,000 hits per month.

The highest profile products of Communications are the quarterly newsletters *Healing Words* (English) and *Le premier pas* (French) initiated in the first year of operation and, by 2003, distributed to over 30,000 recipients per issue. *Healing Words* and its French counterpart, published in the style of a newspaper, are principal vehicles for disseminating information on AHF organizational activities, announcements of events and funding allocations. After the first year, the quarterly publications became a medium for sharing community submissions illustrating community definitions of healing and successful strategies for meeting needs through funded projects.

In 2002-2003, Communications prepared over 65 public presentations delivered by AHF board members and staff to diverse Canadian and international organizations interested in Aboriginal issues. It provided the board with documentation for representations to government, produced and translated documentation for other units of AHF in French, English and Inuktitut. It collaborated with the Legacy of Hope Foundation and Library and Archives Canada to produce the photographic exhibition *Where are the Children? Healing the Legacy of the Residential Schools*, accompanied by a 22-minute video. The video included several interviews with residential school Survivors and a brief history of the residential school system and its impacts on Aboriginal people in Canada.

In May 2002, Communications published *The Healing Has Begun – an Operational Update from the Aboriginal Healing Foundation* as an insert in one English and two French newspapers with a combined national and regional circulation of 923,000. A further 25,000 copies of the document were circulated via universities, colleges, schools, conferences and community workers through mailings and on request. The publication was designed as a public education tool on issues related to the residential schools system and the AHF. It is reproduced in full in Appendix B.

The AHF represents an extraordinary story of Canada's relationship with Aboriginal peoples. Many of the federal public servants who participated in the creation and evolution of the AHF have said that establishing the AHF represents the most significant accomplishment of their careers. The response of Canadian media to the AHF and residential school issues has been far less supportive. Press conferences convened to share good news stories were poorly attended. Media interest in the AHF was reserved for bad news items such as controversy over board honoraria, the Auditor-General's concerns about foundations generally, and local stories on the demise of funded projects. The predominant theme in news coverage of residential school issues overall was the impact of litigation on the economic survival of churches implicated in law suits launched by Survivors, and the churches' efforts to limit liability.

In 2003, having announced the final call for proposals, the focus of Communications shifted to preparing Aboriginal communities for the wind-up of the granting phase of AHF, reducing expenditures on outreach and facilitating the board's exploration of alternatives for maintaining the momentum of healing in communities.

### 3.4.2 Programs

Programs' role was to ensure that Aboriginal communities across Canada had equal and fair access to funding for healing projects that address the legacy of physical and sexual abuse in the residential school system, including intergenerational effects. It was charged with ensuring that the mandate and mandatory criteria of AHF funding were met. Programs was the largest operational unit with a staff of 25 at its peak. Its functions included:

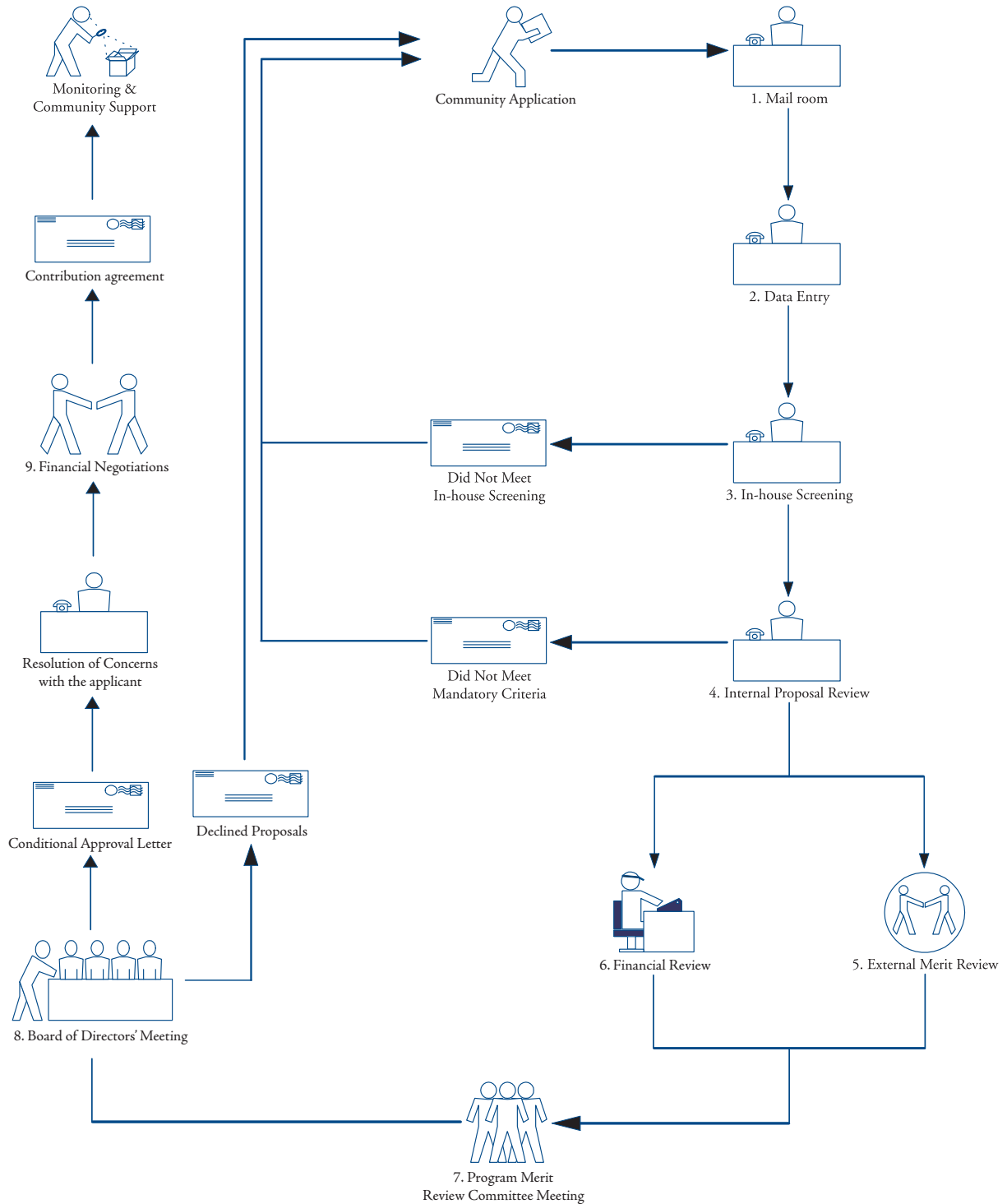
- ✦ information services;
- ✦ community support;
- ✦ data entry;
- ✦ in-house screening and proposal review; and
- ✦ project monitoring.

The wave of complaints following the first call for proposals in December 1998 made it clear that communities needed much more than a series of information workshops and telephone support to understand the program criteria and respond to the call. Despite what was criticized as an unreasonably short time from announcement to proposal deadlines, communities and organizations submitted 370 proposals by January 15<sup>th</sup>, a six-week preparation time that included the traditional period of shut-down in organizations over Christmas, and 1,066 proposals (not including proposal development grants) by March 31<sup>st</sup>, a three-month preparation time. There was a concentration of proposals from British Columbia where Survivor organizations and litigation have been underway for some years raising awareness of the need for healing, and from Ontario where larger communities and tribal councils had organizational infrastructure and experience in preparing funding proposals. The *Proposal Development Assistance Fund* enabled smaller communities with fewer resources to hire consultants to assist them, but these arrangements did little to develop skills within the community and problems with ensuring accountability of outside consultants were reported.

For the second funding cycle, 11 community support coordinators (CSC) were hired in late Fall 1999 and stationed in the regions, including Inuktitut speakers in Nunavut and a French speaker for French speaking communities. In the first instance, the role of CSCs was to work with communities to develop their proposals. They organized proposal development workshops where applicants could work on their proposals, provided information on resources to assist applicants, and developed linkages, partnerships and networks within and between communities. In Nunavut, CSCs made special efforts to help communities access writers and skills to translate good ideas into fundable proposals. Oral styles of communication were accommodated generally by provision for submission by video. In addition, the CSCs were the eyes and ears of the AHF, reporting back on problems with materials and processes and contributing to improvements in both. Information services for the communities were complemented by a three-person information service in Ottawa.

When a proposal was received at head office, identifying information was entered into the data tracking system and the proposal screening and assessment process began. The entire process is represented in Figure 5.

Figure 5) Proposal Review Process Flow Chart



AHF staff screened proposals to ensure that the documentation required in the application form was complete. This included letters of community support, evidence of incorporation or sponsorship in the case of newly-formed groups or organizations, objectives, work plan, identification of personnel and budget. To be screened in, a proposal had to meet mandatory criteria requiring that it:

1. Address the legacy of physical and sexual abuse in residential schools, including intergenerational impacts. This must be reflected in the project's goals, description and work plan.
2. Show support and links. A project must have community support in order to be funded. It will have more impact when it is linked with health, social services and other community programs.
3. Show how it will be accountable to Survivors, to the community where the project will take place, and to the target group who will benefit from the project.
4. Be consistent with Canada's *Charter of Rights and Freedoms*.<sup>58</sup>

Criteria for screening were drawn from the funding agreement and direction received at the Squamish conference. Additional criteria, based on these sources plus sound management practice, were spelled out in program handbooks to alert applicants to the basis on which the merit of their applications would be assessed.<sup>59</sup> Applicants were invited to visit the AHF website before applying, to check updates on funding criteria that were modified from time to time by the Board.

If the application was incomplete or it did not meet mandatory criteria or it was problematic on one of the additional criteria, it was returned to the applicant with reasons why it was not acceptable. CSCs and other AHF staff were available to assist applicants in completing or improving their proposals or seeking ways to define their needs within mandatory funding criteria.

Proposals that passed internal AHF review were reviewed by AHF Finance to assess whether budget requests were appropriate. Budget requests were adjusted to reflect a set of standard budget amounts that were adjusted higher for northern and remote communities that normally encountered higher costs. Following financial assessment proposals were forwarded to the External Merit Review Committee. In the first two funding cycles, merit review panels were convened regionally to evaluate the proposals. Panel members were appointed by the board from applications of community people with skills or knowledge in healing services and programs. A board member, usually from the region, chaired each panel. Conflict of interest rules were applied to ensure that all applicants were treated fairly.

The panel rated applications individually on two scales: the possible impact to promote healing (objectives) and methodological merit (prospects of reaching the objectives). Scores assigned to eligible projects were then forwarded to a sub-committee of the AHF board, the Program Merit Review Committee. This committee made recommendations to the full board, which had final authority to accept or decline proposals or ask for modifications, based on the scores and recommendations submitted to them. Applicants whose proposals were declined at any stage had access to an appeal process if they felt that proper procedures were not used.

Following Board approval, AHF Finance negotiated resolution of any concerns, finalized financial commitments and prepared a contribution agreement, which included conditions for submitting financial and progress reports.

In 1999-2000, AHF management systems were becoming more refined. Policy manuals were developed to assist staff in applying consistent standards in internal decision-making. The external merit review panels were found to be problematic in several ways: workloads were heavy; they were expensive to convene; standards of assessment and documentation of decisions varied. The process of merit review was adjusted to incorporate one in-house and two external reviews for each application. External reviewers continued to bring community perspectives to the assessment but they were screened, trained in applying established assessment criteria and provided with service contracts. In 2000-2001, the proposal review process was further streamlined to include one in-house and one external assessment with a third arbitrator if the two scores were significantly different.

Community concerns were continually raised about the length of time consumed in proposal review. In January 2001, the board authorized an expedited process for grants under \$50,000 annually. A simplified application form was developed, staff reviewed the proposals internally and, if proposals achieved a high score on the internal AHF assessment scale, approvals were granted under the authority of the executive director.

CSCs were available to funded projects to assist with meeting reporting requirements or to monitor situations where problems emerged. Finance implemented a risk management strategy that included site visits by CSCs if projects did not comply with financial or program reporting requirements. The board did not establish regional or group-specific allocations; however, it was attentive to ensuring that overall distribution of projects and funding was proportional to the concentration of Survivors among regions and First Nation, Inuit and Métis populations. Data analysis by the Indian Residential Schools (IRS) Data Task Group of the Department of Indian Affairs and Northern Development was helpful in estimating the location of Survivors and the proportions of Survivors in First Nations, Inuit and Métis subgroups.<sup>60</sup> Using data from the 1991 Aboriginal Peoples' Survey, adjusted by the Indian Registry Canada (1991) and projections prepared by Statistics Canada for the Royal Commission on Aboriginal Peoples, the IRS Data Task Group estimated there were 105,000 to 107,000 individuals alive in 1991 who attended Indian residential schools. Of these, 80 per cent were estimated to be status Indians, 9 per cent Métis, 6 per cent non-status and 5 per cent Inuit. It was estimated that 41 per cent of residential school Survivors lived on-reserve and 59 per cent lived off-reserve.

Where regions or subgroups were perceived to be underrepresented in proposals and grant allocations, staff engaged in outreach and provided support to assist with development of fundable proposals. Figure 6 shows the distribution of funds committed by region as of January 2005, compared with estimated attendees at residential school, RCAP forecasts of population for that region (1996) and the proportion of the self-identified Aboriginal population in 2001. The actual dollar allocations by region are presented in Appendix L.

Figure 6) Distribution of Funds by Region (January 2005)

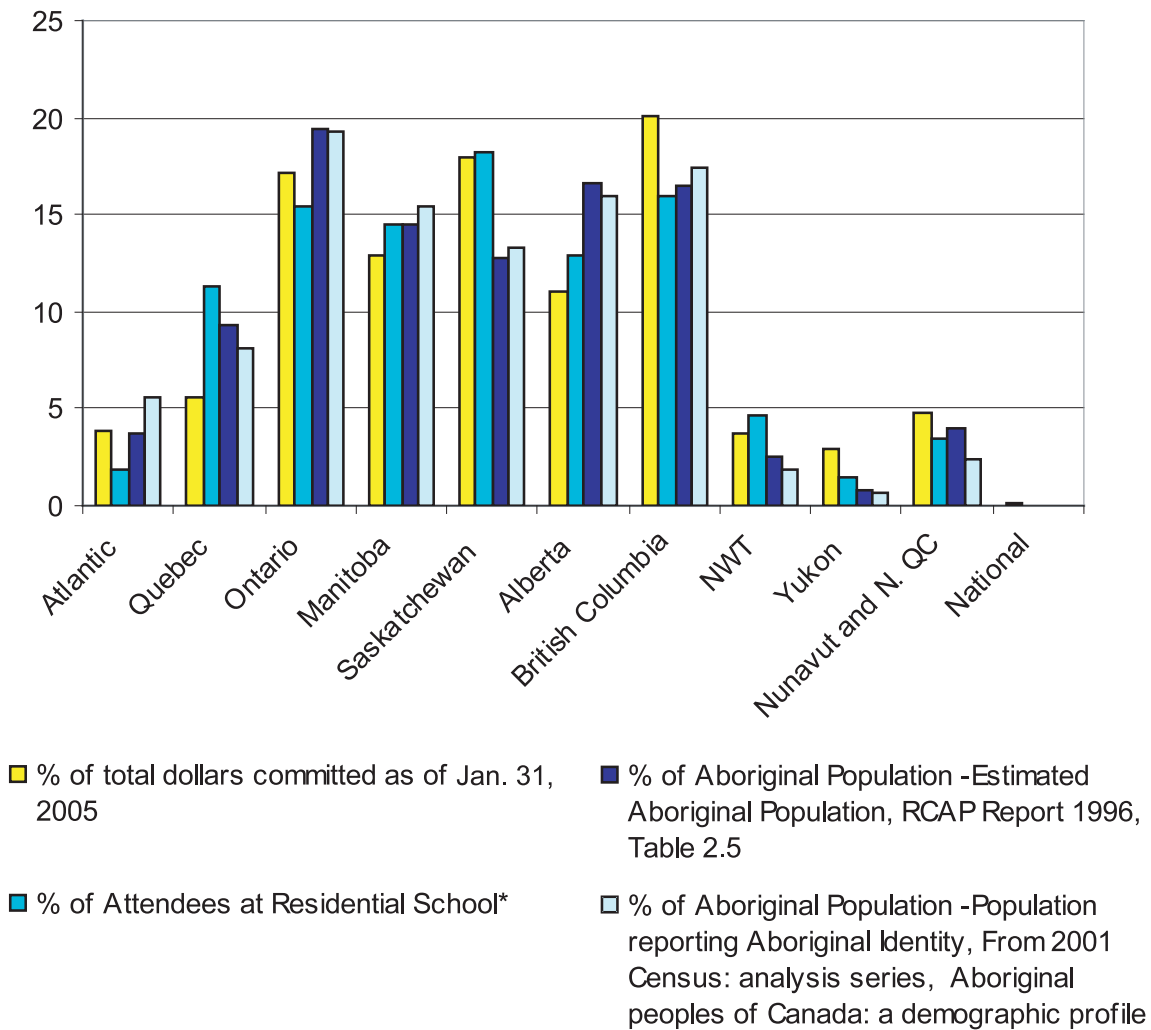
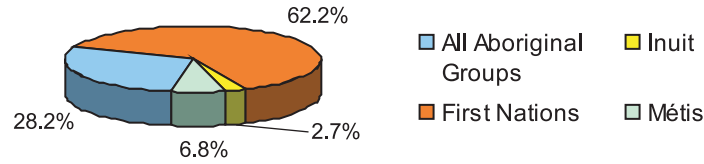


Figure 7 shows the percentage of proposals received from First Nations, Inuit, Métis and inclusive Aboriginal groups, and the percentage of funding allocated to projects identified with each subgroup as of February 2005. There is no breakdown in project data collected of what proportion of First Nation projects is off-reserve and what proportion of inclusive Aboriginal projects served Métis and non-status populations. If the DIAND estimates of residential school Survivors' location and identity are valid, then, at face value, the overall distribution of funds is close to the distribution of Survivors by region and identity, with possibly a slight underrepresentation of Métis projects.



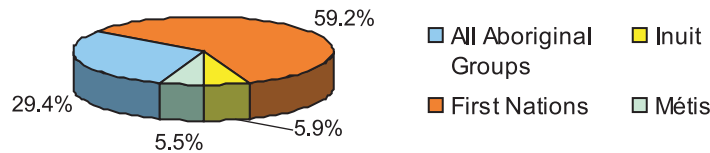
Figure 7) Proposals and Grant Allocations by Aboriginal Identity (February 2005)

**# Proposals by Aboriginal Identity**



# of AHF Proposals with Board Approval and Under \$50,000 grants		
	count	%
All Aboriginal Groups	398	28.2
First Nations	877	62.2
Inuit	38	2.7
Métis	96	6.8
Total	1,409	100.0

**Total \$ by Aboriginal Identity**



AHF Proposals with Board Approval and Under \$50,000 grants, By Total \$ committed		
	\$	%
All Aboriginal Groups	\$110,977,294.63	29.4
First Nations	\$223,103,275.28	59.2
Inuit	\$22,423,101.72	5.9
Métis	\$20,592,206.11	5.5
Total	\$377,095,877.74	100.0

The Métis situation is unique. Their attendance at residential school was not well documented in official records. Métis leaders have recently drawn attention to their involvement in residential schools and the implications for access to healing services. The extraordinary growth in the Métis population, from 139,400 in 1991<sup>61</sup> to 292,310 in 2001<sup>62</sup> may also indicate that large numbers of Métis people who previously were invisible to statisticians and policy makers are now coming forward to be counted. The nature of Métis-specific projects discussed in chapter 4 of this volume indicates that their concerns and needs have a major emphasis on community building and reclaiming Métis history.

Inuit experience with residential schooling is distinct from either First Nation or Métis experience. Residential schools came at a later date to the North, becoming a federal program in 1955 when the federal government adopted an education policy for Inuit and entered into partnership with churches that previously operated mission schools. The system included hostels serving local or regional students as well as larger institutions at centres such as Churchill, Manitoba, Yellowknife, Northwest Territories and Northern Quebec.<sup>63</sup>

Outreach to Inuit Survivors presented special challenges to the AHF. The geography of the far North consists of small, dispersed settlements accessible only by air, causing difficulty in the diffusion of information. In addition, most Inuit Survivors of residential school are unilingual in Inuktitut. Communications were aided by the Nunavut Social Development Council while it was in operation. Regional gatherings where board members and senior staff reported to Survivors and communities were held in Iqaluit in 2000 and 2003 and in Inuvik in 2002. In addition, to ensure that Survivors and those intergenerationally impacted received timely and relevant information about AHF resources and activities in Inuktitut, teams of three persons made two rounds of visits in 2001 and 2002 to a total of 11 Inuit communities in Nunavut, Northwest Territory and Nunavik. The contribution of Inuit board members and Inuit staff to these outreach efforts was invaluable.

The AHF implemented a number of measures to encourage increased participation by Inuit communities, including: creating an Inuit-specific fund; modifying application deadlines to compensate for barriers to communication; raising the limit of expedited in-house approvals to \$75,000 in annual funding; ensuring targeted CSC support for Inuit communities; and organizing proposal development workshops in Inuit communities, assisted by Inuktitut translators and interpreters. The AHF also had an Inuktitut speaker and translator on staff in Ottawa.

RCAP had identified a need for healing lodges to provide residential treatment oriented to family and community healing. Between 2000 and 2003, the AHF explored options for funding healing centres and came to the conclusion that support for extending the program capacity of existing centres was the best option for a number of reasons. The experience of the National Native Alcohol and Drug Abuse Program (NNADAP) indicated that development of a residential centre typically required three years of lead-time. Within the limits of a four-year granting mandate, creating regional community support, securing physical facilities and ensuring sustained funding were problematic. Although AHF restrictions on buying property were not insurmountable, ensuring funding for maintenance and renewal on an ongoing basis was complicated. Partnerships could have resolved some of the difficulties. Since NNADAP already supported addictions treatment centres, it was a natural

prospect for partnering; however, the national program was going through review and restructuring during this period.

Many of the proposals submitted in response to the application process established for healing centres were found to fit under general program criteria and were diverted to that category. In other cases, the AHF contributed funding to support the addition or expansion of trauma treatment in nine NNADAP facilities in six provinces.

At its peak in 2001-2002, AHF Programs had a staff of 25. Programs staff members, more than any others, were the face of AHF seen in the communities and encountered by project personnel. They heard the statements of need and interpreted the possibilities and limitations of AHF capabilities; they responded to thousands of telephone queries; they reviewed 4,612 proposals and negotiated a fit with program criteria where possible; they reported the information that made tracking and compliance systems work internally; and they supported communities in meeting reporting requirements and performed on-site monitoring when compliance issues arose. Like other operational units in AHF, Programs contributed to developing policies to fulfil AHF's mission and mandate, and procedures to ensure transparency and accountability in relation to community and government stakeholders.

Over time, the proposal review function shrank and project monitoring, under the finance umbrella, became more prominent. To achieve economy and efficiency of effort, Programs and Finance were merged in April 2002 to become Assessment and Finance Operations.

### 3.4.3 Finance

Finance's principal responsibility was, and continues to be, to manage in an effective and efficient manner the disbursement of the \$350 million healing fund plus interest earned. Under the direction of the board and the authority of the executive director, Finance pursues this objective through cost-effective management of the AHF's internal operations, efficient negotiations and careful monitoring of funded projects, and monitoring of the AHF's investments. Prior to amalgamation with Programs, Finance had a staff complement of 18, which grew to a complement of 39 staff when combined in 2002-2003 and shrank to 23 as of 31 March 2005.

The following comments relate to the distinctive functions of Finance as reported prior to amalgamation.

In the early years of the AHF, management in every operational area addressed the development of clear and effective policy and procedures to guide decision-making. In Finance, the objective was to ensure the integrity, reliability and transparency of all the financial operations of the AHF. After the board approves the operational budget of the AHF on a yearly basis, Finance is then responsible for control and monitoring of yearly budget implementation and provides timely information to the executive director and management. Finance administers the investment policies of the AHF in concert with a capital management firm under contract.

The investment strategy was designed to ensure that the entire \$350 million of the initial grant would be available to fund community healing initiatives. With the assistance of a capital advisory firm the board adopted a plan to purchase securities that met the conditions of the funding agreement and would mature and yield \$50 million per year over a six-year period, 1999 to 2005. The initial purchase price was estimated at \$285 million, accounting for the prospective accumulation of interest. The remaining \$65 million was invested in high quality short-to-mid-term bonds for greater liquidity. A search was conducted to select investment managers, resulting in the appointment of two firms to manage the \$65 million initially and other assets as they matured. In October 2003 as the investment program entered its final paydown phase, with assets accordingly diminished, AHF consolidated its holdings under management of a single firm.

The success of the investment strategy is reflected in the summary figures reported in Table 1 in section 3.2. As of March 31, 2005 the AHF had approved grants of \$305,041,091 and made commitments to multi-year projects to bring the total projected project outlay to \$377,745,857. This amount was directed to support community healing initiatives. Earned and anticipated interest increased the amount available for project funding by \$27,745,857 in excess of the original grant and entirely covered administration costs of \$46,321,185 as of March 31, 2005. As indicated in Table 1, prudent management had held administration costs to a modest 13.19 per cent of expenditures.

Finance collaborates with other areas to produce financial and program reports annually in compliance with the funding agreement. Financial statements of the AHF are prepared in accordance with generally accepted accounting principles, including the accounting recommendations for not-for-profit organizations in Canada. In 2004, for the fifth consecutive year, auditors found AHF financial reports and procedures in order, with no concerns noted. In 2003-2004, an independent audit also confirmed compliance with the funding agreement and investment guidelines set out therein.

A major portion of Finance's effort has been devoted to negotiating and monitoring contracts for as many as six hundred projects in a given year, including both new and ongoing projects. Finance participates in the merit review of proposals, evaluates budgets in the context of comparable projects and ensures that cost items are eligible and reasonable for funding. Finance collaborated with Programs to reduce processing time between receipt of a complete application and contract initiation to an average of four months from the eight months processing time estimated in the early years of the program.

A computer program called GIFTS designed specifically for granting organizations was introduced early in the AHF's life, facilitating tracking of projects from first application through contract signing, payments and receipt of quarterly reports to final review of audited financial statements. Problems with financial or progress reports could be identified quickly, triggering reminders, CSC assistance or on-site assessment and problem-solving as necessary.

Finance adopted a risk-management strategy that emphasized putting in place clear, attainable expectations at the front-end of projects, making reasonable accommodations for start-up funds to organizations and projects that had no alternative resources, identifying and resolving problems promptly, and using the levers of withholding payments or de-committing funding with discretion.

As of October 2003, the final allocations of the original healing fund were committed to projects. Under the provisional exit strategy, Assessment and Finance Operations was to continue monitoring project performance through 2007, wind-up the financial affairs of the AHF by September 2008 and finalize reporting to the federal government within the original 11-year mandate, which ends March 31, 2009. The new grant of \$40 million announced in February 2005 and allocated to ongoing projects will entail modifications of schedule in the interim but will not alter the schedule for wind-up and closure.

#### 3.4.4 Research

Research is the smallest operational area of the AHF with three core employees and three contract employees funded under the AHF Publication Strategy. Research is responsible for:

- ✦ supervising periodic AHF evaluations of project activities and outcomes;
- ✦ undertaking research on AHF issues to inform board decisions;
- ✦ contracting research that supports healing initiatives;
- ✦ networking with researchers, organizations and institutions;
- ✦ coordinating preparation and publication of AHF evaluations and research reports;
- ✦ maintaining the AHF Resource Centre; and
- ✦ supervising and coordinating the AHF Final Report.

In accordance with the terms of the funding agreement, AHF research was restricted to “research related to developing the necessary knowledge base for effective program design/redesign, implementation and evaluation.”<sup>64</sup>

Research was established in the fall of 1999 with the appointment of a director and a research manager. It quickly became apparent that developing the knowledge base for effective program design for the AHF as a whole and for community projects would involve more than collecting existing research and program models. It involved effort to clarify what was meant by the legacy of physical and sexual abuse in residential schools, including intergenerational effects. It meant collaborating with other operational areas to establish an environment supportive of research within the AHF, and systematically collecting data to shed light on key questions of who was doing what, with what objectives and with what results. It meant engaging researchers, particularly Aboriginal professionals, who could help to explore past experiences and current expressions of the Legacy. Developing a knowledge base had to extend beyond the particulars of Aboriginal experiences to learn from historians, corrections practitioners and therapists, among others, in Canada and abroad.

Planning for a series of program evaluations focussing on funded project objectives, activities and outcomes was initiated almost immediately. An external consultant was contracted to undertake yearly evaluations over a four-year span. Interim evaluations completed in 2001, 2002 and 2003 were supplemented with close to 1,500 individual participant questionnaires (IPQs) collected from project participants in 2003 and 2004. Findings of the evaluations are reported in Volume II of this series (*Measuring Progress: Program Evaluation*) and summarized in Chapter 4 of this volume. To gain

insights into the healing strategies found to be most effective a detailed questionnaire on promising healing practices was distributed to 439 projects in October 2002, yielding 103 detailed responses. The findings of the best practices/promising practices research placed in the context of relevant literature is presented in Volume III of this series *Promising Healing Practices in Aboriginal Communities*, and summarized in Chapter 5 of this volume.

A total of 27 research studies contracted by Research are listed in Appendix M. Some studies, such as the case studies of selected AHF-funded healing projects and *History and Experience of Métis in the Residential School System* have contributed to better-informed services delivered by the AHF. Other studies, such as *Historic Trauma and Aboriginal Healing, Fetal Alcohol Syndrome Among Aboriginal People in Canada: Review and Analysis of the Intergenerational Links to Residential Schools* and *Aboriginal Domestic Violence in Canada*, have deepened our understanding of the Legacy and how to heal from it. Studies yet to report on Aboriginal children in foster care and adoption, the history of Inuit experience in residential schools and in-depth case studies of long-term impacts of AHF projects will constitute a legacy of knowledge for continuing work in residential school healing.

In light of the short-term of the AHF's mandate and the limited scope of its research agenda, developing partnerships and fostering networks to extend the reach and duration of residential school research has been an important dimension of Research's work. Research has collaborated with Solicitor General Canada (now the Public Safety and Emergency Preparedness Canada) on two studies and with the Legacy of Hope Foundation and Library and Archives Canada on developing the photographic exhibit *Where are the Children? Healing the Legacy of the Residential Schools*, with accompanying catalogue and video. Research activities include participation as an institutional partner or co-investigator for projects with the National Aboriginal Mental Health Research Network, a CIHR-funded project on Indigenous Knowledge and Knowledge Translation at the University of Ottawa, and an interuniversity project on Indigenous Women: Inequality and Health.

Research publications of AHF and reports of collaborative projects form a small but significant component of the holdings of the Resource Centre maintained by Research. The *Letters Patent* of the AHF identifies as one of the corporate objectives: "to establish and operate a National Aboriginal Archive and Library to house records concerning Residential Schools."<sup>65</sup> Research has assembled books, articles, reports and videos on subjects related to the legacy of physical and sexual abuse in the residential school system, including intergenerational impacts. The collection currently contains over 2,000 items. Disposition of the holdings will be included in succession or exit arrangements when the AHF winds up operations.

### 3.5 Conclusion

This chapter has described how the AHF organized itself to fulfil its mission and mandate, drawing on interviews, working papers, manuals, program handbooks, annual reports and other publications to present a dynamic picture of the organization. It is clear that when the AHF was launched there were no existing guideposts to assist in charting a course for healing the Legacy of abuse in residential schools. The federal government made a leap of faith in committing \$350 million to an organization



that had no track record—being, as it was, just one day old. The government laid down stringent conditions for capital management, corporate structure and processes, eligibility for project funding and exclusions from funding. The founding board saw the urgency of the need for healing and the looming deadline when the offer of funding would expire. They had little comprehension of the depth and complexity of the challenge they were accepting.

The history of the Aboriginal Healing Foundation over the first seven years of its life is the story of an organization inventing itself. It made errors and had the courage to acknowledge them and act to correct course. While board and staff maintained that the changes in procedures they introduced were improvements, they had to weather criticism for changing direction in mid-stride.

The organization has been animated by an unwavering purpose: to encourage and support Aboriginal people in building and reinforcing sustainable healing processes that address the legacy of physical and sexual abuse in the residential school system, including intergenerational impacts. The extent to which AHF is achieving or will achieve its mission will be evaluated by those who have a longer term perspective than the present report is able to adopt. In the next two chapters, the evidence presented indicates that the AHF has significantly advanced the knowledge base and the practice of healing from the legacy of abuse in residential schools. The policy implications of those advances and planning for the road ahead make up the final chapters of this volume.







## Evaluating Progress

### 4.1 Introduction

This chapter presents a short version of Volume II, *Measuring Progress: Program Evaluation*, which contains a full report of the methods employed to collect information on program effectiveness, analysis of data from varied sources, and the questionnaires and interview schedules used to obtain information from projects and individuals. Information was gathered and analyzed principally by Kishk Anaquot Health Research on contract with the Aboriginal Healing Foundation. AHF Research oversaw evaluation processes and assisted with follow-up to increase responses from the projects. Programs staff, particularly Research staff and community support coordinators (CSCs), helped to interpret the intent and the content of information requests to encourage response and prepare case studies.

In 1998, when the AHF was created, there were healing activities in Aboriginal communities carried out on a voluntary basis and as a component of publicly-funded services. For example, Elders were providing counselling and advice and contributing to renewed interest in traditional knowledge of health and wellness. Healing circles and Alcoholics Anonymous groups operated under local leadership. National Native Alcohol and Drug Abuse Programs were operative in many First Nation communities and support services for victims of domestic violence had been established in a few places. The Native Counselling Services of Alberta and the Aboriginal Healing and Wellness Strategy in Ontario were examples of provincially-funded programs to support individual coping strategies and community support for healing. Residential school experience was often identified as a source of stress and distress in these initiatives, but it was not a primary focus of program activity. Survivor groups, such as the Indian Residential School Survivors Society in British Columbia, focussed specifically on the effects of residential school experience. These groups came together originally to support one another and aid members going through court processes. They were not equipped to generate systematic understanding of residential school healing and therapeutic responses.

The Aboriginal Healing Foundation was a new undertaking: a national organization dedicated to helping Aboriginal people help themselves heal from the personal and social effects of residential school abuse. Community initiatives defining needs and implementing projects were intended to give shape to the emerging program. There was no systematic information on which the AHF could project what form community projects would take or what strategies would work to facilitate healing from residential school trauma. From the outset, the AHF was conscious of its limited life span as an organization. Common knowledge about the length of time required to effect individual and community change made it clear that healing would need to go on for years after the conclusion of the AHF mandate. The AHF determined early on that distributing funds and ensuring financial accountability was only one part of its responsibility. It set out to assist projects and communities in evaluating their progress on the healing journey and in providing tools so that evaluation could contribute to the fund of knowledge available for future efforts to heal the legacy of residential schools.

AHF Programs built expectations for monitoring and evaluation into project applications and ongoing review procedures. CSCs facilitated meetings to share information on proposal writing, the AHF application process and exchanges of experience among projects. AHF Communications gathered

reports on successful initiatives and published these in its quarterly newsletter *Healing Words*. By March 2000, AHF Research had developed a three-year research strategy that included developing an evaluation framework to measure success by systematically gathering data on projects, participants, healing strategies and impacts on healing the legacy of physical and sexual abuse in residential schools.<sup>66</sup> Volume II reports on results of the periodic evaluations that were implemented.

## 4.2 Goals of Evaluation

Evaluations can have different purposes and methods. The evaluations most familiar to Aboriginal communities are those introduced by government agencies to determine whether local programs are complying with program criteria as a requirement for continued funding. Evaluation processes therefore tend to provoke insecurity and resistance on the part of community personnel who are often convinced that program needs and local realities are little understood or appreciated by external authorities. The AHF promoted evaluation as a collaborative exercise that would benefit local projects and AHF as a funding body, as well as advancing the healing movement generally. An effort was made to distinguish between monitoring for financial accountability and evaluation for program enhancement, although many of the same personnel facilitated both monitoring and evaluation.

From the beginning, application forms for funding raised the issue of project evaluation, asking applicants to describe: *What methods and measurement tools will you use to monitor the progress of your Project and evaluate its success?*<sup>67</sup> In the second *Program Handbook*, the criteria for self-assessment were spelled out:

### Project Monitoring and Evaluation

Monitoring and evaluation are tools that you can use to improve project services and the way your project develops, over time. Using checkpoints, you can monitor how well your project is following its work plan. Going through an evaluation may help you make changes to improve your project's impact and benefits.

Both a project and its funder gain when project monitoring and evaluation are in place. As a funder, the Aboriginal Healing Foundation is accountable to residential school survivors and to those affected by intergenerational impacts. As a key part of being open and accountable, the Foundation has decided that all the projects it funds must be able to monitor and evaluate themselves.

Each project funded by the Aboriginal Healing Foundation must monitor and evaluate itself using the following 6 criteria as a guideline:

1. Are we on track with our project work plan? If not, why not and what can we do to stay on schedule (monitoring)?
2. Did we do what we said we would do in the project proposal?

3. What did we learn about what worked in this project and what didn't work?
4. What impact did our project have in addressing the Legacy of Physical and Sexual Abuse in Residential Schools Including Intergenerational Impacts?
5. What can we do differently?
6. How can we use the findings of our evaluation to improve the work of our project?<sup>68</sup>

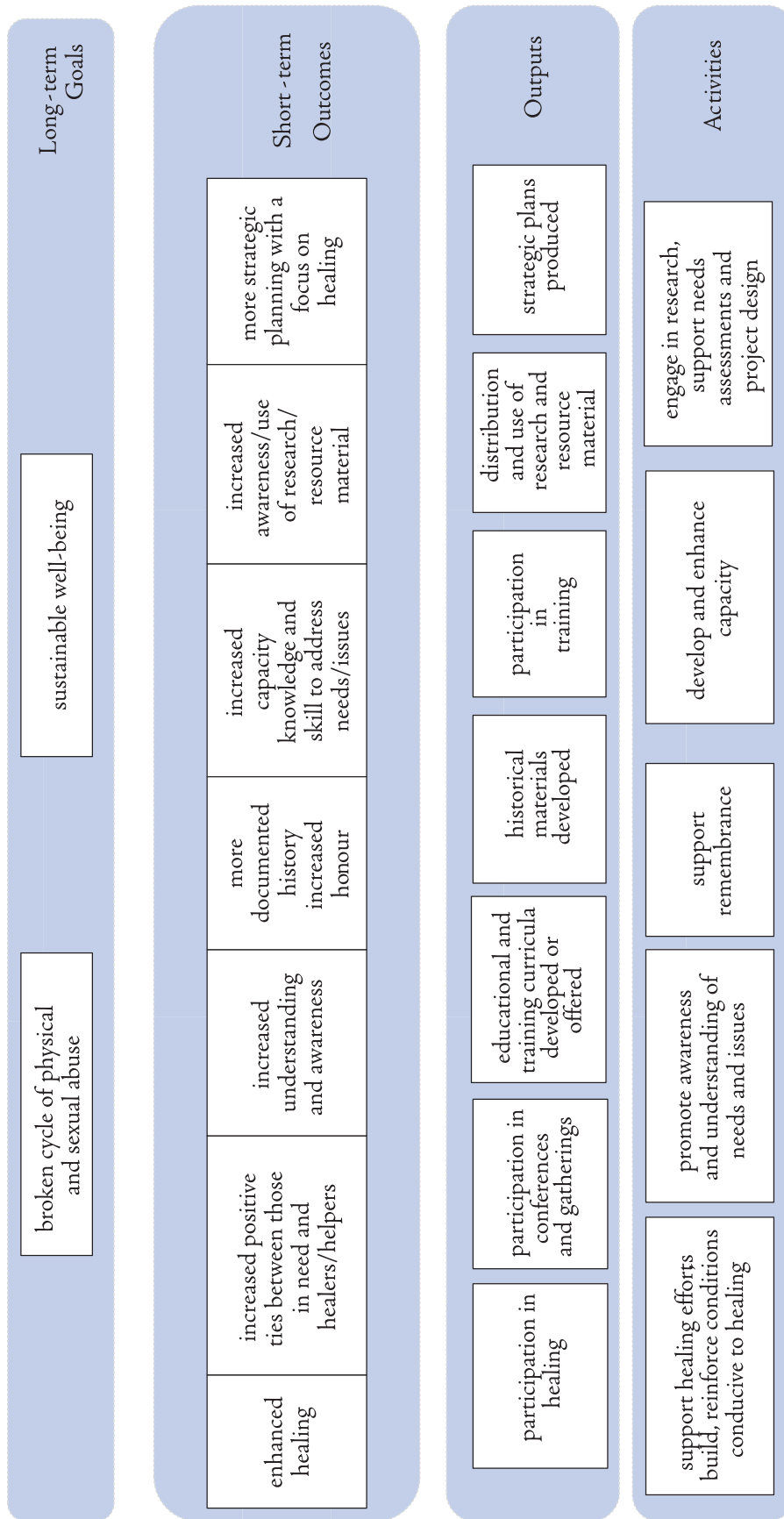
The AHF established program themes based on conditions of eligibility in the funding agreement and advice from Survivors and communities, particularly the recommendations from the Squamish Conference. The range of funded activities includes:

- ✦ Healing Services: providing direct services using traditional or Western approaches; focussed on community, family or individual; meeting ethical standards of care;
- ✦ Prevention/Awareness: aimed at raising awareness of the Legacy, early detection and prevention of the effects of abuse;
- ✦ Conferences: gatherings that include speakers, sessions and participants from a wide geographic area;
- ✦ Honouring History: memorials, genealogy and other projects related to remembrance;
- ✦ Training: providing instruction or specialized education for potential healers, and curriculum development to build sustainable healing capacity;
- ✦ Knowledge-Building: research in program design and capacity building;
- ✦ Needs Assessment: assessing the healing needs of the community; and
- ✦ Project Design and Setup: projects that address only start-up and have not initiated other services.

It was assumed that activities in these areas would facilitate the restoration of balance in the lives of individuals, families and communities; increase the capacity of communities to support healing; and help to achieve the long-term goals of breaking the intergenerational cycle of abuse and of sustaining well-being. The logical relationship between activities, what activities produced (outputs), short-term impacts and long-term goals are shown in Figure 8. The first task of evaluation was to design tools to track activities and outcomes and measure impacts that might indicate progress toward long-term goals.



Figure 8) The Aboriginal Healing Foundation Logic Model\*



\* This figure appears as Figure 1 in Volume II, *Measuring Progress: Program Evaluation*.

### 4.3 Evaluation Tools

In 2000, a sample of 36 AHF-funded project files was randomly selected, including two Inuit and one Métis project to ensure fair representation of all Aboriginal groups. The file review began answering evaluation questions to determine what information was readily available from standard reports. Following the file review, a mail-out survey to address information gaps was developed and refined with feedback from six pilot sites. In all, three national surveys gathering comparable data were conducted for 2000, 2002 and 2004 yielding responses from 74 per cent in the 2000 survey, 46 per cent in the 2002 survey and 47 per cent in the 2004 survey. Data from all three surveys were merged for reporting in Volume II, with analysis based on data from 467 (64%) of distinct organizations out of a possible 725 who received project funding from 1999 to 2004. In cases where a single organization may have sponsored more than one funded project and responded to more than one survey, the most recent response was included.

The surveys captured data from projects at three points in time. Projects of short duration, such as needs assessment, project design and events such as gatherings or conferences, are less likely to be represented. The sample was self-selected, that is, projects volunteered to answer the surveys and no analysis of non-responding projects and organizations was conducted. While respondents who felt confident in reporting their work may have been most inclined to participate, they were encouraged to report on challenges and barriers as well as successes.

To obtain information about the impact of project activities in individual lives, an individual participant questionnaire (IPQ) was developed and sent in December 2002 to 384 organizations that received AHF funding. Projects were asked to reproduce and distribute the IPQs to willing participants. The questionnaire inquired about personal needs and goals and the degree to which participation in funded projects helped them meet their goals. Participants were given the choice of returning the questionnaires directly to the AHF or submitting them to project teams to be returned in bulk. By June 2004, a total of 1,479 IPQs was received.

Internal AHF databases were searched to produce analysis of funding allocations and numbers of projects by region, type of project, Aboriginal identification and other characteristics, including the environment in which they operated.

Regional gatherings were held in 27 locations, bringing together 2,537 attendees in response to open invitations through AHF communication networks and advertisements in newspapers and on radio. Minutes of open sessions were a rich source of community feedback.

Case studies were used to assess impacts of projects in more depth at a local level. Thirteen projects were selected to include representation from First Nations, Inuit, Métis and Aboriginal populations, special needs groups, communities that varied in geographic remoteness and infrastructure, as well as a full range of project types.<sup>69</sup> The community support coordinators conducted the on-site interviews. Summaries of the case studies were published in 2002 as part of *Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*.<sup>70</sup> Table 6 gives a brief description of each of the AHF-funded projects selected for case study.

Table 6) 13 Case Study Project Descriptions\*

Organization / Project	Description	Community	Target Group
Hamlet of Cape Dorset (now Municipality of Cape Dorset) / Healing & Harmony in Our Families	Healing and training a core group of community caregivers	Cape Dorset, Nunavut: 1,200 (remote)	Inuit
Urban Native Youth Association / Two-Spirited Youth Project	Peer support and healing activities for gay, lesbian, bisexual and trans-gendered youth	Vancouver, BC (urban)	gay/lesbian youth
George Manuel Institute/Neskonlith Indian Band / Honouring Survivors Theatrical Production (Every Warrior's Song)	Researching, writing, and delivering a play that honours Survivors and addresses the legacy of physical and sexual abuse in residential schools	Chase, BC; performances throughout region (rural)	Aboriginal, primarily First Nations
Tsow-Tun Le Lum Society / Qui-Aun Program	In-patient healing centre based on a blend of traditional healing and centralized residential care	BC (province-wide); healing centre on Nanoose First Nation; 151 (Vancouver Island)	Aboriginal, primarily First Nations
Shining Mountains Living Community Services / Tawow Healing Home	Culturally-based, non-mandated therapeutic home for children/adolescents and their families at risk of involvement with protective services	Red Deer, Alberta: 68,308 (urban)	First Nations, Métis
Building a Nation, Life Skills Training Inc. (now Building A Nation, Inc.) / Healing the Multi-generational Effects of Residential School Placement - Urban Access Program	Training for beneficiaries to better manage crisis, cross-cultural training, Legacy education, healing services and adjunct services (e.g., client advocacy and support related to child custody, justice and social service, housing, life skills)	Saskatoon, Saskatchewan: 200,000; Aboriginal population: 30,000 (urban)	Urban Aboriginal people
Willow Bunch Métis Local #17 / Willow Bunch Healing Project	Activities to increase awareness of Métis history and pride in being Métis	Willow Bunch, Saskatchewan: 400 (rural)	Métis
Kikimahk Friendship Centre Inc. / Kikimahk Parenting Program	Parenting skills program combining traditional and Western models and approaches	La Ronge, Saskatchewan: 7,000 (rural)	First Nations, Métis
Nelson House Medicine Lodge Inc. / Pisinweyapy Counselling Centre	Nine-week, community-based out-patient program for Survivors and their families	Nisichawayasihk Cree Nation, Northern Manitoba (rural)	Aboriginal, primarily First Nations
Centre for Indigenous Sovereignty / I da wa da di	Healing circles, fasting and healing retreats for Aboriginal women; training workshops for service providers who work with Survivors	Ontario-wide, host organization in Toronto, healing centre in Six Nations	Aboriginal women
Odawa Native Friendship Centre / When Justice Heals	An urban alternative justice project that incorporates healing and sentencing circles	Ottawa, Ontario: 875,100; Aboriginal population: 35,000 (urban)	Aboriginal
Conseil de la Nation Atikamekw inc. / Koskikiwetan	Training of community workers and counsellor, establishment of a support network, Legacy education and land-based healing activities	Opitciwan, Wemotaci, Manawan, Quebec; Atikamekw Nation	Primarily First Nations, on- and off-reserve, but includes non-status Indians, Métis, Inuit and non-Aboriginal family members
Big Cove First Nation / Our Youth, the Voice of the Future (Big Cove Youth Initiative)	Activities to support the personal, social, mental and physical well-being of youth	Big Cove, NB: 2,458 (rural)	First Nation youth

\*This table appears as Table 4 in Volume II, *Measuring Progress: Program Evaluation*.

Five national focus groups involving key personnel in “promising” projects were convened. Project personnel presented information on healer qualities, therapeutic approaches and community indicators of change in a workshop format. Participants shared experience and insights to identify common trends and unique approaches used in their projects.

In July 2004, a national gathering of Survivors, along with AHF project personnel and other community members, was held in Edmonton. There were over 2,000 attendees with 690 registered as Survivors. As in the Squamish Conference that was held in 1998, this gathering provided valuable insights with a national perspective, which were folded into evaluation results.

To gain insight into organizational perspectives, one-to-one telephone interviews were conducted with AHF Board members and personnel. Interview subjects were selected on the basis of their intimate knowledge of community-based activity. Interview topics included distribution of resources, outstanding needs, lessons learned and challenges.

Evaluation of social programs is not a precise science. Borrowing from laboratory sciences, evaluation theory perceives ideal methodology as identifying desired effects of an intervention and comparing those who received a treatment with a similar group who did not receive treatment. Before and after measurements are taken to identify differences between groups that may be attributed to the intervention. However, human beings are never entirely similar and there are many forces outside the program affecting their lives. Matched comparison groups are seldom used in social program evaluation because of the expense involved in assembling equivalent groups and ethical concerns about withholding treatment from equally needy groups who are involved only to provide a basis of comparison. Before and after measures of program effects within the same group are often used in evaluation, but again, the effects of forces other than the program muddy the results. A lot of attention is given to testing tools such as questionnaires to ensure they measure items correctly; however, there are serious concerns that tests designed in one culture are not reliable when applied cross-culturally. Recognizing limitations and adopting approaches that provide a balanced picture of positive and negative results increase confidence in evaluation results.

The AHF evaluations have several limitations. Survey and IPQ responses are self-selected samples that rely on face-validity. That is, it is assumed that a report from a respondent reflects reality. There is no certainty that respondents have the same characteristics as those in all projects funded, and reports are not verified by external observations. Surveys and IPQs provide data on participant characteristics, project activities and results at single points in time, while projects had been operating for varying lengths of time, some of them for only a few months, a few of them having been renewed over two or three years. Given the life span of AHF funding, before and after measurement within projects receiving funding was not feasible. The types of projects and activities and the community environments in which they operate differ widely, making comparisons between them inappropriate.

The strengths of the evaluations are that survey responses were obtained from close to two-thirds of the organizations receiving funding, including a cross-section of every region, type of project, community size and Aboriginal sub-group: First Nation, Inuit, Métis and Aboriginal. The IPQs that

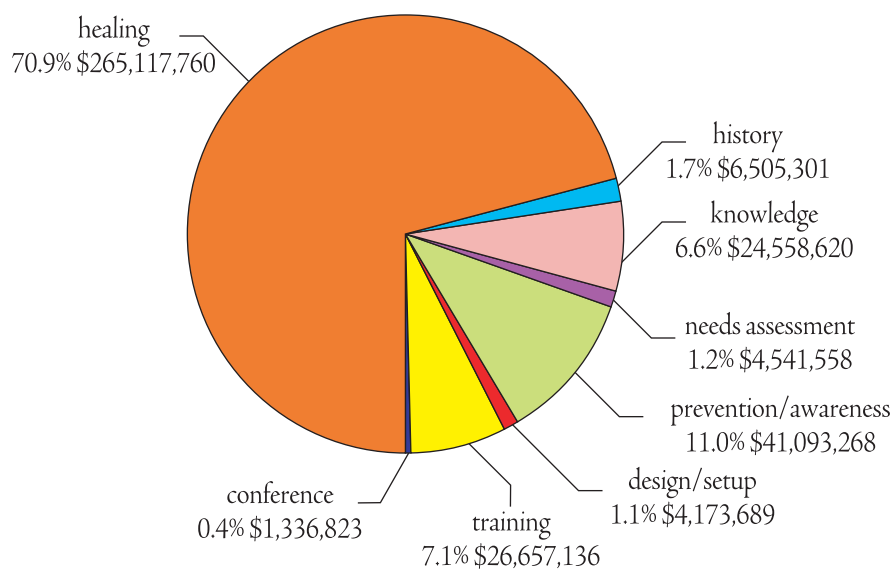
were received represent a smaller sample, but include similar coverage of diverse participant voices. Respondents were encouraged to report challenges and barriers as well as successes. Information from a variety of sources was triangulated to validate insights that were further enriched by case studies and focus groups.

The overall analysis and conclusions presented in the following sections are based on evidence of engagement with healing processes as defined by communities, goal achievement by individuals, increasing community capacity to meet healing needs, and increasing awareness and understanding of the legacy of abuse in residential schools. The overview and synthesis presented in Volume II and summarized here represent process and impact evaluations. The analysis identifies early impacts of interventions and emerging best practices, which can be used to guide decision-makers in continuing efforts to promote personal and community healing.

#### **4.4 Project and Participant Characteristics**

This section draws on AHF databases to describe the activities funded and the distribution of funding. It reports on survey responses to provide detail on healing and training activities and the needs addressed in programs. Respondent comments on community environments that helped or hindered healing and training conclude this section.

An analysis of the distribution of AHF resources transferred to projects as of September 2004 revealed that the bulk of resources (70.9%) was invested in healing projects. Prevention and public awareness activities received the second highest proportion (11%), followed by training (7.1%), knowledge building (6.6%) and smaller proportions to honouring history, assessing needs, designing and setting up projects, and conferences. Figure 9 presents the distribution graphically, although the breakdown should not be read as indicating rigid categories. Many projects engaged in a variety of activities at the same time; for example, training and healing, or raising awareness and documentation.

**Figure 9) AHF Investment by Project Type (1999-2004)\***

\*This figure appears as Figure 9 in Volume II, *Measuring Progress: Program Evaluation*.

The following analysis draws on merged data from the three national surveys in 2000, 2002 and 2004. Four hundred and sixty-seven organizations out of a possible 725 organizations responded, after adjusting for repeat responses from the same organizations in different surveys. Not all questions were posed in all three surveys and not all respondents answered each question. Percentages refer to the proportion of responses to a specific question or item. If the number of responses on a particular item is significantly less than the total 467, the number of responses on which the calculation is made is noted in brackets (n=#).

Survey responses indicated that the largest proportion of projects (49%) provided both healing and training; many had a healing focus only (43%) and a few had a training focus only (4%). The following section highlights these two categories of activity.

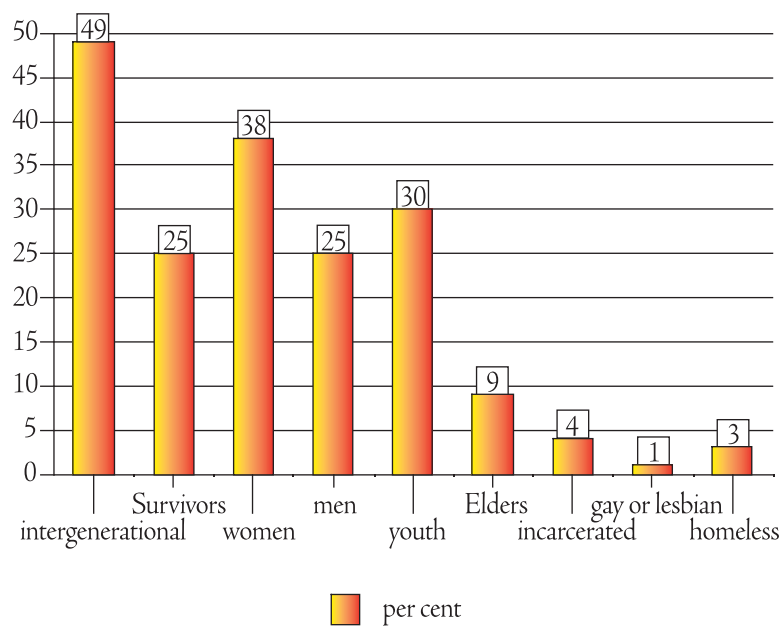
#### 4.4.1 Healing Project Participation

In projects responding to surveys an estimated total of 111,170 (n=394) participants attended healing activities. The average or mean attendance was 282 and the median attendance was 122, indicating that some activities had large numbers attending. The purpose of providing average (mean) and/or median numbers in presenting responses is clarified in the attached endnote.<sup>71</sup> The variation in the numbers of participants in particular healing events results from the way respondents understand healing as a process that involves individual participation in therapeutic activities and as group participation in community functions that promote well-being, including feasts, socials and pow wows. While surveys attempted to distinguish between individual and group healing activities, respondent ideas about healing were more inclusive.



Participants spend an average of 149 hours in healing activity (median=80 hours; n=117) and can spend as little as two or as many as 1,225 hours in programmed activity. Projects were asked whether their efforts were reaching particular target groups. Responses shown in Figure 10 indicate that the two largest target groups are the intergenerationally impacted (49%) and women (38%), followed by youth (30%), men (25%), Survivors (25%) and Elders (9%). Only a few were incarcerated, gay, lesbian or homeless. It is important to note that these are not exclusive categories. One participant can fall into more than one category, such as an Elder who is a Survivor or a woman who is intergenerationally impacted.

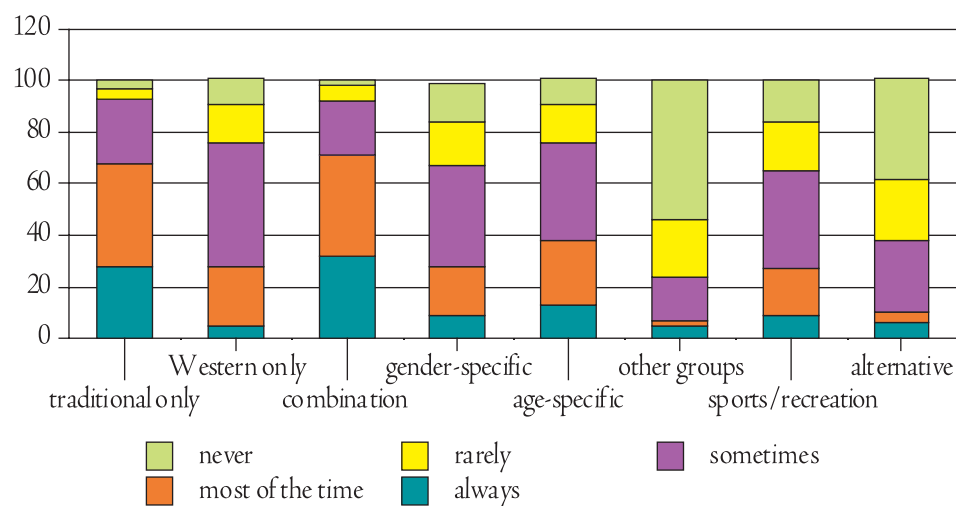
**Figure 10) Healing Participation by Target Group (2004)\***



\*This figure appears as Figure 5 in Volume II, *Measuring Progress: Program Evaluation*.

In response to a question about previous participation in healing activity, respondents indicated that 33 per cent of participants may have done so. This is consistent with the response to another question about community sponsorship of previous healing activity. Sixty-three per cent (n=209) of communities had *not* previously organized activities related to residential school healing.

A snapshot of healing approaches most commonly used is presented in Figure 11. While looking at the approaches used always or most of the time, it is clear that traditional Aboriginal healing approaches and combinations of traditional and Western or alternative approaches are most often used. Approaches specific to age or gender are employed by 30 to 40 per cent of projects and 27 per cent (n=160) use sport or recreation on a regular basis.

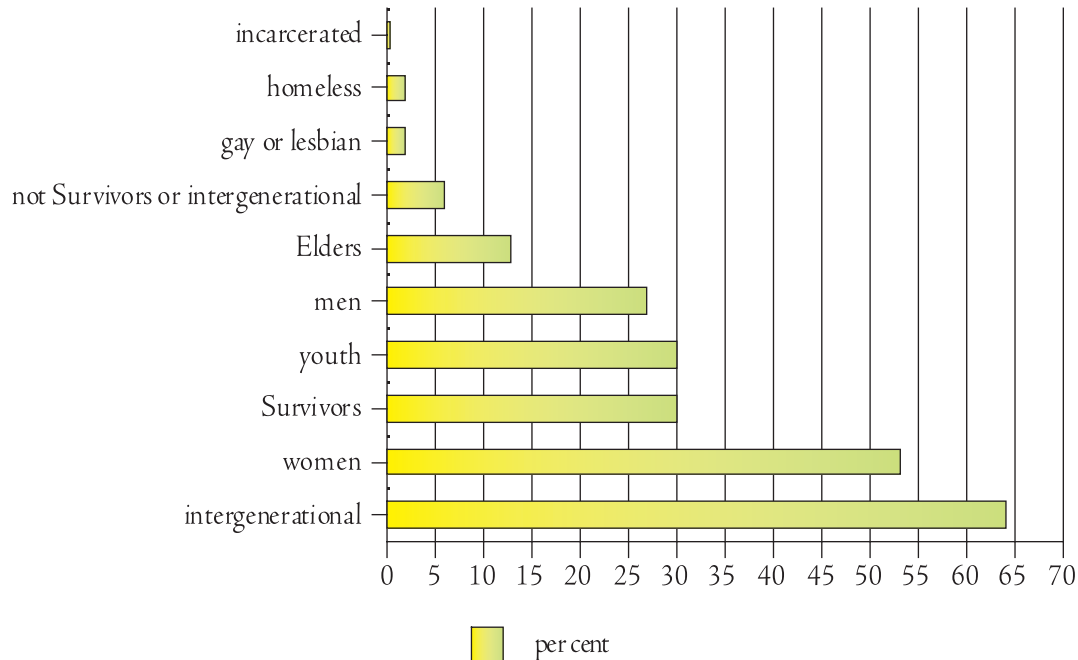
**Figure 11) Healing Approaches Most Often Used\***

\*This figure appears as Figure 13 in Volume II, *Measuring Progress: Program Evaluation*.

#### 4.4.2 Training Project Participation

Training activity refers to any scheduled instruction, such as courses, workshops, conferences and formal classroom or academic training where the emphasis is on individual skill acquisition. In projects responding to the surveys, training was provided to 28,133 participants (n=246, median=31.5 participants per project, average=114). Trainees spent an average of 193 hours in training (median=74 hours, n=92).

When looking at training participation by target group, the intergenerationally impacted (64%) and women (53%) are well represented. Men account for just over a quarter of all training participants (27%) while Survivors make up 32 per cent. Almost one-third of the training group are youth (30%) and 13 per cent are Elders. Only a few are incarcerated, homeless, gay or lesbian. Figure 12 shows training participation by target group.

**Figure 12) Training Participation Target Group (2004)\***

\*This figure appears as Figure 7 in Volume II, *Measuring Progress: Program Evaluation*.

The most common training opportunities provided (n=226) were:

- ✦ learning about history and effects of abuse experienced at residential schools (69%);
- ✦ professional development (56%);
- ✦ trauma awareness (55%);
- ✦ programs related to family functioning, such as child development and parenting skills (54%);
- ✦ dealing with family violence (54%);
- ✦ crisis intervention (49%);
- ✦ counselling skills (47%);
- ✦ Aboriginal language and culture (47%); and
- ✦ computer/internet training (46%).

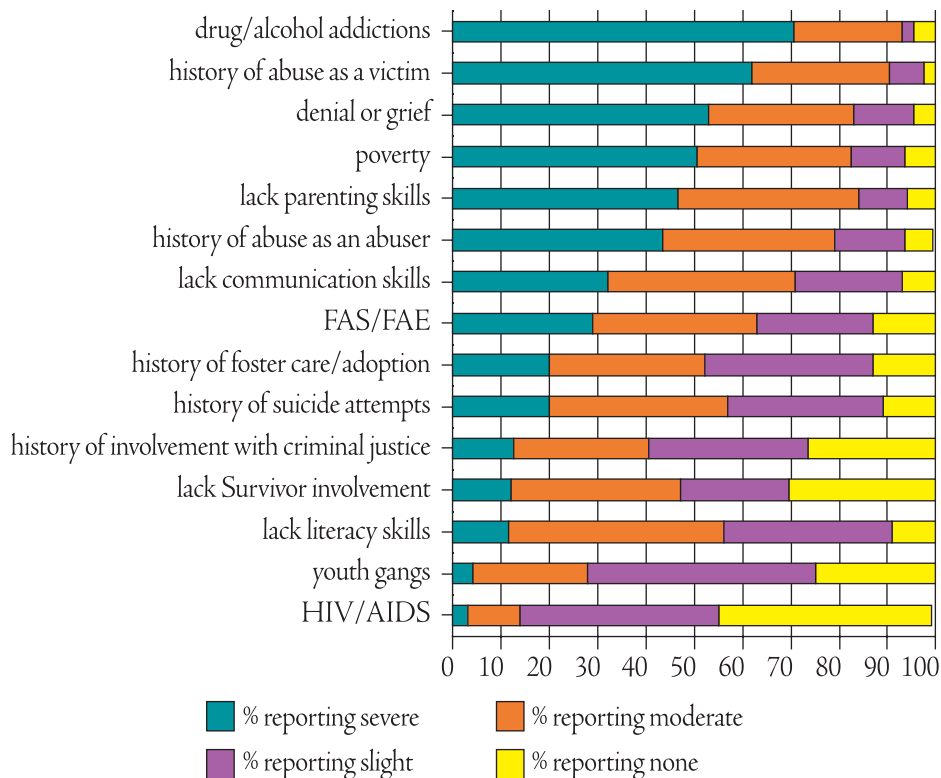
The majority of projects reviewed in document files (93%, n=36) provided training to a variety of audiences, including community leaders, project personnel and community members in efforts to increase community support and implement healthy and culturally respectful programs.

#### 4.4.3 Participant Challenges

The surveys asked all projects to identify the participant challenges they had to deal with in programming. The list presented in Figure 13 is long, with drug or alcohol addiction, history of abuse as a victim, denial or grief and poverty most frequently identified as severe challenges. HIV/AIDS, youth gangs, lack of literacy skills and involvement with the criminal justice system were categorized as a slight problem or

no problem by more than half of respondents. This does not mean these issues do not exist in their communities, only that they were not identified as problems within the participant group.

**Figure 13) Participant Challenges (2004)\***



\*This figure appears as Figure 8 in Volume II, *Measuring Progress: Program Evaluation*.

Healing projects responding to the surveys identified 27,855 individuals with special needs (n=267) defined as suffering from severe trauma, unable to engage in a group, having a life threatening addiction or history of attempted suicide. On average, 37 per cent of participants (median=25%, n=152) require greater than normal attention to deal with their special needs. When asked how they deal with special needs, most projects (61%, n=242) reported that some employees are trained to deal with more serious issues. In some cases (25%) all employees are trained to deal with serious issues, but some (9%) report not having any training, community services or volunteer support to help them address special needs.

Commonly cited strategies for dealing with special needs include inviting professionals to provide monthly or yearly support (47%) or weekly professional support (31%). Projects also rely on peer support (36%) or trained volunteers who work one-on-one with individuals and families (19%). A small percentage (5%) enlisted untrained volunteers, made referrals (8%) or engaged in case management with another agency (3%). Some projects (8%) used traditional methods to assist them, while 3 per cent of projects reported they do not have participants with a condition serious enough to require a different approach. The majority of projects thought that increasing access to the project team and to visiting professionals were needed (58% and 51%, respectively, n=177). Cultural reinforcement, cultural

healers, Elders and traditional approaches were also recognized as effective ways to address special needs. Targeted strategies and training were most commonly cited as solutions to treat the needs of special groups, such as offenders and adolescents, and to adequately manage crisis and trauma.

Reflecting on what would improve their ability to respond to special needs, projects suggested the restoration of strong, traditional social institutions and services, designed and controlled by Aboriginal people. They also saw improved community conditions offering incentives to heal. Individual healing, they claimed, must be coupled with a broader community development approach so that the “healed” individual can find opportunity and adequate housing. When this was not possible, some suggested an opportunity to heal outside of the community might help, but issues of aftercare, follow-up and long-term support would have to be addressed.

Most participants completed their healing or training programs, but some withdrew early. Some healing participants left prematurely because they were not “ready” to heal. Readiness was defined as a stable commitment to sobriety and a drug-free lifestyle, as well as sufficient trust and willingness to feel. Some healing participants started programs during a crisis and left when the crisis subsided. Some participants were initially interested, but were uncertain that confidentiality and safety could be guaranteed.

In training programs, personal problems were regularly cited as a barrier to completion, as some trainees struggled with addictions or poor health. Some trainees found that the training material re-traumatized them or they felt unable to handle the demands resulting from newly acquired skills. Although trainees were eager to learn about addressing the effects of residential school experiences, some thought they needed personal healing first. One project cautioned against trying to carry on training and healing simultaneously.

Common barriers to completion in both healing and training programs included practical issues of transportation, child care, health and competing responsibilities. A few participants left due to philosophical differences with the training or healing approaches, and a few were asked to leave because they did not comply with project policies or their behaviour presented a risk to other participants.

#### 4.4.4 Project Teams

AHF-funded projects responding to the surveys reported a total of 4,833 paid employee positions (n=330), of which 2,004 were full-time positions (working more than 30 hours per week on a regular basis) and 2,829 were part-time. The average project team size was six full-time employees (median=3) and 11 part-time employees (median=4) for an average team size of about 15. In order of frequency, teams were most likely to be composed of: management positions; Elders and other cultural teachers; resource personnel, such as facilitators, instructors and Survivors; counsellors; general project team members, such as trainees, child care workers and other helpers; office administration; professionals, such as therapists, health personnel and researchers; and communications workers.

Aboriginal people occupied 91 per cent of all full-time positions and 85 per cent of all part-time positions (n=160). By position, 89 per cent of administrators, 87 per cent of healers and 84 per cent of outreach team members were occupied by Aboriginal people (n=219). The greatest concentration of non-Aboriginal team members existed within project support positions and facilitation roles. Survivors, those who attended residential school, occupy 32 per cent of all employee positions and the intergenerationally impacted occupied 60 per cent of all employee positions. Among the volunteers, 43 per cent were Survivors and 57 per cent are intergenerationally impacted (n=129). Board and advisory committees were composed of 51 per cent Survivors and 43 per cent intergenerationally impacted (n=176). Most of the time, Survivors were involved in hiring and team evaluation decisions. When outside personnel were contracted, it was usually to write proposals, conduct needs assessments, offer training or undertake evaluations. While project personnel acknowledged that external experts enhanced project capacity to meet needs, they also stated that community members were better able to facilitate disclosure and most Survivors were more comfortable with Aboriginal healers. Facility in Aboriginal languages was particularly highly valued in projects.

Complementing the effort of project teams was the generous contribution made by volunteers. In a typical month, projects reported over 23,660 volunteer service hours contributed to AHF-funded projects (n=263). Each project benefitted from an average of 90 volunteer hours per month (median=28). Assuming that volunteer time would be valued at \$10 per hour, a conservative estimate of the value added by volunteers would be \$236,600 per month or \$2,839,200 per year.

#### 4.5 Unmet Needs

Fifty-five per cent of projects in the 2000 survey (n=234) and 56 per cent of respondents in the 2002 survey (n=164) claimed to be unable to accommodate all who need therapeutic healing or desire training. To deal with the demand, projects in the 2002 survey were most likely to select participants based on their level of need or risk and “readiness,” which was characterized as self-motivation, stability, sobriety and a demonstrated interest in, and commitment to, healing or training. Other projects gave Survivors and their descendants high priority, while some thought that children and youth or families with children should be first. A few had a “first come, first served” policy, took a random approach or offered services equitably throughout their geographic area. When questioned about how many more people in need could be served if projects reporting in the surveys had adequate time and resources, estimates totalled 138,130 (n=183).

In the 2000 and 2002 surveys, projects were asked to identify their most important needs and to estimate the costs of meeting those needs. In both surveys, the most important needs identified were increasing the size of the project team and improving Survivor involvement. These were followed closely by project expansion, training, community involvement and family support.

A different pattern emerged from the analysis of costs to meet program needs. The most costly items were team expansion, facility improvements, program development or expansion, special needs and training. When the needs identified were estimated, together they total \$111 million. It should be noted that this figure is based on needs already identified in the projects that reported. This figure

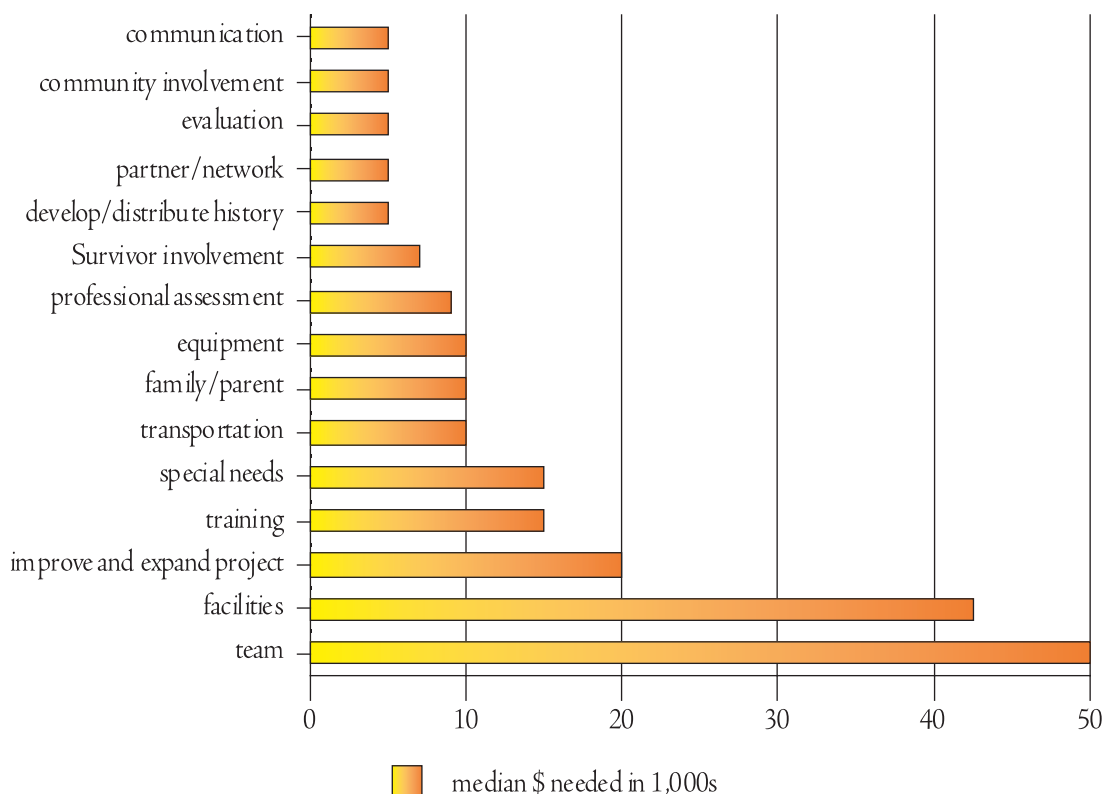


does not represent the need in all projects nor the total that would be required to support healing over time to restore balance in a community. The ranking of needs is shown in Table 7 and the ranking of costs in Figure 14. Facilities rank in the middle range of needs and is the second highest estimated cost item. Pressures on infrastructure in small communities and participant sensitivities on sharing space with addictions services and on protecting privacy were issues for a number of projects. In particular, it is noteworthy that many of the highest ranking needs are among the least costly to implement if additional funding were available.

**Table 7) Ranking of Needs (2002)\***

Ranking of Needs	
1.	<b>Increase employee numbers and benefits</b>
2.	<b>Improve survivor involvement</b>
3.	<b>Improve the project and expand locally</b>
4.	<b>Provide training</b>
5.	<b>Encourage community involvement</b>
6.	<b>Improve family support and parenting skills</b>
7.	<b>Develop and distribute information on history and the Legacy</b>
8.	<b>Improve and expand facilities</b>
9.	<b>Resources and professionals to deal with special needs</b>
10.	<b>Enhance partnerships and networks</b>
11.	<b>improve and offer transportation</b>
12.	<b>Professional assessments of skill development and healing</b>
13.	<b>Purchase equipment or supplies</b>
14.	<b>Improve communication (with community, AHF, Canadians generally)</b>
15.	<b>Project monitoring and evaluation</b>

\*This table was adapted from Table 6 in Volume II, *Measuring Progress: Program Evaluation*.

**Figure 14) Averaged Median Estimated Costs of Program Needs by Type\***

\*This figure appears as Figure 11 in Volume II, *Measuring Progress: Program Evaluation*.

#### 4.6 Environments that Help or Hinder Healing

Funded projects are delivered in a variety of settings, the most common of which are health centres or human service agencies, local schools, home settings, community gathering places, bush camps and Friendship Centres. Less common settings include Aboriginal government administration offices, colleges or universities, former residential schools and correctional centres. The settings indicate the variety of project sponsors and partners in healing projects.

To better understand the influence of events and conditions in the local community and in the larger world, projects were asked to identify what helped or hindered their work. Table 8 provides a checklist of factors in the environment that hinder the healing process and Table 9 is a checklist of factors that help the healing process.

Table 8) What Hinders\*

What Hinders	
✓ climates where violence is pervasive, tolerated, considered normal	✓ religious resistance to resurrection of traditional spirituality and cultural celebration
✓ youth criminal or gang activity	✓ crowded living conditions
✓ murder and suicide	✓ unemployment
✓ addictions (alcohol and drugs)	✓ gossip, denial, “don’t talk, don’t feel” attitudes
✓ political instability	✓ mismanagement of community resources
✓ imbalanced political priorities (i.e., when land claims or other issues consume all political energies)	✓ service budget cuts
✓ gambling	✓ lack of training and skills
✓ abuse of prescription medication	✓ lack of clinical supervision
✓ illness	✓ staff turnover

\*This table appears in Chapter 3, Volume II, *Measuring Progress: Program Evaluation*.

Table 9) What Helps\*

What Helps	
✓ cultural pride, practice and celebration	✓ family support (particularly parenting skills)
✓ interagency collaboration and professional networks	✓ student support
✓ easy, local access to a variety of services	✓ recreation (i.e., Elders’ gatherings, alcohol-free social events, youth activities)
✓ training	✓ children’s services
✓ awareness of the Legacy	✓ youth programs
✓ media coverage	✓ increased openness facilitated by litigation and associated publicity
✓ word-of-mouth communication	✓ individuals and communities genuinely want healing
✓ public apologies	

\*This table appears in Chapter 3, Volume II, *Measuring Progress: Program Evaluation*.

Early in the life of the AHF, a majority of projects were facing outright opposition to address the Legacy (69%, n=243), with 26 per cent believing that apathy was a severe problem. Over time, survey respondents experienced less resistance and enjoyed more support, a finding that reinforces the assertion that healing unfolds in stages and takes a long time. It is entirely possible that initial inaction, disinterest or apathy is a predictable and early phase of confronting a traumatic past.

The most commonly cited environmental challenges relate to violence: youth gang and criminal activity, violent death (murder and suicide), widespread vandalism and a culture of violence. In the political arena, mismanagement of community resources, instability and a low priority on healing hindered progress. Budget cuts to services prevented much-needed complementary services. Lack of skills, training or supervision and scarcity of mental health services left some project teams feeling overwhelmed.

Litigation on residential schools had both a positive and a negative effect. This process has engaged Aboriginal people, the federal government, churches and the legal community in dialogue about residential schools, focussing on physical and sexual abuse. However, there are those who believe that public funds should be used to compensate personal injury instead of healing, and the predominant media attention to the effects of litigation on the economic survival of church entities does little to encourage a public environment supportive of healing.

On the positive side, less than a third of projects reported that leadership, community support and participation were serious challenges (n=156). In fact, over half of the projects reporting felt that community leaders provided outstanding or moderate support. In a sizeable proportion of communities that have an AHF-funded project (40%, n=156), lack of adequate housing and unemployment present severe challenges. Communities that offer a range of health and social services and those that support the integrity of Aboriginal cultures and languages were most often cited as benefitting projects. When the community culture supports mothers' groups, Elders' gatherings, language immersion opportunities and alcohol-free social events, an environment conducive to individual healing is created. When high-profile individuals disclose abuse or responsible parties make public apologies, media coverage creates a climate supportive of more disclosure, starting individuals and families on their healing journey.

The response to opportunities to launch and participate in healing activities funded by the AHF indicates that many Aboriginal people across Canada want to restore balance in their lives. Reclaiming culture is seen as a principal means of achieving balance.

#### 4.7 Quantitative and Qualitative Methods of Evaluation

[The AHF] vision is one where those affected by the Legacy of Physical Abuse and Sexual Abuse experienced in the Residential School system have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations.<sup>72</sup>

In pursuing this vision, the AHF sees its role as a facilitator in the healing process, providing resources, promoting awareness and nurturing a supportive public environment.<sup>73</sup>

The AHF Board initially wished to gather data on social indicators, such as rates of physical and sexual abuse, children in care, incarceration and suicide, to track changes brought about by funded interventions. This approach was not feasible for several reasons. Relevant data specific to Aboriginal communities at a local level is either not collected in an identifiable way or it is not accessible for reasons of confidentiality. Regional and provincial data in the public domain were not sufficiently sensitive to reflect changes in small populations, and it typically takes several years for local changes to be reflected in statistical data. Further, as communities came forward with their own definitions of healing needs, and strategies reflecting their own views of what was appropriate to their situation, there was great variation in the initiatives funded. Individuals and communities started their healing journey from different places with different levels of resources and experience to plan interventions. Evaluation methods had to recognize and honour those differences.

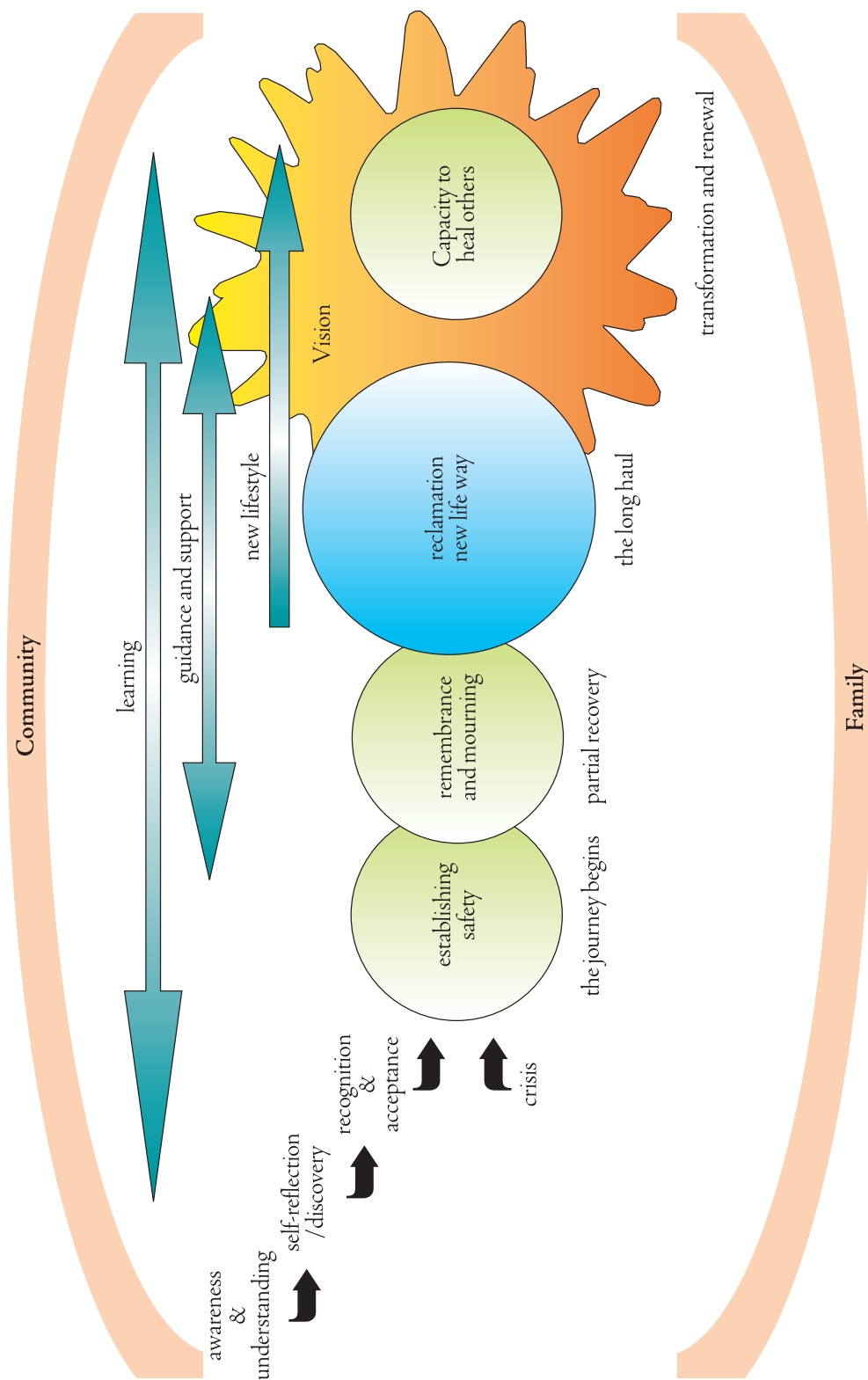
The approach adopted was to look for evidence of individual progress along a healing continuum and increased capacity of communities to facilitate that progress. Establishment of partnerships and securing of financial support for sustaining projects past the termination of AHF funding were identified as indicators of a supportive public environment.

Three national surveys, individual participant questionnaires (IPQs) and AHF databases provided quantitative data on participation and perceptions of change. Case studies, focus groups and regional gatherings yielded qualitative data that gave depth and texture to changes reported in questionnaires. A framework for assessing progress was adapted from *Mapping the Healing Journey: The final report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*.<sup>74</sup> This is the report of a national consultation project funded by the Solicitor General Canada and the AHF analyzing the experience of communities and key informants who had extensive experience in facilitating healing.

#### **4.8 Facilitating Individual Healing**

The process of individual healing is blended from both *Mapping the Healing Journey* and Judith Herman's work *Trauma and Recovery* and encompassed four phases: the journey begins; partial recovery; the long haul; and transformation and renewal. Analysis of quantitative and qualitative data gathered for evaluation yielded similar phases of participant and project activity that are grouped under the headings: establishing safety; remembrance and mourning; reclamation of a new way of life; and capacity to heal others. The phases of a Survivor's journey are displayed in Figure 15 with additional detail.

Figure 15) A Survivor's Journey\*



\*This figure appears as Figure 18 in Volume II, *Measuring Progress: Program Evaluation*.



Before an individual starts on a healing journey, there is usually a process in which the person becomes aware of issues interfering with a satisfying life and begins to accept the need for change. Awareness can develop gradually, but can also be precipitated by a crisis such as a health problem, breakdown of a marriage or being charged with an offence. Progress towards the ultimate goal takes place within the context of family and community, and relationships and events in those domains can help or hinder progress towards this goal. Learning is continuous along the way, with a need for guidance and support taking precedence in periods of significant change. The establishment of connections in a new lifestyle becomes important as the individual sheds the identity of “victim” and takes on the identity of “helper” or “contributor” to the community.

#### 4.8.1 Increasing Awareness; Creating Safety

The need to increase awareness is framed here in terms of a Survivor’s need. More than half of participants in healing activities were identified as intergenerationally impacted by physical and sexual abuse at residential schools. Research, particularly on children of Holocaust survivors, has demonstrated that effects of traumatic experience in one generation can be expressed by subsequent generations, even if they have been shielded from direct knowledge of the earlier trauma. The process of trauma transmission is discussed in *Historic Trauma and Aboriginal Healing*,<sup>75</sup> a paper commissioned by the AHF.

Discussion of residential school abuse is often referred to as “breaking the silence.” Research on trauma and recovery consistently reports that victims of abuse try to avoid thoughts, feelings or conversations concerned with the trauma and further try to avoid activities, people or places that recall the event.<sup>76</sup> It is not surprising then that overcoming resistance and denial was a preoccupation of many projects in their initial stages.

Communities minimize the impact of the legacy of residential schools and individuals refuse to admit to being Survivors:

[P]eople had the right to refuse to participate. And, they had the right to be free of coercion ... It became delicate at times, because our repeated questions of ... sometimes felt like coercion. But, we were also very aware, because we were both residential school survivors, that those guarded secrets sometimes needed gentle prodding to bring it to the surface.<sup>77</sup>

Reluctance to engage in healing was generally viewed as a layered emotional wall where surface denial masked shame, guilt, anger and fear of being traumatized again. If a Survivor had engaged in abusive behaviour, disclosure could pose a threat of punishment, a consequence that was very possible for inmates of correctional institutions. Barriers to participation were created by the loyalty youth felt towards abusing families, and devout Christians hesitated to recount stories that cast a shadow on the church. In a minority of cases, leaders were still in need of healing, tacitly condoning abusive behaviour and creating hostile environments for project teams. Sometimes healing competed unsuccessfully with other political priorities for attention and support from leaders. Further, healing may not have been

on the minds of community members who were preoccupied with basic survival needs securing food and shelter. When a community was shaken by crisis, especially suicide, community efforts to address residential school healing were put aside for a time.

Court cases to bring residential school abusers to justice and litigation to obtain compensation for injury were going on simultaneously in the field. The AHF had to distance itself from research and advocacy to support court actions, and it was difficult to communicate that Survivors involved in these actions could also participate in healing activities. Some individuals were resistant to healing because they believed that resources should be directed to compensation rather than healing. Some Survivors felt that focussing on the ill-effects of abuse in residential schools stigmatized all Survivors by attributing blame for problems in the community:

You can't blame Survivors for the problems on the Reserve. I didn't grow up on the Reserve.<sup>78</sup>

In all strategies to overcome resistance and denial, participants in focus groups, regional gatherings and case studies affirmed that *relationship* is the key. Project personnel were drawn predominantly from the local community, supplemented by Aboriginal professionals from the wider community and, in a minority of instances, non-Aboriginal professionals. Team members could therefore create or take advantage of numerous opportunities for informal exchange with Survivors in venues that were less threatening than a treatment setting.

Projects promoted these beginning encounters by organizing cultural events such as feasts or ceremonies to honour Survivors. Public education about the legacy of residential schools, targeted to the whole community, was especially effective in raising awareness and opening contact with Survivors. Project leaders expressed surprise at how little information and understanding there is about the Legacy, especially among youth and non-Aboriginal providers of human services. Among all the sources consulted, Legacy education was recognized as a catalyst for healing. When it became clear that the burdens carried by individuals did not derive from some puzzling personal flaw, but were normal and predictable consequences of institutional trauma, Survivors were able to see movement to reclaim wellness as a sign of courage, not weakness. This was especially valuable in reaching out to men who tended to reject the role of victim that is often found in the discourse of healing. Inuit also had difficulty responding to "healing" initiatives, in part, because the translation of "healing" in Inuktitut language and Inuit cultural contexts implies weakness to both men and women.

Acknowledging the suffering and resiliency of Survivors through Legacy education gave them dignity. At times, Legacy education was part of a broader teaching related to colonization and decolonization, offering more in-depth insight into individual and community dynamics in support of counselling. Legacy education felt safe to the majority, helping to prompt further action to address healing needs before a crisis arose.

The opportunity to educate non-Aboriginal people of the long-term effects of the residential school system has been both rewarding and astounding. Shocking in the sense that the

feedback that I have received from the workshops is that most people never really looked at the residual effects of such a system.<sup>79</sup>

In the case studies, the most frequent and highly-regarded Legacy education included radio broadcasts in an Aboriginal language and visual and active strategies. Theatre presentations, psychodrama and film facilitated understanding in an easily accessible, experiential format. Many felt that schools were particularly important partners for Legacy education.

In one case study, many first-time disclosures took place during debriefing sessions after presentations of *Every Warrior's Song*, a theatrical production honouring Survivors, some of whom had shared their experience in the development of the script. Surrounded by family, community, counsellors and a skilled facilitator, Survivors felt safe in making revelations.

Survivors attended rehearsals, plays and were often crying, talking, encouraging us. They expressed how glad they were that someone was telling their story. Some helped with facilitation after the plays, some taught us songs.<sup>80</sup>

Project teams emphasized the importance of *acceptance* and *safety* in engaging participation. Acceptance means welcoming all, acknowledging their strengths, honouring Survivors and meeting people at their current level of need. Establishing trust is essential to begin work on more sensitive and deep-rooted issues over the long-term. In a nonjudgmental atmosphere, intense emotions of shame, guilt and anger can be expressed and validated as natural and necessary for grieving losses and letting go of past hurts. Teams became acutely aware of the need for skills in handling intense emotions generated in healing sessions and accommodating differences of expression between men and women.

Safety in physical and emotional terms was provided by having clear, public codes of ethics and rules for the conduct of healing activities. Client needs were given highest priority and staff were not hesitant to advocate for client rights when necessary. Care was taken to provide an environment free of unwanted triggers to traumatic memories and ensure that the risk of punitive consequences for disclosure was eliminated. Project teams were clear that disclosure is essential to develop checks and balances to restrain violence and aggression against victims.

Teams recognize the value of cultural celebration, not only as a way of reaching out to Survivors, but also as a way of engaging them in acknowledging what was lost to them personally, spiritually and linguistically. Elders were very popular as mediators of cultural awareness, honouring cultural traditions and projecting honesty, empathy and unconditional positive regard in interpersonal relationships. Projects often created physical settings that reinforced cultural identity by displaying the Métis flag, the Red River cart, inuksuks and Aboriginal art. Land-based camps where Elders and youth could practice traditional hunting and gathering skills and natural surroundings where participants could connect with the earth and waters were also silent but powerful medicine.

As resistance and denial were being dismantled, demand for services often exceeded the capacity of projects to respond in terms of numbers served and skills required. Teams responded by setting

priorities, trying to determine whether the needs presented fit with the services available and targeting interventions to different segments of the population who had varying degrees of readiness to engage with the arduous work of healing. Table 10 describes strategies employed to reach out and engage participants.

**Table 10) Reaching Those Who Are Not “Ready”\***

<b>Awareness Campaigns</b>	This category of activity includes Legacy education and program promotion including word-of-mouth communication and a variety of local media where healing is framed as an act of courage and empowerment, a rightful reclamation of culture and balance.
<b>Outreach</b>	Proactive and targeted efforts to engage specific individuals or groups through special invitation and personalized attention, such as home visits or individual counselling.
<b>Relationship Building</b>	Organizing nonthreatening, fun, positive social activities that are desired and driven by the “hard-to-reach” target where target group members can profile their special talents (e.g., harvesting traditional foods, music, crafts, collective cooking) and be <i>contributors</i> to the event.
<b>Providing Opportunity</b>	Accepting referrals, waiting patiently or “just being there,” offering culturally appropriate and accessible, welcoming services where opportunity for vicarious learning and contagious healing can take place. Even just one role model of successful healing can have a dramatic affect on the group and create momentum that draws those who would otherwise be reluctant.
<b>Therapeutic Intervention</b>	Culturally appropriate and accessible, welcoming services where individuals can maximize the intervention offered and are committed to, and serious about, making life changes.

\*This table appears as Table 7 in Volume II, *Measuring Progress: Program Evaluation*.

Figure 16 suggests how engagement strategies can be matched with different stages of readiness to heal. The columns labeled across the top of the chart indicate types of interventions. The ovals on the left mark levels of “readiness.” The darkness of the hue indicates greater or lesser fit between intervention and readiness, with the darkest shade being the most appropriate intervention for the target group described. Project teams identified their own needs for guidelines and tools to assess readiness and fit, and for advanced training to deal with the more severe and complex problems presented.

Figure 16) Matching Strategy with Readiness\*

	Awareness	Outreach	Relationship	Opportunity	Therapy
resistant, close-minded, heavy Legacy burden, many potential distractions from and interference with participation					
plagued by self-destructive behaviour, unfamiliar with and uncommitted to healing but intrigued, many potential distractions from and interference with participation					
open-minded and willing but unclear commitment, unstable freedom from self-destructive patterns potential distractions and interference with participation					
committed, open-minded and willing but fearful, enjoys some stability from self-destructive patterns, potential but manageable distractions or interference with participation					
committed, open-minded and willing, enjoys stability from self-destructive patterns, free from distractions or interference with participation					

\*This figure appears as Figure 17 in Volume II, *Measuring Progress: Program Evaluation*.

### 4.8.2 Remembrance and Mourning

The second stage of the Survivor's journey to wellness is remembrance and mourning. In a climate of safety, Survivors are able to allow painful memories and the feelings associated with them to surface in their conscious minds. Two prominent elements of this phase of healing are revisiting the events that caused injury in the past and experiencing and expressing emotions that were locked up along with the painful memories. Therapists believe that addiction to alcohol and other mind-altering substances often seen in persons suffering from post traumatic stress disorder (PTSD) is a strategy to block memories and feelings that seem too harsh to endure. Blunted feelings interfere with relationships and further undermine the Survivors' comfort and well-being.

The central mission of residential schools was to destroy First Nations, Inuit and Métis students' attachment to their cultures and languages and absorb them into colonial society. Harsh discipline was meted out to prevent them from speaking their languages, practicing traditional spirituality or escaping to reconnect with their families. Students absorbed the sense that being Aboriginal was shameful and the cause of the punishments they received. A theme resonating through all the data sources was that undoing the harm from residential school experience was most effectively achieved by celebrating culture, defined as functional Aboriginal life ways, whether in traditional or contemporary form. Speaking an Aboriginal language, harvesting or eating traditional foods, surrounding the participant with visual cues in art and architecture, or seeking out natural environments all offered explicit approval for embracing Aboriginal identity. Survivors who affirmed their identity and practiced healthy lifestyles were models and inspirations to Survivors just starting their journey to wellness.

Teams emphasized that personal responsibility and self-trust were at the core of effective therapy. While these qualities are present in Western therapies, they are at the core of Medicine Wheel teachings:

The Medicine Wheel allows Aboriginal persons to function as their own authority (priest [or] minister) whereas mainstream cultures usually place teaching and practicing authority in "special" hands; this posture dis-invites self-selected and self-directed learning and growth, which most of our clients need and appreciate.<sup>81</sup>

Judith Herman in *Trauma and Recovery: the aftermath of violence – from domestic abuse to political terror* makes a related point about authority figures in therapy:

Patients who suffer from a traumatic syndrome form a characteristic type of transference in the therapy relationship. Their emotional responses to any person in a position of authority have been deformed by the experience of terror.<sup>82</sup>

Most teams offer individual and group processes. Sometimes individual counselling is used to prepare people for group processes or as an adjunct to group therapies, providing more personalized care. Smaller groups and one-on-one counselling were preferred when greater privacy and comfort were required. On occasion, Elders offered one-on-one sessions where they provided traditional teachings,



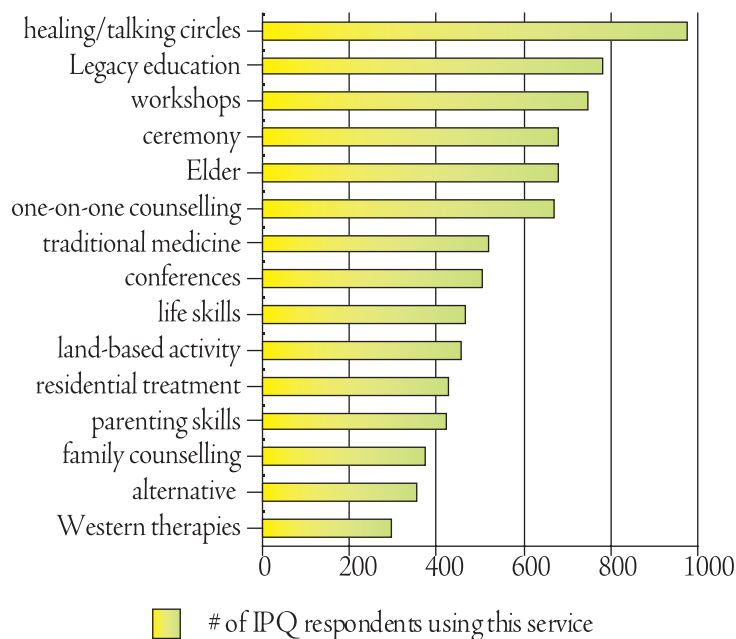
followed by sweats and perhaps a fast as a way of preparing an individual for a group context. Although much healing work takes place in a group context, teams still felt it was important to offer clients a choice.

Some teams and participants preferred large group gatherings because they offered opportunities for Legacy education, early sharing and connection with other Survivors. Group counselling and peer support settings, including healing/talking circles, were widely used and well received by participants despite small community dynamics that could affect confidentiality. Action-oriented group processes, such as group cooking projects and on-the-land activities, worked especially well with men. Telling the story of their experience was a fundamental part of healing in funded projects, as it is in counselling and psychotherapy in Western culture. Psychodrama, art therapy, massage and other nonverbal therapies were useful in accessing feelings that remain beyond words:

Expecting the client always to express in words what he feels and senses is like requiring a huge “translation effort”....This is often not even possible, especially in the case of “early” types of experiences....It is for this very reason that verbal therapy too often excludes many of a person’s most significant spheres of experiencing. That’s why it can be very enriching to recognize and know how to support and accompany change processes non-verbally.<sup>83</sup>

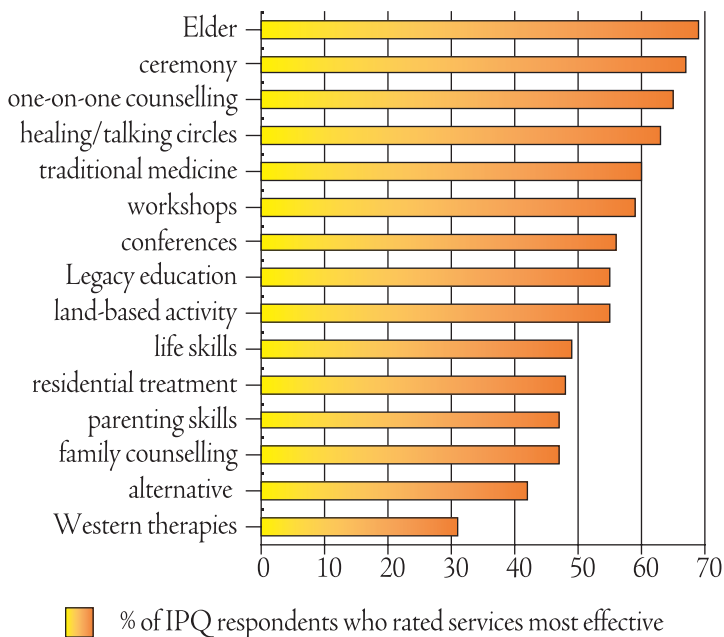
Although IPQ responses represent a small, self-selected sample of participants, they do provide a quantitative perspective on perceptions reported anecdotally in focus groups and case studies. IPQ responses to a question about types of services used are presented in Figure 17 and ratings of the most effective types of service are presented in Figure 18. The most used services, in order of frequency, were healing/talking circles, Legacy education, workshops, ceremonies, Elders and one-on-one counselling. The services rated most effective, in order of frequency, were Elders, ceremonies, one-on-one counselling, healing/talking circles, traditional medicine and workshops.

**Figure 17) Types of Services Used (2004)\***



\* This figure appears as Figure 21 in Volume II, *Measuring Progress: Program Evaluation*.

**Figure 18) Rating Types of Services Used (2004)\***



\*This figure appears as Figure 22 in Volume II, *Measuring Progress: Program Evaluation*.

The types of services listed in these figures, along with the breakdown of healing approaches summarized earlier in Figure 11, indicate the mix of traditional healing and Western therapies employed in healing projects. Over 65 per cent of respondents of all national surveys reported that they always or most of the time combined the two approaches. Traditional healing circles were complemented with individual counselling; workshops could be preceded by smudging and followed by sweat lodge ceremonies; and storytelling and narrative therapy became intertwined. In a few cases, projects actively selected Western techniques on the basis of how well they would fit within the culture. Once selected, the approaches were more intricately woven into the culture through the use of Aboriginal language and Elders.

We use the modern therapeutic approaches that fit within the Inuit values and approaches. Our pair of trainers were Inuit and their healing approach combined imagery of the natural world of creation and the Inuit life practices to present an understanding of personal growth through life crisis. Other training facilitators from southern Canada were chosen because of their experience working with First Nations and Inuit people and their training is sensitive to and their approaches respect Inuit values and philosophy of life.<sup>84</sup>

Most IPQ respondents credited AHF-funded programs as being very helpful on their healing journey, particularly Legacy education that helped them to understand their lives and their families (43%, n=1,182). They also appreciated opportunities to learn about healthy family life, how to process intense emotions and improve their relationships more generally. Bonding with other Survivors was also considered very powerful because it gave an opportunity to learn how others have dealt with the Legacy. Group settings provided feedback, support and the pivotal message that they were not alone in their struggles. Cultural celebration and reinforcement were seen as giving back what was lost, supporting the reclaiming of identity and instilling pride. Spirituality, whether expressed in traditional Aboriginal or Christian forms, fed participants' souls. Qualities of the healing team were recognized as powerful influences on the healing journey; in particular, offering safe, respectful, nonjudgmental and validating approaches. Therapeutic methods are discussed at greater length in Chapter 4 of Volume II, *Measuring Progress: Program Evaluation*.

Programmatic and therapeutic challenges remain. Métis and Inuit communities required a longer lead time to identify needs and develop fundable proposals. Projects specific to Métis and Inuit populations were proportionately fewer in number than First Nation and inclusive Aboriginal projects; they started later and had a relatively shorter history when surveys were conducted. Métis and Inuit needs and responses are therefore underrepresented in national surveys and IPQ samples. Much more information is needed to map the particular features of Métis and Inuit experience with residential schools and the Legacy, as well as healing approaches that work in their cultural environments.

Another outstanding challenge is engaging men in healing and training. Men represented about 25 per cent of participants in healing programs, while women's participation varied from 38 per cent in healing to 53 per cent in training activities.<sup>85</sup> Outreach efforts to engage men were somewhat successful over time, but more information is needed about their perspectives and preferences when healing from the Legacy. Physical abuse and sexual abuse perpetrated against boys in residential schools put them at risk of carrying unresolved trauma and of committing sexual offences themselves, even though

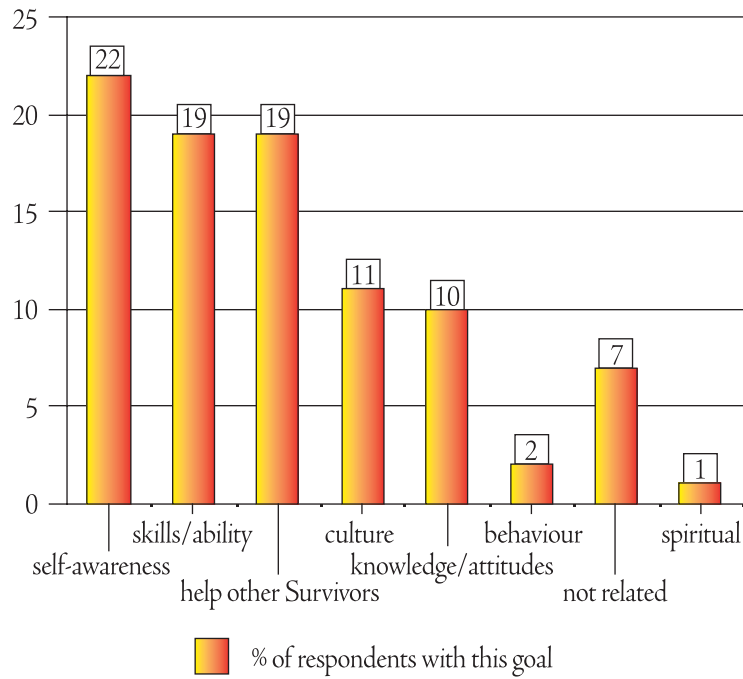
most child victims do not become offenders. Male needs have not been adequately addressed in the discourse on child abuse and thus are not well-served by therapies operating with a female-centred model of victimization.<sup>86</sup> There is an urgent need for more male therapists and a better understanding of interventions that work with Aboriginal men. AHF Research has made a beginning by commissioning a paper *Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men*.<sup>87</sup>

### 4.8.3 Reclaiming a Healthy Way of Life

Reclaiming a strong identity and a healthy way of life that was disrupted in childhood is a long-term process. Breakthroughs in self-awareness can be achieved in a counselling session, anger can be expressed and managed in a supportive group setting and bonding with fellow Survivors can be exhilarating. The long haul on the healing journey is traversed in the midst of daily stresses, the pull of old habits and the need to repair distorted relationships. IPQ responses provide participant perceptions of goal achievement in the short-term. The evaluation design did not gather quantitative data on long-term outcomes but case studies in particular point to strategies for consolidating gains made in healing programs. The 13 case studies referenced in this section, their healing focus and the importance of sustained support for participants are highlighted. Their geographical locations are listed graphically in Appendix N.

IPQ respondents were asked open-ended questions about the goals they wished to achieve in healing activities. Answers were coded and analyzed to arrive at types of goals and frequency as shown in Figure 19. The most prominent goal was self-awareness that included understanding of self, strengthening of identity and self-esteem. Helping other Survivors appeared as frequently as acquiring skills and ability to manage life's challenges. When asked about goal achievement, roughly 80 per cent of 1,281 respondents believed they achieved their major goals from good to extremely well. These results are shown in Figure 20. Respondents felt that their experience in the project helped them acquire skills to handle difficult issues (72%, n=1,264), resolve past trauma (76%, n=1,284), prepare for and handle future trauma (79%, n=1,242) and secure support if needed once the project was completed (69%, n=1,233). Since IPQs were distributed through operating projects in December 2002, participants were reporting short-term effects. Assessing the durability of goal achievement would require later follow-up, which was not part of the research design.

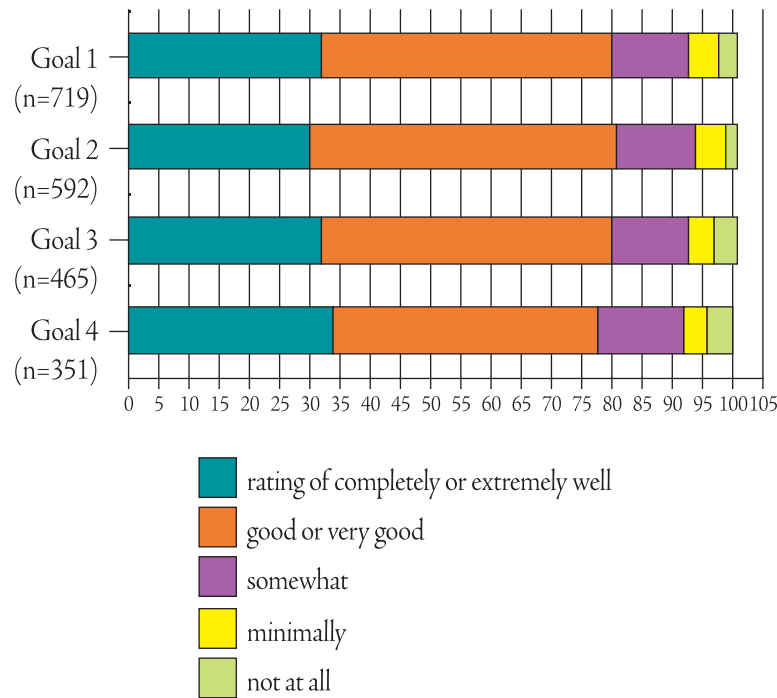
**Figure 19) Respondents' Goals by Type (2004)\***



**Legend:** A total of 1,281 participants responded to this question.

\*This figure appears as Figure 19 in Volume II, *Measuring Progress: Program Evaluation*.

**Figure 20) Perceptions of Achievement – Personal Goals (2004)\***



\*This figure appears as Figure 20 in Volume II, *Measuring Progress: Program Evaluation*.

The case studies provide more detailed examples of gains achieved and the hopes for improved relationships and sustained well-being.<sup>88</sup>

In Big Cove First Nation (New Brunswick), change was most dramatic in cultural awareness, but weak in parental involvement. Youth did not seem as angry as before, they felt *heard* and supported, and their group has shown healthy, steady attendance. They started showing up on time, trusting, confiding in, and bonding with others. One teacher noted increased youth voluntarism and willingness to help with younger children. Of particular note is the extent of initiative, leadership and assertiveness demonstrated by the youth team involved. For example, in Mi'kmaq communities, wakes are almost always held in family homes. Youth team members challenged this tradition, held the wake of a young suicide victim at the drop-in centre and monitored the facility on a twenty-four hour basis, assuming responsibility for the direction taken. Moderate change was noted in the development of social and leadership skills, goal orientation, self-esteem, mother/daughter communication, family relations and peer support.

Gay and lesbian youth in the Urban Native Youth Association project (British Columbia) felt they improved their ability to face homophobia, and deal with their sexuality and with depression. They better understood the impact of the Legacy and felt motivated to face their alcohol or drug use head on. In fact, four gay/lesbian youth reunited with their families and communities.

After the *I da wa da di* project (Centre for Indigenous Sovereignty, Ontario), some women went on to facilitate workshops, others began drumming and singing, and most left with a stronger sense of self. Some became more attentive to their families, committed to passing on cultural teachings, spending time with Elders and personal wellness. One woman gained enough self-confidence and love to leave an emotionally abusive relationship of twenty years. Others felt less alone, were more forgiving, returned to school or made career moves.

In Cape Dorset (Nunavut), people spoke about “growing up” emotionally, finding other ways to deal with personal strife other than just crying. Some were happier, better able to cope, as well as more confident and stable. Lower levels of improvement were noted for those simultaneously participating in addictions treatment and among known violent perpetrators.

For participants at the Pisimweyapiy Counselling Centre (Nelson House Medicine Lodge, Manitoba), evidence of change included some appearing better able to maintain sobriety, seek and secure employment, disclose past trauma, display physical affection, be outgoing, seek spiritual fulfilment and recruit others to participate. While the majority were clearly excited about cultural teachings and eager to learn more, some with strong Euro-Christian ideals were resistant.

Reinforcement of culture and identity is also characteristic of the healing journey. For the Métis of Willow Bunch, Saskatchewan, Local #17 membership stood at 250 at the time of the case study (from Willow Bunch, Coronach, Rockglen and Bengough) up 150 from the previous four years. “I see kids in my classes that talk about being Métis now and I don't know if that would have happened ten years ago or five years ago, for that matter.”<sup>89</sup> Increased attendance at Local #17 meetings, discussion about Métis identity and knowledge of *accurate* Métis history, as well as involvement and pride in Métis culture were all noted.



For projects that addressed individuals in the context of their families, there was also noted change. Parent-child interactions were characterized as more patient, confident and nurturing. This was evidenced by investments in cooking, laundry, play and quality time spent with children. Before attending Tawow Healing Home (Shining Mountains Living Community Services, Alberta), one parent was ready to give up on her oldest child, but now wants to keep the family together. Two families, one of which was previously homeless, became sufficiently stable to live on their own. While there were clear changes in emotional independence, economic self-sufficiency may be a long-term goal as all still rely partially or wholly on social assistance.

In the Kikinahk Parenting Program (Kikinahk Friendship Centre, Inc., Saskatchewan) for parents of teens, some became more relaxed, patient and skilled communicators over time. They were less likely to “push their teenagers away” by more carefully selecting their words and tone, while others seemed better able to allow their teens to have fun or to do things *with* their teens. Mothers who participated were not accessing services as often as those who did not attend the Kikinahk Parenting Program.

Projects examined in the file review provide additional examples of the variety of changes noted in project participants:

- ✦ “Some parents have proven dedicated and eager to examine past and current patterns, which impact on their parenting role.”
- ✦ “The changes they make in their own healing and personal growth impacts directly on other family members. There is increased parental involvement in school.”
- ✦ “Only one student out of the eleven students who have gone through the program has had further difficulties.... parents are requesting their children go through the program as a means of support and help.”
- ✦ “The silence around sexual abuse and family violence has been broken. Women healing from their own sexual abuse can better provide their children with safety.... As women heal and recover.... the men are beginning to see a need to change also.”

The foregoing reports are based upon the immediate assessment of desired outcomes. In only one case, a residential treatment program, was the durability of project goals explored.

At a three-month follow-up, the majority who attended the Qul-Aun Program (Tsoow-Tun Le Lum Society, British Columbia) (70%, n=23) reported that it helped them to act upon their strengths, made a difference in their lives (78%, n=23), helped them move beyond the trauma of their past (76%, n=49) and prepared them to handle future trauma (78%, n=23) completely or extremely well. The majority also indicated that the Qul-Aun Program helped them to achieve their personal goals extremely well or completely (n=59, from five different Qul-Aun Program sessions).

While most Qul-Aun graduates continue with external counselling and self-support groups, those who returned to a correctional facility or remote regions did not get the support they require. Because residential treatment focusses upon the individual, the essential task of re-connection or reclamation of a balanced life is left to aftercare. Therefore, it is likely that complete recovery can remain elusive in scenarios where aftercare is in question.

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation.<sup>90</sup>

In the Urban Access Program (Building A Nation, Inc., Saskatchewan), a variety of therapeutic and post-therapeutic supports were available. The project rightfully assumed that beyond psychological help, other complementary services would be required, including life skills development, advocacy services, even help finding lost parents. Such a continuum of service, support and guidance creates opportunity for individuals to achieve real transformation in their lives.

The limited duration of support from the AHF for healing represents the most serious and pervasive challenge to the stability of gains made in individual healing. In hundreds of projects across the country, thousands of participants have disclosed their histories, engaged in remembrance and mourning, and now face uncertain support through the most arduous phase of healing, reclamation of new life ways. Research commissioned by the AHF and literature on trauma and recovery emphasize the dangers of interventions that fail to address the need for support after disclosure:

Building strong families and strong communities is a long-term process.... [I]f victims are encouraged to disclose the abuse they have suffered, adequate and appropriate services must be available ... If not, many will be left even more severely damaged. A strategy that builds knowledge, trust and community capacity over time will be much more effective in the long-term.<sup>91</sup>

Programs that promote the rapid uncovering of traumatic memories without providing an adequate context for integration are therapeutically irresponsible and potentially dangerous, for they leave the patient without the resources to cope with the memories uncovered.<sup>92</sup>

Teams and participants speaking through project reports, case studies, focus groups and IPQs urged that healing sessions be longer in duration. Even though intensive or retreat formats work well, they are only a beginning. There was a universal call from project teams for the development of aftercare, especially from those projects with province-wide catchment areas. The concern was not just about formal community services but also about reinforcement of critical informal support from family and community networks. This leads to the question of: *Who is available to support the continuation of the healing journey for participants who have made a strong beginning and others who have yet to begin?*

#### 4.8.4 Capacity to Heal Others

For Survivors who have been burdened by the legacy of abuse and equally for those intergenerationally impacted, the capacity to give back to the community and support others on their healing journey is a vision that emerges as Survivors regain a degree of personal wellness. Evidence from the projects and IPQs reveals that those who are seeking healing and those who can facilitate healing are the same people at different stages of their journey.

Projects mostly employed Aboriginal people, including residential school Survivors and those who are intergenerationally impacted. IPQs indicated that helping other Survivors was an important personal goal in program participation.

Training was available for project staff and community volunteers. Project reports noted:

Training for frontline workers was a huge factor in them realizing that they themselves had inherited the dysfunctional behaviours of the Residential School Legacy. It gave the participating frontline workers an opportunity to dig deeper within themselves, recognizing that each of them need to work ... so that they can enhance their helping skills and abilities.

We continue to recognize our own need for personal growth as part of our need as caregivers working towards supporting our families and communities in their healing.

Some trainees took leave from their training to work on their own issues.<sup>93</sup>

Many projects attributed their successes to skilled individuals and teams, but there is a need for greater numbers of healers conversant with good practices. Developing a strong project team often meant having highly-skilled healers/helpers, preferably Survivors fluent in their language, who could model successful healing, were able to balance their own lives, and were free from the need to control, rescue or enable undesirable behaviour. Such individuals were difficult to find, especially those with specific training needed to address the Legacy.

Selecting Survivors to lead others on the healing journey has clear advantages:

- it takes advantage of the influence of role models;
- communities can rely on “home-grown” expertise;
- it ensures that Aboriginal solutions are found to address the Legacy;
- it establishes moral authority independent of power dynamics in small communities; and
- it contributes to longevity of healing endeavours.

Several community informants felt that Survivors as healers/helpers were not receiving adequate clinical support to deal effectively with their issues. Community members participating as healers or helpers sometime felt too close to clients who were relatives, neighbours, lifelong friends or even enemies. Engaging with client issues could trigger their own repressed problems. Some Survivors as healers/helpers had not fully reclaimed stable, healthy, functional lives before they embarked upon efforts to heal others. To address the need for criteria to screen healers/helpers, teams participating in focus groups developed profiles of the qualities and skills a good healer/helper should have. These are set out in Tables 11 and 12. The expression of these qualities and the exercise of required skills is discussed more fully in Chapter 4 of Volume II, *Measuring Progress: Program Evaluation*.

Table 11) Qualities of a Good Healer/Helper\*

A Good Healer/Helper Has:	
<ul style="list-style-type: none"> <li><input type="checkbox"/> a solid track record of ethical conduct supported by references</li> <li><input type="checkbox"/> experience in and respect of the community</li> <li><input type="checkbox"/> power, humility, honesty and gentleness</li> <li><input type="checkbox"/> accepts the Legacy's reality</li> <li><input type="checkbox"/> worked through their anger</li> <li><input type="checkbox"/> completed transition through stages of grief</li> <li><input type="checkbox"/> recognition <i>by others</i> as a healer</li> <li><input type="checkbox"/> absolute self-acceptance</li> <li><input type="checkbox"/> a history of triumphant recovery</li> <li><input type="checkbox"/> able to share their history and healing strategies</li> <li><input type="checkbox"/> well-established personal boundaries that protect them from harm/burnout</li> <li><input type="checkbox"/> an unmistakable inner peace characterized by fearless, unflappable (not easily surprised) leadership</li> <li><input type="checkbox"/> knowledge of and comfort leading or participating in ceremonies</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> an open mind</li> <li><input type="checkbox"/> freedom from the need to control</li> <li><input type="checkbox"/> unmistakable positive energy</li> <li><input type="checkbox"/> assumed responsibility for their actions</li> <li><input type="checkbox"/> been alcohol and drug-free (&gt; two years)</li> <li><input type="checkbox"/> a clear understanding of their limitations and makes appropriate referrals</li> <li><input type="checkbox"/> a developed plan for continued wellness</li> <li><input type="checkbox"/> a commitment to breaking the cycle of abuse, initiates community action and encourages ownership</li> <li><input type="checkbox"/> a spiritual grounding</li> <li><input type="checkbox"/> a respectful relationship with the land</li> <li><input type="checkbox"/> freedom from depression, recognizes life goes on</li> </ul>

\*This table appears as Table 8 in Volume II, *Measuring Progress: Program Evaluation*.

Table 12) Abilities of a Good Healer/Helper\*

A Good Healer/Helper Can:	
<ul style="list-style-type: none"> <li><input type="checkbox"/> process intense emotion, defuse negativity</li> <li><input type="checkbox"/> swiftly determine risk and intervene in a crisis</li> <li><input type="checkbox"/> distinguish between crisis and long-term need</li> <li><input type="checkbox"/> facilitate a group</li> <li><input type="checkbox"/> combine techniques and approaches or work well in a blended team</li> <li><input type="checkbox"/> address unresolved trauma (grief, physical and sexual abuse) and guide recovery</li> <li><input type="checkbox"/> intervene in and prevent suicide</li> <li><input type="checkbox"/> share their history and healing strategies</li> <li><input type="checkbox"/> understand and dissipate lateral violence</li> <li><input type="checkbox"/> use traditional medicine or partner with traditional healers effectively</li> <li><input type="checkbox"/> plan and lead</li> <li><input type="checkbox"/> counsel sexual abuse victims and/or perpetrators</li> <li><input type="checkbox"/> handle sexual abuse disclosures</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> openly and confidently discuss healthy sexuality</li> <li><input type="checkbox"/> engage comfortably and knowledgeably in ceremonies</li> <li><input type="checkbox"/> listen intently, hear clearly, communicate effectively</li> <li><input type="checkbox"/> encourage and facilitate taking responsibility for actions</li> <li><input type="checkbox"/> maintain good client records/charts</li> <li><input type="checkbox"/> take ownership of their actions and encourage ownership in others</li> <li><input type="checkbox"/> recognize when to remove themselves</li> <li><input type="checkbox"/> accept their limitations, learn from and work with clinical supervision and make appropriate referrals</li> <li><input type="checkbox"/> recognize where trauma is stored in the body</li> <li><input type="checkbox"/> initiate community action and encourage ownership</li> <li><input type="checkbox"/> understand and engage whole families in healing</li> </ul>

\*This table corresponds to Table 9 in Volume II, *Measuring Progress: Program Evaluation*.

The list of qualities and skills sought in good healers/helpers sets out a high standard that very few individuals could meet, and focus groups and project teams consistently emphasized the team effort necessary to support and complement individual capacities. In the most promising projects, team members as a group have a combination of skills and experience, work together in a way that allows for joint decision-making and enjoy the guidance of Elders. They create a climate of support and self-care with continuous learning, regular debriefing where all players can speak freely, and wholesome, soul-feeding fun. All of these are strategies that promote trust and a safe, healing environment for staff as well as program participants.

Recovery from trauma and progress toward a healthy, stable way of life does not proceed in a straight line. Survivors take detours and double back to address issues previously dealt with, to deepen and expand understanding of their experience and integrate that understanding in a fuller life.<sup>94</sup> What is distinctive about the Aboriginal healing journey, which comes through in documentation from varied sources, is the vision of being able to live in the community and contribute to the well-being of others on the healing path. Healing is not a solitary journey; it is a product of multifaceted interaction between individuals and families and their social and physical environment. Community contexts in which healing projects operate are the subject of the next section.

## 4.9 Stages of Community Healing

*Mapping the Healing Journey*<sup>95</sup> is the report of a consultation project sponsored by the Solicitor General Canada and the AHF. The project engaged communities across Canada in reviewing their experience, in some cases over two decades, to produce a model of how healing progresses in individuals and communities. Two of the community participants, Esketemc First Nation (Alkali Lake) in British Columbia and Hollow Water in Manitoba have been nationally profiled as examples of self-directed community healing.<sup>96</sup>

As with the process of individual healing, *Mapping the Healing Journey* identifies four stages of community healing:

### **Stage 1: Winter – The Journey Begins**

This stage describes the experience of crisis or paralysis that grips a community. The majority of the community's energy is locked up in the maintenance of destructive patterns. The dysfunctional behaviours that arise from internalized oppression and trauma are endemic in the community and there may be an unspoken acceptance by the community that this state is somehow "normal."

### **Stage 2: Spring – Gathering Momentum**

This stage is...where significant amounts of energy are released and visible, positive shifts occur. A critical mass seems to have been reached and the trickle becomes a rush as groups of people begin to go through the healing journey together which was pioneered by the key individuals in Stage One.

### **Stage 3: Summer – Hitting the Wall**

At this stage there is the feeling that the healing movement has hit the wall. Front-line workers are often deeply tired, despondent or burned out. The healing process seems to be stalled. While there are many people who have done healing work, there are many more who seem left behind. There is a growing realization that it is not only individuals, but also whole systems that need healing.

### **Stage 4: Fall – From Healing to Transformation**

In Stage Four a significant change in consciousness takes place. There is a shift from healing as "fixing" to healing as "building" as well as from healing individuals and groups to transforming systems. The sense of ownership for your own systems grows and the skill and capacity to negotiate effective external, reciprocal relationships develop. Healing becomes a strand in the nation-building process.<sup>97</sup>

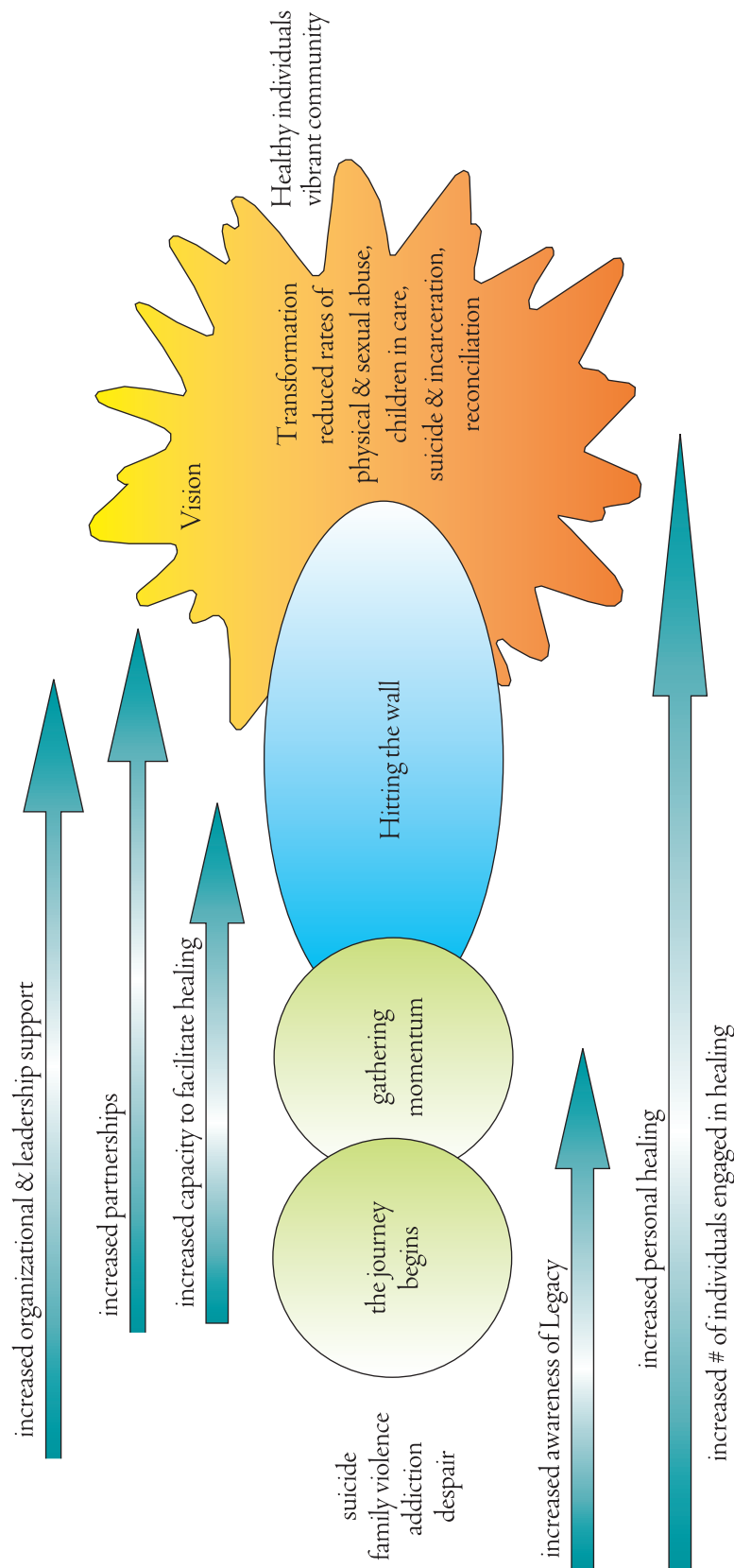
Initially, the Board of the AHF wanted to look for evidence of program impacts in rates of physical and sexual abuse, children in care, suicide and incarceration. For reasons cited earlier, this was not feasible and the evaluation team identified indicators of change that were more appropriate to short-term, community-level interventions. These indicators include:



- increased awareness of the legacy of physical and sexual abuse in residential schools;
- increased numbers of individuals engaged in healing with positive results;
- increased capacity to facilitate healing;
- increased partnerships; and
- increased support from related organizations and community leadership.

The combined features of AHF evaluation objectives and the model from *Mapping the Healing Journey* are displayed in Figure 21. While the “map” provides a useful lens for reporting community-based results, in reality social groups are always more complex than models can portray. As the authors of the report note: “[These stages] do not take place in a linear way. They are more like ripples unfolding in a pool, where each new circle contains the previous ones.”<sup>98</sup>

Figure 21) Community Healing Journey\*



\*This figure appears as Figure 27 in Volume II, *Measuring Progress: Program Evaluation*.

### 4.9.1 Stage One: The Journey Begins

In the first stage of community healing, a core group is engaged in personal healing and forming support networks as they seek help for problems such as addiction. As Survivors and their family members learn about their family histories, they begin to understand how residential school experiences have affected them. There are more open discussions about residential school and increased disclosures of physical and sexual abuse. Honouring ceremonies for Survivors and other commemorative events are organized and cultural celebration becomes a focal point for affirming community values. Together, these are indicators that the community sees the possibility of a better tomorrow.

It is fair to say that those communities and organizations who make successful applications for AHF funding have begun the healing journey. They have recognized the need to take action and have identified an approach. Applicants must show how they intend to address the Legacy with detailed work and evaluation plans, potential partnerships including letters of support, and accountability strategies. A total of 725 distinct organizations were identified as the pool from which three national surveys sought responses. The third national survey was mailed to 447 organizations operating projects in 2004 and yielded 209 responses. Of these, 63 per cent were from communities addressing the legacy of physical and sexual abuse in residential schools for the first time; 86 per cent noted an increase in service demand from those in need of healing; and 58 per cent identified an increase in locally available services that are appropriate for Survivors and their families. In the same survey, 90 per cent of respondents reported an increase in healing participation, 74 per cent noted an increased rate of physical abuse disclosures, and 68 per cent observed an increase in sexual abuse disclosures.

While projects were restricted from duplicating services available from other sources, they could fill gaps in existing services. This was the case in two of thirteen case study projects, Big Cove First Nation Youth Initiative (New Brunswick) and Two-Spirited Youth Project (British Columbia) that extended healing opportunities to youth and gay/lesbian populations who were not being reached by existing services. Survey reports and the case studies record a greater proportion of female participants, suggesting that they constitute the core group of activists typically found driving the first stage of community healing. The resistance typical of the first stage of healing is illustrated in the experience of the Willow Bunch Métis.

In Willow Bunch, Saskatchewan, the Métis Local #17 undertook a project aimed at providing a positive awareness of the history of Métis in the community and increasing pride in being Métis. The Local worked with students, people with an appreciation for history, and those who had lived elsewhere and had a broad worldview. Resistance and denial were more common among older residents and those who felt threatened by a different view of history, changes in school language laws and economic development funding for the Métis.

The Willow Bunch project led to activities that had never taken place before: workshops on Métis cultural activities, involvement within the school, visits from other Métis organizations, and newspaper articles and interviews about Métis history. Overall, respondents believed that increased awareness of, and respect for, Métis culture and history has evolved as a result of the project:

The more I can see, it's even broadening my own perspective to know that some of the most highly decorated veterans from this community were Métis....I think most of the history of this area has come from a euro-centric perspective up until the healing project.<sup>99</sup>

#### 4.9.2 Stage Two: Gathering Momentum

The second stage of community healing is characterized by an increase in healing activity, both at the individual and organizational levels. More people are participating in programs and volunteering. Programs and services are developing and evolving in response to the need. The underlying trauma related to residential school abuse is understood as a root cause of problems, such as suicide and addictions. At the same time, there is an increase in healthy behaviours and a growing sense of hope in the community. Obstacles relate to a lack of resources, service capacity and trained staff, continued resistance and denial in the community and, in some instances, lack of political support.

The project in Cape Dorset, Nunavut, as described in the 2002 case study, exhibited many of these characteristics. The project was designed to provide healing and training to individuals who were committed to personal healing and intended to support healing within the family and the community. "A nineteen member Community Healing Team (CHT) planned and coordinated healing and training activities as well as participated in them. The CHT was composed almost entirely of Inuit women (including one non-Inuk and two men). Key informants were asked to ...[describe] how the community benefitted from the project. Several described an increased skill level among community caregivers and an increased capacity to deal with crisis. One person spoke about how her personal growth led others to approach her to discuss their problems."<sup>100</sup> Another reported:

[There's] more hope. We have more capable people to make it a healthier place. This may happen just in their family but also at the community level. My family is better because of my participation. It has a domino effect. Kids will learn this stuff too.<sup>101</sup>

As noted earlier, personal understanding of the Legacy can be a pivotal first step in successful healing. When history is shared, a social context is created for what was previously viewed as an individual problem. A similar process occurs at the community level. On a national scale, almost 90 per cent of respondents in the 2004 survey (n=209) believed that Survivors and their families better understand how the Legacy has affected them. A majority (68%, n=209) were convinced that there has been increased community use of learning tools, such as archives, audiovisual materials, curriculum packages, visitor's centre and commemorative sites, to learn about residential schools.<sup>102</sup> Respondents believed this awareness has extended into broader Canadian agencies as well as the Aboriginal community.

In this second stage of community healing, less outreach may be required as friends bring friends to the program, young people reach out to Elders, and isolated communities find whatever resources they can to provide transportation and lodging to the nearest healing activity. Referrals from mainstream services to community-based healing initiatives escalate and healing begins to create the foundation for reduced risk for children. Teams may become inundated with inquiries from others looking to share promising practices addressing the Legacy. In urban settings, second and third generations of

urban Aboriginal residents show signs of political agency seeking to maintain their cultural heritage. Planning for long-term healing and efforts to secure resources to sustain them reflect the community's commitment to healing. What began as an individual journey has grown into a social movement.

### 4.9.3 Stage Three: Hitting the Wall

By the third stage of community healing a great deal of progress has been made, but momentum is beginning to stall. The community's service capacity has grown, and an increasing number of individuals have pursued education and training and are now employed. On the other hand, the hope and excitement often evident in the second stage has dulled and frontline workers are beginning to burn out. While more of the community's adults are pursuing healthy lifestyles, previously undisclosed abuses may be brought forward. New social problems, such as gambling, prescription drug use and youth crime, may surface.

Some aspects of the Big Cove Youth Initiative may be seen as reflective of this third stage of community healing.<sup>103</sup> The project team includes young people who work with representatives of other community agencies, such as social services, psychological services, alcohol and drug prevention and treatment, and on a youth advisory board. The board is connected to the Big Cove First Nation Wellness Committee, an interagency partnering that brings together social and health services with economic development, police, community leadership and Elders. Case study informants felt support from the leadership was strong.

The Big Cove First Nation community had been rocked by a series of suicides that peaked in 1992. Community service agencies in that period were essentially doing crisis management that resulted in burnout and an inability to manage long-term treatment plans for many in need. Over time, with some additional resources and increased coordination within the community the shift from crisis mode to a more proactive approach has been made. Nevertheless, in a youth survey conducted early in the project, 91 per cent of respondents felt alcohol and drug use was the greatest problem facing youth, followed by peer pressure (45%) and unwanted pregnancy (35%). When this study was completed and sent to the project team, they contacted the researcher because they felt the data underrepresented the problem of sexual abuse.

The healing project was a first effort at engaging youth in training for suicide prevention and response. The project focussed on skill development and broadening the perspective of the young project team by participating in the community Wellness Committee and liaising with other initiatives. Structured activities, bonding between staff and youth participants, and the guidance of adults involved in community agencies should support continued building of a foundation for long-term results.

Nationally, AHF-funded projects provided community-level employment and training opportunities not previously available, with more than 91 per cent of full-time staff being Aboriginal. Organizations responding to national surveys employed 4,833 paid employees (n=330) and engaged 28,133 participants in training (n=246). The number of employees and trainees engaged in all funded activity may be proportionately larger, 725 organizations in total as compared to 330 organizations reporting

on employment and 246 organizations responding to questions about training. In the 2004 national survey, 61 per cent (n=209) of respondents believed that local access to training opportunities for healers/helpers had increased, while 73 per cent believed that the skills and knowledge of healing or helping teams had increased with respect to their ability to address physical and sexual abuse.

*Mapping the Healing Journey* recommends that every community engaged in healing develop a comprehensive 5- to 10-year plan that weaves together community healing and development. This refers to strategic planning at the community rather than the project level. Over the long-term, involvement of AHF-funded projects in community-level strategic planning may contribute to the sustainability of healing initiatives, as well as their integration into community plans.

Most projects in the 2004 survey (70%, n=209) have identified an increase in community planning for long-term healing, with more leaders seeking resources to support the journey (61%) and organizations within and outside of the community assisting the effort (61%). Project expectations for sustaining the healing initiative once AHF funding ends varied (n=209):

- 76% plan to prepare proposals to secure funding commitments from other sources;
- 55% plan to continue with self-help groups and volunteer efforts;
- 10% have secured short-term funding commitments from other sources;
- 1% have secured long-term funding commitments from other sources; and
- 12% will discontinue their efforts.

#### 4.9.4 Stage Four: Transformation

During the fourth stage of community healing, significant reduction in rates of physical and sexual abuse, children in care, incarceration and suicide are most likely to occur. This is where healing becomes more integrated with other community development initiatives and the focus shifts from fixing problems to transforming systems. In a study funded by the AHF and Solicitor General Canada of Hollow Water's Community Holistic Circle Healing Project, an informant observed:

It doesn't make sense to get people well without sustaining that wellness. The long-term vision must address the unemployment in our community. It's an essential part of holistic healing... Treatment and employment go hand in hand... With our next generation of kids, economic development must be factored in. Opportunities for our children will help them. Otherwise, there is a chance of them getting into trouble.<sup>104</sup>

When questioned to what extent the AHF has contributed to observed change, 50 per cent of respondents in the 2004 survey felt that the AHF had more than a moderate influence and 17 per cent of these respondents gave the AHF complete credit for changes in their community. Forty-three per cent thought the AHF had a moderate influence on change and 6 per cent felt that the AHF had little or no influence. An analysis of perceptions of change reported by survey respondents was carried out sorting responses by the length of time the project had been operating, less than 15 months for the most recently funded projects and 42 or more months for longer running projects. Many of the



indicators selected for analysis showed no significant difference in perceived change. Items on which longer running projects seem to show an increase approaching statistical significance were:

- ✦ Survivors meet to support each other or encourage other Survivors to heal;
- ✦ there are local healing services unique to the needs of Survivors and their families;
- ✦ the community is using learning tools to teach about residential schools; and
- ✦ Survivors and their families understand how the history of residential schools has affected them, their parents, their grandparents and so on;
- ✦ number of children who are at risk; and
- ✦ community planning for long-term healing.<sup>105</sup>

Other indicators approaching statistical significance indicate a perceived decrease in the number of children who are at risk and, somewhat surprisingly, a decrease in community planning for the long-term. It could be speculated that projects of longer duration were shifting attention to service provision from attention to securing support for planning as is required in the beginning stages of dismantling denial.

It is still too early to assess the contribution of AHF-funded projects by attempting to measure statistical indicators of social functioning. If evaluations of progress along a continuum of healing are to go beyond impressions of informants, which have validity in their own right, it will be necessary to collect baseline data on measurable indicators. At later intervals of 5 years, 10 years and 20 years, it will be possible to measure whether numbers of children in care, for example, have increased, decreased or stayed the same. Teams in AHF-funded projects are encouraged to gather data on key indicators, but appropriate tools for data collection need to be developed and made accessible, and human resources need to be available to make evaluation a regular part of program delivery.

Teams told us that when transformation is complete it would become obvious because children would be safe, addictions would be rare, women would be free from fear of violence and a sense of belonging and ownership would prevail. A climate of cultural renaissance, hope and optimism would be apparent, Aboriginal languages would flourish, and Survivors and their families would have the power to influence their communities. There would be movement away from the management of service industries designed to address the impacts of residential school, to the creation of culturally grounded, adequately resourced and self-sustaining institutions that function to maximize social strength. Survivors and their families would enjoy a quality of life second to none in Canada.

#### **4.10 Partnerships and Sustainability**

Aboriginal communities engaged in healing provide the context for AHF-funded projects, magnifying or diminishing impacts of healing activities. Communities themselves are nested in the context of social relations with the broader Canadian society, government relations and service networks. As markers of a supportive public environment, the evaluation team sought evidence of partnerships and contributions to support healing initiatives during and after the limited term of AHF funding. The indices chosen to reflect the level and nature of collaborative relationships were: range, frequency,

financial and in-kind contributions, and perceived effectiveness. The sources of data were document review, national surveys and case studies.

The review of 36 AHF-funded project files revealed that all but one project had established partnerships and results of the 2000 survey showed that the majority (72%, n=247) of funded organizations were linked with other healing or training efforts. Relationships were concentrated at the local level and community services were the most likely partners, with networks extending to service providers regionally. A survey question asked how effective working relationships with partners were. Almost half of respondents (n=247) reported that relationships were very effective, while 20 per cent rated the relationship with partners as only somewhat effective or ineffective. Table 13 lists the variety of organizations and services where linkages were identified in AHF-funded project files.

**Table 13) Partnerships Established\***

Organizations and Services	# of projects	Percentage
Health, including medical and mental health services, boards and committees	21	58.3
Education: schools and education committees/councils <sup>106</sup>	16	44.4
Local Aboriginal government/council/hamlet band or community	15	41.7
Social service agencies/social workers	14	38.9
Child and family services	13	36.1
Alcohol and drug/addictions services	12	33.3
Police/RCMP	10	27.8
Youth groups/councils/services	10	27.8
Provincial/federal department or program	7	19.4
Shelter, sexual assault/women's centres	6	16.7
Elders' group	4	11.1

\*This table appears as Table 17 in Volume II, *Measuring Progress: Program Evaluation*.

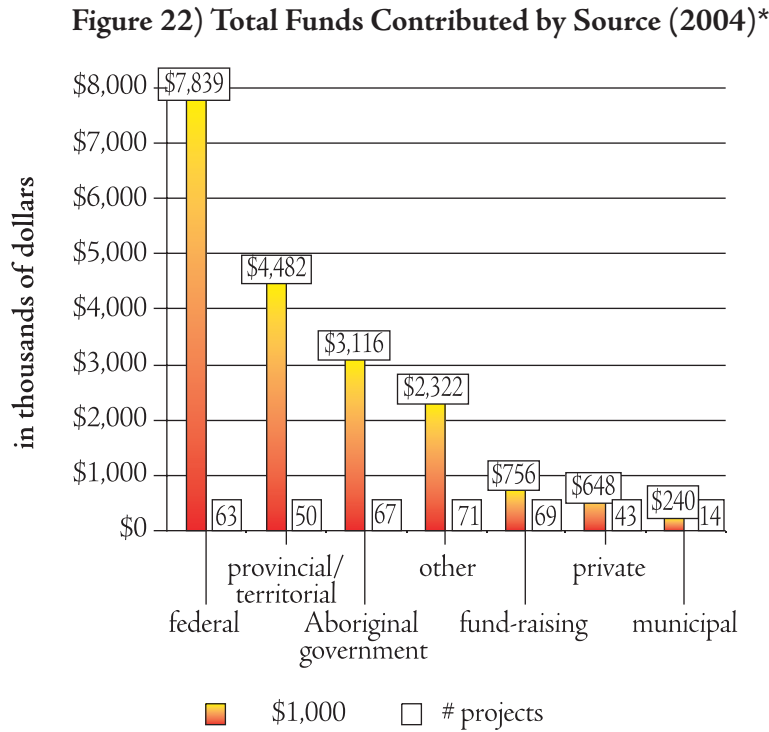
Case studies provide insights into these collaborative relationships. In some cases, interagency cooperation provided the conditions for initiating an AHF-funded project. The Tawow Healing Home in Red Deer, Alberta, is an example. In the 15 years prior to the AHF-funded project, concerns about exclusion of Aboriginal people from housing and employment had led to the formation of an interdisciplinary team that facilitated new initiatives in funding for the homeless, community-supported housing, opening of the Red Deer Aboriginal Employment Centre and a new Aboriginal council that oversees programs affecting the community. Cultural awareness education for agencies dealing with Aboriginal people is required. The Tawow Healing Home entered this animated environment and filled a gap by providing the only culturally-based therapeutic program for Aboriginal children, adolescents and their families at risk of intervention by social services, including child protection agencies.

Other case studies elaborate on active support and contributions that projects attracted. The Qul-Aun Program of Tsow-Tun Le Lum Society, a residential healing centre on Vancouver Island, British Columbia, has established credibility as a service provider for inmates ready for parole. The centre receives a per diem for each bed inmates occupy. *I da wa da wi*, located in the Six Nations community in Ontario, offers training workshops for women who work with Survivors across the province. Training workshops were held at various locations, sponsored by three different agencies that provided local promotion and outreach, as well as meals and refreshment breaks. Traditional healers and Elders from different regions came to the training workshops and the project-sponsored annual gathering to share teachings on healing. Some projects, such as *When Justice Heals* convening healing and sentencing circles for offenders in Ottawa, operated without funds using volunteer effort both before and after receiving funding from the AHF.

For purposes of analysis, sustainability is considered a function of funding secured for continuation of projects as of the date of reporting. Partnerships are represented by all contributions over the life of projects, monetary and in-kind, both short-term and long-term. Working relationships are an indicator of positive regard in complementary service agencies. In the presentation of financial information, totals are used to represent what is being contributed to projects across the range of AHF-funded projects.

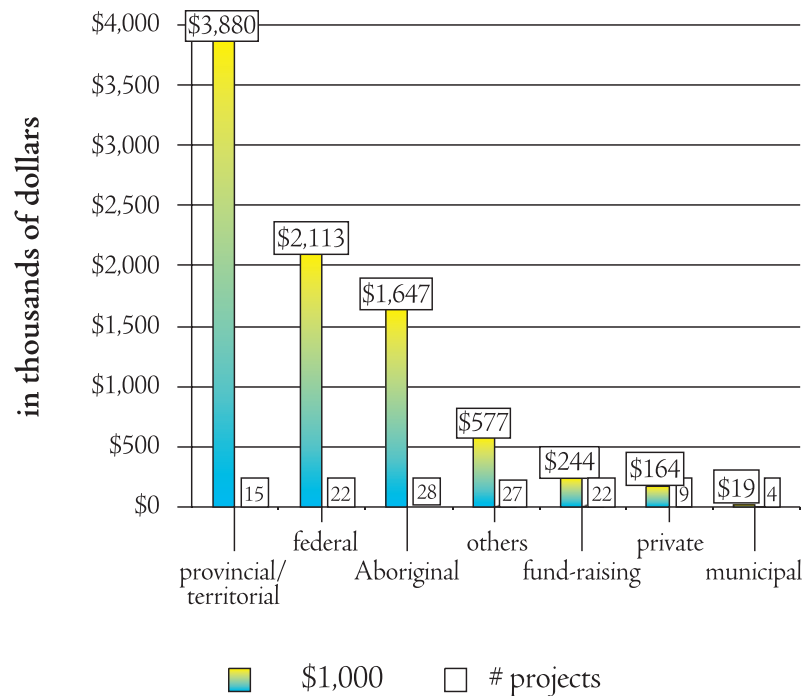
National survey results show that 85 per cent of projects are addressing the Legacy in collaboration with other agencies or organizations. In fact, applications required letters of support from related services or organizations prompting the formation of networks from the beginning of a project. In the merged results of three surveys, 44 per cent (n=467) reported receiving funding from other sources during the operation of their project. This was lower than the two-thirds of respondents in 2000 (n=234) who reported funding from other sources. A total of \$19,401,480 was received from partners during the operation of 205 projects that reported that they received such funds.

The largest total in contributions came from the federal government (\$7,838,611), followed by provincial and territorial governments (\$4,481,659), and Aboriginal governments (\$3,115,653). Those in the category of "Others" who contributed \$2,321,512, included non-Aboriginal health and social service agencies, the United, Anglican and Catholic churches, tribal councils and Aboriginal service agencies, the Métis Nation, local training and employment boards, industry, individual pledges, the United Way and Aboriginal women's associations. Community fund-raising generated \$756,018, private granting foundations contributed \$648,370 and municipal governments \$239,657. A summary of total contributions by source is presented in Figure 22. The number of projects reporting receipt of funds from each source is displayed across the bottom of the chart.



\*This figure appears as Figure 32 in Volume II, *Measuring Progress: Program Evaluation*.

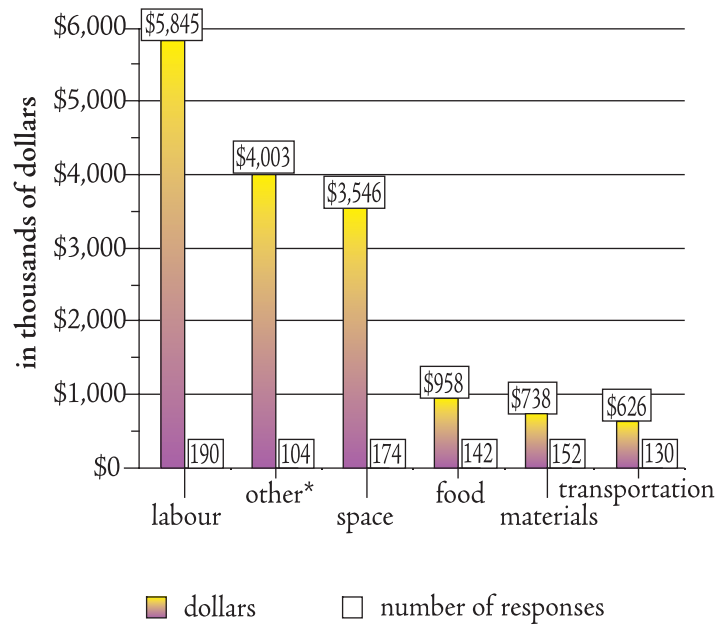
In the 2004 national survey, 81 organizations reported receiving commitments of \$8,643,573 in ongoing funding from federal departments, provincial, municipal, hamlet and/or Aboriginal governments, as well as private granting foundations and community fund-raising efforts. Almost one-quarter (24%, n=199) of the respondents believe they will be able to continue addressing the Legacy beyond the life of the AHF. About as many (23%) were sure they would be unable to continue their healing work, and the majority (53%) were unsure. Provincial partners have committed the largest amount to ongoing healing (\$3,879,889), followed by the federal government (\$2,113,197) and Aboriginal governments (\$1,647,245). The generic “other” category has made a continuing commitment of \$567,953. Ongoing funding commitments by source are shown in Figure 23.

**Figure 23) Total Ongoing Funds by Source (2004)\***

\*This figure appears as Figure 33 in Volume II, *Measuring Progress: Program Evaluation*.

During the life of projects reporting in three national surveys, 60 per cent of respondents (n=467) reported receiving donations of goods and services with an estimated value of \$15,715,169. Donations of labour were the largest amount (\$5,844,635), followed by miscellaneous donations including such items as training, assessments, advertising, clothing, utilities and traditional medicine. Donations of space (\$3,546,431), food (\$957,653), project materials (\$737,621) and transportation (\$626,188) were also significant. The pattern of in-kind donations is shown in Figure 24.

**Figure 24) Total Value of Donations by Type (2004)\***

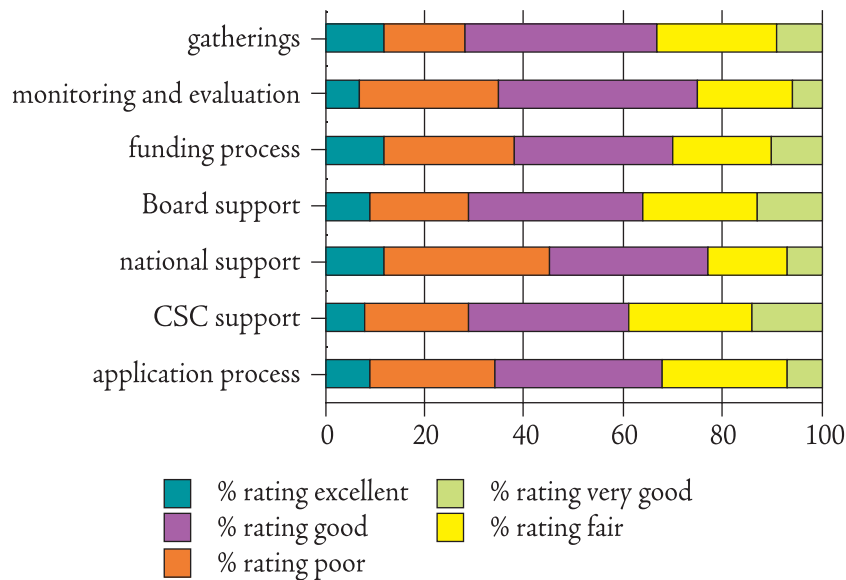


\*This figure appears as Figure 34 in Volume II, *Measuring Progress: Program Evaluation*.

Teams were also asked to comment on their partnership with AHF. As shown in Figure 25, 60 per cent or more of respondents rated various AHF activities as good to excellent, with support from the national team and the monitoring and evaluation process receiving the most positive rating.



**Figure 25) Rating of AHF Activities\***



Note: CSC – community support coordinator

\*This figure appears as Figure 35 in Volume II, *Measuring Progress: Program Evaluation*.

#### 4.11 Conclusion

Healing the legacy of physical abuse and sexual abuse in residential schools, including intergenerational impacts, was the mission for which the government of Canada granted \$350 million to the newly-created Aboriginal Healing Foundation in 1998. The vision that the AHF formed at the beginning of its mandate looked to a future where those affected by the Legacy had addressed its effects and enhanced their capacity as individuals, families, communities and nations, to sustain their well-being and that of future generations. In between that recognition of ill-effects of the Legacy and the achievement of sustainable well-being are the impacts of program activities over a 5-year span, during which evaluation research was conducted.

Evaluation activities between 2000 and 2004 engaged AHF-funded projects in identifying impacts and measuring change. Volume II of the AHF Final Report entitled *Measuring Progress: Program Evaluation* presents the evaluation methods employed, analyzes the data and proposes conclusions supported by the evidence. This chapter extracts major components of evidence and findings from Volume II.

The evaluation exercise attempts to determine what effects can be attributed to AHF interventions, but such an undertaking, by its nature, tends to undervalue the reality that healing is not a product of agency activity. It is fuelled by the vision and energies of Aboriginal people in hundreds of communities who have carried the burden created by physical, sexual, emotional and spiritual abuse over generations. The abuse occurred, not only in residential schools, but also in countless other assaults on the identity and dignity as First Nations, Inuit and Métis human beings. The healing movement did not start with the AHF and

it will not end whether the AHF winds up operations or receives a new mandate. The question to be resolved, and which evaluation results are intended to help answer, is whether the healing will spread by silent diffusion, blocked or diverted by lack of resources and continuing denial, or whether the gains achieved and the momentum generated over the past six years will become a launching ground for new breakthroughs.

#### 4.11.1 Evidence of Change

##### Awareness and understanding of the Legacy

Data from survey respondents, case studies, focus groups, IPQ respondents, one-on-one interviews with AHF Board and staff and AHF databases indicate that AHF-funded projects have made a substantial contribution to education about the legacy of abuse in residential schools. By providing a social context for what people have tended to view as the problems of individuals, Legacy education created a climate in which Survivors and those intergenerationally impacted could engage in healing without first facing a crisis. It has provided a constructive framework for addressing Survivors' needs within projects and in the surrounding community. Survivors have participated in healing and training programs and those who had achieved or were achieving relief from their own trauma have taken their place as leaders, advisors and advocates in project teams and governing boards. While project activity has succeeded widely in raising awareness and understanding of the Legacy, informants in national surveys, case studies and focus groups were clear that the work needs to continue to dismantle ignorance, denial and silence that persist where sectors of the population or whole communities have not yet been reached.

##### Capacity of Aboriginal people to heal others

Participants in projects and project personnel agree that significant numbers of Aboriginal people have acquired skills to support healing and manage crisis within their families and communities. Informants identified a continuing need to upgrade skills to allow community counsellors to work more effectively with Survivors, especially those who present special needs, defined as severe trauma, inability to engage in a group, a life-threatening addiction or history of attempted suicide. Pressing training needs relate to crisis intervention, trauma awareness, family functioning and counselling skills, especially with victims and offenders. Volunteer involvement in 263 organizations reporting on this item contributed an estimated \$2,839,200 annually to community healing,<sup>107</sup> representing a previously untapped community resource to support healing. Formal and informal training made available to volunteers has added immeasurably to community healing capacity. Project experience and reflection on that experience is producing profiles of the effective healer/helper that can be tested and refined to contribute to future training content and delivery.

## Connections between Survivors and healers

Projects responding to three national surveys identified 111,170 participants in 394 organizations sponsoring healing activities. If this number were extrapolated to the 725 organizations operating AHF-funded projects, it would mean that 204,564 participants could have attended an AHF-funded healing activity. This number includes participants in community-wide events, such as feasts and pow wows, as well as individual and group therapeutic activities. The range in intensity of involvement varied from 2 to 1,225 hours, with an average of 149 hours spent in program activities (median=80 hours). In the 2004 national survey, 63 per cent of respondents (n=209) reported that their communities had never before formally addressed the legacy of physical and sexual abuse in residential schools. The relevance of funded activities is further evidenced by the increased numbers of persons with special needs coming forward for service. In the first survey, 7,589 participants were identified as having special needs. In all three surveys, a total of 27,855 participants were identified as having special needs (n=267). There was evidence that Survivors on the healing journey were accessing an expanded network of healing supports, such as conferences and gatherings of Survivors not funded by the AHF. Funded activity contributed to enhanced trust and pride in traditional healing methods. Still, participant needs were greater than could be accommodated by the skill levels of teams in areas such as fetal alcohol syndrome/fetal alcohol effects and serious chronic addictions. The most consistently cited project needs were to increase size and training of project teams. One hundred and eighty-three organizations surveyed identified an immediate unmet need of 138,130 persons who could be served if capacity were extended.

## Strategic planning with a focus on healing

Where a proactive and coordinated approach to Legacy issues is in place, projects function to reduce gaps in services. In other cases, projects serve to raise awareness of unrecognized healing needs and effective strategies to meet them. AHF-funded projects are consistently engaged in service networks, contributing to coordinated community effort and planning. Despite the responsiveness of community leaders and parallel organizations to seek resources to maintain momentum, only 81 out of 725 AHF-funded organizations have secured continued funding commitments from partners. Nevertheless, the amount of ongoing commitments is substantial, totalling \$8,643,573. Apart from competing demands on funding sources, difficulty in establishing partnerships was sometimes caused by differences in philosophy and approach. Case studies and focus groups suggested that partnering agencies that expect adherence to mandates and regulations may restrain creative, culturally appropriate methods. Where projects such as the Tawow Healing Home that have enjoyed autonomy in serving at-risk youth and families, to come under the authority of mandated services to secure funding can imply compromising principles.

## Participation in the healing journey

Evaluation data have identified patterns that will be significant in managing program expansion and improvement. Within projects there appear to be large differences in the response to healing initiatives. While some move quickly toward desired outcomes, others do not. The differences between these groups are unclear. Interventions to date appear to fit the needs of women and the intergenerationally impacted who represent the majority of participants, but other approaches may be required for older Survivors, children and men.

There are also differences within communities and between communities in their readiness and capacity to confront the Legacy. Strategies to dismantle resistance and denial have been articulated, but projects are sometimes overwhelmed by the growing demand for service. They called for tools to assess needs and target services to participants for whom available skills and services are appropriate. While consultations and referrals are utilized with non-Aboriginal professionals and services, there is still considerable scepticism about the capacity of those resources to appreciate Survivors' needs and to respond appropriately. The preferred strategy to facilitate the next stage of the healing journey in communities that have become active is expanding the community healing team and accessing training for meeting complex and severe needs. Communities just beginning to address the Legacy need access to tested means of outreach and Legacy education.

## Documentation, history and honour for Survivors

Sharing or documenting history and public honouring of Survivors were effective methods of dismantling resistance and denial and engaging in remembrance and mourning as a first stage in healing. Collaboration in documentation and curriculum projects has resulted in production of materials that, if disseminated through schools, historic sites and public media, can have a broad and lasting effect on public awareness and the climate within which healing proceeds. Of particular note is the effectiveness of Survivors helping Survivors and the motivation of those who have made progress on their healing journey to extend that help.

## Healing environments

Project teams reported that the influence of community dynamics on project performance is very strong. A beginning has been made at articulating the elements in community life that help and hinder healing, a first step in devising strategies to maximize effectiveness. There are momentous changes occurring in Aboriginal communities both large and small. Many Aboriginal students are pursuing post-secondary education; Aboriginal entrepreneurs are multiplying; Aboriginal artists and

performers are being seen and the voice of Aboriginal people is being heard on television, radio and in community newspapers.<sup>108</sup> Despite the resurgence of Aboriginal capacity, the gap between Aboriginal and non-Aboriginal life's opportunities remains disturbingly wide. Healing initiatives are essential to ensure the benefits of change and renewal reach those who are still burdened by the legacy of the past—those who are most in need.

Continuing the exploration of what has been learned from AHF-funded projects, the next chapter in this volume extracts findings from Volume III, *Promising Healing Practices in Aboriginal Communities*.









## Promising Healing Practices in Aboriginal Communities

### 5.1 Introduction

Volume III of this report, *Promising Healing Practices in Aboriginal Communities*, presents the results of a research project to gather and analyze in-depth reports of promising or best healing practices in AHF-funded activities. This chapter is a short version of concepts, findings and illustrations from the research reported more fully in Volume III.

*Promising Healing Practices in Aboriginal Communities* places Aboriginal healing in the context of emerging understanding of historic trauma, in which the traumatic experiences of one generation are encoded in numerous ways and passed on to succeeding generations. The concept links centuries of oppression, experienced as a result of colonization, with the disastrous social conditions that plague a significant number of Aboriginal families and communities. The residential school system is one of many trauma-inducing historical events. Healing from historic trauma involves truth-telling—a remembering and retelling of personal, family and social history from an Aboriginal perspective—and connecting and reconnecting with one's culture and traditions. Cultural activities are a type of healing intervention that contribute to and result in healing. They create a safe context for acknowledging personal histories. For those who are ready to begin their healing journey, attending cultural activities constitutes a first step on that path.

The majority of healing programs make innovative use of traditional and contemporary therapies by drawing on the best that the Western world has to offer and combining these with traditional healing and cultural interventions. This has resulted in a wide range of leading-edge healing programs that are rooted in the specific cultures and traditions of diverse communities. In fact, it could be argued that the Aboriginal healing movement is at the forefront of worldwide trends in viewing health and healing from a more holistic perspective.

### 5.2 The Research Process

In October 2002, a letter was sent to 439 completed and current projects funded by the Aboriginal Healing Foundation. They were asked to share their promising healing practices. Four questions were posed, covering the following:

1. a detailed description of the promising healing practice;
2. how they know their approach is working (evidence of success);
3. what contributed to the success of the practice; and
4. a description of any approaches or methods specific to their region or culture.

A total of 103 responses was received—a response rate of 23.5 per cent. Overall, the pattern of responses is similar to that of all AHF-funded projects: the highest numbers are found in Ontario and British Columbia, followed by Saskatchewan, Manitoba, Alberta and Quebec and the lowest numbers are in the Atlantic regions and northern territories. More than one-third of the projects are located in

urban areas and just under one-third are in rural communities. The remainder were located either in semi-isolated and remote communities or had regional or provincial catchment areas. The majority of the project participants were First Nation; seven projects were Métis-specific; six were Inuit-specific; and many had both First Nation and Métis participants or targeted all Aboriginal groups. The latter was usually the case in large urban centres.

No assessment criteria were established and every promising healing practice submitted by an AHF-funded project was accepted. The findings reflect the views of these project teams with respect to what is working well for them. A wider range of perspectives was incorporated through a series of focus groups held in conjunction with national and regional project gatherings in 2003 and 2004. Gatherings were held in Ottawa, Montreal, Winnipeg, Iqaluit and Edmonton. The National Gathering in Edmonton in July 2004 was especially important because it provided an opportunity to verify initial findings and probe for further details. In total, 390 projects registered for the gathering. Over 2,000 people attended, 690 of whom registered as Survivors.

### 5.3 Best Practices, Promising Practices and Healing

The research for *Promising Healing Practices* began by using the term “best practices,” but concerns regarding its rigidity led to the adoption of “promising practices” as a concept that shares many of the features of best practices, but conveys the flexibility required in applying emergent theoretical models.

““Best practice” is a term originally used by business and industry to refer to a concept, process, technique or methodology that ... has proven to lead reliably to a desired result.”<sup>109</sup> In order for an approach to be considered a best practice, it must be replicable, transferable and adaptable. A best practice tends to spread throughout a field or industry after success has been demonstrated. The sharing of best practices can provide information about new possibilities, lead to improved practices and outcomes, and promote networking.

The National Aboriginal Health Organization (NAHO) points out that best practices are a more effective motivator than a focus on bad practices. “In fact, focussing on bad practices to learn from mistakes and failures has tended *not* to provide lessons on how to avoid them.”<sup>110</sup> NAHO uses the following definition of a best practice:

A *Best Practice* refers to outstanding performance within an activity or process, and includes activities and programs that are in keeping with the best possible evidence about what works. It is considered to be more creative and effective than similar practices. Best Practices are thoroughly documented, well-measured, and effectively managed based on fact gathering and analysis. They yield better outcomes, higher quality at lower costs and more positive impact than comparable procedures.<sup>111</sup>

No healing project, method or intervention functions in isolation from the environment in which it operates. In the field of international development, for example, the concept of best practices has been

refined to take into account the varied cultural, economic, social and political factors that influence success. This learning suggests that best practices are, in reality, models or approaches that work well *within a particular context*. Learning can take place across widely diverse political, social and economic environments, but the practice itself cannot be replicated without taking the setting into account.

Some Aboriginal practitioners have a concern that best practices can be perceived as standards of practice that inhibit the development of alternative practices grounded in Aboriginal cultures.<sup>112</sup> “Promising practices” was chosen to describe the results of research on AHF-funded projects because it suggests movement along the healing path. It acknowledges progress and the likelihood of success without implying that one particular practice or approach will succeed. Yet, like best practices, it encourages learning, information sharing, innovation and adaptations in other settings.

The search for promising practices focussed on healing, searching out approaches, methods and practices that relate specifically to healing from the debilitating legacy of physical and sexual abuse in residential schools. Promising healing practices are defined as models, approaches, techniques and initiatives that are based on Aboriginal experiences, that feel right to Survivors and their families, and that result in positive changes in people’s lives. “Survivor” is the term used by the AHF to refer to an Aboriginal person who attended and survived the residential school system. Many participants in funded projects are identified as “intergenerationally impacted,” the children, grandchildren and other relations whose lives have been affected by the feelings, attitudes and behaviours adopted by Survivors in response to residential school abuse.

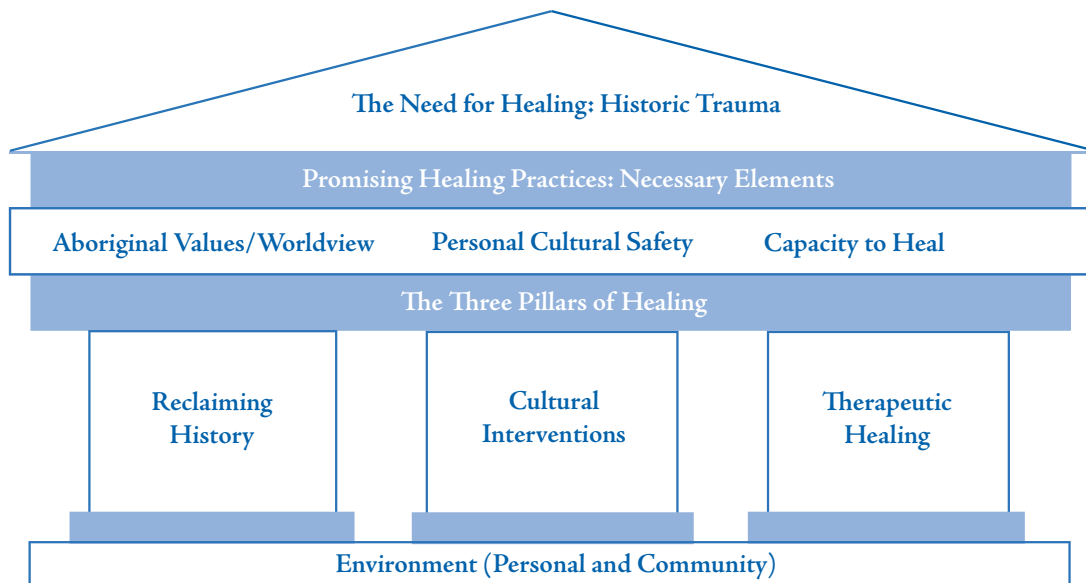
#### 5.4 A Framework for Understanding Trauma and Healing

While *diversity* is the word that best describes the healing methods and approaches found to be working well in Aboriginal communities, promising healing practices share a number of key characteristics. These include:

- values and guiding principles that reflect an Aboriginal worldview;
- a healing environment that is personally and culturally safe;
- a capacity to heal represented by skilled healers and healing teams;
- an historical component, including education about residential schools and their impacts;
- cultural interventions and activities; and
- a diverse range and combination of traditional and contemporary therapeutic interventions.

The first three characteristics can be viewed as elements necessary to the development of effective healing programs. The last three represent components of a holistic healing strategy. Figure 26 provides a framework that grew out of the research into promising healing practices in healing from trauma related to residential school abuse. This framework sets the stage for presenting research findings.

**Figure 26) A Framework for Understanding Trauma and Healing Related to Residential School Abuse\***



\*This figure was adapted from Figure 1 in Volume III, *Promising Healing Practices in Aboriginal Communities*.

Historic trauma theory is positioned across the top of the framework, providing a context for understanding that the residential school system represents only one of the many historical assaults on Aboriginal people. Historic trauma theory supports the notion that individuals do not have to experience such events directly in their own lives to suffer—traumatic events in the lives of one generation reverberate in to the next. Trauma is associated with a long procession of collective losses, including: the loss or undermining of language, culture, religion, traditions and belief systems; the loss of family and community members through war and disease; the loss of political autonomy, land and resources; the loss of children to residential schools; and the impact of widespread physical and sexual abuse of children in residential schools. At the sociopolitical level, the accumulated effects of oppression and dispossession are viewed as root causes of the dismal social, economic and health status of Aboriginal populations. At a personal level, they underlie the need for healing. However, we also recognize that individual and community experiences vary greatly and, therefore, the nature and extent of their losses will vary accordingly.

Situated below “Historic Trauma” are the program elements that support the healing process: Aboriginal values/worldview; personal and cultural safety; and capacity to heal. It is proposed that these three elements are necessary to the development of effective Aboriginal healing programs.

- ♦ **Aboriginal Values/Worldview:** Successful healing programs reflect the values, underlying philosophy and worldview of the people who design them. For healing programs designed by and

for Aboriginal people, these include values of wholeness, balance, harmony, relationship, connection to the land and environment, and a view of healing as a process and a lifelong journey.

- ♦ **Personal and Cultural Safety:** Establishing safety is a prerequisite to healing from trauma. Promising healing practices ensure the physical and emotional security of participants. Moreover, for Aboriginal people whose cultures and beliefs have been under attack, creating safety extends beyond establishing physical and emotional security to building a culturally welcoming, healing environment. Cultural safety includes providing services consistent with and responsive to Aboriginal values, beliefs and practices, as well as creating a physical setting that reflects and reinforces the culture and values of participants.
- ♦ **Capacity to Heal:** Promising healing practices are guided by skilled healers, therapists, Elders and volunteers. A strong link was observed between the promising healing practices identified by organizations and the high regard they placed on the skills, dedication and capabilities of their healing teams. This is consistent with the best practice literature that consistently identifies committed, skilled staff and volunteers as a characteristic of successful programs.

The next level of the framework addresses intervention strategies. Healing is posited as a three-pronged process, referred to in the framework as the *three pillars of healing*: reclaiming history, cultural interventions and therapeutic healing. Participants can move back and forth among these interventions, concentrate their efforts in one area or participate in two or all three at the same time.

- ♦ **Reclaiming History:** This includes learning about the residential school system, its policy goals and objectives and its impacts on individuals, families and communities. This also includes delving into family and community histories, as well as Canadian history from an Aboriginal perspective. The process allows personal trauma to be understood within a social context and serves to reduce self-blame, denial, guilt and isolation. Understanding history can be a catalyst for healing as well as paving the way for mourning what was lost, a recognized stage in the trauma recovery process.
- ♦ **Cultural Interventions:** Activities that engage people in a process of recovering and reconnecting with their culture, language, history, spirituality, traditions and ceremonies reinforce self-esteem and a positive cultural identity. These are empowering experiences that provide a secure base from which to launch personal healing. They also contribute to individual and community healing: the evidence suggests that culture is good medicine. Culture also promotes a sense of belonging that can support individuals in their healing journey.
- ♦ **Therapeutic Healing:** The third pillar encompasses the wide variety of therapies and healing interventions used by communities to facilitate recovery from trauma. A broad range of traditional therapies is used, often in combination with Western or alternative therapies. The approaches chosen are holistic and culturally relevant and they recognize that healing from severe trauma, especially sexual abuse, can be a long-term undertaking.



Situated below the three pillars of healing—and in many ways determining a particular individual's need for healing—are factors related to personal, family and community history. This includes an individual's particular experiences, strengths, motivations, resources and relationships within the family, as well as social, political and economic living conditions. Other factors also have an influence, such as the community culture, language, history and resources, and the community's capacity to support healing. These individual and community characteristics represent a series of variables that impact upon both the need for healing and the success or failure of the healing process.

## 5.5 Historic Trauma and Healing

Historic trauma theory weaves together several strands. One of the strands is research on trauma and recovery that is now recognized in the therapeutic community in the diagnosis and treatment of post traumatic stress disorder (PTSD). The physical and psychological effects of trauma persist in some people long after the traumatic event, finding expression in memories that intrude on the present through flashbacks, numbed feelings and difficulty maintaining interpersonal relationships. There is evidence that trauma triggers neurological as well as psychological changes that make some people more vulnerable to new trauma. The second strand is research on intergenerational trauma transmission focussing particularly, but not exclusively, on survivors of the Holocaust suffered by Jewish people in World War II. The third strand is recent research and theorizing led by Native American therapists in the United States on the collective nature of trauma experienced by Aboriginal people and the necessity of placing current distress in the context of repeated, pervasive trauma suffered as a result of colonizing forces over successive generations.<sup>113</sup>

In a report commissioned by the AHF, Cynthia Wesley-Esquimaux and Magdalena Smolewski<sup>114</sup> review literature relevant to historic trauma and propose a theory of historic trauma transmission. They suggest that:

[T]raumatic memories are passed to next generations through different channels, including biological (in hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels.<sup>115</sup>

Wesley-Esquimaux and Smolewski agree that the treatment for PTSD makes sense in the initial phase of healing the effects of historic trauma. "The aim of these therapies is to help traumatized people move from being dominated and haunted by the past to being present in the here and now, capable of responding to current exigencies with their fullest potential."<sup>116</sup> They are referring to therapies documented in the groundbreaking research of Judith Herman on the experience of victims of sexual and domestic violence, combat veterans and victims of political terror. Herman describes trauma recovery as unfolding in three stages: "establishing safety, reconstructing the trauma story [referred to as remembrance and mourning] and restoring the connection between survivors and their community."<sup>117</sup>

Herman's process of healing from PTSD shares some interesting similarities with a process of decolonization described by Aboriginal Hawaiian Poka Laenui.<sup>118</sup> Laenui views decolonization as a social process characterized by five distinct, but interconnected, phases: rediscovery and recovery of traditional culture, music, art and literature; mourning what was lost during the colonization process; dreaming a better future; making a commitment to working towards change; and taking action in the spirit of self-determination.<sup>119</sup>

Table 14 juxtaposes the sociopolitical process of decolonization with healing from PTSD. The first column describes the five phases of decolonization outlined by Laenui. The second column presents Judith Herman's stages of recovery from post traumatic stress disorder. Presented in this way, the similarities between these processes are revealed. The last column—healing from historic trauma—brings history and culture together with personal healing in a journey that is both individual and collective in nature. This is based on a combination of the first two columns. Lessons learned in research and evaluation studies undertaken for the Aboriginal Healing Foundation contributed to the development of this model.<sup>120</sup>

Healing from historic trauma begins with creating a personally and culturally safe environment where the impacts of history, including the legacy of abuse in residential schools, can be safely explored. A process of remembering follows, remembering and recounting the abuse story, as well as reconnecting with lost traditions and languages, and cultural and spiritual practices. The third stage is mourning, speaking about and grieving personal and collective losses experienced by the present generation, but also those of previous generations. An ongoing engagement with cultural and spiritual practices takes place throughout the healing process. Affirming and rebuilding important relationships within the family and community, developing new relationships and reaching a stage of being able to freely contribute to the family and community are activities related to the latter stages of healing. Being able to "give something back" is an essential part of both the Hawaiian and the proposed Aboriginal healing model.

In this model, the connections between history, the social, economic and political environments and individual experience are evident. Thus, it follows that therapeutic approaches to healing that incorporate Aboriginal history will more effectively address the root causes of complex and persistent trauma. This opens the door to new approaches to healing that are especially relevant to working with Survivors of residential schools. Learning about the history of colonization, mourning the losses and reconnecting with traditional cultures, values and practices are becoming recognized components of successful Aboriginal healing programs. Many of the elements of the framework for healing set out in the previous section are reflected in Table 14.

Table 14) Decolonization and Healing\*

Laenui's Process of Decolonization	Judith Herman's Three Phases of Recovery from PTSD	Healing from Historic Trauma
Sociopolitical process	Personal journey	Personal and collective journey
Rediscovery and recovery: renewed interest in history, culture, music, art and literature, both traditional and modern, and contributes to a recovery of pride	Safety – creating a safe environment, establishing trust in self and the therapist	Personal and Cultural Safety: creating a safe environment; establishing trust; increased knowledge and understanding of Indigenous and colonial history and its impacts; and renewed interest in traditional culture, healing and spirituality
Mourning: an essential phase of decolonization is lamenting what was lost, a process that may include anger. Mourning can also accelerate the process of rediscovery and recovery and the first two phases can feed each other	Remembrance and mourning: reconstructing and recounting the abuse story (events and feelings); integrating traumatic memories; mourning traumatic losses	Remembrance and mourning: speaking about and grieving personal losses and experiences of abuse, as well as those within the family (intergenerational impacts) and community/people; and continued learning and building connections with culture, traditions, spirituality
Dreaming: fully exploring one's culture and traditions while building visions of the future		Dreaming: fully exploring one's culture and traditions while building a personal vision of the future
Commitment: making a personal commitment to working toward change	Reconnection: reconciling with oneself and relearning personal strengths; and reconnecting with others	Connecting: affirming and rebuilding relationships within the family and community; and developing new relationships
Action: The decolonization process culminates in proactive action in the spirit of self-determination		Giving back in the spirit of self-determination: contributing to family and community

\*This table appears as Table 4 in Volume III, *Promising Healing Practices in Aboriginal Communities*.

## 5.6 Aboriginal Worldview

Worldviews are imbedded in deeply held values and, as the word suggests, in the way the world is experienced and explained. Worldviews incorporate our perceptions about the nature of life and how humans interact with each other and with the natural world. Aboriginal worldviews include concepts of wholeness and balance and the importance of relationships with family, the community and the natural environment. Each of these elements has implications for the design and delivery of healing programs.

A well-articulated philosophy and set of principles are generally accepted characteristics of successful programs. In the case of Aboriginal healing, these principles reflect the culture, values and worldview of Aboriginal people. When asked about their promising healing practices, one-half of the organizations that responded (50.5%) referenced principles and values consistent with an Aboriginal worldview. The value most often mentioned in this study was a holistic approach, one that meets the physical, emotional, intellectual and spiritual needs of the individual and goes further to include restoring balance and harmony in families and communities.

Aboriginal philosophies have been described as “holistic and cyclical or repetitive, generalist, process-oriented, and firmly grounded in a particular place.”<sup>121</sup> “Healing is [viewed as] a lifelong journey and individuals strive constantly to create and recreate balance and harmony.”<sup>122</sup> In his book, *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*, Michael Anthony Hart identifies wholeness, balance, connection, harmony and growth as foundational concepts of an Aboriginal approach to healing, along with the values of sharing, respect and spirituality.<sup>123</sup> A holistic approach encompasses more than the physical, emotional, intellectual and spiritual aspects of individuals. An individual’s identity, status and place in the world are tied to the family (including aunts, uncles, cousins and grandparents), and to one’s ancestors and the community. This leads to a way of viewing mental health that is very different from Western models that focus on individuation, independence and self-reliance.

Mohawk psychiatrist Clare Brant wrote about the importance of understanding the effects of Aboriginal values and ethics on individual behaviour. This understanding, he said, should be included in the therapeutic assessment and treatment process. Core principles include the ethics of noninterference, noncompetitiveness, emotional restraint and sharing, each of which can exert a positive and negative influence.<sup>124</sup> For example, emotional restraint promotes self-control and discourages the expression of violent feelings, but repressed anger and hostility can lead to a violent emotional or physical explosion.

While Brant’s observations were based primarily on his work with First Nations in Ontario and Quebec, a number of fundamental values and principles are shared among Aboriginal people and across cultures. For example, traditional Inuit values include cooperation, noninterference, independence, sharing, emotional restraint, strong family ties and the ability to meet challenges with innovation, resourcefulness and perseverance.<sup>125</sup> Inuit in a project in Baker Lake, Nunavut, expressed their commitment to a holistic approach to healing that extends beyond the needs of individuals into

the family and community: “The approach of Mianiqsijit is overall holistic—it deals not only with individuals but also individuals as members of family and community, and deals with families and communities as a whole.”<sup>126</sup> Among Métis, traditional values include independence, self-sufficiency and a strong commitment to the family group.<sup>127</sup>

The values and principles referenced by respondents in the promising practices survey are illustrated in the following examples:

- “The general objective of the HOLISTIC APPROACH is to re-establish a spiritual connection with the land using traditional teachings, values and practices. This approach enforces the regaining of cultural identity, personal enlightenment and wellness that prepares residents for better reintegration back into their communities.”<sup>128</sup>
- Singing, drumming and dancing “allows us to continue learning and teaching our Heiltsuk values such as respect, self-esteem, working together (unity) and sharing.”<sup>129</sup>

Various components of good therapeutic practice were also mentioned, such as confidentiality, informed consent and not creating dependency: 21.4 per cent described values and guiding principles reflective of good therapeutic practice. Principles of “good” therapy are generally compatible with Aboriginal values, but they tend to not be Aboriginal-specific. Together, well over one-half (58.3%) of submissions to the research project invoked overriding principles drawn from Aboriginal values, general principles of good therapeutic practice or both.

Throughout this chapter are case examples drawn from the promising practices research to illustrate and develop the concepts introduced in each section. The first case example is a profile of Qu’Appelle Child and Family Services.

### Qu'Appelle Child & Family Services (QCFS) Fort Qu'Appelle, Saskatchewan

Qu'Appelle Child and Family Services works with residential school Survivors of the Muscowpetung, Nekaneet, Pasqua, Piapot, Standing Buffalo and Wood Mountain First Nations. Twenty training packages were developed for workshops on topics such as self-esteem, grief, loss, denial, anxiety, guilt and memory. Elders and traditional resource people worked with project field staff to develop the packages. Our “best practice requires listening [to] and accurately interpreting what survivors are saying. We recognize that as Survivors we have various belief systems that give form to our current world. However, we also recognize that we continue to maintain core belief systems that are part of our cultural worldviews.”

Language and philosophy were significant themes running through the project. Elders spoke in their own language (Dakota, Lakota, Nakota, Ojibway and Cree) about key concepts relevant to therapy. Then staff spoke in English about similar findings in the literature. The project coordinator connected the two versions, putting English words to First Nations concepts—a difficult task given the interconnectedness of all the First Nations concepts discussed.

During the implementation phase, the project reported that three issues became very clear:

1. Survivors wanted to help themselves.
2. Culture was the foundation upon which healing could flourish. Culture was critical to developing positive self-esteem and a stable self-concept.
3. Knowledge of historical issues related to Survivor experience was seen to be extremely important. Validation of survivor experience was necessary.

**Evidence of Success:** More than one hundred evaluation forms attest to the learning generated in workshop/training sessions. For example, one person reported that the information was excellent and the sessions “help me to understand a lot more of where I came from – what I lost along the way and it makes me realize I still have a long way to go in helping people or at least giving others the tools to be able to help themselves.” Another said, “All the modules are very helpful and will be beneficial to other First Nations.” And another, a Survivor who began her healing journey twenty years ago, wrote: “Thank you for what I consider my after-care project.” One person enjoyed the program but wished they had someone to talk to once a month about these issues.

**Strategies Contributing to Success:** Success was based on the support and commitment of the following: AHF, Survivors, Elders, leaders, intergenerationally impacted, and QCFS Board of Directors, staff and advisory personnel. Success was enhanced by the use of traditional methods and prayer as well as by well-attended group sessions and the trust and community understanding that grew out of the project. Elders were involved at every training session, review session, discussion and internal meeting where context and content were discussed. “The Elders discussed. They did not write in English. They used their languages to explain. These methods created an interest in language and First Nations law, economy, social issues and self concepts.”

## 5.7 Personal and Cultural Safety

A promising healing practice is by definition safe. Healing is not possible without the development of a trusting relationship, nor if processes or people jeopardize the safety of participants. Judith Herman's work with trauma survivors has set the standard for practice in the field of treating post traumatic stress disorder. With respect to safety, Herman states:



Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor. The first task of recovery is to establish the survivor's safety. This task takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured.<sup>130</sup>

Over 60 per cent of organizations in the promising practices study referenced factors associated with establishing participants' safety: building trust, ensuring confidentiality, creating a safe atmosphere or holding activities in a physical environment that reinforces Aboriginal identity. Both personal and cultural safety are addressed in project submissions.

With respect to mechanisms for ensuring personal safety of participants, *Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity* concludes: "Therapy was best initiated with some clarity and education regarding client rights. When codes of ethics, guiding principles and team rules were developed, publicized and shared one-on-one with prospective clients, it helped to establish safety."<sup>131</sup> Other safety issues include processes for screening participants, setting boundaries around violent and abusive behaviour and adhering to strict confidentiality procedures—an especially important issue in small, close-knit communities.

Cultural safety is enhanced in a physical environment that reflects participants' culture in its design and decor. This includes outdoor areas, such as gardens containing medicinal plants, healing ponds and sweat lodges. Interviews conducted as part of a longitudinal study at Health Access Centres in Ontario support the notion that an environment that reflects Aboriginal identity fosters responsibility for self and a feeling of belonging. This includes creating "a comfortable environment where Aboriginal people are prominent as service providers."<sup>132</sup>

Safety issues apply also in therapeutic practices, facilitating closure after intense working sessions and aftercare.

Our experience in working with survivors of abuse is that their psychological system needs to be prepared, stabilized and grounded before attempting to address issues. Also, some are too eager to share their story prematurely and they must be taught this. Others who are not ready need to be reassured that this is a good stage and other inner work can be done within the context of the group process.<sup>133</sup>

At the conclusion of sessions in numerous projects, staff check how people are feeling before they leave to go home and provide telephone access to counsellors after hours. Debriefing at the end of a session allows participants to express their feelings and gives group leaders an opportunity to acknowledge fears and reinforce positive, non-blaming messages. One residential program ended with a traditional sweat ceremony to provide closure to the healing activity. Residential healing programs often ensure participants have support in place when they return to their home community.

The Western Region Métis Women's Association found that celebration teas for Survivors and their descendants helped create an informal support system:

These are very successful due to Elder participation and the opportunity for women to gather in a quiet, safe and relaxing atmosphere. The women sit around the table, working on crafts, while they talk and share their experiences of the types of problems or issues they are faced with. The Elder shares stories about what the role(s) of the women were in years past. The end result of these circles is that the women have learned from each other and they have this support system if they require it.<sup>134</sup>

### **Centre for Indigenous Sovereignty, *I da wa da di* Six Nations, Ontario**

Through a series of retreats and workshops, *I da wa da di* (We Should All Speak) applies traditional healing principles to addressing the needs of Aboriginal women. The program also provides training for community caregivers who work with Survivors. Programs are designed specifically for women and are open to Aboriginal women across Ontario.

Healing and training programs are cultural and traditional in nature and are provided within an atmosphere that is holistically safe, caring and nonjudgemental. "One of our best practices is the safe environment we have been able to create for our healing activities." Participants attribute their feeling of safety to factors such as the level of professionalism of project staff; respectful, nonjudgemental attitudes; being with Elders; sharing of others; cultural aspects of the program; knowing confidentiality will be respected; the support of other women; and the presence of love, nurturing and laughter.

The program seeks to instill an awareness of the dysfunction created by residential school abuses. A variety of traditional approaches to healing are used, such as fasting retreats, circles, traditional medicines, songs, drums and traditional teachers. Other modalities such as art therapy are used when appropriate. Workshops help to equip participants with the tools needed to further their healing. Much of the work is focused on rebuilding trust through sharing within the circle of women. During retreats and workshops, women learn about cultural traditions concerning women's roles and healing through song, writing and ceremony.

**Evidence of Success:** All programs include an evaluation component based on participant feedback. For example, of the women who responded to the evaluation at a national gathering, 63 of 68 said they felt safe and 64 of 68 said group sharing was supportive for them. Comments were made about the lack of pressure to share, permission given to express feelings, learning they were not alone, learning from the experiences of others, respect and benefits of having different age groups participate.

**Strategies Contributing to Success:** The location, structure and setting of the healing centre is conducive to healing. Participants feel that all their needs are met, holistically, while they are at the centre: physically, through nutritious homemade meals and refreshments; spiritually through the natural environment and ceremonies; mentally through the teaching and healing tools they are given; and emotionally through the caring and nurturing they receive.

The cultural and traditional nature of the program has been essential to its success. The women are receiving traditional teachings from teachers and facilitators who are credible, knowledgeable, kind and nonjudgemental. Many women are experiencing ceremonies and the use of medicine, such as sage, tobacco and sweetgrass for the first time. Past project participants who are residential school Survivors or intergenerationally impacted are frequently used as resource persons to help facilitate program activities.

## 5.8 Capacity to Heal: Healers and Healing Teams

“Capacity to heal” refers to the qualities of individual healers and healing teams, as well as the community’s access to skilled healers. The personal qualities, dedication and skills of healing teams were recognized as contributing to the success of projects in 68 per cent of submissions. Projects highlighted their healing teams, especially staff, but also volunteers, Elders and board members.

The best practice literature consistently cites the contributions of skilled and dedicated employees, volunteers and managers as essential to program success. Experts include professionally trained staff and trained nonprofessionals: “The expertise that comes from the experience of being a consumer or family member is a critical ingredient in the staffing of several of these programs.”<sup>135</sup>

*Journey and Balance* cites team characteristics as a best practice among a number of the case studies conducted as part of the AHF’s second interim evaluation: “Selecting and developing a strong project team often meant having highly skilled Survivors, fluent in their language who could model successful healing.”<sup>136</sup> Other successful strategies relate to engaging healers and team members that were similar to the target group, matching age, gender, parenting status or sexual orientation. Valued team members were respected in the community and had sufficiently healed themselves to safely lead others.

In its study of successful Indigenous health systems, the Assembly of First Nations highlighted the need for accreditation for Aboriginal healers, but also found that many successful projects had unconventional ways of recruiting staff, including the use of non-accredited “natural” helpers and community members with skills.<sup>137</sup>

Healing teams in the AHF’s promising healing practices study include traditional and Western healers, counsellors, caregivers, volunteers, Survivors, facilitators and others directly involved in healing activities. Training was provided on a wide range of topics: Aboriginal and residential school history, unresolved grief and loss, physical and sexual abuse, facilitator training, restorative justice, cultural teachings, drum making, traditional medicine, anger management, language, parenting skills, suicide intervention, lateral violence, bullying, self-care, psychodrama body work, social work (Master of Aboriginal Social Work), counselling skills and alternative therapies. Participants in training workshops and educational programs include Elders, facilitators, frontline workers, Survivors, healing staff, volunteers, counsellors, social workers, teachers and community members. To overcome language difficulties with outside trainers on topics such as positive lifestyle changes, sexual abuse and physical abuse, a project in Cape Dorset, Nunavut set up a translation booth so that unilingual Inuit caregivers could participate.

Only a few project submissions (6.8%) highlighted the services of a traditional healer and concerns were expressed on identifying authentic healers. Herb Nabigon and Anne-Marie Mawhiney, in an article about using the Cree medicine wheel as a guide in healing, state: “Training to become an elder is a very long process, one that is not undertaken lightly and one that elders do not confer on just anyone.”<sup>138</sup> The All Nations Traditional Healing Centre in Winnipeg has developed criteria upon which to assess traditional healers. Under their plan, an Association of Traditional Elders would make recommendations for accreditation based on assessment of the following:

- length of apprenticeship, knowledge and skill in performing the ceremony;
- sobriety and daily conduct in the community;
- relationship with spouse and behaviour or conduct of their children in the community; and
- commitment and dedication toward traditional ways and practices of the North American Indian, including the degree of blood lines.

The certificate entitles the holder to all the privileges associated with the particular ceremony, including the right to perform the ceremony, the right to possess and use recognized herbal medicines, the right to possess sacred objects and the feathers from protected birds that are used for ceremonial purposes and the right to access sacred sites.<sup>139</sup> The healing centre's code of ethics covers the overall philosophy, definitions of the best interest of the client, standards of practice, ethical duties, and obligations for traditional healers and counsellors. Other groups suggested forming Elders' councils to conduct peer reviews and Elders' networks for peer support.

While healers from the community who shared similar life experiences were valued, teams acknowledged that this presented a special set of challenges. One submission in the research project observed: "You can't take a client further than you have gone yourself."<sup>140</sup> A youth project that employed young people from the community considered this a best practice. They also noted the importance of "knowing your limits," since youth may not have the background, experience or training to deal with issues such as physical and sexual abuse.<sup>141</sup>

Teams with a combination of skills working together in harmony were recognized as best practices. Regular evaluations, soliciting and using participant feedback were the preferred ways of gauging the ongoing effectiveness of healing teams.

The collective strength, compassion and caring of the overall team of the program is the key to success. The overall team is comprised of five facilitator/counsellors who deliver the program daily, a team of Elders who participate on a rotational basis and an active steering committee who provide guidance and facilitate input from the Chemainus First Nation community. Furthermore, the depth of knowledge and skills of the team allows the program to be reflexive to the healing needs of the participants.<sup>142</sup>

[TRANSLATION] The therapists/psychologist on our team are chosen for their qualities of openness, their capacity to accept they do not know everything and their ability to tolerate ambiguity. All members of the team must be animated by a spirit of solidarity. All this establishes a climate of harmony and trust between everyone.<sup>143</sup>

**Asini Kanepawit Counselling Services Inc.  
Cut Knife, Saskatchewan**

The project has several different healing practices that work well. There are four traditional therapists on staff whose approaches to counselling are based on their different personalities and areas of expertise. They use the sweat lodge as they have a pipe carrier on staff and he is the sweat leader. "One of the greatest advantages we have over other mainstream counsellors is that we are all residential school [S]urvivors who have worked hard on our own personal healing. We not only use traditional counselling techniques but also some of the Western philosophies on counselling. We are all Cree speakers so we do our counselling in the language of the client's choice." Elders are enlisted to teach people the use of traditional healing plants and to teach the youth about rites of passage.

The project provides counselling, talking/healing circles and monthly social activities celebrating community strengths. The project produces a quarterly newsletter, is developing a resource library, and provides specific information on life/coping skills addressing the impacts of the residential school experience. A calendar with profiles of Survivors and descendants showcases the heroes of the community.

**Evidence of Success:** The project receives regular referrals from clients, organizations and other therapists. They have worked hard to build an untarnished reputation, which is referred to with pride not only by staff, but also by clients and their families. Children counselled by Asini Kanepawit Counselling Services are no longer getting into trouble and are no longer seen as behavioural problems at their schools.

**Strategies Contributing to Success:** "What helped our program become successful is in the honesty and trustworthiness of our counsellors. We are not here just to sympathize but to help our clients make healthy choices and the choice to make changes is up to our clients. We tell them that we cannot change anything for them they themselves have to make these changes. We can walk with them but we cannot carry them. We can arrange traditional ceremonies for them but the responsibility to attend is up to them."

The ceremonies used are specific to the culture and region. The traditional way of dealing with problems is by taking responsibility and by being honest with one's own self. The counselling provided is holistic and every aspect of the client is addressed: the emotional, mental, physical and spiritual.

## 5.9 Reclaiming History

Having considered the essential conditions for healing from the Legacy, it is now time to turn to the basic components of healing interventions. The first pillar of healing is reclaiming history.

Learning about the Legacy is an integral part of the healing process for a number of reasons:

- ✦ it connects Survivors to one another through an understanding of shared experiences and gives them dignity by acknowledging their suffering, resiliency and strength;
- ✦ it explains that the reactions to residential school experiences are normal and predictable consequences of institutional trauma and not individual character flaws or weaknesses;

- ♦ it motivates people to participate in healing activities without first facing a crisis, especially for those who are resistant, fearful or in denial;
- ♦ it provides participants in healing programs with a key to understanding themselves, their lives and their families. This is particularly helpful for children and young people because it helps them to understand their parents and grandparents;
- ♦ it assists Survivors to name the Legacy's impact, understand their own normal reactions to trauma and gain a sense of control. This learning helps to reduce the unpredictability of emotional reactions to threatening or triggering situations;
- ♦ it opens the door to a public dialogue by lifting the veil of silence that surrounds physical and sexual abuses. Victims understand that they no longer have to be fearful of, or honour authority figures who have a history of abuse;
- ♦ it fills a void in Canadian history and offers information about a subject for which there is little documentation and few printed or curriculum resources;
- ♦ when used as an educational tool within Canadian institutions and society as a whole, Legacy education sets a strong foundation for training and service improvement; and
- ♦ it provides a constructive framework for training and allows practitioners to become intimately familiar with, and capable of, responding to the needs of Survivors and their families.<sup>144</sup>

In spite of the media attention residential school issues have received in recent years, many people remain unaware of the impacts: "We have found that education around the legacy (generational impacts)... is an integral part of the program delivery as our residents have little or no knowledge regarding these issues."<sup>145</sup> More than 40 per cent of the organizations that responded to the promising healing practices survey (42.7%) specifically addressed the residential school legacy in their work, integrating learning into healing initiatives in a variety of ways.

In Edmonton, Alberta, the Bent Arrow Traditional Healing Society combines a cultural program, talking circles, sweats, psychotherapy and presentations to the general public on the effects of the residential school system. A Generational Grief Facilitator Training Program presented by the Four Quarters Institute in Vancouver, British Columbia includes units on the history of residential schools, post-colonial psychology and grief. Also in British Columbia, the Seabird Island Band erected a carved housepost outside the health centre to symbolize the ability of Seabird Island people to overcome the legacy of residential and Indian day schools. In the Northwest Territories, fieldworkers used a contact form to document Survivors' residential school history, including details of abuse and information about whether the person had been involved in treatment:



Along with these forms, fieldworkers/counsellors were also encouraged to carry some old photographs of kids in mission school – these were great icebreakers because survivors and former residential school students were quite excited in recognizing who were in the pictures and quickly related and identified students in pictures and helped them recall their experience in the mission school.<sup>146</sup>

Many activities focussed on youth and families. In Port Alberni, British Columbia, an Elder conducted talking circles in the school and found that, with the older students, he was able to connect the issues they raised to the experiences of their grandparents in residential school. A therapeutic retreat for couples held by the Ma Mawi Wi Chi Itata Centre in Winnipeg, Manitoba introduced a brief history of the residential school era focussing on the effects of parenting, cultural teachings, self-identity, roles and responsibilities, and relationships. In Manitoba, Brandon University's summer program for children and youth taught Aboriginal history. Students later produced artwork that showed how their ancestors and relatives struggled in residential schools. In its young adult school program, the Canadian Métis Heritage Corporation in Melfort, Saskatchewan found that researching the history of residential schools and relating this to their own lives worked well for youth.

Two ceremonies, in particular, were mentioned as being effective tools for remembrance and mourning. Letting Go ceremonies, sometimes held at the site of a former residential school, provide a structure for acknowledging and then releasing the pain associated with traumatic memories. Prior to a ceremony held on the grounds of the Lejac Indian Residential School site in British Columbia, Survivors were asked to list their hurts and shames and the names of their perpetrators on a sheet of paper. This was later burned during a release ceremony. Participants had the option of sharing what they had written in a circle held prior to burning, and the ceremony provided an opportunity to forgive peers and fellow schoolmates who had bullied the weak.<sup>147</sup>

Welcoming Home ceremonies were also popular, especially in British Columbia. Survivors are formally welcomed back to the community and those who did not return are remembered. This type of ceremony formally acknowledges an historical wrong while also providing an opportunity for public mourning. This type of ceremony also celebrates those who survived. One project observed “a tremendous surge of growth” among participants since incorporating the Welcoming Home Ceremony.<sup>148</sup> Another described the ceremony as “a powerful, emotion-packed acknowledgement of the resilience and spiritual component of First Nations people.”<sup>149</sup> Residential School Remembrance Weekends and reunions held in other areas of the country serve similar purposes.

What the Aboriginal Healing Foundation refers to as Legacy education is known in the field of psychology as psychoeducation. While a number of projects mentioned psychoeducation among the approaches they use, the preceding examples make it clear that many are doing just this when they address residential school issues. As a therapeutic approach, psychoeducation provides people with knowledge about issues they are attempting to address. It examines causes, effects, symptoms and reactions, and offers information about what to expect in the therapeutic process. It can help people identify what triggers certain behaviour and why, and help in identifying healthy responses and coping skills. As such, it provides a way of increasing individuals' control over their behaviour.

In a paper on healing men commissioned by the AHF, Bill Mussell stresses that Legacy education is not about excusing behaviour or blaming others, but an avenue for taking personal responsibility in the present:

For change to occur, it is vital that disorders in behaviour and functioning be seen, not as failures or flaws of an individual, but in the historical perspective that the individual must come to know. This perspective serves not as a causal explanation for the behaviour or condition that requires change, but as an orientation to a colonial legacy, which, if not addressed by each person taking responsibility to deal with its impact on his own life, will continue to injure successive generations.<sup>150</sup>

On a broader scale, an understanding of colonial history and its impacts on Aboriginal people, cultures and resources can motivate people to confront social injustice, as well as to work on their own healing.

### **The Children of Shingwauk Alumni Association Sault Ste. Marie, Ontario**

The Children of Shingwauk Alumni Association cites, as its best healing practice, biannual reunions held at the site of the former residential school. The school was in operation from 1833 until 1970. Students included a variety of First Nations (Cree, Mohawk, Ojibway, Blackfoot and Dene) as well as Inuit. "Healing is rooted in establishing the truth of the history of Shingwauk as the foundation for each individual's remembering of his or her own personal truth." Reunions function as social gatherings, celebrations and healing opportunities, and they include ceremonies, circles, feasts, teas and recreational activities. The first reunion took place in 1981. "Of all the healing resources and supports available to us, our coming together and helping each other as Survivors ourselves is the greatest."

Through the project, the history of the residential school period is embraced and the power it encompassed has been reclaimed and passed on to the school's rightful owners, the children who lived there and their descendants. Thousands of photographs, documents and artifacts have been collected along with hundreds of hours of audio and videotape interviews with former students. These are displayed at the reunions so that participants can access information about themselves and community members, as well as gain a perspective about the operations of the school as an institution within the residential school system. This "offers a far more rational and realistic account of what happened and why, and what we must do to regain our power and self-determination over our lives."

The association has an alumni council of approximately 20 members from different tribes and regions. The council has various committees responsible for the administration and organization of reunions, maintaining a directory of members, and publishing a newsletter and a website. An extensive archive was established where personal stories and photographs are kept on file. Members and resources are drawn upon to assist in the production of materials, broadcasts and videos.

**Evidence of Success:** The association knows its healing program is working because former participants return and new ones come to the reunions and other events. The membership list is growing, other residential school groups are seeking their assistance, and requests for information and speakers are growing. Healers who have been identified go out and assist Survivors. A positive progression has been observed in participants who move from victim to Survivor to thriver and leader.

**Strategies Contributing to Success:** The Children of Shingwauk's most important asset has been the survival of the physical site and structure of the school itself. The land, four of the original buildings (main hall, chapel, manse and carpenter's shop) and the cemetery have all been preserved. "Our journey back to the Schools, however painful, is part of our healing, as is our reclamation of them." The school is now putting back "what it took away."

## 5.10 Cultural Interventions

Cultural interventions form the second pillar of healing in our model. While Legacy education situates the loss of language and culture in an understandable social context, activities aimed at renewing and reviving Aboriginal cultures contribute directly to individual and community healing. Therefore, it is not surprising to find that the majority of promising healing practices (80.6%) included a cultural component. Cultural activities and interventions include Elders' teachings, storytelling and traditional knowledge; language programs; land-based activities; feasts and pow wows; learning traditional art forms; harvesting medicines; and drumming, singing and dancing.

Research conducted as part of this study supports the conclusion that culture is good medicine. In practice, these activities almost invariably supplement other interventions to heal the legacy of physical and sexual abuse in residential schools, incorporated seamlessly into the overall program by Aboriginal therapists, Elders and healing teams. Culture is also connected to the collective values and worldview of Aboriginal people. Thus, culture is one component of holistic healing, inseparable from a worldview rooted in concepts of balance and connectedness. Elders are the primary source of cultural knowledge and many of the interventions involve Elders.

Reconnecting with one's culture is empowering. A strong cultural identity builds self-confidence and self-esteem that, in turn, facilitates healing. Overall, cultural interventions tend to be collective activities and, as such, promote a sense of belonging. Cultural interventions can diffuse the tension associated with intensive therapy as well as provide a nonthreatening venue to introduce painful or difficult topics; however, culture also plays a more central role in healing:

The Traditions and Traditional Healing Programs are based on applied cultural therapy, and are designed to heal the core issues arising out of residential school sexual and physical abuse—low self-esteem, victimization and vulnerability, identity issues, loss or grief issues, the feeling of being separated or disconnected from oneself or others. The power of cultural therapy lies in its holism and in its ability to reconnect survivors with themselves, their families, and their community. Traditional activity provides a non-threatening safe and natural context for the healing of physical and sexual abuse.<sup>151</sup>

Aboriginal languages, feasting and associated land-based activities were important vehicles for passing on traditional knowledge and incorporating culture into healing activities.

### 5.10.1 Traditional Knowledge

Traditional knowledge is culture-specific, tied to the local physical and social environment, making for tremendous diversity among Aboriginal people in Canada. Thomas King comments on the variations even within stories in *The Truth About Stories*:

There is a story I know. It's about the earth and how it floats in space on the back of a turtle. I've heard this story many times, and each time someone tells the story, it changes. Sometimes the change

is simply in the voice of the storyteller. Sometimes the change is in the details. Sometimes in the order of events. Other times it's the dialogue or the response of the audience. But in all the tellings of all the tellers, the world never leaves the turtle's back. And the turtle never swims away.<sup>152</sup>

In the introduction to the Inuit section of the final report of the Canadian Panel on Violence Against Women, the role of stories and legends in Inuit culture is explained:

Storytelling is an essential means of education, and legends and myths preserve the laws of life from one generation to another. Many Inuit legends illustrate the unacceptability of violence against women and children, legends which have remarkable similarity from Alaska, across the Canadian Arctic and into Greenland.<sup>153</sup>

Métis culture, as Carole Leclair and Lynn Nicholson point out, is transmitted orally and remains distinct even as it adapts to new environments:

Métis oral tradition teaches us that we are never entirely "other," that our social and spiritual identities have always overlapped with those of our tribal relatives, other entities and our European relations in shifting patterns of creative necessity. Métis who remember bush ways remain connected with our first teacher, the land. In this way, we enact an Aboriginal ecology which adapts to, rather than assimilates, the larger common culture.<sup>154</sup>

### 5.10.2 Aboriginal Languages

About language, Leroy Little Bear writes that:

Language embodies the way a society thinks. Through learning and speaking a particular language, an individual absorbs the collective thought processes of a people.<sup>155</sup>

Almost one-quarter (23.3%) of the organizations that responded to the promising healing practices survey referred to an Aboriginal language. In many cases, language was identified as contributing directly to a project's success. Aboriginal language use among project teams increases their ability to reach and connect with Elders. Modelling language use was viewed as a way of keeping it alive. Because the prohibition against speaking their language was so strong in the residential schools, Survivors sometimes needed explicit permission to use Aboriginal language. For the Kettle and Stony Point First Nation, language became the central component of their healing project: "It's like residential school in reverse. We're being rewarded for speaking our language instead of being punished."<sup>156</sup>

In *A Time to Listen and the Time to Act*, the Assembly of First Nations quotes the late Elder Eli Taylor on the role of language in understanding concepts and relationships:

Our native language embodies a value system about how we ought to live and relate to one another ... It gives a name to relations to kin, to roles and responsibilities among family members, to ties with the broader clan system ... There are no English words for these relationships.<sup>157</sup>

### 5.10.3 Traditional Foods and Activities on the Land

In a long-term study of Cree perceptions on health, based on interviews with Elders, Naomi Adelson concluded that health is inseparable from Cree identity and the land-based culture.<sup>158</sup> The term *miyupimaatisiun*, or ‘being alive well,’ captures this dimension of health: “Indeed, from a Cree perspective, health has as much to do with social relations, land, and cultural identity as it does with individual physiology.”<sup>159</sup> Warmth, traditional Cree food and strength form the essence of ‘being alive well.’ Inuit food has a similarly important role in maintaining physical and mental health. A mental health study found a strong association between a lack of country food and generalized feelings of ill health, including physical feelings of weakness, lassitude, tiredness, irritability, uncooperativeness, lack of interest in daily events, indifference towards children and generalized depression.<sup>160</sup>

Many of the cultural activities reported by projects revolved around food—gathering, harvesting, preparing and sharing traditional foods. The Conseil des Montagnais, in Natashquan, Quebec, reported that the approach used by their Elders is rooted in Innu teachings about traditional foods, medicinal plants and nature, as well as family and tribal history. Other projects held classes on cooking traditional food; scheduled monthly teas that brought Elders, youth and the community together; and held activities related to the gathering, preparation and use of traditional foods and medicinal plants. Many projects reported celebrating achievements with a community feast.

Harvesting and preparing foods were often central to activities on the land that engage youth and foster learning by doing, family relationships and sharing, as well as the positive self-esteem that comes from accomplishing something valued by oneself and others. For example, the Kikinahk Friendship Centre in La Ronge, Saskatchewan involves youth in traditional activities, such as dressing and preparing moose meat, drying and smoking fish, and picking berries. Elders gather medicinal herbs and teach youth about their traditional uses. Teens work with the centre’s grandparents to set the fish net on the ice, “using a jigger, rope and a lot of muscle. The cutting of the ice hole is done by using an ice chisel – two holes need to be cut.”<sup>161</sup> They report that the majority of clients have never been taught their culture and the youth in the program are very eager to learn.

In an urban setting, structuring a healing circle to include food supports a number of program goals:

The evening begins with a meal, with the men arriving about 5:30. In part, the meal reflects traditional Aboriginal values and sentiments associated with communal meals (the feast). The meal also serves program goals of building group relationships and meeting basic needs. Offering a meal provides an incentive to attend, until group development reaches a stage of commitment and motivation to participation.<sup>162</sup>

In summary, cultural interventions were fully and consciously integrated into healing programs and cultural activities were identified as a promising healing practice more often than any other intervention or approach, with the exception of traditional therapies. While culture is clearly good medicine, holistic healing, especially with respect to trauma recovery, requires more focussed interventions. The next section examines the ways in which organizations addressed therapeutic healing.



### Hailika'as Heiltsuk Health Centre Waglisla, British Columbia

Hailika'as Heiltsuk Health Centre cites cultural nights as their promising healing practice. Traditional ceremonies, dances and songs facilitate healing by using traditional Heiltsuk customs to help people make positive changes in their lives. When a person has done something wrong, it is viewed as misbehaviour, which requires healing. Healing is initiated through the ceremonies, songs and dances.

Cultural nights are described as creating a safe place where everyone is welcome. Participants may join in or they may simply observe. When dances and songs are performed for an audience, the members of the audience also benefit. Through these activities, Heiltsuk values, such as respect, self-esteem, working together (unity) and sharing, are taught. "All of our traditional values are shared and taught through stories, songs and dances. This helps participants to restore a sense of pride, self-esteem and honour (to ones-self and others)."

Each traditional song and dance belongs to someone and they cannot be used without permission of the owner. Each song and dance is sacred and reflects the history and lineage of where it came from. Participants are encouraged to bring their own dance regalia (blanket, tunics, vests, leggings and head bands). Those who do not have their own regalia may borrow from the community treasure chest. Some songs and dances require particular ceremonial items, such as masks, paddles, feathers and headdress.

**Evidence of Success:** As a result of cultural nights, a number of people have expressed an interest in learning how to make their own ceremonial dress, drums, rattles, paddles and masks. Young people are interested in re-learning the ways of the ancestors. This will allow future generations to "inherit a legacy that is once again strong."

**Strategies Contributing to Success:** Trauma training has been delivered to members of the community. There is a core group of 10 people who are working hard on their healing. The community is aware of problems and is dealing with them by traditional means.

## 5.11 Therapeutic Healing

Legacy education provides a sociohistorical context for understanding the personal trauma experienced by Survivors and their descendants. Cultural interventions promote a strong sense of personal and cultural identity; thereby, creating a stable foundation to support, reinforce and enhance the healing process. This section addresses the third pillar of healing—the therapeutic healing process. It is through the therapies and strategies discussed in this section that projects most directly supported Survivors and their descendants on the healing journey. Projects that submitted promising healing practices delivered a broad range of traditional and Western therapies and, to a lesser extent, alternative therapies. Brief descriptions of how the terms *traditional*, *Western* and *alternative* are applied in this chapter appear in the box below. Most projects used a variety of therapeutic methods, traditional healing combined with Western or alternative therapies, and combinations involving therapeutic and cultural interventions with Legacy education.



**Traditional** approaches incorporate all culturally-based healing strategies including, but not limited to, sharing, healing, talking circles, sweats, ceremonies, fasts, feasts, celebrations, vision quests, traditional medicines and any other spiritual exercises.

**Western** approaches incorporate all strategies where the practitioner has been trained in Western institutions (i.e., post-secondary educational institutions) including, but not limited to, psychologists, psychiatrists, educators, medical doctors and social workers. For the most part, Western practitioners are regulated by professional bodies, have liability insurance and are state-recognized or their services are covered by provincial health care plans.

**Alternative** approaches incorporate all those strategies outside of most regulated and provincially insured Western therapies and include, but are not limited to, homeopathy, naturopathy, aromatherapy, reflexology, massage therapy, neurolinguistic programming and bio-energy work as well, as ancient Eastern practices, such as acupuncture, acupressure and Reiki.

### 5.11.1 Traditional Healing

Definitions of traditional healing vary across cultures, communities and nations, but there are common elements. Spirituality is a core element of traditional healing. A good life is perceived in terms of balance, wholeness, connectedness and relationship, while imbalance, fragmentation and isolation are considered root causes of distress and disease. Traditional healing rebuilds balance and is seen to “re-enforce the stronger aspects of self; begin developing weaker aspects of self; revive a sense of clarity, strength, vitality, desire for life, increased cultural pride, improved self-care, parenting and leadership.”<sup>163</sup> Table 15 shows the extent to which 103 AHF-funded project teams responding in the best practices research project used various traditional interventions.

**Table 15) Traditional Healing\***

Intervention	# (n=103)	%
Spirituality (including ceremonies)	72	69.9
Sweat lodge	42	40.8
Circles (healing, sharing, other)	51	49.5
Counselling by Elders	45	43.7
Traditional healers	7	6.8
Medicine wheel	27	26.2
Traditional Healing (including all of the above)	88	85.4

\*This table appears as Table 9 in Volume III, *Promising Healing Practices in Aboriginal Communities*.

*Spirituality* is not specifically defined in project submissions, although 69.9 per cent of project teams reported they included spiritual activities. The United Chiefs and Councils of Manitoulin in Ontario described its philosophy and the link with spirituality and healing in the following way:

As Anishinabec, we are vision seekers which helps us find our meaning in life. Our visions help us fashion our instruments, approaches and our extraordinary will to invest our self-worth in this human experience. The manifestation of this Anishinabec belief is to serve our assigned purpose in life and the realization of the Creator's design through ourselves. Sounds too simple perhaps but to live it, is to become a healer or a complete being who helps others.<sup>164</sup>

Similar elements of finding meaning through a visionary experience, establishing connection with a greater being, discovering self-worth, and making an ethical commitment to living right feature in the practical accounts of spiritual practices from many sources. Ceremonies, healing circles, counselling with Elders or being in the natural environment mediate the encounter with the spirit in oneself and in the world.

Many of the responses named the ceremonies being used: Blackfoot sweat lodge ceremony, smudging, sweetgrass ceremony, Sun Dance, burning ceremony, pipe ceremony, dancing, rites of passage, traditional Mi'kmaq healing ceremony, vision quest, spiritual bathing, naming and full moon ceremonies, Dene Fire Ceremony, New Woman Ceremony, tobacco ceremony, honouring ceremony, cedar bath, rain dance and Cree Shaking Tent Ceremony. Not surprisingly, few details were provided about the ceremonial practices. Some ceremonies belong to individual healers, others to the group, tribe or nation, and almost all are subject to protocols covering who can perform them, when and under what circumstances. There is a common understanding that details are not shared with the uninitiated.

While the ceremonies used were most often rooted in a particular culture or tradition, some, like the sweat lodge and smudging, are now used across cultures. This is especially the case in culturally diverse urban areas. Overall, 40.8 per cent of the projects included sweat lodge ceremonies among their activities, and sweats were used in every region of the country. With respect to sharing or borrowing ceremonies from other Aboriginal traditions, The Children of Shingwauk Alumni Association noted: "People are increasingly cross-cultural in their activities and often have no difficulty in sharing in the different ways."<sup>165</sup> The Liard Aboriginal Women's Society in the Yukon used borrowed ceremonies as a doorway to recovering their own traditions:

The Traditional Healing Program is based on borrowed traditional ceremonial and medicine practices that are compatible with Kaska traditions. Traditional therapies offer a holistic, natural, non-aggressive, path-based approach to healing, an approach that is for many survivors the only one they trust. For many, traditional healing becomes the centre of the recovery process, with other forms of healing following after—much like the branching of a tree. As an additional benefit, the practices provide a pattern and a doorway for the recovery of Kaska traditional healing practices.<sup>166</sup>

Beginning a healing session with a smudging ceremony, and opening and ending with a prayer, were common practices within First Nations and some Métis programs. The Keeseekoose First Nation described their best healing practice as incorporating traditional methods of prayer; spirituality has a presence in everything they do. They also accommodate the beliefs of Christian participants, based on “respect for one another’s beliefs and to enhance equality for all Elders, Survivors and intergenerationally impacted.”<sup>167</sup> The Makitautik Centre in Nunavik (Northern Quebec) takes the spirituality of clients very seriously. In this case, spiritual healing is based on the Bible, a practice not uncommon in the Inuit world where Christianity has been embraced. Another project in the Atlantic region brought in a spiritual Elder from northern British Columbia for a program retreat.

A study of 20 Aboriginal offenders who successfully re-entered the community, conducted for Correctional Services Canada, found: “The most important influence on the offenders’ ability to stay out of trouble was developing their spirituality and cultural identity. This involved taking part in activities such as sweat lodges, pipe ceremonies, drum groups, fasting, vision quests, prayer and healing circles.”<sup>168</sup> This finding is supported by a number of the papers reviewed in a technical report on best healing practices prepared for the AHF. Where spirituality was recognized as a component in the recovery process, both traditional and Christian spirituality were credited.<sup>169</sup> Establishing a spiritual connection, including attending church services and participating in ceremonies, was identified as facilitating healing by participants in another study conducted for the Association of British Columbia First Nations Treatment Programs and Nechi Training Institute.<sup>170</sup>

**Eyaa-Keen Centre Inc.  
Winnipeg, Manitoba**

The Eyaa-Keen Centre uses a series of interrelated healing practices that cannot and should not be implemented on their own, attempted without proper training, experience and guidance. Their promising healing practices are based on traditional spirituality and blend traditional, clinical and contemporary disciplines. The trainers, assistants and Elders are Midewewin initiates so everything is delivered and conducted from that perspective. Also, the trainers have been working together as a team for over 14 years and they provide and model an environment of safety, comfort, understanding and expertise. A well-known and respected traditional and spiritual teacher is used for the traditional/cultural teachings and teachings and the sweat lodge ceremonies. This teacher is the advisor and teacher for the trainers.

Healing practices include: presentations and teachings, individual and group processing, hot/cold water therapies, massage therapy, chiropractic therapy and sweat lodge ceremonies/teachings. Therapies are formulated to help participants holistically move masses of fear, pain and tension from their system. The removal of these negative influences reinforces stronger aspects of the self and helps participants develop strengths where once there was weakness. they revive their sense of clarity, strength, vitality and cultural pride, and improve their self-care, parenting and leadership skills.

As a safety measure, participants must meet specific criteria before entering the program. They must be adults over the age of 25. They must be willing to be responsible and accountable for their own healing process, ready to participate in the processes, and be able to stay and complete the program. They must reveal their medication use and be free of substance abuse problems.

The healing team believes that a participant's psychological system need to be prepared, stabilized and grounded before attempting to begin the healing process. "One of the core practices necessary ... is a constant grounding re-enforced by a constant explanation of current process so participants can safely understand what is happening with them throughout their healing experience."

**Evidence of Success:** Self-evaluation forms are used both at the end of the session and months later to provide feedback about life changes. Many participants have made significant changes in their lives. They have changed jobs, returned to school, obtained employment and become more active in the community. Parents who have attended the program are more confident in caring for themselves and their children.

**Strategies Contributing to Success:** The location of program delivery is on a semi-isolated island that can only be accessed by ferry or winter road. The island is untouched by commercial development. The inhabitants and surrounding communities are predominantly Aboriginal. All these factors combine to support individuals and enable them to more fully concentrate on their personal development.

*Circles* were a popular therapeutic approach mentioned in half of the projects. Trauma disrupts the ability to form positive, trusting relationships. Connecting with others in circles and groups addresses this need within the healing process. From most of the submissions, it was unclear if projects differentiated between healing and sharing circles or if the terms were used interchangeably. In a book on Aboriginal approaches to helping, Cree social worker Michael Hart describes the purpose of sharing circles as creating a safe environment for people to share their views and experiences.<sup>171</sup> The goals include promoting understanding and initiating the healing process. Healing circles, on the other hand, help participants work through painful memories and develop trust in the intuitive or spiritual side of life. These tend to be led by Elders who play an active role by speaking about the

healing process and providing insight and guidance. Facilitators of sharing circles are less likely to intervene in this way. The Children of Shingwauk Alumni Association described many variations in the circles they use:

We use both traditional and contemporary healing methods, and our most popular and effective method seems to be the traditional sharing or healing circle. We use large and small mixed circles, male and female circles, elders and youth circles, former student and family/descendant/friends circles, one on one, and any variant that seems appropriate. Although an experienced survivor or healer is always provided and made available as a “circle keeper” or facilitator, some circles are spontaneous and self-directing. When issues arise as they sometimes do, such as admission criteria, etc., it is left up to the circle participants themselves to decide.<sup>172</sup>

An Inuit project described one of their promising healing practices as weekly sessions where participants come together to talk. While not referred to as such, the process sounds similar to a sharing circle. People sit in a circle, an object such as a stone is passed around and participants speak for as long as they wish about anything they choose. “By talking, people are letting go of their burden.”<sup>173</sup>

Sharing circles were referred to most often, sometimes in combination with healing circles. Teaching, sentencing and sacred circles were also listed. Overall, 24.3 per cent mentioned healing circles, 41.7 per cent referred to other types of circles and many projects utilized more than one type. For instance, one held sharing circles led by a psychologist and healing circles led by an Elder. The healing circles focussed on traditional spiritual issues. Circles were often gender- or group-specific: men, women, youth, Elders, young women and, in one case, a traditional children’s teaching circle. They were led by Elders, facilitators, circle keepers and therapists. A reunion of Survivors found some of the circles were “spontaneous and self-directing.” The Children of Shingwauk Alumni Association explained the therapeutic effect of circles:

The power of the circle is of course its capacity to reveal the truth—to facilitate healing through disclosure, acknowledgement and understanding of painful and traumatic experiences. Essentially a “talking cure” or “talking medicine” requires a tremendous amount of trust and support from all involved. We can say without hesitation that the strength, care and support of participants for one another are essential to the process. Of all the healing resources and supports available to us, our coming together and helping each other as survivors ourselves is the greatest.<sup>174</sup>

The medicine wheel repeats the circle image and was mentioned by 27.2 per cent of the organizations as a tool for teaching. Nabigon and Mawhiney describe a Cree medicine wheel that uses the compass points of the four directions as a tool to help people rediscover their path: “The Cree teachings, which include the medicine wheel, the hub, and the four directions, provide a map to restore an individual’s spiritual balance.”<sup>175</sup>

In an American sociology journal dedicated to Aboriginal perspectives on wellness, Hilary Weaver reports that, in spite of the tremendous diversity among Aboriginal people in North America, most have a concept of balance and many nations depict relationships using some form of a medicine wheel. She described the relationship between wellness, holism, balance and the medicine wheel as follows:

Wellness is a holistic concept, as illustrated by the different elements of the medicine wheel. All areas must be in balance and harmony for true wellness to exist. A problem in one area upsets the balance and affects other areas. Wholeness or integrity of individuals, families, communities and nations are all facets of wellness.<sup>176</sup>

As a healing tool, projects used the medicine wheel and related teachings in a variety of ways:

- ✦ to identify intergenerational traumas, patterns and behaviours, both positive and negative;
- ✦ to address the mental, spiritual, emotional and physical impacts of the residential school experience;
- ✦ to develop individual healing plans and assess progress at various points in the healing process;
- ✦ to train peer facilitators and volunteers; and
- ✦ to ensure that spiritual issues are addressed when the primary intervention is a Western therapy.

Overall, the medicine wheel teachings were most often used to ground interventions in a holistic, balanced framework.

Healers, helpers and Elders are titles used interchangeably by project teams. Elders contribute to healing projects in a variety of ways as healers, caregivers, advisors, committee members, teachers and role models. Although some Elders provided counselling services, they more frequently offered guidance and support through their teachings and stories, and they led ceremonies, circles and prayers. Elders and healers with the Tsow-Tun Le Lum Society (Lantzville, British Columbia) performed traditional cleansing ceremonies, while Elders provided teachings on various methods of cleansing. A Salish Elder shared her spiritual knowledge and led clients in an exercise that helped them release unresolved grief through writing a letter to those who had passed on.

Elders were especially valued for their cultural, linguistic and historical knowledge. The Haahuupayak Society (Port Alberni, British Columbia) hired a clinical counsellor to work with students two days a week and a resident Elder to help students in the traditional way. The Elder, a Survivor who spoke the language, held weekly talking circles, which were credited with “minimizing the students conflict during the rest of the week.”<sup>177</sup> The success of the Conseil des Montagnais de Natashquan’s (Natashquan, Quebec) healing project was attributed to consultations with community Elders:

[TRANSLATION] First we consulted all the Elders in the communities, asking them to tell us who, amongst them, would be the best persons to participate in our healing approach/activities. Beside qualities related to healing, wisdom, traditional and indigenous knowledge, we were looking for people with a solid knowledge of family histories. We came up with a list of six Elders and formed an Elder’s Committee, who could delegate the Elders best able to serve on the healing teams for each retreat. This committee meets with the technical team (Psychologists/therapists/counsellors, people involved with the logistics of the retreats) to make sure everyone is on the same wavelength, knows the objectives and understand[s] their role and responsibilities.<sup>178</sup>



A few of the promising healing practice submissions included activities specifically designed for or by Elders. Examples include regularly scheduled gatherings, such as luncheons and teas; a workshop on abuse of Elders; Elders' support group; peer counselling; and training for Elders who were engaged as a community resource. The last point is especially important as Elders in one project requested training to more effectively meet community needs and expectations. The National Aboriginal Health Organization found a similar desire among the Elders and healers they consulted: "Professional and intellectual development was a key finding in the workshops, since it has been traditionally assumed that we will learn from Elders, not that they would like to learn from one another."<sup>179</sup>

While 43.7 per cent of projects reported using the services of Elders, only a few (6.8%) reported using resource persons described as traditional healers, although the distinction is not entirely clear.

### Conseil des Montagnais de Natashquan Natashquan, Quebec

Contemporary psychotherapies combined with traditional Innu healing practices in the Innu language constitute this project's promising healing practice. The healing team is composed of psychologists, therapists, local practitioners and Innu Elders who work together within a community and family intervention framework. Community Elders were consulted early in the project and asked for advice regarding the best people to work with the project. In addition to qualities related to healing wisdom and traditional knowledge, they were looking for people with a solid knowledge of family histories.

During retreats, two kinds of circles are offered. A sharing circle, led by a psychologist or a therapist, focusses on the emotional and psychological issues faced by the participants. The healing circle is led by the Elders and is focussed on traditional spiritual issues. Each circle is offered on an alternate evening: one evening will be a sharing circle, the other a healing circle.

The traditional approach used by the Elders is rooted in Innu teachings related to the use of traditional foods, medicinal plants and traditional knowledge about nature. Spiritual traditions and healthy physical habits are discussed along with family and community history. Among the specific techniques used by Elders are the Innu drum teachings. Elders tell the story of the drum and teach the importance of respecting it. These teachings strengthen a sense of identity, respect for the culture and power of its traditions. Elders use Innu stories and legends to pass on messages that strengthen a sense of self-identity and belonging. They also play an important role in reconstructing family histories, helping to fill the gaps.

[TRANSLATION] The force in our community is our Elders, who have a deep commitment to heal others and to help them heal themselves. They are sustained by a powerful vision to break the cycle so that the new generation can enjoy health and well being. This also goes for other members of our team, who are truly dedicated.

**Evidence of Success:** The program documents the satisfaction of clients by means of an evaluation form in which clients evaluate the degree of their satisfaction with the services offered, as well as the degree of their own progress. They also use a standardized evaluation called *épreuve d'estime de soi sans apport culturel*. Participants in the 35–60 age bracket, including Survivors, do better in the program than younger people. They have lived many traumas, they suffered with a greater intensity and, therefore, are better able to seek healing and absorb what is offered to them. Participants with the least chances to benefit are those who have severe affective dependencies and a long history of multiple and severe addictions. Women have made more progress than men on issues such as self-esteem and self-knowledge.

**Strategies Contributing to Success:** The single most important factor is taking clients away from the community and from their family; thereby, giving them the space to reflect upon and reexamine their lives. It is important to underline the fact that these healing activities are practised in a specific setting: retreats on traditional Innu hunting grounds.

#### 5.11.2 Western Therapeutic Approaches

There were very few instances of Western therapies being used on their own. In all but a few cases, they were delivered in combination with other interventions, including ceremonies and cultural activities. Western therapies mentioned in the promising healing practice submissions include the following:

- ✦ cognitive behavioural and rational-emotive therapies;
- ✦ lifeskills and parenting courses;
- ✦ psychodrama, genograms, Gestalt and psychoeducation;
- ✦ art therapy;
- ✦ psychotherapeutic approaches to dealing with shame, guilt, anger, depression and abandonment;
- ✦ addictions recovery, AA and 12-Step programs;
- ✦ client-centred and reality therapies;
- ✦ individual and group counselling;
- ✦ peer counselling and on-line counselling for youth; and
- ✦ Inner Child therapy.

Counselling with individuals was used in 34 per cent of projects and with families in 20.4 per cent of projects. Individual counselling was most often provided as one of a number of therapeutic choices or in addition to circles and group work. Individual counselling was used to prepare people for group work and as a follow-up to a group healing program. “Our most successful practice is a combination of personal therapeutic counselling, along with a small group intensive healing program, then follow-up with further personal counselling or other programming.”<sup>180</sup> In one case, Elders were made available during a gathering to meet with people one-on-one as needed. In another, an outreach worker connected with individuals while the intervention took place primarily at the group and community levels. The AHF’s third interim evaluation reported that one-on-one counselling was highly rated by participants; in fact, only Elders’ services and ceremony were rated more highly.<sup>181</sup> Family level interventions include programs for couples, parenting programs, family assessments and family systems therapy. Those that work well include traditional and modern parenting, communications and relationship skills, and Elders who model healthy parenting.

Cognitive behavioural therapy is based on the premise that thoughts and perceptions influence behaviour. This approach was invariably used in combination with traditional practices. A Métis project reported that combining the First Nations’ medicine wheel with cognitive behavioural therapy works well. Another program for incarcerated men combines traditional healing with cognitive behavioural therapy. The traditional approaches they use include healing circles, drumming ceremonies, sweat lodges, sacred fires, traditional feasts and cleansing ceremonies. The cognitive behavioural techniques used include relaxation training, systematic desensitization, assertion training, self-management and mediation.<sup>182</sup> The project reported that traditional instruction and contemporary teachings have complementary goals—to help clients reestablish contact with self; to enable them to view reality without distortion; to create new conditions for learning; to replace maladaptive behaviour with healthy behaviour; and to develop goals and encourage flexibility and growth. “Cognitive-behavioural therapies are the most commonly used and widely evaluated of all the treatment approaches used with offenders, and with sex offenders in particular.”<sup>183</sup>

Psychodrama and nonverbal therapies were used in a number of projects in combination with traditional or cultural interventions.

While the field searches for faster and more effective treatment, experiential psychotherapy is being increasingly recommended as a viable treatment alternative for trauma survivors. What becomes obvious with the accurate diagnosis of PTSD is that many of the symptoms are

unconscious, non-verbal, right-brained experiences that cannot in fact be accessed through talk therapy. Unconscious acting out and re-experiencing of unprocessed trauma happens all the time for victims of trauma. Experiential methods provide safe, structured, therapeutic ways consciously to re-enact past traumatic experiences so that new healing endings can guide the future.<sup>184</sup>

Art therapy and play therapy were mentioned by a number of projects. Used with trauma survivors, these approaches are based on an understanding that traumatic childhood memories stored in nonverbal memory may not have been translated into words. Art also provides a nonverbal way of expressing emotions through colour and symbols. The Wabano Centre for Aboriginal Health in Ottawa, Ontario delivered a program for children and their families founded on the belief that the Aboriginal traditions of art-making and the process of art therapy provide a powerful means for self-expression and access to personal wisdom. The program evaluation records positive responses from children, parents, Elders and staff, as well as a “far-reaching impact on the urban Aboriginal communities of Ottawa.”<sup>185</sup> Another project used an exercise called the Mask of Life, where participants painted half of a mask to reflect the person they have been. The second half of the mask, representing the person they want to become, was completed the following day. Genograms, a technique used to identify and increase understanding of the impacts of intergenerational trauma on a client’s family networks, are often used in conjunction with psychodrama.

### 5.11.3 Alternative Approaches to Healing

Alternative therapies, also referred to as “complementary medicine,” can include herbs, supplements, acupuncture and massage therapy, as well as a wide variety of energy-based methods for healing psychological and emotional pain. Alternative approaches are characterized by an emphasis on wholeness and the relationship between body, mind and spirit, and the use of natural herbs and dietary supplements, rather than pharmaceuticals. While some of the projects in this study utilized alternative methods, these were implemented in culturally appropriate contexts or in combination with traditional healing practices. Traditional Aboriginal approaches to healing, from an Aboriginal perspective, are considered “indigenous” rather than “alternative.” However, in relation to Western medicine, traditional healing is most likely to be viewed as an alternative approach since it includes therapies that fall outside of the Western scientific field of practice.

Alternative healing and complementary medicines are popular among the general public and, as a result, they are gaining in legitimacy with governments and the medical profession. For example, the province of British Columbia now recognizes doctors of traditional Chinese medicine, and Health Canada has introduced regulations for natural health products. The traditional Indigenous healing movement may benefit from the increased openness to alternative approaches that are currently a part of the mainstream environment.

Slightly more than 20 per cent of the projects mentioned the use of alternative therapies. These include the following:

- reflexology;
- music, journaling and meditation;
- Breath Integration (defined as a combination of Gestalt, metaphysics and Native American teachings);
- Integrative Bio field Therapy and Neurolinguistic programming;
- massage therapy;
- Thought Field Therapy, Emotional Freedom Therapy and energy tapping (variations of an approach that works by tapping various parts of the body in order to rebalance its natural energy system);
- Reiki (another form of healing used to re-balance energy); and
- Eye Movement Desensitization and Reprocessing (EMDR).

A connection between alternative therapies and traditional healing was noted with respect to a program run by the Algonquins of Pikwàkanagàn First Nation (Ontario): “What you call Reiki is hands on healing, what you call therapeutic touch is feathering (we use a wing instead of hands), reflexology is massaging the hands, feet, ears and back.”<sup>186</sup> Kenneth Cohen notes that Native American healers use massage to correct physical, energetic and spiritual imbalances, but the therapy differs from Western approaches: “Native American massage treatment differs from Western massage therapy in that it is never used by itself but is rather supported and enhanced with prayer, song, or ceremony.”<sup>187</sup> In fact, alternative therapies were used only in conjunction with traditional methods, ceremonies or cultural interventions.

### 5.12 Diversity in Promising Healing Practices

Table 16 shows the frequency with which traditional, Western and alternative therapeutic approaches are being used in healing projects. More than half (56.3%) used traditional therapies coupled with Western and/or alternative methods.

**Table 16) Promising Healing Practices: Traditional, Western and Alternative Therapies\***

Therapeutic Approach	# (n=103)	%
Traditional	88	85.4
Western	60	58.3
Alternative	21	20.4
Other (research, workshops, community development)	42	40.8
Combination of Traditional and Western/Alternative	58	56.3

\*This table appears as Table 10 in Volume III, *Promising Healing Practices in Aboriginal Communities*.

Table 17 illustrates the various ways that projects combined intervention strategies. The most popular approach involves a combination of therapeutic healing and cultural interventions (42.7%). This is followed closely by approaches falling into all three areas—Legacy education, cultural interventions

and therapy (33%). Together, 86 per cent of the projects identified promising healing practices that include interventions in more than one area. The use of multiple intervention strategies is considered by the project teams to be entirely consistent with Aboriginal values and part of a holistic approach to healing.

**Table 17) Promising Healing Practices: Intervention Strategies and Combinations\***

Interventions and Combinations	#	%
Legacy education only	0	0
Cultural intervention only	2	1.9
Therapy only (traditional/Western/alternative)	11	10.7
Research only	1	1
Legacy education <i>and</i> cultural intervention	3	2.9
Legacy education <i>and</i> therapy (traditional/Western/alternative)	8	7.8
Cultural intervention <i>and</i> therapy (traditional/Western/alternative)	44	42.7
Legacy education <i>and</i> cultural intervention <i>and</i> therapy	34	33
<b>Total</b>	<b>103</b>	<b>100</b>

\*This table appears as Table 11 in Volume III, *Promising Healing Practices in Aboriginal Communities*.

In a few instances, approaches were blended—in other words, parts of one therapy were incorporated or adapted into another. For example, the Ktunaxa/Kinbasket Health and Wellness Society (British Columbia) described how psychodrama is blended with holistic healing around the medicine wheel. The physical aspect is addressed, in part, through achieving safety within the group. The mental work includes a series of assignments that detail the individual's life experiences using a genogram and mapping significant events on a lifeline. These are completed before engaging in the emotional work referred to as "reconstruction." Reconstruction is a method used in psychodrama and it allows participants to put a voice to their trauma and work through it with the support of their peers and the guidance of the facilitators.

This is the bulk of the "Best Healing Practice." The Spiritual healing that happens during the "Reconstruction" process is miraculous when Trauma work is done. When an individual's "Reconstruction" is complete, the room is smudged and the session is closed with a prayer to thank the spirits that arrived to help with that individual's healing. It is almost as though the "Reconstruction" process itself is a "ceremony" and is treated as such.<sup>188</sup>



### Wabano Centre for Aboriginal Health Ottawa, Ontario

The Wabano Centre for Aboriginal Health developed a pilot project to assess the effectiveness of art therapy and traditional art-making in addressing the intergenerational impacts of residential schooling. The short-term goals of the project include increasing parenting skills, and improving the communications and problem-solving skills of children and their parents or caregivers. Other goals include increasing knowledge and understanding of traditional parenting and of the intergenerational impacts on parenting and family relationships. Inuit, Métis and First Nation families participated in the program.

The program is founded on the belief in the healing capacity of Aboriginal traditions of art-making. These traditions are used in the context of contemporary art therapy to provide a powerful means for self-expression. Participants develop a clearer picture of themselves, their interaction with others, the problems they face and the solutions that are possible. Moreover, the nonverbal expression of feelings through art provides a neutral, positively-centred activity from which families can begin to explore their relationship and communication patterns. The program supports a holistic approach to healing by interweaving art therapy with specific cultural practices and a broad Aboriginal worldview.

In order to accommodate traditional concepts of family, the program is open to extended family members, such as grandparents, aunts and uncles. It runs for 12 weeks and is offered at least three times a year.

**Evidence of Success:** All of the children involved showed improvement in self-expression. The program evaluation reports a number of other successes: among children, the ability to express feelings through their art; a new willingness and ability on the part of parents to listen to their children; increased confidence among parents; and, for children, increased trust that the process of expressing feelings will result in being listened to and helped, even around very difficult emotions such as anger.

In the pilot year, a total of 90 children and 46 parents/caregivers participated. Three grandparents and three youth were trained as helpers. Sixty-eight Aboriginal community members participated in educational activities related to the residential school legacy and 120 Aboriginal and non-Aboriginal professionals were trained in art therapy and residential school issues.

**Strategies Contributing to Success:** The way in which the project was introduced into the community is especially important where there are historical tensions and mistrust between Aboriginal people and the service system, especially around child protection and parenting issues. Adequate time for outreaching the project into the community, especially with the Grandmothers, was essential in generating support and inspiring trust in the project team. Because of the high number of single parents in the program, the presence of male and female Elders was especially important as they were role models for both parents and children. The project team was seen as a parallel “family” whose members had a key role in modelling intercultural and cross-gender dignity, respect and trust, as well as effective communications and problem-solving. Finally, post-session team debriefing promoted team cohesion and generated a sense of shared responsibility through mutual respect for each other’s unique expertise.

## 5.13 Healing Strategies for Distinct Aboriginal Groups

The healing strategies described in detail in Volume III, *Promising Healing Practices in Aboriginal Communities*, and from which the model of promising practices is derived, draw on submissions from First Nations, Inuit, Métis and inclusive Aboriginal projects funded by the AHF. They come from every region of Canada. The final section of Volume III focusses on lessons learned about the particularities of healing Inuit, Métis, Aboriginal people in urban areas, women, men and youth. First Nation voices predominate in the general analysis because

of the greater number of First Nation Survivors and healing projects and also because they have the lengthiest experience in testing promising practices, being the earliest applicants for AHF funding.

The Inuit experience is distinctive in that they are closest to traditional life on the land and have retained their language to a greater degree than most other Aboriginal groups. Many Inuit also show a preference for Christian spiritual practices. The Métis are the fastest-growing Aboriginal population in Canada, an indication of a strengthening Métis identity. They are struggling to regain a land base and institutions adapted to their distinct culture after generations of being pushed to the margins of both Canadian and First Nation societies. Inuit and Métis Survivors also have distinctive experience with residential schools that influence their approaches to healing. Aboriginal people in urban centres come together from diverse tribal backgrounds and languages, some of them newcomers to the city and others third-generation urban dwellers. They most often develop projects inclusive of varied identities and traditions.

Women make up the majority in most AHF-funded healing projects and the promising practices profiled in Volume III are strongly influenced by women as participants and leaders. Nevertheless, women have outstanding concerns, particularly related to enhancing safety for themselves, their children and their communities. Men represent about 25 per cent of participants in AHF-funded healing projects. Some promising practices for engaging men in healing emerge from project submissions, such as the involvement of male healers/helpers, the effectiveness of action-oriented and on-the-land activities, and interventions involving the family. Much more work is required to reach out successfully to men who are reluctant to acknowledge a need for healing, particularly victims and perpetrators of physical and sexual abuse. Youth concerns include healthy sexuality, suicide prevention and learning about their heritage. Some projects highlight peer leadership and many report an eager response by youth to opportunities to engage with Elders in healing and learning activities.

#### **5.14 Conclusion**

The framework for healing introduced at the beginning of this chapter proposes that healing needs are conditioned by the history of trauma and dislocation experienced over generations in multiple dimensions of Aboriginal peoples' lives. Trauma is thus a collective as well as an individual legacy. Promising healing practices acknowledge the collective and historical context of needs and develop approaches that incorporate three necessary elements: Aboriginal values and worldview; personal and cultural safety; and the capacity to heal that resides in Aboriginal persons and communities. Key methods in promising healing practices include: reclaiming history; cultural interventions; and therapeutic healing that draws creatively on traditional healing methods and Western culture therapies. Individuals proceed along their healing path aided or constrained by their individual strengths and vulnerabilities. The community environment plays an influential role in helping or hindering progress.

Aboriginal healers, helpers and counsellors have always practised holistic healing, but the intensity and pervasiveness of healing needs deriving from historic trauma and residential school abuse have overwhelmed informal helping networks. Programs introduced from outside agencies are fragmented and most often have narrow mandates that frustrate efforts to implement holistic healing. The most striking example of this is the exclusion of cultural activities from health and healing program

funding, with few exceptions. Research on promising healing practices points to evidence that cultural activities are legitimate and successful healing interventions. The term “cultural interventions” is used intentionally to stress the point that cultural activities are not supplementary to the healing process. Rather, they are integral to it.

There are a number of implications flowing from these findings that bear on program and funding criteria:

- Program and funding criteria must be flexible enough to accommodate the diversity of cultures and conditions, including the range of socio-economic and political environments of communities and their different histories.
- The criteria must also allow for the development of programs that meet a diverse range of individual needs. Individuals with high needs face different challenges than those who have been engaged in healing for some time. Their personal resources, strengths, issues, challenges and responsibilities—as well as connections to family, culture and traditions—will all have an impact on their ability to engage in healing and the approaches they are most comfortable with. Moreover, different approaches work best for different groups, such as women, men and youth; for different Aboriginal peoples (First Nations, Métis and Inuit); and under differing community conditions (urban, rural, remote).
- Program and funding criteria must recognize the diversity of approaches to healing that work well, including the wide variety of traditional approaches combined with Western and alternative therapies, and the success associated with combining therapeutic and cultural interventions.
- One way to build in the flexibility requirements noted above is by providing communities with the authority and capacity to design and implement their own healing programs.

Developing a promising healing program takes time, as does the healing process itself. Healing proceeds in phases. At certain times individuals experience tremendous forward movement, at other times momentum appears to stall. Such ups and downs are natural. The ebb and flow of community healing follows a similar path. Mandating and funding bodies must recognize the time and sustained effort involved in developing and implementing successful healing initiatives. They must also allow sufficient time for program participants to undertake the journey and proceed toward their goals.

Program success is enhanced by ongoing monitoring and evaluation. Promising healing programs change and grow along with the needs of participants, therefore, gathering and analyzing participant feedback is crucial. Successful interventions need to be recognized and supported and less successful approaches modified. In order to support evidence-based healing programs, evaluations should be funded and, where necessary, technical support provided.

Finally, project teams would benefit from ongoing access to information about successful healing strategies, interventions and programs. An annual or biennial national forum for sharing promising healing practices and the results of evaluations would facilitate information-sharing, networking, learning, innovation and adaptations across settings.

Chapter 6: *Mapping the Healing Journey* further explores the themes and implications of the evidence presented in this chapter and Chapter 4.





Participant at the Aboriginal Healing Foundation National Gathering  
July 9, 2004  
Photo: Kanatlio



## Mapping the Healing Journey: Implications for Policy and Practice

### 6.1 Introduction

This report is being written at a critical juncture in the journey of healing from the legacy of abuse in residential schools. The four-year period for allocating the grant of \$350 million plus interest has expired; the funds available from the original grant have been committed, with the final multi-year projects concluding in 2006-2007; and the AHF has adopted a provisional exit strategy that will see the organization close its doors in March 2008. The interim grant of \$40 million, pending further government reflection on resolving residential school issues, will permit extension of 91 projects but will not alter the wind-up schedule.

The healing of Aboriginal people from the legacy of abuse in residential schools did not begin with the creation of the AHF and it will not end in 2008, regardless of the decisions that will be made on the dissolution or renewal of the AHF. However, strategic investment in community-led healing over six years of the first mandate has revealed the breadth and depth of healing needs that still grip countless individuals and numerous communities.

Reports from projects and communities confirm that many participants who have benefitted from healing activities thus far have only begun their journey and many others are just reaching a state of readiness to embark on their own healing path.

The opportunity to design and manage culturally appropriate healing activities has unleashed an immense amount of energy within and among Aboriginal people, especially Survivors and those who have felt the intergenerational impacts of residential schools. As reported briefly in Chapters 4 and 5, and at greater length in Volumes II and III, collaborative efforts to reflect on efforts and accomplishments have produced groundbreaking learning about how Aboriginal healing is experienced and facilitated.

This chapter extends that process of reflection by laying down markers to guide practitioners, policy makers and helping agencies as they lend support to Aboriginal people in the next stages of the healing journey. This chapter begins with a discussion of trauma and resilience to underline that, while all Survivors suffered from deprivation and assaults on their identity in residential school, many of them have demonstrated remarkable resilience. The emergence of Survivors themselves as an extraordinary resource in healing projects is considered next. Recent research on memory, complex post traumatic stress disorder and the healing quality of collective remembering is cited to shed light on the different outcomes of trauma in different individuals. Research for the Law Commission of Canada on consequences of institutional child abuse as well as Aboriginal sources and our own commissioned research, help to explain the pervasiveness of grief and trauma coming to light in communities reached by AHF funding. Based on evidence from AHF-funded projects, it is proposed that residential school healing serves effectively as an entry point for more extensive healing efforts in concert with other programs and services promoting health and well-being. The unique contribution of holistic, culture-based interventions, including spiritual healing, is discussed next, along with the structural supports

necessary to sustain community partnerships in healing. The possibilities for developing collaborative processes for monitoring and evaluation of funded initiatives are highlighted. Finally, the urgency of maintaining the momentum in the healing movement that has been gained during the first mandate of the AHF is reiterated. Fourteen guideposts for the healing journey are identified. Taken together they provide a provisional map to guide those who are entrusted with leadership on the next stage of the journey to wellness.

## 6.2 Trauma and Resilience

In Chapter 7, data are introduced on the number of Survivors still alive, the potential numbers of persons suffering direct intergenerational impacts of the residential school experience and the secondary impacts of the residential school system. This section considers perceptions of Aboriginal people on the nature of harms inflicted, and the varying consequences of those harms in light of research on life outcomes of survivors of various traumas, including residential school Survivors.

The mandate of the AHF was limited to healing the legacy of physical and sexual abuse, including intergenerational effects. Aboriginal people have maintained since the first discussions of program funding that harms inflicted by residential school experience extended far beyond these criminally actionable categories. The Assembly of First Nations' (AFN) report on Canada's alternative dispute resolution process, released in November 2004, asserted that:

The distinctive and unique forms of harm that were a direct consequence of [the residential school] policy include reduced self-esteem, isolation from family, loss of language, loss of culture, spiritual harm, loss of a reasonable quality of education, and loss of kinship, community and traditional ways.... *Everyone who attended residential schools can be assumed to have suffered such direct harms* [emphasis added].<sup>189</sup>

The report related differential effects of residential school attendance to duration of attendance and proposed that compensation should:

[R]ecognize the duration and accumulation of harms, including the denial of affection, loss of family life and parental guidance, neglect, depersonalization, denial of a proper education, forced labour, inferior nutrition and health care, and growing up in a climate of fear, apprehension and ascribed inferiority.<sup>190</sup>

Survivors of the Mohawk Institute Residential School whose class action suit for redress was certified in the Ontario Court of Appeal in December 2004 presented similar claims in starker terms:

Broadly put, their claim is that the School was run in a way that was designed to create an atmosphere of fear, intimidation and brutality. Physical discipline was frequent and excessive. Food, housing and clothing were inadequate. Staff members were unskilled and improperly supervised. Students were cut off from their families. They were forbidden to speak their native languages and were forced to attend and participate in Christian religious activities. It

is alleged that the aim of the School was to promote the assimilation of native children. It is said that all students suffered as a result.<sup>191</sup>

The class action suit, which has yet to proceed through the courts, also alleges a breach of the Crown's fiduciary duty to family members in that the purpose of the Crown's assumption of control over the students was to strip them of their Aboriginal culture and identity. In the suit, family members include spouses, children, parents and brothers and sisters of former students.<sup>192</sup>

Both the AFN report and the appellants in the Mohawk Institute class action make the case that, while all students suffered harm, specific cases of physical and sexual abuse suffered by some students constitute additional harms that warrant redress in addition to that which is due to all Survivors.<sup>193</sup>

In the discussion of Survivors as healers in the next section the point is made that not all students who attended residential schools went on to live with disabling consequences. Some did, however, and their numbers are unknown because of the veil of silence that has only started to lift. The AHF commissioned a study of the clinical files of 127 residential school Survivors in British Columbia who were engaged in litigation against the federal government and the churches, and who had undergone clinical assessment.<sup>194</sup> The Survivors were predominantly male (70%) and had an average age of 48.5 years. Of those case files with abuse information, 100 per cent of the subjects reported sexual abuse and 89.6 per cent reported physical abuse during their time in residential school. The sample cannot be considered representative of all Survivors, even in British Columbia, since the subjects were not randomly selected and they may be among the most seriously affected. Post-assessment file review meant that various items of interest were not reported regularly by all subjects. Nevertheless, the analysis reveals some patterns that may have wider significance.

Mental health information evident in nearly three-quarters of the files indicated that in 64.2 per cent of these cases subjects suffered from PTSD, and half of those suffering from PTSD also experienced related mental illness, including substance abuse disorder, major depression and problems with regulation of emotions. Fifty-five per cent of the files included information about the guardianship of both parents at the time of admission to residential school, but only 9.9 per cent of students returned to intact families. The greatest increase in alternate guardianship was in foster care, from 7.4 per cent pre-residential school to 21 per cent post-residential school, followed to a lesser degree by discharge to the care of aunt, uncle or siblings. On items where a smaller proportion of subjects provided information, the patterns were: a third of subjects had never disclosed the abuse they suffered prior to this clinical assessment; a quarter suffered sexual abuse post-residential school; and half of these subjects indicated at least one of the victim's children had been sexually abused. In the post-residential period, close to half of the subjects (n=62) reported deaths in the family: 54.8 per cent reported the death of a brother/step-brother; 14.5 per cent reported the death of a sister/step-sister; and an astounding 43.2 per cent reported the death of one of their children. The picture that emerges from this small sample of Survivors who suffered sexual and physical abuse is one of fractured families, vulnerability of themselves and their children to further abuse, isolation in their trauma and a heavy toll of death among those close to them.<sup>195</sup>

Data on education and employment outcomes in the mental health profiles are more amenable to cross-comparison with other sources. The Aboriginal Peoples Survey 2001 (APS) and the First Nations Regional Longitudinal Health Survey of 2002-03 (RHS) included questions on residential school Survivors. The AHF commissioned analysis of these survey responses, which are discussed more fully in Chapter 7 of this volume and displayed in Appendices O and P.

Of the subjects in the mental health profiles, the highest level of school attended was elementary in 55.3 per cent of cases. Seventeen per cent attended high school, although graduation rates are not noted. For those who attended post-secondary institutions (27.3%), the graduation rates and credentials attained, again, are not noted. The RHS reports on Survivors on-reserve, finding that among survey respondents, 58.2 per cent of Survivors had less than high school graduation, compared to 50.7 per cent of those who did not attend residential school. There were 11.8 per cent of Survivors who graduated from high school, compared to 22.4 per cent of respondents who did not attend residential school. Rates of Survivors and those who did not attend residential school receiving a diploma from university, college, technical or vocational school (24.9% and 22.2%, respectively) and those obtaining a bachelor degree or higher (5.0% and 4.8%, respectively) were very close.<sup>196</sup> The APS, reporting on off-reserve Aboriginal population, found that 41 per cent of those who attended residential school had less than a high school diploma, compared to 35 per cent of those who did not attend. Nine per cent of attendees had a high school diploma compared to 15 per cent of those who did not attend. The rates of those who had some trade school or post-secondary education and those with diplomas, certificates and degrees were similar in each group.<sup>197</sup>

As reported in the RHS survey of the on-reserve population residential school Survivors are concentrated in older age groups, representing 42.4 per cent of those 60 years of age and older, 44.2 per cent of those aged 50-59, 24.7 per cent of the population aged 40-49, 11.2 per cent of the population aged 30-39 and, 5.6 per cent of the population under 30 years of age.<sup>198</sup> Younger age groups whose education levels have been rising make up a larger proportion of those who did not attend residential school and may account for much of the difference in educational attainment between groups. Still, the indication that roughly half of residential school Survivors lack a high school diploma, which is increasingly required for entry to jobs and training, suggests the existence of significant disadvantage.

The employment experience reported by subjects in the mental health profiles mirrors the different educational outcomes. Ninety-two of the 127 files yielded 232 distinct instances of employment. Of these, 12.9 per cent of subjects held at least one job requiring advanced training, such as medicine, finance or law. Approximately thirty-eight per cent (37.5%) held at least one job requiring moderate training, such as carpentry, auto mechanic or management. There were 49.6 per cent of subjects who held at least one job that required minimal or no education or training, such as physical labour.<sup>199</sup> The RHS survey respondents reported that 44.3 per cent of residential school Survivors answered yes to the question: *Are you working for pay?* Of those who did not attend 50.5 per cent answered yes.<sup>200</sup> The APS data for the off-reserve Aboriginal population reported that 47 per cent of residential school attendees were employed, compared to 61 per cent of those who did not attend. The difference was almost entirely accounted for by the figures on those not in the labour force (e.g. retired, attending

school); 42 per cent of residential school attendees and 30 per cent of those who did not attend.<sup>201</sup> A second APS tabulation found a difference of 16 percentage points in the proportion of residential school attendees who received income from paid or self-employment (37%) and those who did not attend (53%). The difference was almost matched by the higher proportions of residential school attendees receiving Canada or Quebec pension plan (+5%), Old Age Security (+7%) and social assistance (+6%). Nineteen per cent of both attendees and those who did not attend residential school received income from other, unspecified sources.<sup>202</sup>

There are many gaps in information specific to residential school Survivors with respect to education and employment status, both of which impact on income and quality of life. Data reviewed here draw on a small sample of case files and APS and RHS sample surveys asking similar but different questions in different populations. The data do suggest that residential school Survivors are not a homogeneous group. They respond to their experience in different ways. For roughly half of Survivors, their education stopped when they left residential school or when they had quit high school before graduation. The employment available to them is unskilled and probably irregular, and they rely relatively more on transfer payments in the form of pensions and social assistance.

On the other hand, at least a quarter of Survivors pursue education and achieve post-secondary credentials on a par with peers on- and off-reserve who did not attend residential school. They join the labour force, form families and serve their communities. Still, if we are to accept the assertions of the AFN constituency and class action litigants, even high-achieving Survivors did not emerge from residential schools unscathed. Rosalyn Ing, a Survivor who used education to gain perspective on her residential school experience and regain self-esteem, provides some insights into the challenges and successful coping strategies of residential school Survivors dealing with the legacy of residential school.

### 6.3 Successful Coping

Rosalyn Ing is a Cree woman and a Survivor of eleven years in three different residential schools. She credits education as enabling her own recovery from the destructive personal impact of the experience and she set out in her thesis research for a Ph.D. degree to explore how others were coping with the legacy of residential schools. In introducing her research, Ing writes:

My children think I haven't been affected. I kept my life from them. I wanted them to have their own life and not be tormented by mine.... I suffer from feelings of inferiority at times because at residential school I was made to feel like nothing. No one cared when we cried from loneliness; we were told not to act like babies. I will never forget the feeling of loss when my three little sisters and I were separated from my older sister; we were taken to another school in the middle of the night; we woke up not knowing where we were; and my chain of security was cut. We cried for days, wanting our sister; and each day we were locked in the playroom and told to stay there until we stopped crying before we could go to classes. I still weep when I think of that experience.... I was once ashamed of my [Cree] father, disowned him. The residential school made sure I could live out their indoctrination. I did. But it wasn't for long.

I knew something was wrong. I was always angry. Then I assessed my life, and realized it was the schooling. I then started changing consciously.<sup>203</sup>

Ing was motivated to document the intergenerational effects of residential school experience to counterbalance the negative reports of the outcomes of residential school experience that gave scant recognition of resilience. She writes:

It has taken me years to work through my own experiences and not succumb to feelings of doubt and self-blame for what happened. I want the story of the residential school system and its legacy to be told so that those who attended the schools, and their descendants, will not continue to feel they have a defect in their character. Rather, they can look at themselves in light of what happened at the schools, and begin to understand how this has severely impacted on their ability to live as productively and as happily as they wish.<sup>204</sup>

The capacity to live productively despite the deep and lingering impacts of abuse is illustrated further in the story of Garnet Angecone, an Anishnabe and a long-serving member of the AHF Board of Directors. Angecone is a communications consultant and past director of Wawatay Native Communications Society, which provides print and broadcast services to a vast region of northwestern Ontario. He is a Survivor of the Pelican Lake Residential School. In 2004, Angecone spoke to a meeting of the Aboriginal Healing Foundation, churches and government representatives about the long road he has traveled in his own healing. His story about seeking closure appears in the following box.



The speakers before me have talked about the challenges that lay before us. One of the areas I would like to talk about is bringing some kind closure to things that have happened in my life.

I remember the cold day in January 1996 when my family and fellow Survivors went to court and saw our abuser being sentenced to four years in jail. I had mixed emotions – happiness, sadness, bitterness, anger, confusion. As that man was being led away by the police I felt that I still had a long way to go.

I rode back from Kenora with my friend, another Survivor, and we talked for the two and a half hours of the drive, so preoccupied that we ran out of gas. My friend started talking about forgiveness and I listened but at the same time I was saying: "No. I'm not ready to talk about that yet." It was not until years later that I had the urge to seek forgiveness, to forgive.

For twelve years I have put my family through hell, watching me go through some of the pain that had to be released, and that continues. We have had many challenges. The latest is that I have a debilitating disease that interferes with my walking and speech.

Last year I was in Ottawa at a meeting of churches and government to talk about resolution of claims filed by Survivors. I approached a church official and introduced myself as one of those who came forward in the case of B. who was convicted. I learned then that B. had died in a half-way house and it struck me hard in the heart.

Since that day I have been wrestling with what forgiveness means. My abuser is now dead. I wanted to shake his hand and be able to forgive, so that I can talk about it in a good way, so that I can continue on this healing journey.

How do I put closure to it and move on? I have heard words of apology but I have yet to hear the words "I forgive you." I thought today would be a good occasion, with you as my witnesses and the Creator watching over us, that I can truly say: "Beanie (that was his nickname) I forgive you. I forgive you! I wish I could have said it while you were still here on this earth."

Meegwetch. I want to acknowledge each and every one of you for being here. Thank you for listening.

Garnet Angecone

March 28, 2004

The Future of the Residential School Healing Movement, Ottawa

#### 6.4 Survivors as Healers

Evaluations and promising healing practices research reveal the extent to which residential school Survivors provided leadership as project originators, staff, trainees, volunteers, board members, Elders and advisors. In 467 projects responding to national surveys, former residential school students made up 25 per cent of participants in healing projects and 32 per cent of participants in training projects. Those intergenerationally impacted made up 49 per cent of participants in healing and 64 per cent in training. Responses to the individual participant questionnaire (IPQ) regarding goals in participating

(n=1,281), 19 per cent responded that they wanted to help other Survivors, the same proportion who participated in order to acquire coping skills (see Chapter 4).

The promising healing practices research compared phases of healing reported in AHF-funded projects with the healing phases identified in literature on trauma recovery. The results indicated that the three distinct but interwoven stages of trauma recovery, establishing safety, remembrance and mourning, and reconnecting with others were similar, but Aboriginal people at an early stage of recovery wanted to give back to family and community and help others on the healing path. Healing circles, cultural celebrations and volunteer contributions gave ample opportunity for participants to move back and forth between the roles of helper and client. In fact, team members often found that engagement with client issues or training brought their own need for healing to the surface (see Chapter 5).

In court cases seeking redress and in research on the consequences of child abuse, problems in personal functioning are almost entirely the focus of attention. Without diminishing the destructive impacts of physical, sexual, emotional and spiritual abuse in residential schools, projects provide clear evidence that Survivors are at different stages of recovering dignity and well-being. Survivors who have a strong sense of identity, who are grounded in their Aboriginal identity and who can model healthy lifestyles are the most effective and highly regarded healers. It does an injustice to Survivors to stereotype them as walking time bombs, liable at any time to do injury to themselves and those around them.<sup>205</sup> Some of the most prominent leaders in the Aboriginal community are residential school Survivors.

AHF-funded projects have demonstrated that the spirit of service that animates these public figures is not a rare gift, but a healing resource that has remained largely untapped until the introduction of varied residential school healing initiatives funded by the AHF. Recognizing that Survivors are at different stages in their healing journey, projects provide opportunities for service commensurate with the strengths of Survivors, and support those just finding their skills or making a fragile start on their own journey to wellness.

***Healing Guidepost 1:***

Survivors respond in different ways to residential school experience and trauma. The nature and timing of interventions must be tailored to fit the needs of different participants, building on resilience and readiness to heal, and reaching out to specific groups and those in greatest need.

***Healing Guidepost 2:***

Survivors add value to community initiatives and deserve opportunities to contribute as healers/helpers, to take training to enhance their skills, and to be supported in their ongoing personal journeys.

## 6.5 Traumatic Memories; Remembrance that Heals

Residential school Survivors struggle with self-blame for their emotional fragility and the difficulties they encounter engaging in what seem to others like ordinary activities. They feel more or less captive to unwanted memories that, in many cases, they cannot even talk about. Shirley Williams reported that she walked through the archival exhibit *Where are the Children? Healing the Legacy of the Residential Schools* in which her photograph and story are featured. She felt good that she could do so without becoming distressed. Then at the end she saw an image that triggered her emotions and the memories came flooding back, as if she was that powerless little girl back in St. Joseph's school.<sup>206</sup>

Neurological research has established that the persistence of traumatic memories results from the way information is stored in the brain. When people are exposed to threat, their body reacts by producing stress hormones that prepare them for fight or flight. A soldier who sees his friend killed or a child subjected to abuse in an institution does not have access to a normal, active response. They are likely to feel helpless, overwhelmed and panicky. The images, sounds and smells surrounding the threatening event are stored in a part of the brain associated with emotions. The intense emotions involved in traumatic experience interfere with what is usually called *memory*, the narrative ability to remember and think about an event and “make sense” of it as part of our store of information. The narratives told about how an individual's past can be altered, like fishing stories, or selective, as when women remember the joy and not the pain of childbirth. Traumatic memories may be pushed out of awareness and, when they return, they are intense and unchanged, as if the event was happening in the present.<sup>207</sup>

Traumatic memories can be evoked by cues that are directly related to the trauma or by cues that appear unrelated to the original trauma. Bessel van der Kolk, an expert in PTSD, observes:

In an apparent attempt to compensate for their chronic hyperarousal, traumatized people seem to shut down – on a behavioral level by avoiding stimuli that remind them of the trauma, on a psychobiological level, by emotional numbing, which may extend to both trauma-related and everyday experience.... [T]he inability of people with PTSD to properly integrate memories of the trauma and, instead their being mired in a continuous reliving of the past, is mirrored physiologically in the misinterpretation of innocuous stimuli, such as an acoustic startle, as potential threats.<sup>208</sup>

This is the psychobiological basis for treating PTSD by establishing safe environments where traumatic memories can be recalled and knit into narrative memory, where there is some indication they have less terrorizing power. However, it is essential to ensure that treatment also supports the reestablishment of relationships and safe environments outside of the therapeutic site.

Much of the research on PTSD describes symptoms that result when a person experiences a short-lived traumatic event, such as an horrific episode in war or a rape. Judith Herman, a recognized expert on trauma treatment, has proposed that a new diagnosis of *complex PTSD* is needed to describe the changes in personality that occur when a person is subjected to months or years of total control by

another in such situations as prisoner-of-war camps, long-term domestic violence or child sexual abuse. In a fact sheet published by the National Center for PTSD at the US Department of Veterans Affairs, the symptoms of *complex PTSD* are identified, in part, as:

- \* **Alterations in emotional regulation**, which may ...include persistent sadness, suicidal thoughts, explosive anger or inhibited anger;
- \* **Alterations in consciousness**, such as forgetting traumatic events, reliving traumatic events or having episodes in which one feels detached from one's mental processes or body;
- \* **Alterations in self-perception**, which may include a sense of helplessness, shame, guilt, stigma, and a sense of being completely different than other human beings.

Survivors may use alcohol and substance abuse as a way to avoid and numb feelings and thoughts related to the trauma....

A person who has been abused repeatedly is sometimes mistaken as someone who has a "weak character."<sup>209</sup>

As discussed in Chapter 5, Aboriginal researchers and therapists are now writing about historic trauma, which adds another layer to the disrupted feelings, physiology and behaviour of Aboriginal people who have suffered multiple assaults. Memories of family networks and whole communities reach back through generations, repeating themes of loss and powerlessness, relocation, epidemics and residential school. On the subject of interwoven community networks that characterize the current experience or recent memory of Aboriginal people Maggie Hodgson has observed: "Our greatest strength is also our greatest weakness."<sup>210</sup> Emotional, spiritual and practical support flows through these networks, but in times of severe distress, the effects of trauma ripple through them as well.

Laurence Kirmayer, a Canadian psychiatrist with extensive involvement in research on Aboriginal mental health, has written about the social construction of memory. What one remembers and what one forgets are strongly affected by rehearsing privately and telling in company what one has experienced. Kirmayer writes: "If a family or a community agrees that a trauma did not happen, then it vanishes from collective memory and the possibility for individual memory is severely strained."<sup>211</sup> He cites the insistence of Holocaust survivors that the great evil of the Holocaust must not be forgotten. "Each collective act of remembering makes it more possible for individuals to recollect and tell their personal stories....We do not see their failure to surpass their traumas and move on as a consequence of personal weakness but as the inhuman force of the evil they have endured."<sup>212</sup>

Kirmayer contrasts this landscape of memory with the nondisclosure and forgetting often observed in victims of child sexual abuse. The violation of children provokes shame not only in them but in those around them as well. It is not just that the individual becomes "stuck." The world also fails to bear witness.

The social world fails to bear witness for many reasons. Even reparative [healing] accounts of the terrible things that happen to people (violations, traumas, losses) are warded off because of their capacity to create vicarious fear and pain because they constitute a threat to current social and political arrangements. Psychotherapy aims to help individuals get unstuck by bearing witness to their suffering. To be most effective it must also support their efforts to be heard beyond the consulting room, in a local world.<sup>213</sup>

### ***Healing Guidepost 3:***

Theory of post traumatic stress disorder (PTSD) is a useful starting point for understanding Aboriginal healing, but adherence to individualized, clinical definitions should not obscure the particular nature of Aboriginal distress. These may be described as complex PTSD, collective or historic trauma. Aboriginal healing must extend beyond the treatment site to address the historic, social, political and economic sources of trauma and determinants of physical and mental health.

## **6.6 The Nature and Extent of Healing Needs**

Healing was consistently described in project reports as the restoration of balance and wholeness in physical, mental, emotional and spiritual dimensions of individuals, and harmonious relationships with family and community. Everyone is engaged in healing from the losses, failures and insults they experience as part of everyday life. Healing in this broad sense is a natural capacity, like the capacity to heal physically from a wound. Healing from trauma is different. Trauma by definition is an injury that does grievous harm and threatens to overwhelm the person's self-healing ability unless protective measures are taken. Accepting personal responsibility is central to the process of restoring balance, although oppressive forces outside the individual—poverty, violence, community disorganization—can interfere with personal efforts.

### **6.6.1 The Effects of Child Abuse**

Trauma induced by physical and sexual abuse in children has attracted therapeutic and research attention over the past 25 years as the frequency and severity of child abuse in Canadian and American societies has come to light. Most of the research has been done on child abuse in families, documenting the multiple effects that can linger into adulthood. Wolfe and colleagues, in a report prepared for the Law Commission of Canada, reviewed extensive literature on child abuse and summarized the effects:

Children who have been abused may experience depression, anxiety, low self-esteem and somatic [physical] problems. They also may exhibit self-destructive or suicidal behaviour. Children who are physically abused also are at risk for developing poor impulse control, difficulties regulating their emotions, difficulties understanding others' perspectives, lack of empathy, and are more willing to use physical punishment. Adult survivors of childhood abuse display similar symptoms of depression and anxiety. The emotional distress experienced by

adult survivors of childhood abuse can lead to a number of self-harming behaviours, including substance abuse, bingeing and purging, and self-injurious behaviour. Adult survivors of sexual abuse often are plagued by feelings of guilt, self-blame, helplessness, anger and may perceive life as dangerous or hopeless.<sup>214</sup>

Addressing the particular conditions of child abuse in public institutions, Wolfe and colleagues identify themes similar to familial abuse and some unique themes, specifically: loss of trust and fear of intimacy; shame, guilt and humiliation made more severe by others' attempts to protect the institution; fear and disrespect for authority; and avoidance of settings (church, school) that are reminders of the abuse. The authors state categorically that:

Harm that occurs as a result of abuse within institutions and organizations is not restricted to the victim's trauma alone. Other children in the institution are often aware of the abuse, even if they themselves are not abused, and may exist in a state of perpetual fear of becoming the next victim. Children who witness ongoing abuse of others are harmed by such exposure, and may experience problems of equal severity to those of the victims themselves....[C]urrent and future family members may suffer vicarious symptoms connected to the abuse itself, such as their own loss of faith, distrust of organizations, or feelings of betrayal, guilt or anger.<sup>215</sup>

Research is inconclusive as to what proportion of children suffering abuse develop problems in psychosocial development. No single symptom or pattern of symptoms is present in all victims. Wolfe and colleagues cite a review of research concluding that 50 to 80 per cent of victims of childhood abuse showed symptoms on initial assessment. An additional 10 to 25 per cent of children who showed no symptoms at first assessment became worse in the two years following victimization.<sup>216</sup> Because the diagnosis of *complex PTSD* has been formulated only recently, no research was found on how often childhood victims of abuse display the disabling symptoms associated with prolonged exposure to trauma.

There is general recognition that the harmful effects of abuse depend in part on other positive and negative events in the child's life. According to Wolfe and colleagues, factors influencing the severity of effects and conversely the resilience of Survivors are:

- + age of onset, severity and chronic nature of abuse;
- + relationship to the offender;
- + methods to reduce resistance and disclosure;
- + post-abuse events such as how others respond to disclosure; and
- + the child's psychological make-up.<sup>217</sup>

The AHF commissioned a review of literature on resilience, the ability to recover from adversity, with particular attention to coping with the impact of residential schools. Dion Stout and Kipling suggest that environmental risk factors, such as poverty, racism and the lingering effects of colonialism, must be added to individual risk factors.<sup>218</sup> The fact that whole communities and extended family networks suffered the same shocks with the removal of their children meant that the resilience of whole communities was being overtaxed throughout the residential school era.



### 6.6.2 Intergenerational Impacts of Trauma

Research specific to intergenerational impacts of residential school experience in Aboriginal family networks and communities is rare. However, a substantial body of research is available on the legacy of the Jewish Holocaust evident in the children of survivors (second generation) and to a lesser extent in third generation family members.<sup>219</sup>

Reports on the long-term impacts of the Holocaust on survivors were published in the 1960s, although PTSD as a diagnostic category in psychiatric practice would not crystallize until 1980. By the 1970s numerous studies on the social, psychological and physiological effects on families of survivors were published. Survivors and their families challenged the stereotyped image of damaged human beings that was being created and another wave of research was launched documenting the resilience of Holocaust survivors and their families. Subsequent research has attempted to identify factors that contribute to the divergent positive and negative outcomes.<sup>220</sup>

A statistical analysis of 32 previous studies involving 4,418 families found a significant difference in psychological well-being and adaptation between second-generation Holocaust survivors and members of comparison groups within each study. Second-generation Holocaust survivors in these studies did not adapt as well according to assessments of general mental health, post traumatic stress and, to a lesser extent, symptoms of psychopathology. A significant finding of this meta-analysis was that the manner of recruiting participants made a difference in findings. Samples recruited randomly from the entire Jewish population of several neighborhoods or a population registry did not show more symptoms than comparison groups. Samples recruited through such means as Holocaust survivor meetings, personal contact or advertisements showed greater symptoms of stress than non-survivor comparisons. It can be speculated that survivors who have unresolved issues relating to their history are more likely to seek out support groups, clinical treatment or research involvement. Their children appear to be more vulnerable to PTSD triggered by trauma in their own lives. Other findings were that second-generation trauma was more apparent in offspring of two (rather than only one) Holocaust survivors and was most evident in groups that were also stressed by serious psychological or physical illnesses such as combat disorder or breast cancer.<sup>221</sup>

Survivors who have alcohol or drug dependencies or anger management problems are clearly prone to disrupt the development and life adjustment of their children and other family members. The means by which trauma is transmitted intergenerationally can also be more subtle. Parents who are reliving their own trauma, dealing with pain by emotional numbing or detaching themselves from reality cannot help a child develop a reasonable sense of safety. When the child encounters normal developmental crises distressed parents are unable or unavailable to help the child make sense of what is happening. Parents suffering from PTSD have difficulty modeling a healthy sense of identity, self-reliance and emotional balance, thus interfering with the child's developmental progress.<sup>222</sup>

Insights and inferences that can be drawn from Holocaust studies have relevance for our understanding of intergenerational impacts of residential school experience. First: the resilience of some, perhaps many, survivors of severe trauma enables them to protect their children from acquiring symptoms

that mirror PTSD. Second: the intensity and duration of post traumatic stress is increased when stressors accumulate over time, when the subject has a sensitivity to stress that may be rooted in life experience or genetic makeup, and when social supports are lacking. Third: the more severe the trauma symptoms of the parents, the more likely it is that they will be reproduced in the children. Fourth: the second-generation children of survivors who grow up and become parents without resolving their trauma are at risk of transmitting symptoms in turn to the next generation. Fifth: the intergenerational trauma transmission is not inevitable. It can be deflected by healing interventions that are adapted to the needs and environment of those Survivors and their families whose capacity to cope is overwhelmed or at risk.<sup>223</sup>

Rosalind Ing, whose research was cited above, conducted a small qualitative study of intergenerational impacts of second-generation survivors who were First Nations university students and graduates in Vancouver. The results cannot be generalized. They do, however, give the texture of first-hand experience to the quantitative results of evaluation surveys conducted under AHF auspices. They also provide insights into intergenerational impacts on individuals and families who are coping successfully with life's challenges.

Ing's study involved ten First Nation participants who were children of residential school Survivors. One participant had also attended residential school. Stressful effects of residential school experience were evident in reports about parents who attended and also in the 2<sup>nd</sup>, 3<sup>rd</sup> and, to a lesser extent, the 4<sup>th</sup> generation of children. Impacts that persisted over time included denial of First Nations identity, belief in lies/myths about First Nations people, shame, poor self-esteem, family silence about the past, communication difficulties, and expectation to be judged negatively, among others. To help them heal from intergenerational impacts, participants, not surprisingly, cited education, particularly education about First Nations history and culture. Cultural beliefs on spirituality, therapy with licensed professionals, cultural activities such as sweats, anger management techniques and family support and teachings were also important.<sup>224</sup>

### 6.6.3 Community Response to Healing Opportunities

The legacy of physical and sexual and other abuses in residential schools is real and disabling for unknown numbers of Aboriginal people. Over the seven years documented in this report First Nations, Inuit and Métis organizations and communities have come forward to participate in healing activities funded by the AHF in significant numbers. They have presented 4,612 proposals of all types and entered into 1,346 contracts to support healing initiatives. Those projects responding to surveys (n=467) reported 111,170 participants in healing and 28,133 participants in training activities. If these numbers were extrapolated to indicate participation in projects sponsored by 725 organizations offering continuing services, the participation numbers could be 204,564 in healing and 49,095 in training. As noted above, Survivors represented 25 per cent of participants in healing and 32 per cent in training. Intergenerationally impacted persons made up 49 per cent in healing and 64 per cent in training activities. The means of identifying intergenerationally impacted participants appears to be self-report. The healing and training participant breakdown suggests that 26 per cent of project participants did not specify a link to residential schools, but their choice to join healing activities in the

program indicates a perceived need for healing and an expectation that healing focussed on residential school experience would be relevant to them. The time it takes to heal from accumulated trauma and the adequacy of the interventions possible to date within the time and resource limitations of the AHF are discussed in Chapter 7.

***Healing Guidepost 4:***

The healing needs of First Nations, Inuit and Métis peoples derive from multiple sources, one of which is abuse in residential schools experienced directly or as a secondary impact. Residential school healing is proving to be an effective entry point for engaging broad-based individual and community effort regardless of the source of trauma.

***Healing Guidepost 5:***

PTSD, along with its more complex manifestations, may develop in response to past experience in residential school but it is prolonged and intensified by the accumulation of stresses in the present. Individual treatment to improve coping skills must be complemented by parallel initiatives to decrease stressors in the environment and increase access to social support in the community.

***Healing Guidepost 6:***

The intergenerational transmission of trauma has been verified by extensive research, particularly with second-generation survivors of the Jewish Holocaust. It is not inevitable. Measures that improve the life adjustment of trauma survivors in one generation serve to protect the next generation from replicating symptoms of trauma.

## 6.7 Culture and Healing

The prescription that community services should be “culturally appropriate” has been repeated like a mantra for at least 20 years. Yet, communities struggle to fit their needs into the compartments of fragmented services with different mandates and onerous reporting requirements, most of which ignore the repeated call for holistic treatment. Through routine monitoring reports filed with the AHF, national surveys, case studies, individual participant questionnaires and responses to the promising healing practices questionnaire, there is an increasingly clear picture of what Aboriginal people mean when they call for culturally appropriate or culture-based healing programs.

When projects were invited to submit proposals to heal the legacy of physical and sexual abuse in residential schools, they responded with a great diversity of proposals. There were four mandatory criteria: projects must address the Legacy of physical and sexual abuse in residential schools, be accountable to Survivors and the community served, show support and links, and be consistent with Canada’s *Charter of Rights and Freedoms*. Additional criteria used in rating proposals were set out to assess whether the project was meeting a need, had a workable plan and a team with the ability to carry it out, and could ensure the safety of participants. The content of programs was otherwise not prescribed.

The program choices that communities made show remarkable consistency. According to responses to the IPQ, healing and talking circles and Legacy education were the most frequently used services; Elders and ceremonies were the most highly valued. While services specific to Aboriginal culture were most prominent, the next in order of use and preference were workshops and one-on-one counselling. In fact, the promising healing practices research revealed that cultural interventions were frequently used in combination with counselling, group work and nonverbal therapies, such as psychodrama and art therapy.

The priority assigned to culture in community healing projects mirrors the priority on cultural involvement, traditional spirituality and language reported by residential school Survivors in RHS and APS surveys and a study of inmates in federal correctional institutions.

In the RHS 2002-03 survey, 56.3 per cent of on-reserve respondents who had attended residential school reported that traditional cultural events were very important and 52 per cent reported that traditional spirituality was very important. These rates compare with 39.9 per cent and 38.2 per cent, respectively, of those who did not attend residential school.<sup>225</sup> In the APS 2001 survey, 82.5 per cent of off-reserve respondents who attended residential school reported that keeping the Aboriginal language was very important or somewhat important. This compares with 57.9 per cent of respondents who reported that language retention was important.

The AFN co-sponsored a study in 2001, *The Effect of Family Disruption on Aboriginal and Non-Aboriginal Inmates*.<sup>226</sup> The study involved 172 inmates of whom 35 (20%) had attended residential school and 110 (63%) had been involved with child welfare. Those who had attended residential school saw the experience as negative and 77 per cent reported that they had experienced physical and/or sexual abuse in the school. The average age of Aboriginal inmates at admission was 29.9 years for men and 31.7 years for women, making the age cohort younger than the majority of residential school Survivors. When asked about their attachment to Aboriginal culture, there was little difference in cultural involvement of attendees and those who did not attend while growing up (57% and 50%, respectively). Both attendees and those who did not attend residential school reported a stronger current attachment to Aboriginal culture (attendees: 83%; non-attendees: 73%).<sup>227</sup>

The increased attachment to culture was more dramatic among inmates who had experience with child welfare in adoption, foster care or group homes. While the rates of involvement with Aboriginal activities between those with child welfare experience and those with no such experience while growing up was similar (57% and 49%, respectively) and current involvement in cultural activities in the institution showed a slight difference (82% child welfare; 77% no child welfare) the reported *attachment* to culture differed significantly. Eighty-one per cent of those who had experienced placement reported attachment, while 63 per cent of those who had not experienced child welfare placement were attached.<sup>228</sup> The importance of culture was described by two respondents:

[I'm] more into Aboriginal culture while inside [the institution]. It helps maintain sanity. I go to sweats a couple times a week. They make you understand the importance of life, and help maintain self-esteem and respect. [Outside the institution] Aboriginal culture keeps a focus on goals, priorities, alternatives to parties, etc. Respect to self and others. I learned from my grandfather.<sup>229</sup>

I have become more attached to culture while inside the prison. [There is] more opportunity for participation/attachment to culture than in the city. Outside, I lived in a city. It's hard to be involved with the culture there.<sup>230</sup>

One conclusion to be drawn from this research is that Aboriginal people who have been separated from environmental support of their cultural identity, whether in residential school or child welfare placement, seek cultural activities and involvement to repair a sense of loss in their lives. The value that they place on culture is greater than the value assigned by those who have not experienced separation.

A few projects engaged credentialled ceremonialists to lead cultural activities and interventions in retreat settings, with careful provisions for consent and safety. In the majority of cases, when researchers examined culture-based healing processes and compared them to recognized trauma treatment, the congruence was remarkable. Both moved through the cycles of establishing safety, remembrance and mourning, and reconnecting with others. Cultural activities and interventions introduced distinctive elements, creating cultural as well as personal safety, practicing traditional language and mourning collective losses, and reconnecting with community, nation and ancestors as well as personal networks. Teams, volunteers and resource people consistently reached out for training in recognized treatment methods to complement traditional therapies.

Spiritual healing was the descriptor used for discovery or recovery of meaning in existence and connection with a life force that transcends personal flaws and circumstances. Spiritual healing puts people on a path of right living where they have something to give and they freely share it. Spiritual healing guided by skilled practitioners is thus congruent with the most ambitious aims of psychotherapy. Prayer and ceremony, including healing circles, and relationship with an Elder/mentor were the means most often utilized. Some projects adopted an explicit Christian approach to healing. Many projects emphasized that they respected client choices and accommodated Christian and traditional Aboriginal spiritual practices.

As in psychotherapy, breakthroughs in self-awareness facilitated by traditional healers are followed by a period of consolidation in which new insights are integrated into everyday understanding and behaviour. Elders say that learners have to earn the right to progress in sacred knowledge. Western therapists also nurture the emerging healthier self and gauge their teaching to the capacity of learners to integrate new learning, recognizing that, in periods of fundamental change, people are very vulnerable.

Much of what was learned about culture and healing in AHF-funded projects is based on First Nation experience. We have less detail on how Inuit culture and Métis culture are incorporated in healing practices. It is clear that, for Inuit, healing often involves Inuktitut language, relationship with the land and traditional foods that symbolize self-reliance, respect for kinship roles and responsibilities, and Christian spiritual practices. Métis projects often focussed on reclaiming Métis history that has been severely suppressed in school curricula and public records and rebuilding the collective identity of Métis people. The AHF has commissioned historical research on Métis and Inuit residential school experience to support the development of Inuit-specific and Métis-specific Legacy education.<sup>231</sup>



***Healing Guidepost 7:***

Spiritual healing guided by skilled teachers/healers is a legitimate component of holistic healing from trauma and should be supported as such, with appropriate measures to ensure ethical practice and client safety.

***Healing Guidepost 8:***

Healing from the legacy of residential school abuse or from other aspects of historic trauma unfolds in stages involving deep psychological change and creating vulnerability in clients. Programs that initiate healing from trauma should be sustainable to ensure that clients have the support required over time to manage risk and integrate change.

***Healing Guidepost 9:***

Culture-based healing approaches are specific to First Nations, Inuit and Métis cultures and to the distinctiveness of regional and local communities. Healing programs should accommodate this diversity and engage the relevant populations in designing programs that reflect their realities.

## 6.8 Collaboration

More than 70 per cent of projects responding in national surveys reported partnerships with or support from related services in the community or district. In fact, evidence of support from other services was one of several criteria applied in rating the priority of applications. Some of the partner agencies provided complementary services, such as arranging travel for participants to a healing activity or providing accommodation or goods in-kind. Sometimes the partnerships provided parallel services, such as a residential family healing service receiving referrals from an established counselling agency. Projects often filled a gap in service by providing culture-based interventions by Aboriginal personnel. Collaboration of healing projects with professional agencies were considered successful when the role of the healing project was recognized as parallel or complementary to the professional service, with recognition of the therapeutic role and expertise of Aboriginal healers/helpers.

Successful partnerships altered the power relationships that often prevail between Aboriginal and non-Aboriginal services or between mandated and voluntary activities where the offering of cultural supports is seen as an adjunct to the real work of treatment. Projects were reluctant to relinquish this degree of autonomy for the sake of securing continued funding under an agency umbrella.

The most frequently cited difference between healing project methods and related services was the incorporation of spirituality in healing approaches. Teams did not see the training of outside professionals in spiritual healing as a solution. Rather, they sought training to upgrade their own therapeutic and counselling skills. They also recognized that, while it would be inappropriate to devise general standards for credentialling practitioners of traditional or spiritual healing services, there is a need to establish criteria or even standards to evaluate the legitimacy of healer claims and protect



clients from exploitation. The checklist for healer/helper qualities presented earlier is a beginning approach to assessment. The approach taken by most teams was to rely on local healers/helpers whose legitimacy could be validated by the community that knew their personal character and therapeutic capabilities.

***Healing Guidepost 10***

Partnerships between Aboriginal healing projects and established community services should ensure that the expertise and authority deriving from Aboriginal culture and experience is recognized on a par with authority derived from academic credentials and program mandates, making hierarchies of power inappropriate.

***Healing Guidepost 11:***

Expertise in facilitating holistic healing, including a spiritual dimension, is an essential skill in Aboriginal healing teams. In establishing autonomous projects or partnerships, community guidance should be sought on how to assess the qualifications and effectiveness of healers/helpers contributing spiritual expertise, and their services should be compensated in an appropriate manner.

## 6.9 Self-Determination and Healing

AHF-funded project reports focussed on internal practices, client needs and outputs. When asked specifically about community conditions that helped or hindered healing, they made comments about community leadership and environmental conditions, such as housing, employment and availability of community services. They did not typically make observations about the larger political climate. On the other hand, the establishment of the healing fund and the creation of the AHF were responses to the RCAP report, which made explicit the connection between healing and larger social and political goals:

Aboriginal nations need a strong and durable foundation upon which to build self-government. That foundation is the people – healthy, educated individuals, strong in body, soul, mind and spirit.<sup>232</sup>

Recent research delineates how influence works in the other direction as well, with the renewal of Aboriginal institutions impacting on individual well-being. Michael Chandler and Christopher Lalonde in British Columbia, in a study of published data on youth suicide, noted that:

Among the 30 some Tribal Councils that organize British Columbia's 196 aboriginal bands, the rates of suicide turn out to be extremely variable. Over the 5-year window of the study (i.e., 1987-1992), more than half of the province's native bands suffered no youth suicide at all and, consequently, have overall suicide rates well below the national average. Others have suicide rates that are 500 to 800 times that of the nation as a whole.<sup>233</sup>

The researchers set out to identify differences between First Nation communities that might explain these differences.

Adolescence is a period of rapid and pervasive change, when youth are constructing a new adult identity. Mohawk psychiatrist Clare Brant described the process in this way:

Identity is a very difficult word to define since it encompasses so many different ideas, but I take it to mean knowing who one is, who one was and who one will be. There is continuity between the terms “*I was, I am and I...will be*”. I was pretty much the same person yesterday as I am today and ... I will be pretty much the same person tomorrow. In the adolescent this is not the case because of the sudden, rapid changes in the personality as it matures from childhood to adulthood and also the biological storm which occurs with the sudden development of secondary sexual characteristics and sexual passion.... [I]dentity when it is stable, represents a continuity of I was, I am, I will be and sudden discontinuity results in extreme anxiety and confusion.<sup>234</sup>

Chandler, Lalonde and Sokol’s earlier research on youth identity development compared the strategies of First Nations and non-Aboriginal youth in resolving the problem of discontinuity and resultant confusion. Failure to establish a sense of continuity in their own existence put adolescents at risk of suicide because it seemed not to matter whether they continued or not. While there were differences within each group, the researchers concluded that non-Aboriginal youth located their personal continuity inside themselves, looking for some core characteristics or experiences that anchored who they were with who they would become. First Nations youth, on the other hand, tend to anchor their continuity in a narrative of events involving themselves and others over time, in a story that becomes more coherent as the adolescent matures.<sup>235</sup>

Chandler and Lalonde theorize that if the narrative of the community was disorganized as a result of repeated assaults including residential school experience, then adolescents would be more at risk in their own development and this could manifest in higher rates of suicide. They constructed a scale to test the theory, looking at First Nations communities to find:

- ✦ evidence that particular bands had taken steps to secure Aboriginal title to their traditional lands;
- ✦ evidence of having taken back from government agencies certain rights of self-government;
- ✦ evidence of having secured some degree of community control over educational services, police and fire protection services and health delivery services; and
- ✦ evidence of having established within their communities certain officially recognized “cultural facilities” to help preserve and enrich their cultural lives.

The results indicated that:

Each of the six markers of cultural continuity employed here was found to be associated with a clinically important reduction in the rate of youth suicide. Similarly, an overall index created by summing across these different cultural factors proved to be strongly and significantly associated with reduced suicide rates (e.g., the observed 5-year suicide rate fell to zero when all six of these protective factors were in place in any particular community).<sup>236</sup>

The researchers concluded that the markers chosen do assist in defining structures of cultural continuity at the level of community, and strongly influence the solutions available to youth in their personal quest for self-continuity. Chandler and Lalonde further hypothesize that the markers chosen are not the fundamental features of cultural continuity, but a subset of a larger array of protective factors that may hold real promise of reducing the epidemic of youth suicide within First Nations communities.

The size of Chandler and Lalonde's samples and the duration of the studies on which conclusions are reached are not sufficient to make broad generalizations, and the results are being examined critically by other researchers. However, the research is stimulating further study to validate findings.

As noted in the discussion of social indicators in Chapter 4, brief interventions in small populations are unlikely to produce change in social indicators, such as the provincial statistics on suicide that were used in Chandler and Lalonde's studies. However, AHF funding processes have reinforced a significant degree of self-determination in program design and implementation. They have elicited an extraordinary level of community response, volunteer effort, networking and collaboration with parallel services. In many cases, they have had positive impacts on the recognition of unmet needs and the coordination of efforts to meet the needs of Survivors. They have enhanced the skills of community members by sponsoring training, thereby enlarging community capacity for self-directed service delivery. AHF experience in funding processes, program design and service delivery is synthesized in the three volumes of the current report and elaborated in evaluation reports of 2001, 2002 and 2003.<sup>237</sup> These resources constitute a fund of research for the design of healing and other capacity-building initiatives.

***Healing Guidepost 12:***

Healing programs function in the context of larger processes of community renewal or disintegration. They impact significantly on the outcome of efforts to restore or enhance cultural continuity and capacity and, conversely, their effectiveness is enhanced or constrained by community structures and processes. Policies to support healing should therefore be designed to complement and advance ongoing efforts in political and economic domains to achieve self-determination and cultural continuity.

## **6.10 Monitoring and Evaluation**

Aboriginal people are often heard to complain: *We've been researched to death!* In that context, the level of voluntary participation of community healing teams in evaluation and best practices research is extraordinary. In the first national survey of 2000, there was a response rate of 74 per cent of AHF-funded projects. In 2002, the response rate was 46 per cent and in 2004, when applications for further funding had been closed for a year, the response rate was 47 per cent. The promising healing practices questionnaire was sent to 439 completed and ongoing projects. Although the response was 23.5 per cent, this rate is still substantial, considering that some of the completed projects had closed their doors and no longer had staff to answer correspondence and some others had not been operating long enough to have developed promising practices.

Project teams evidently perceived that making the effort to reflect and report on what they were doing, in the midst of competing demands on their resources, had value. The external evaluation on AHF program funded activity was coordinated from head office and program evaluation was facilitated by Programs staff. AHF Communications actively promoted the sharing of experience between projects and in quarterly issues of *Healing Words* throughout the period under review. Regional and national gatherings were forums where local experience was showcased. One can speculate that the teams' willingness to participate in evaluation was seen as another way to share experience for the benefit of the healing community at large. In addition, there was, arguably, another motive: they saw evaluation as a tool to improve their own professional effectiveness.

Project teams, particularly in early stages of development, asked for information on applications that gained approval and on projects that were achieving good results. As they encountered the complexity of healing needs presented by participants and the limitations of their own skills, they consistently asked for support in acquiring targeted, advanced training to meet the needs. They identified the need to develop screening tools so that participants could be streamed into healing activities appropriate to the type and intensity of their needs and their readiness to engage in healing. They worked diligently to understand and respond to requests to describe, count, scale and make judgments about their interventions. It is fair to say that thousands of team members across the country made a commitment to research and evaluation, and developed or refined skills to produce valid data.

The approaches adopted by the AHF to engage project teams in self-evaluation can be contrasted with the methods of externally-mounted, expert, quantitative evaluation typically imposed by program funders. One can argue that there are flaws in the mix of quantitative and qualitative methodologies employed and limitations on the generalizability (called in technical terms "reliability") of findings. The AHF would be the first to acknowledge that community-driven evaluation methods will benefit from refinement. We would argue, at the same time, that the quality and validity of our findings about Aboriginal healing are at the leading edge of research in the field.

Understanding of healing processes and effective interventions will be further advanced as commissioned or collaborative research studies now in progress report on child welfare and intergenerational impacts and case studies of medium-term community impacts of healing projects.

***Healing Guidepost 13:***

Community involvement in self-monitoring and collaborative evaluation has established a favourable climate for continuing research on trauma transmission and healing in Aboriginal contexts. Program effectiveness in healing projects and complementary services will be enhanced by responding to requests for targeted training, creating opportunities for participatory research and sharing successful practices.

***Healing Guidepost 14:***

The request for culturally appropriate assessment tools to refine program implementation should be given priority attention.

**6.11 Continuity**

The evidence presented in Chapters 4 and 5 and highlighted in this chapter support the case for the funding of culture-based, community-led initiatives to heal the legacy of collective and individual trauma that, to varying degrees, cripples the capacity and undermines the resiliency of Aboriginal individuals, families, communities and nations. Residential school experience is a major component of the Legacy, but it is only one of the multiple, repeated assaults on cultural continuity and individual identity that have created the need for healing. The case has also been made that healing facilitated by Aboriginal people, including residential school Survivors, is most effective in restoring meaning, connections and resourcefulness in individual lives that have been damaged by abuse. The risks involved in fundamental personal change make it essential that healing support be sustained over time so that individuals who embark on healing have access to sensitive and skilled therapists who can model and guide healthy identity development.

The next chapter discusses the role that is envisaged for the AHF in supporting the next stage of the journey of Aboriginal people to reclaim wellness for all, especially those who are most in need.







Participants at the Aboriginal Healing Foundation National Gathering  
July 9, 2004  
Photo: Kanatlio

## The Road Ahead

### 7.1 Introduction

We believe firmly that the time has come to resolve a fundamental contradiction at the heart of Canada: that while we assume the role of defender of human rights in the international community, we retain, in our conception of Canada's origins and makeup, the remnants of colonial attitudes of cultural superiority that do violence to the Aboriginal peoples to whom they are directed.<sup>238</sup>

The Royal Commission on Aboriginal Peoples (RCAP) identified acknowledgement and resolution of residential school issues as a key component in restoring a relationship of mutual trust and respect between peoples. The theme of human rights and restoration was reiterated by National Chief Phil Fontaine addressing the Standing Committee on Aboriginal Affairs and Northern Development on the Assembly of First Nations (AFN) proposal for compensating residential school Survivors:

Our model will prove to be the one in which Canada and Canadians can be proud. It will enhance Canada's reputation as a world leader of human rights, while at the same time increase the stature and respect for first peoples at home and abroad. It would also set an international standard and methodology for dealing with mass violations of human rights. Finally, it will put behind us, in an honourable way, the most disgraceful, harmful, racist experiment ever conducted in our history.<sup>239</sup>

Chief Fontaine, himself a Survivor of residential school abuse, was speaking to the issue of redress, with the unanimous endorsement of First Nation chiefs at a special meeting in 2004. His passionate pursuit of redress is fuelled not only by his personal experience. It expresses the sentiment of many, many Aboriginal people who perceive the injustices perpetrated on children in residential schools as symbolic of the repeated violations of dignity that they themselves have experienced and continue to confront. In this context, healing of residential school trauma takes on mythic proportions, becoming a vehicle for healing the relationship between nations.

Addressing resistance to revisiting past injuries RCAP went on to say:

Many exposed to these events for the first time will urge us to forget the past: building for the future is what counts, they argue; preoccupation with past injustices and compensation can only continue to embroil the relationship in blame and confrontation.

But as Aboriginal people have told us, the past might be forgiven but it cannot be forgotten. It infuses the present and gives shape to Canadian institutions, attitudes and practices that seriously impede their aspirations to assume their rightful place in a renewed Canadian federation. Only if Canada admits to the fundamental contradiction of continuing colonialism, they assert, can true healing and true reconciliation take place.<sup>240</sup>

For close to a decade since the RCAP Report was published, steps have been taken to address residential school issues and promote reconciliation. The Honourable Jane Stewart, then Minister of Indian and Northern Affairs Canada, in 1998 acknowledged harms done by assimilationist public policy. She made a cautious expression of regret for physical and sexual abuse suffered by some students. The limited acknowledgement of harms and creation of a \$350 million healing fund, along with the emergence of the AHF to administer the fund, made a start on healing. However, the tide of litigation claiming injury to language, culture and family relationships gained strength and magnitude throughout the decade, witnessing to the inadequacy of the government's statement of reconciliation and its limited willingness to make reparations. An Alternative Dispute Resolution process initiated by government following community consultation was launched in late 2004 to respond to litigation. This process came under criticism from many quarters, including the parliamentary committee that heard Chief Fontaine's testimony on behalf of the AFN.<sup>241</sup>

A major milestone on the road to reconciliation was reached on 30 May 2005 with the signing of a political agreement between Deputy Prime Minister Anne McLellan on behalf of Canada and National Chief Phil Fontaine on behalf of the Assembly of First Nations. The agreement recognized the need for a new approach to achieve reconciliation. It acknowledged the need for an apology giving broader recognition of the residential school legacy and made a commitment to work toward a broad reconciliation package including lump sum payments to former students. The federal government concurrently announced the appointment of the Honourable Mr. Justice Frank Iacobucci, a retired Supreme Court judge, to develop details of the resolution process and improvements to the Alternative Dispute Resolution (ADR) process that will continue to be available to former students claiming serious abuse.<sup>242</sup>

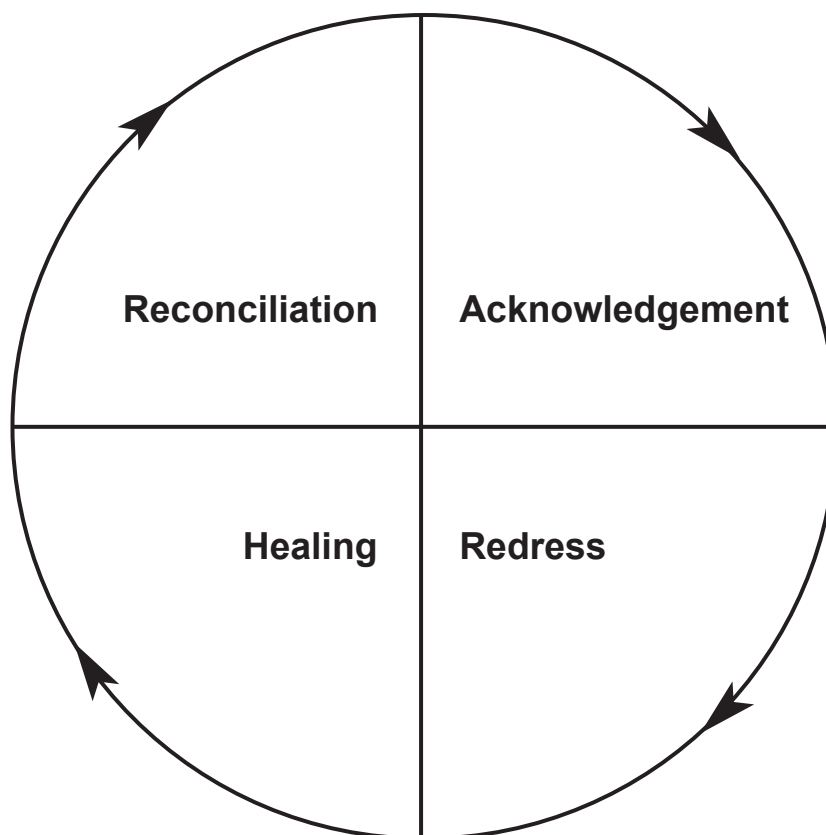
A unique and historic opportunity now exists to launch a strategic and comprehensive approach to healing the legacy of residential schools. This concluding chapter of *A Healing Journey: Reclaiming Wellness* places healing in the context of a holistic approach to resolution, including acknowledgement, redress, healing and reconciliation. We explore evidence of the numbers of Survivors and family members impacted intergenerationally and the time it takes individuals, families and communities to heal from trauma. Statistics on the coverage of AHF program support to date are reviewed to assess the work that remains to be done. The place of AHF services in a spectrum of services and initiatives to achieve residential school resolution and enhance community well-being are highlighted. An investment in healing required to bring a degree of closure to the task is projected. Finally, we make recommendations on renewal and modification of the AHF mandate.

## 7.2 Acknowledgment, Redress, Healing and Reconciliation

The Law Commission of Canada was mandated in 1997 by the Minister of Justice to study the processes for redressing the harms inflicted on children in institutions funded by government. The Commission's report, *Restoring Dignity: Responding to Child Abuse in Canadian Institutions*<sup>243</sup> published in 2000 researched numerous instances of institutional abuse and means of reparation, including residential school issues. The report argued strongly that the diverse needs and preferences of survivors made it inappropriate to pursue one or two options for redress. Maximizing options that are not

mutually exclusive and facilitating choice by survivors was endorsed. The Law Commission's research and analysis provides valuable guidance and has been adapted in the AHF framework illustrated in Figure 27 below.<sup>244</sup>

Figure 27) Components of Residential School Resolution



The first essential step in resolution is *acknowledgement*. The *Restoring Dignity* report defines acknowledgement as:

Naming the acts done and admitting that they were wrong...To be complete, an acknowledgement must have three other features. It must be specific, not general, and forthright, not reticent....Second, it must demonstrate an understanding of the impact of the harms done....Third, it must also make clear that those who experience the abuse were in no way responsible for it.<sup>245</sup>

The acknowledgement that began with the federal government's *Statement of Reconciliation* in January 1998 only partially met this standard. The representations of residential school survivors in class action lawsuits, the educational efforts of Survivor societies and Legacy education supported by the AHF have helped to clarify the dimensions of what is required. The broader acknowledgement by government, promised in the *Political Agreement of May 30, 2005*, will mark a significant advance toward societal acknowledgement of the wrongs done and their lasting legacy.

The second component of resolution in our model is *redress*, action taken to compensate for harms inflicted. The core of redress programs is payment to individual survivors or their designated organizations, although no payment can truly compensate for what residential school Survivors sometime refer to as the “stolen childhood.” Redress payments negotiated on a group basis relieve Survivors of the necessity of reliving their traumatic experience in the adversarial environment of a court of law; they acknowledge the reality of pain and loss suffered by claimants; and, ideally, they facilitate the achievement of closure on the past. The political agreement on residential schools recognizes multiple dimensions of redress and anticipates, in addition to redress payments for all former students, “a truth and reconciliation process, community based healing, commemoration, an appropriate ADR process that will address serious abuse, as well as legal fees.”<sup>246</sup>

The third element in resolution is *healing*, the component of resolution that falls within the AHF mandate. Healing has diverse meanings, depending on the persons, agencies or communities that are consulted. Elders and leaders in the Aboriginal healing movement see it as restoring physical, mental, social/emotional and spiritual balance to individuals, families, communities and nations that have suffered repeated assaults on their well-being over the course of generations. The AHF, framing a healing vision in the context of its mandate, declares:

Our vision is one where those affected by the Legacy of Physical Abuse and Sexual Abuse experienced in Residential School system have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations.<sup>247</sup>

Earlier chapters of this report have documented the substantial results of AHF’s funding of community healing initiatives. Progress toward the vision has been slowed, however, by restrictions imposed by the mandate and by the incorrect assumption of government that healing could proceed in isolation from adequate acknowledgement and redress.

Funding applications eligible under the funding agreement were required to “address healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, which could include the intergenerational impacts.”<sup>248</sup> This requirement was undoubtedly based on a legalistic analysis of what harms were actionable under law. As discussed earlier, it clashed from the outset with Aboriginal perceptions of healing needs and generated ongoing criticism of the AHF. The Law Commission of Canada was given a similarly limited mandate in its reference on institutional abuse of children. The Commission report, *Restoring Dignity: Responding to Child Abuse in Canadian Institutions*, challenged the validity of restricting analysis to these particular harms:

The Minister ... directed the Law Commission to consider processes for handling the physical and sexual abuse of children in institutions. This Report has identified numerous situations where abuse of this kind has occurred. Still, there are many other types of abuse, such as emotional, psychological, racial and cultural abuse. The harm caused by these other forms of abuse is equally devastating. Indeed, there are few occasions when physical and sexual

abuse does not, itself, constitute emotional and psychological abuse. The necessary focus on physical and sexual abuse should not be used as an excuse to neglect the deep harms caused by emotional, psychological and cultural abuse. Drawing distinctions between kinds of abuse is, in the context of a report such as this, both unhelpful and invidious [offensive].<sup>249</sup>

AHF support for healing initiatives was delivered at the same time when thousands of Survivors were mounting litigation to gain compensation for residential school abuse. Restrictions on eligible activities attempted to separate healing from efforts to secure redress and created confusion and resentment. Community projects seeking to validate Survivors' experiences were at odds with legal processes that withheld acknowledgement and attempted to deny or minimize redress.

The possibility now exists to promote and support healing as a necessary complement to acknowledgement and redress. It is less likely to be seen as a grudging substitute for compensation or an attempt to deflect litigation. A comprehensive response to residential school abuse paves the way for the fourth component of resolution: *reconciliation*.

*Reconciliation* has been cited in relation to residential school resolution since the Minister's *Statement of Reconciliation* in 1998. It is a primary goal of the political agreement of 2005. What does it mean? One definition of "to reconcile" is "make resigned or contentedly submissive [to one's fate]."<sup>250</sup> Some Aboriginal people, including members of the AHF Board, maintain that reconciliation in this sense, without the prerequisites of acknowledgement, redress and healing, serves to perpetuate the original violence. A more optimistic definition of reconciliation is proposed in peace studies pursuant to wars and conflicts that have generated atrocities. *Reconciliation* in these contexts means:

Coming to accept one another and developing mutual trust. This requires forgiving. Reconciliation requires that victims and perpetrators come to accept the past and not see it as defining the future as simply a continuation of the past, that they come to see the humanity of one another, accept each other and see the possibility of a constructive relationship.<sup>251</sup>

The language of reconciliation implies that a harmonious relationship once existed between parties. The RCAP report proposed that this was the case historically when Aboriginal people welcomed newcomers to this land and entered into relations of mutual benefit. For Survivors whose lifetime experience with agencies of Canadian society has been harsh and alienating, developing trust has scarcely begun.

The theme of reconciliation brings us back to the large issue of relationship between peoples and the reestablishment of dignity and mutual respect. Delineating the role that the AHF has played and can play in advancing this larger goal requires consideration of the magnitude of the healing challenge and the progress made to date.



### 7.3 Individual and Collective Healing

Healing in popular usage carries with it an association with disease and medical interventions that blurs the scope of malaise in Aboriginal life and the remedies that are required. Participants at the national gathering convened by the AHF in 2004 advised workshop leaders that the term “healing” implies weakness to some and is therefore a barrier to participation in activities. They urged that more positive terms be adopted.<sup>252</sup> We have called this report *A Healing Journey: Reclaiming Wellness*, to signify that healing follows varied paths to restoring personal and societal balance after generations of disruption.

The terminology of healing has been retained throughout this report to give focus to interventions made possible within the mandate of the AHF. Wellness is recognized to have a broader meaning, which draws on the resilience of Aboriginal people that enables them, like all human beings, to bounce back from adversity. Resilience, however, has its limits. Children who have experienced deprivation and abuse carry a continuing burden that is magnified by social conditions of poverty and powerlessness. When the impacts of repeated historical assaults reverberate through families and communities, the care and nurture that troubled children need to recover from trauma is unavailable, and the capacity to deal creatively with life’s challenges is further undermined. Healing in the larger sense in which Aboriginal people conceive it must reach beyond individuals to transform family and community systems. Sustainable wellness requires social harmony, economic resources and political agency.

The AHF was created and funded as a time-limited initiative to support community-based healing from the legacy of physical and sexual abuse in residential schools. AHF’s work has focussed on one aspect of community healing. Applicants and participants in regional gatherings consistently protested against the restricted focus of the mandate. Nevertheless, communities and organizations responded to the invitation to develop proposals within the funding guidelines, to demonstrate support from Survivors and the communities to be served, and to seek out linkages and partnerships with organizations and agencies offering related services. The volume of proposals submitted over four years (4,612) and the number of projects initiated (1,346) are evidence of both the magnitude of need and the readiness of communities to engage with residential school issues.

Residential school healing projects became a focus for mobilizing community effort. Projects set a priority on involving Survivors and employing Aboriginal persons, with the result that 91 per cent of full-time project staff were Aboriginal and, of these, 32 per cent were Survivors. Staff effort was supplemented by volunteers who were contributing an estimated 13,000 service hours per month in 2001.<sup>253</sup> Regional gatherings across the country each year, attended by board members and senior staff, drew community members who expressed criticism, advice and, increasingly as the AHF matured, appreciation for its support.

The array of problems that confront Aboriginal communities in housing, health, education and employment are often perceived to be beyond the reach of ordinary community members to solve. Many of them seem to lie in the domain of professionals – teachers, nurses and managers. Healing the legacy of residential schools is an enterprise that community members care about intensely and about

which they can do something. They assumed ownership of healing projects and worked with staff and board to shape the AHF to better fit their needs. Building on local strengths, they applied their skills of sharing and caring and sought out training to become more effective. As deep-seated wounds were uncovered, they drew on the expertise of professionals and services outside their circle.

The AHF set out in 1998 on a mission “to encourage and support Aboriginal people in building and reinforcing sustainable healing processes that address the Legacy of Physical and Sexual Abuse in the Residential School System, including Intergenerational Impacts.”<sup>254</sup> The working partnership with Aboriginal communities and organizations made it possible to pursue that mission in specific places for a brief period of time, but the mission is far from complete. The next section assembles data on the size of the Aboriginal populations that require or can benefit from healing programs.

## **7.4 Residential School Attendance and Intergenerational Impacts**

### **7.4.1 Counting Survivors**

Survivors of residential schools are designated as principal participants in healing programs supported by the AHF, as advisors on program design and beneficiaries of service. To obtain an accurate count of the number of Aboriginal people living or dead who attended residential schools from their inception to 1969, when the federal government abandoned the policy of residential schooling, is not possible. The AHF and Indian Residential Schools Resolution Canada have gathered and updated information on the number and locations of schools and hostels,<sup>255</sup> and historical studies have searched archives that provide information on residential school enrollment.<sup>256</sup> Operation of the schools was delegated to church authorities for most of their existence, and records are inconsistent and scattered in numerous locations.

Statistics Canada gathered information on residential school attendees in the Aboriginal Peoples Surveys (APS) of 1991 and 2001. The census in each of those years asked respondents questions if they were of First Nations, Inuit or Métis heritage. The APS of 1991 selected a sample from respondents who answered yes to the heritage question. Starting with the 1996 census, persons who answered yes to the heritage question were also asked if they identified themselves as a member of one of those groups. The total number of those reporting Aboriginal identity in 2001 was 975,000. In 2001, the APS selected a 20 per cent sample of the Aboriginal identity group to gather more detailed information, including whether the survey respondents attended residential school or had relatives who attended.

A significant number of First Nation on-reserve communities declined to participate in the 2001 census and many others were omitted from the sample or declined to participate. One hundred and twenty-three on-reserve communities participated in the survey. Non-participation was concentrated in some regions, making generalizations beyond the selected on-reserve communities inappropriate. Off-reserve survey results and regions with a high reporting rate provide useful data, regarded as being reliable for more generalized conclusions.<sup>257</sup> Non-participation was concentrated in some regions, making generalizations on a national basis inappropriate. Off-reserve survey results and regions with a high reporting rate provide useful data regarded as being reliable.

While some of the findings from the census and APS related to residential school attendees have already been published by Statistics Canada and other federal agencies, a customized analysis of the 2001 APS data set was commissioned by the AHF to assemble a national picture. This is the principal source of estimates of Aboriginal Survivors and relatives living off-reserve. The set of APS tables cited in this chapter and Chapter 6 are attached in Appendix O. Since APS national data on Aboriginal people living on-reserve have to be used with caution, the APS data have been cross-referenced with another survey that was conducted in 2002.

The First Nations Regional Longitudinal Health Survey 2002-03 (RHS) was coordinated by the First Nations Centre of the National Aboriginal Health Organization (NAHO) and conducted in 238 First Nations communities, including non-reserves in the Yukon and Northwest Territories and on-reserve elsewhere. A total of 22,602 surveys was administered by means of three age-specific questionnaires: 10,962 adults 18 years of age and over; 4,983 adolescents, 12 to 17 years of age; and 6,657 children 0 to 11 years of age for whom a parent or guardian responded. Communities and respondents within communities were randomly selected. Data were statistically adjusted to represent the distribution of First Nations population.<sup>258</sup> The AHF commissioned the analysis of responses to detailed questions on residential school attendance by respondents and relatives of respondents in the RHS survey. A set of tables and graphs presenting selected data from the RHS appears in Appendix P.

A third source of data, which analyzes residential school attendees, was produced by the Department of Indian Affairs and Northern Development (DIAND) in 1998, based on the 1991 census and 1991 APS and Indian Registry Canada.<sup>259</sup> Cross-referencing data from these three sources supports estimates of surviving residential school attendees and relatives of Survivors, but each source has limitations and overall numbers must be read with caution.

The DIAND analysis in 1998 estimated that between 105,000 and 107,000 Aboriginal people still alive in 1991 attended residential schools. Fifty-five per cent of attendees were female and 45 per cent were males; 80 per cent of attendees were Status Indians, 9 per cent were Métis, 6 per cent were non-Status Indians and 5 per cent were Inuit. Nationally, 59 per cent of attendees lived off-reserve and 41 per cent lived on-reserve.<sup>260</sup>

Custom analysis of 2001 APS data conducted for the AHF indicated that 34,100 residential school Survivors lived off-reserve making up 6 percent of the off-reserve Aboriginal population. Twenty per cent of 70,190 respondents in 123 First Nations on-reserve communities covered by the survey reported residential school attendance. The APS data showing numbers and proportions of First Nations, Inuit and Métis residential school attendees off-reserve and the on-reserve survey results are displayed in Tables 18 and 19.

**Table 18) Residential school attendance by sex for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

Identity	Attended	Did not attend	Refused/ Not stated	Total	% attendees
First Nation	24,870	263,080	6,760	294,720	8
Métis	5,890	224,700	4,700	235,290	3
Inuit	3,380	21,800	870	26,050	13
Total	33,780	498,850	12,090	544,720	6

**Notes:**

<sup>1</sup> Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.

<sup>2</sup> Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.

<sup>3</sup> Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.

<sup>4</sup> The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada (2004). Results of the Analysis of the APS Database prepared for the Aboriginal Healing Foundation. Ottawa, ON: Aboriginal Healing Foundation.

**Table 19) Residential school attendance by sex for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

Attended	Did not attend	Refused/Not stated	Total	% attendees
14,100	52,640	3,450	70,190	20

**Notes:**

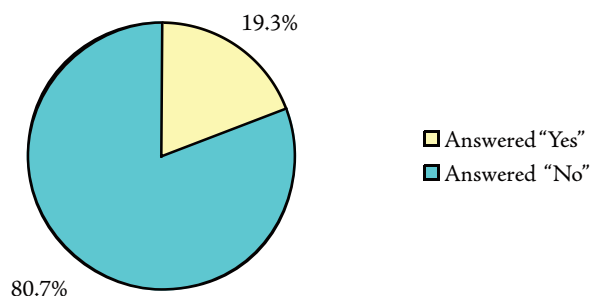
- <sup>1</sup> Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
- <sup>2</sup> Caution should be exercised in generalizing the characteristics of the reserves that participated in APS to the entire on-reserve population in Canada. Any aggregation of APS reserve data is only representative of the reserves that participated in APS and cannot be considered representative of the total on-reserve population.
- <sup>3</sup> Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
- <sup>4</sup> The sum of the values of each category may differ from the total due to rounding. Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

Source: Statistics Canada (2004). Results of the Analysis of the APS Database prepared for the Aboriginal Healing Foundation. Ottawa, ON: Aboriginal Healing Foundation.

The Regional Health Survey 2002-03 data that indicate 19.3 per cent of adults 18 years of age and older attended residential schools are displayed in Figure 28. This is consistent with APS findings using a different survey base, although neither sample establishes on-reserve population.

**Figure 28) Did you attend residential school? (adult survey respondents)**

Did you attend Residential School?



Answered "Yes"	19.3%
Answered "No"	80.7%

**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g., Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Regional Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/ Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

The DIAND analysis of 1998, using 1991 data, is the only source that reports on both on-reserve and off-reserve residential school Survivors. Readers are reminded that none of the numbers in the APS or the RHS are based on counting individuals. They are projections based on census data and survey samples done at different times by different agencies, with varying degrees of coverage. The Office of Indian Residential Schools Resolution Canada (IRSRC) reported in 2005: "It is estimated there are 86,000 peoples alive today who attended Indian residential schools, according to Statistics Canada."<sup>261</sup> In the absence of more definitive data, the IRSRC estimate of 86,000 current Survivors will be used for purposes of discussion.

**7.4.2 Counting Subsequent Generations**

The numbers of First Nations, Inuit and Métis persons who have experienced intergenerational impacts are equally difficult to establish with certainty. The APS of 2001 asked whether a mother, father, grandfather, grandmother or other relative had attended residential school; 26.5 per cent of respondents off-reserve indicated that one or more relatives had attended. This would yield a total of 144,350 (26.5%) relatives of Survivors off-reserve, based on 544,720 who identified as Aboriginal in the 2001 APS.



Of 70,190 on-reserve respondents to the APS, 70.5 per cent indicated they had a relative who had attended residential school, but this proportion cannot be extended to the whole on-reserve population. The APS summary does not distinguish between parents and grandparents and other relatives who attended. Children and grandchildren of attendees are most likely to experience intergenerational effects, as the extended family networks that prevail in many Aboriginal communities mean that impacts are not confined to nuclear families. Tables 20 and 21 display customized APS tables for relatives on- and off-reserve.

Table 20) Residential school attendance of relatives for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey 2001

Reported relative attended	Mother	Father	Brother or sister	Grandmother	Grandfather	Aunt or Uncle	Cousin	Other relative	Percentage with at least 1 family member
First Nations	60,010	38,600	34,890	48,540	36,940	69,820	42,400	30,140	
Métis	13,430	7,700	8,200	16,570	11,090	16,590	11,000	7,940	
Inuit	3,300	2,680	4,960	910	660	4,500	4,010	2,710	
Total	75,650	48,290	47,740	64,420	47,960	89,020	56,360	39,960	
Percentage reporting	14	9	9	12	9	16	10	7	26.5

**Notes:**

- <sup>1</sup> Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
- <sup>2</sup> Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
- <sup>3</sup> Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
- <sup>4</sup> Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
- <sup>5</sup> The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada (2004). Results of the Analysis of the APS database prepared for the Aboriginal Healing Foundation. Ottawa, ON: Aboriginal Healing Foundation.

**Table 21) Residential school attendance of relatives for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Mother	Father	Brother or sister	Grandmother	Grandfather	Aunt or Uncle	Cousin	Other relative	Percentage with at least 1 family member
Reported relative attended	25,860	22,810	19,070	17,530	15,790	30,000	22,800	19,020	
Percentage reporting	36	32	27	24	22	42	32	26	70.5

**Notes:**

- <sup>1</sup> Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
- <sup>2</sup> Caution should be exercised in generalizing the characteristics of the reserves that participated in APS to the entire on-reserve population in Canada. Any aggregation of APS reserve data is only representative of the reserves that participated in APS and cannot be considered representative of the total on-reserve population.
- <sup>3</sup> Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
- <sup>4</sup> The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada (2004). Results of the Analysis of the APS database prepared for the Aboriginal Healing Foundation. Ottawa, ON: Aboriginal Healing Foundation.

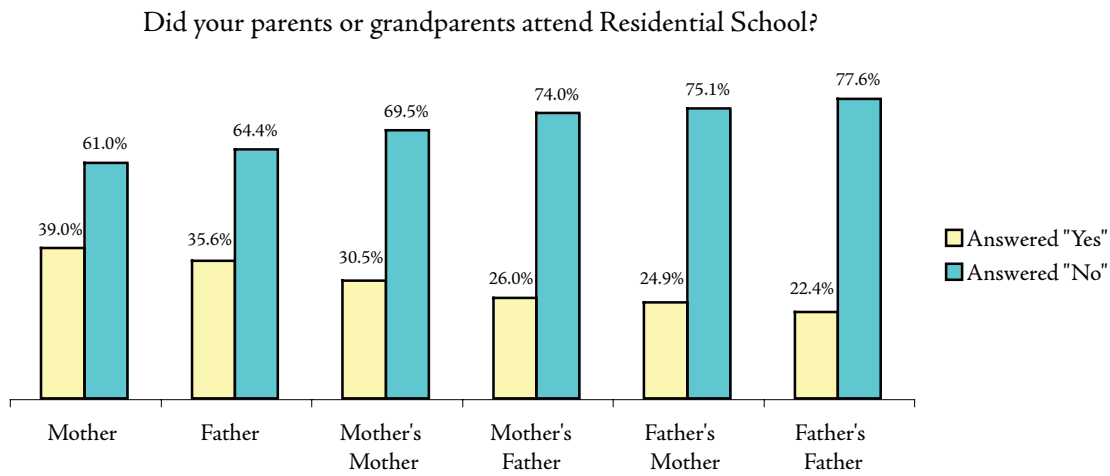
RHS 2002-03 data reporting on on-reserve First Nations draw a finer line, asking only about parents and grandparents who attended. The adult survey indicated 39 per cent of respondents had a mother who attended and 35.6 per cent had a father who attended. In the grandparent generation, the proportion having one or more grandparents who attended ranged from 22.4 to 30.5 per cent. There is no total number who reported one or more relatives attending.

In the youth survey (12 to 17 years of age), respondents indicated that 19.5 per cent had a parent who attended and 20.1 to 32.2 per cent had a grandparent who attended. A surprising figure, given the impact of residential school experience on family life, was that 34.3 to 44.3 per cent of youth did not know whether a grandparent attended residential school. The silence of Survivors about their residential school experience and its impact on their own healing and on later generations is discussed earlier in this volume.

Another significant finding of the RHS is the proportion of the survey population in each age group who attended residential school. Forty-four per cent of adult respondents 50 to 59 years of age and 42.4 per cent of adult respondents 60+ years of age attended residential schools. The number of residential school Survivors has been declining, from an estimated 105,000 to 107,000 in 1991 to an estimated 86,000 in 2005. Their concentration in older age groups, which was even greater in the past suggests that those who bear or bore unresolved trauma have had a major effect on the formation of the current adult generation and potentially on the following generation, whether or not the grandchildren had any knowledge of Survivors' experience.

Unless or until further census and RHS data produce summative numbers of relatives attending residential schools, the total number of people intergenerationally impacted is inconclusive. Figures 29 and 30 display RHS responses to the questions on relatives who attended residential school. Figure 31 shows the proportion of Survivors in each age group.

**Figure 29) Did your parents or grandparents attend residential school?  
(adult survey respondents)**



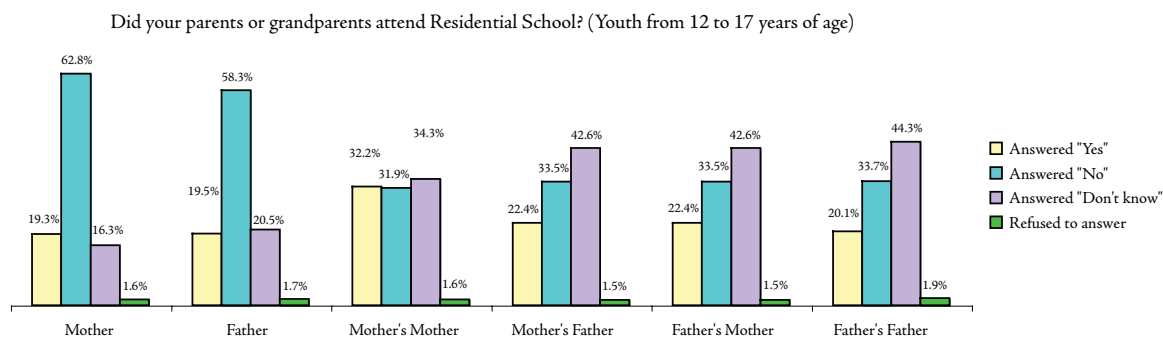
	Mother	Father	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Answered "Yes"	39.0%	35.6%	30.5%	26.0%	24.9%	22.4%
Answered "No"	61.0%	64.4%	69.5%	74.0%	75.1%	77.6%

**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Regional Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/ Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Figure 30) Did your parent or grandparents attend residential school?  
(youth from 12 to 17 years of age)**



	Mother	Father	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Answered "Yes"	19.3%	19.5%	32.2%	22.4%	22.4%	20.1%
Answered "No"	62.8%	58.3%	31.9%	33.5%	33.5%	33.7%
Answered "Don't know"	16.3%	20.5%	34.3%	42.6%	42.6%	44.3%
Refused to answer	1.6%	1.7%	1.6%	1.5%	1.5%	1.9%

**Notes:**

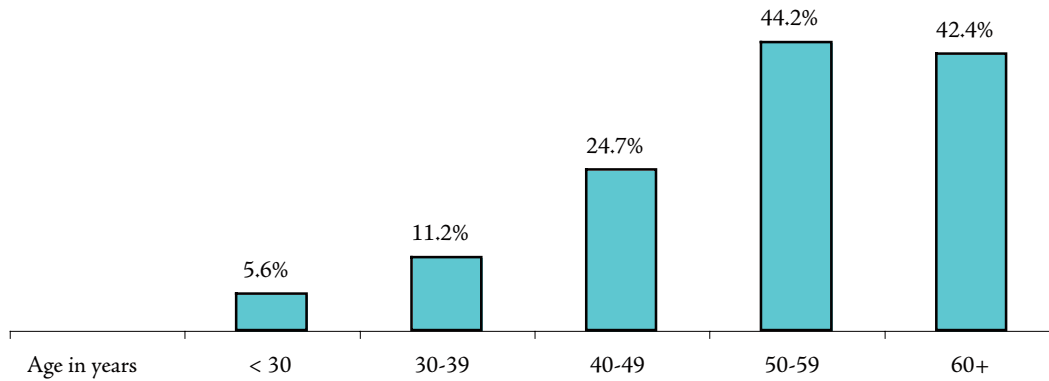
First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Regional Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/ Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.



**Figure 31) Proportion of those who attended residential school in each group  
(adult survey respondents)**

Proportion of those who attended residential school in each age group



Age in years	
< 30	5.6% attended
30-39	11.2% attended
40-49	24.7% attended
50-59	44.2% attended
60+	42.4% attended

**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Regional Longitudinal Health Survey 2002-03; First Nations Information Governance Committee / Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization

Again, for purposes of discussion, it is proposed that a conservative estimate of those impacted intergenerationally by residential school experience would be 50 per cent of the on-reserve population, that is, slightly higher than the 39 per cent of the population in the RHS adult survey who had a parent attend and less than the 70 per cent in the APS samples who had a relative attend. Statistics Canada analysis of census figures indicate that 47 per cent of 608,850 North American Indian respondents lived on-reserve,<sup>262</sup> that is, 286,000 persons. Fifty per cent of this number yields an estimate of 143,000 intergenerationally impacted.

The summary of the numbers potentially impacted by residential school experience as reviewed in this section is as follows:

Survivors	86,000
Intergenerationally impacted on-reserve	143,000
Intergenerationally impacted off-reserve	144,350
<b>TOTAL</b>	<b>373,350</b>

The numbers of respondents in the APS and RHS data who have relatives who attended residential school are identified as over 15 or adult. The above estimates assume that youth and children are also impacted in similar proportions.

### 7.5 Direct and Indirect Impacts of Residential School Trauma

The foregoing analysis suggests that more than 373,000 Aboriginal people on- and off-reserve acknowledge a connection to residential school attendance personally as Survivors or secondarily as family members. In light of the tendency of Survivors to avoid reminders of traumatic events or shield their families from painful knowledge, there are undoubtedly many more Aboriginal people, particularly youth, who make no connection between their current experience and the legacy of residential schools.

We consider the estimate of 373,350 persons impacted personally and intergenerationally to be conservative. We made the point in Chapter 6 that interwoven networks of extended families in Aboriginal communities become conduits for trauma as well as delivering support. The survey data suggest that 44 per cent and possibly more of the now senior generation experienced wrenching separation from nurture and family relationships, harsh assaults on their identity and language, and inadequate education to assume productive roles in either Aboriginal or non-Aboriginal society. Research cited in Chapter 6 suggests that families left behind often became fragmented. Reintegration of residential school attendees posed additional challenges to communities coping with social and economic change and duress. Community impacts were not confined to attendees and their children.

Research on the impacts of natural disasters that stress the resiliency of whole communities confirms the need for broad-based responses:

In addition to people directly affected, many other individuals are emotionally impacted simply by being in the disaster-stricken community. A disaster is an awesome event. Massive destruction and terrible sights evoke deep feelings. A disaster is also a communal event, in which survivors share an enormous experience and come to view the world around them in new and different ways. Mental health workers have, then, a whole population to educate about common disaster stress reactions, ways to cope with stressors, and available resources. Therefore, public education must be provided to the community at large about the individual and collective effects of disaster, self-help interventions, and about where to call for additional help.<sup>263</sup>

As was highlighted in Chapter 6, Legacy education fulfils many needs; it brings people together for a positive purpose, adding to the knowledge and balance of those who are providing services and leadership. Legacy education can provide cultural safety for people who have maintained a veil of silence and are in denial about their own needs, can facilitate the first step in confronting problematic feelings and behaviour, and can generate ideas and motivation for community efforts to create a healthy, supportive environment.

Drawing on experience with community-wide disaster relief, the previously-mentioned paper points out:

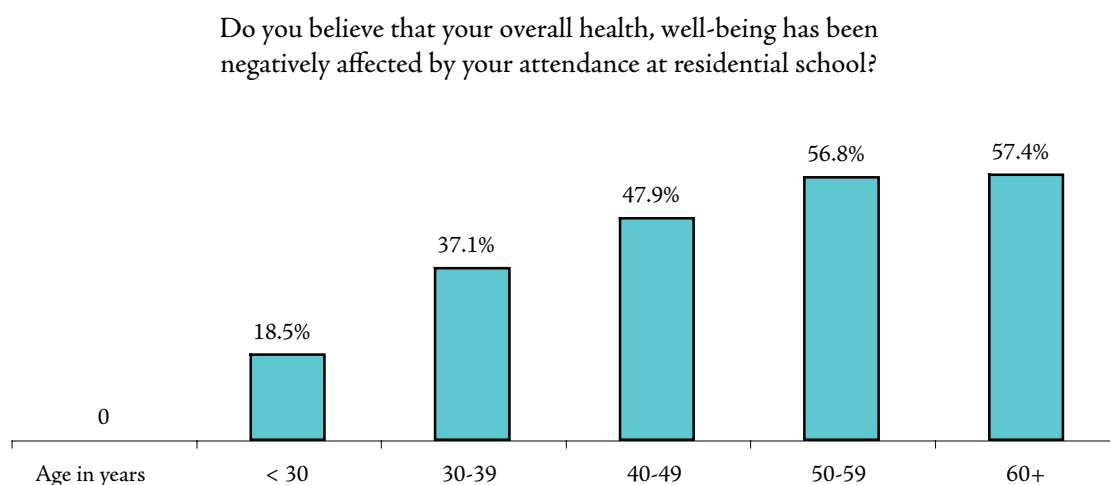
Outreach to individuals may identify survivors who need mental health intervention. In such situations, outreach is a precursor to individual treatment. However, outreach to individuals can be an effective, beneficial intervention in and of itself ... In fact, outreach has a far larger objective than “advertising” services and bringing people in the clinic door for treatment. The educational aspect of outreach can promote and enhance healthy adaptation and coping. By providing survivors with anticipatory guidance about normal stress and grief reactions, stress management strategies, and information about resources, such outreach may actually prevent a survivor from needing mental health treatment.<sup>264</sup>

Focussing specifically on those who have been intergenerationally impacted by residential school experience, it can be argued that the potential beneficiaries of Legacy education include the entire population of 373,350 who have attended or have some direct connection with attendees. Legacy education also serves to strengthen support networks in the community and deliver skills in recognizing and managing stress, without the stigmatizing label of treating disordered behaviour. Project reports also cited the positive impact of Legacy education on non-Aboriginal service personnel and on relations with surrounding communities. The value of Legacy education for the general Aboriginal community and the community at large must be acknowledged.

To estimate how many are in need of more intensive healing services we turn to two sources of data: the RHS findings and AHF project evaluations reported in Chapter 4.

In RHS 2002-03, 10,788 adults were asked if they attended residential school and 19.3 per cent of them said yes. These respondents were asked if their health was negatively affected by residential school attendance and 43.5 per cent said yes, with the percentage reporting negative effects rising sharply with age. These respondents were then asked what contributed to the negative impact. Figure 32 and Table 22 display the responses on negative effects.

**Figure 32) Do you believe that your overall health, well-being has been negatively affected by your attendance at residential school? (adult respondents who reported they had attended residential school)**



Age in years	Answered "yes"
< 30	18.5%
30-39	37.1%
40-49	47.9%
50-59	56.8%
60+	57.4%

**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Regional Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/ Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table 22) Proportion of those who attended residential school that feel the following items negatively impacted on their health and well-being (adult survey respondents who reported they had attended residential school and reported that it negatively impacted their health and well-being)**

<b>Table RHS-8: Proportion of those who attended Residential School that feel that the following items negatively impacted on their health and well-being</b>	
Isolation from family	79.5%
Verbal or emotional abuse	78.4%
Harsh discipline	78.0%
Loss of cultural identity	76.8%
Separation from First Nation or Inuit community	74.3%
Witnessing abuse	73.0%
Physical abuse	70.8%
Loss of language	70.7%
Loss of traditional religion or spirituality	67.7%
Bullying from other students	61.1%
Poor education	45.3%
Lack of food	43.7%
Harsh living conditions	43.1%
Lack of proper clothing	38.5%
Sexual abuse	32.0%

**Notes:**

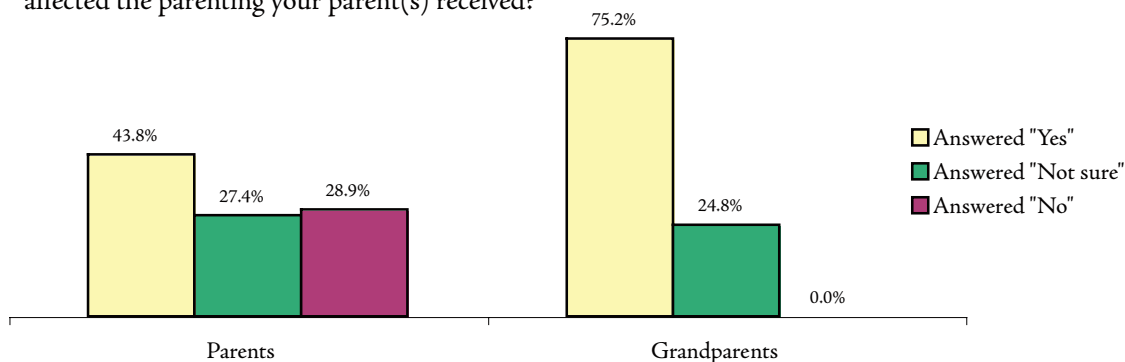
This table only includes those who attended residential school and reported that it negatively impacted their health and well-being.

Source: First Nations Regional Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

Other data that are revealing with respect to intergenerational effects are answers to the questions in the adult questionnaire as to whether respondents felt their parents' experience affected the parenting they received and whether they perceived their grandparents' experience affected the parenting of respondents' parents. Figure 33 indicates that 43.8 per cent of respondents believed they had been negatively affected by their parents' residential school experience and 75.2 per cent believed their parents had been negatively affected by the experience of the previous generation.

**Figure 33) Negative effects on parenting (adult respondents who reported parents or grandparents attended residential school)**

Do you believe that your parent(s) attendance at residential school negatively affected the parenting you received?  
 Did your grandparent(s) attendance at residential school negatively affected the parenting your parent(s) received?



	Parents	Grandparents
Answered "Yes"	43.8%	75.2%
Answered "Not sure"	27.4%	24.8%
Answered "No"	28.9%	0.0%

**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Regional Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/ Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

The RHS also provides comparisons of respondents who attended and who did not attend residential school with respect to a number of items, including educational attainment, suicidal thoughts and attempts, working for pay, and attitude towards cultural events. These tables and figures are included in Appendix P. Responses show modest differences on most of these items, with Survivors somewhat less likely to have graduated from high school and to be working for pay. As noted in Chapter 6, there are significant differences between Survivors and those who did not attend on the items asking about the importance of traditional cultural events and traditional spirituality.

Fifty-six per cent and 52 per cent, respectively, of Survivors tended to see these as very important, compared to 39.9 per cent and 38.2 per cent, respectively, of respondents who did not attend (see Appendix P). Another significant variation was in the number of languages spoken fluently other



than English, French and sign language. The responses indicate that 60.7 per cent of Survivors and 33.1 per cent of those who did not attend residential school speak another language, presumably a Native language. Further investigation is needed to clarify the effects of residential school efforts to extinguish Native languages and whether the difference noted is primarily a function of the age of attendees.

The RHS 2002-03 figures represent a small sample of residential school Survivors and cannot be taken as representative of the impacts on all Survivors. They do begin to describe quantitatively the effects that have been described qualitatively for the past 25 years.

Evaluations conducted by Kishk Anaquot Health Research indicated that both Survivors and those intergenerationally impacted participated in healing and training programs. Evaluation surveys indicated that 49 per cent of project participants in healing activities were intergenerationally impacted and 25 per cent were Survivors. Of the participants in training activities, 64 per cent were intergenerationally impacted and 32 per cent were Survivors. No distinction was made by projects as to which type of participant required more or less intensive healing interventions. Participation was most often perceived as a process, flowing from Legacy education and low-key cultural activities creating personal and cultural safety, to connecting with peers for support in remembering trauma and recognizing issues, to more intensive counselling or therapy.

If it is assumed that the RHS data is indicative of the whole Survivor population and 50 per cent of Survivors have been negatively affected, and if it is hypothesized that the same proportion of subsequent generations have experienced negative effects, then 50 per cent of 373,350 or 186,675 people would potentially benefit from therapeutic healing. AHF evaluation surveys indicated further that 37 per cent of participants who engaged in healing activities were found to need intensive healing services because of severe trauma, inability to engage in a group, history of suicide attempt or life-threatening addiction. The numbers requiring specialized services for residential school trauma would be 15,910 Survivors, 26,455 persons intergenerationally impacted on-reserve and 26,704 persons intergenerationally impacted off-reserve, for a total of 69,069.

**Table 23) Estimate of the Number of Aboriginal People Requiring Legacy Education and Healing Services**

Type of Service	Survivor	Intergenerationally Impacted On-Reserve	Intergenerationally Impacted Off-Reserve	Total
Legacy Education	86,000	143,000	144,350	373,350
Healing Services @ 50%	43,000	71,500	72,175	186,675
Special Needs @ 37% x 50%	15,910	26,455	26,704	69,069

## 7.6 Comparing Service Coverage with Projected Needs

### 7.6.1 Numbers Engaged In Funded Activities

Projections of the number of participants in projects funded by the AHF are drawn from responses to evaluation surveys 2000, 2002 and 2004 reported in detail in Volume II of this series of reports and summarized in Chapter 4 of this report. Data from three surveys were merged and duplicate responses from the same organization in more than one survey were removed from the totals. This resulted in analysis of 467 responses from a possible field of 725 AHF-funded organizations. To obtain an estimate of total service coverage, the number or proportion of participants reported in the surveys is extended to show what the impact could be in all projects if the same results prevailed. Organizations sponsoring projects and responding to the surveys were self-selected. They were not chosen by the evaluator to ensure that all field conditions were represented in the correct proportions and general inferences drawn from the surveys need to be read with that qualification.

Based on survey responses, an estimated 111,170 participants in 394 organization-sponsored projects attended healing activities. Although Legacy education was funded as a distinct theme, projects typically included Legacy education as a beginning stage in healing. If these participation figures are extended from 467 respondents to the same proportion answering the question in all 725 AHF-funded organizations, the total number of participants could be 204,564. Those participants who had previously engaged in a similar healing program is estimated by survey respondents at 33 per cent.

The other major activity on which detailed analysis was conducted was training in 246 projects involving 28,133 participants. As with Legacy education, the boundary between healing and training was fluid, with persons who participated in healing becoming helpers and taking training, and trainees on staff seeking support for their own healing. Since we are concerned with the coverage to date of the healing need, only the projection of 204,564 participants reached by healing activities is considered.

National survey 3 conducted in 2004, the fifth year of AHF's granting mandate, provides the most detailed data on services and program impacts. Grant records of the 209 organizations responding to survey 3 were examined to identify organizations that had received funding for 36 months or more and ascertain the focus of their applications. Thirty-six months was selected as the minimum time required to move through needs identification, outreach and initiation of therapeutic healing. Of 209 respondents in the survey, 67 or 32 per cent received funding for more than 36 months. Twenty-three of the respondents (34%) applied their initial grant to awareness, knowledge-building or training. An additional six organizations (8.9%) sought grants for awareness, knowledge-building or training in a subsequent application after initiating healing services. Overall, 42.9 per cent of longer-term projects were funded for outreach and training in advance or in support of therapeutic healing. It is notable that less than a third of funded organizations had support for a sufficient period to follow this progression. The remaining 68 per cent of the 209 respondents were funded for less than 36 months. Some organizations, which added residential school healing to an existing services structure, may have been able to initiate therapeutic services more directly.<sup>265</sup>

Because the nature of trauma numbs the capacity for self-awareness and the ability to identify one's needs, it is appropriate to reach out to the whole affected population, with first stage healing interventions including Legacy education and cultural activities creating safety. If healing activities have reached 204,564 participants and those impacted personally or intergenerationally total 343,350, then healing services to date have reached a little over half (55%) of the target population. Further evidence of unmet needs comes from survey reports in which a full 56 per cent of projects claimed they could not meet the needs evident in their service area and 36 per cent of projects maintain a waiting list for participation.

Any assessment of program coverage must also take into account the fact that some regions and segments of the Aboriginal population require longer lead-time to develop awareness of impacts of residential school experience, to analyze needs and develop fundable proposals. Some were coming forward just as the final call for proposals was launched. Also, some segments of the Aboriginal population, including Métis, Inuit, men, youth and those in prison, were underrepresented among project participants.

Among healing program participants, 27,855 or 37 per cent were identified as having special needs, defined as persons suffering from severe trauma, unable to engage in a group and having a life-threatening addiction or history of attempted suicide. Extended to all 725 organizations this could mean that 75,636 special needs persons were touched to some extent by healing activities, while calculations above suggested that 69,069 might need such service. Again, from survey reports, it is known that 12.5 per cent of projects reported they were not able to reach those in greatest need and another 69 per cent acknowledged their efforts could be better. Many projects, recognizing their limitations in terms of skills and resources, implemented a screening process to ensure that those accepted into programs were able to engage productively. Assessing the degree to which duration and intensity of service has matched healing needs is addressed in the following sections.

As discussed below, the healing journey takes time, whether for individuals recovering from trauma or for communities reconstituting bonds of mutual support. Project personnel express serious concern that participants with special needs who have begun to recognize the possibility of healing will be further damaged by abrupt withdrawal of support with the termination of AHF funding.

Too little is known about unmet needs in certain sectors, the intensity and extent of special needs and the numbers who did not reach the doors of AHF-funded projects in the time frame available. What is known is that viable alternatives are scarce, since two-thirds of persons who engaged in community-led AHF-funded healing projects had not previously addressed the impact of the legacy on their lives and families.

In summary, the projection of numbers of Survivors and those intergenerationally impacted suggests that half of the affected population may have been touched by healing activities funded by the AHF as of 2005. As participants found personal and cultural safety in Legacy education and cultural activities, they began to disclose serious hidden needs that taxed the capacity of projects in terms of numbers they could accommodate and the healing skills required. In the medium-term, it can be expected that more people in participating communities will confront the nature and extent of their needs, and underserved regions and populations will be reached for the first time or more effectively. The prospect, then, is that the volume and complexity of demand for healing services will grow over the next ten years.

### 7.6.2 The Time It Takes To Heal

Healing is sometimes defined by Aboriginal people as a lifelong process. This is true in the sense that all human beings suffer assaults on their well-being, whether from illness, loss or adversity, and they need to draw on inner resources and outer help to regain balance. Chapters 5 and 6 discuss the concept of historic trauma, the succession of events that has subjected generation after generation of Aboriginal peoples to social disruption and personal trauma. Residential schooling was one of those historic events that was made more devastating to individuals, families and communities by what had occurred before and by the social, economic and political conditions that still limit Aboriginal life chances. Efforts focussed on healing of residential school trauma will not remove those other conditions, but they can help restore individuals to healthy, energetic, effective participation in positive change.

To help clarify the process and duration of healing in communities the AHF collaborated with the Department of the Solicitor General Canada to fund the study *Mapping the Healing Journey*.<sup>266</sup> The project worked with six Aboriginal communities who had been on a healing journey for 7 to 17 years and Aboriginal leaders and thinkers who had been facilitating healing of individuals and communities for longer than that. The project invited participants to define healing as they understood it. A Squamish participant from British Columbia proposed the following definition:

Healing means having a clear mind, having a spiritual way of thinking, believing in the Creator, in yourself and in other people, and freedom from rage, anger and hurt.... As the grip of negative feelings loosens, people feel less and less paralyzed, and more able to think

clearly, to see themselves as effective agents of change in their own lives and more able to take responsibility for their own choices.<sup>267</sup>

Community healing goes through stages, from beginning the journey, to gathering momentum, to “hitting the wall” when change hits a plateau, workers burn out, opposing forces appear and new or previously hidden challenges to wellness appear. Maggie Hodgson, a residential school Survivor who was consulted on *Mapping the Healing Journey*, spoke about the time frame of community healing at a hearing of the Royal Commission on Aboriginal Peoples (RCAP) in 1993:

At one time I used to believe the myth that if our people sobered up, our problems would be solved. Now I know that all [it] does is take one layer off the onion... We are dealing with a number of different issues ... related to our people’s experience over the last 80 or 90 years ... I believe that the whole issue of residential school [and its effects] is an issue that’s going to take at least a minimum of 20 years [to work through].<sup>268</sup>

Judith Herman, in her classic work *Trauma and Recovery*, says of the progress of individual healing:

Resolution of trauma is never final; recovery is never complete. The impact of a traumatic event continues to reverberate throughout the survivor’s lifecycle. Issues that were sufficiently resolved at one stage of recovery may be reawakened as the survivor reaches new milestones in her development.<sup>269</sup>

The circular course of progress towards a healthier life is graphically described in a case study of Building A Nation (BAN), an AHF-funded counselling and treatment program that serves a particularly disadvantaged population in the inner city of Saskatoon. A BAN client shared his perspective with the researcher:

I’m going to deal with my healing for the rest of my life, there’s no doubt about it. Because there’s always going to be something that’s going to trigger ... something from my past. And how to deal with that? And being able to come here and talk to other people about my own experiences and about how to deal with it, some of that negativity and all this stuff that happened to me, you know, at the residential school and what went on in foster care. You know, how it had shaped my well being, my persona physically, you know? No, there’s no way [that a person is ever completely healed], not with the psychological damage, emotional damage, the physical damage, and with any spiritual damage that’s done to you. Because it’s still there. And no matter where you go in your life, it’s going to be always something there that’s going to have an impact, that’s going to hit you, that’s going to hit you and remind you, take you back to that place where you don’t want to go. It’s knowing these things, I think ... you’re aware of them and you talk about it and you start dealing with it. Then I think [you] become a strong person. But it doesn’t mean that you necessarily are really totally healed, because it’s impossible.<sup>270</sup>

Counsellors in the BAN program likewise accept the reality of uneven progress:

Backsliding, struggling to stay on the healing path, characterizes many of the clients narratives. “Healing is hard,” noted one therapist, “and it’s sometimes easier just to go back to the old ways of escaping” (Therapist, BAN). So, added another, “what happens here is, they come to us, they get some advice, they do some good and then they fall off the wagon, they screw up and then they come [back] ... weeks later, and we accept them again. And then they come and do a little bit more, and then they screw up again” (Therapist, BAN). This pattern can repeat itself with specific clients five or six times.<sup>271</sup>

Individuals who have been severely damaged by abuse may be in recovery throughout their lives, turning to healing services and community support in times of crisis. Communities that have suffered the loss of successive generations of children, coupled with other devastating losses, may take more than a single lifetime to recover. Research on intergenerational transmission of trauma touched on in Chapter 6 makes it clear that individuals who have suffered the effects of traumatic stress pass it on to those close to them and generate vulnerability in their children. The children in turn experience their own trauma. Emerging theory on historic trauma argues that repeated trauma over generations lays down layer upon layer of pain and vulnerability that needs to be treated layer by layer – the onion referred to by Maggie Hodgson.

In *Choosing Life*, RCAP’s special report on suicide among Aboriginal people, the Commission set out a framework for action at three levels of intervention:

- building direct [suicide] crisis services;
- promoting broadly preventive action at the community level;
- long-term effort to achieve Aboriginal self-determination, self-reliance, healing and reconciliation within Canada.<sup>272</sup>

While there is no formula to predict the time it takes to heal from trauma, evidence discussed in Chapter 6 indicates that personal resilience, supportive environments, engagement with education, culture and therapy contribute to successful coping and dispelling the effects of trauma in successive generations. The cycle of abuse that has taken hold in Aboriginal communities will be broken when services are available and appropriate to the needs of residential school Survivors and those who are intergenerationally impacted, when networks of mutual aid have been reestablished with enough healthy people to maintain them, and when Aboriginal peoples have regained their place as people of worth and dignity in Canada.

### 7.6.3 Duration and Impacts of AHF-funded Healing Activities

Having in mind the long-term nature of individual and community healing and the intensity of needs that have been identified, we reexamined survey data and Individual Participant Questionnaires (IPQs) for trends that might help in defining the level of effort still required to sustain momentum in healing.



In the preceding section, the number of persons identified as having special needs was projected to be approximately 69,069. While projects were able to identify such needs, most projects were ill-equipped to respond to them with intensive services. Screening potential participants to identify “readiness to heal” became imperative in some projects and pleas for training to meet serious and complex needs issued from other sites.

Individual Participant Questionnaires (IPQs) queried the extent to which respondents were able to move beyond the trauma of their past, find their strengths, feel good about themselves and address issues related to the Legacy (grief, shame, anger, etc.). IPQ respondents who received the highest number of individual sessions were significantly better able to achieve these gains when compared with those who received the least number of individual sessions. While no significant correlations were found between the type of practitioner facilitating healing and goal achievement, some trends were evident. Those who believed that they achieved the most success in reaching their goals were more likely to use peers, Elders and alternative health practitioners. Those who made the least progress toward their goals tended to use a psychologist, psychiatrist, volunteer or social worker.<sup>273</sup>

Questions in national survey 3 (2004) asked organization respondents to identify where they considered their community was on its healing journey. The responses are presented in Table 24. Of 185 respondents who answered this question, 122 (65.9%) reported that the community had accomplished a few goals but much work remains. Thirty-seven respondents (20%) reported that the community was just beginning to address physical and sexual abuse and 26 respondents (14.1%) reported that the community had accomplished many goals although some work remains. No respondents reported that their community was as healthy as they would like.

**Table 24) Community Identification of Stage on Their Healing Journey  
in Relation to Survivor Decision-Making**

	Survivor decision making	
	#	%
1) Just beginning to address physical/sexual abuse	37	20
2) Accomplished few goals, much work remains	122	65.9
3) Accomplished many goals, some work remains	26	14.1
4) Community is as healthy as we would like	No data	-
Total	185	100

The results of measures of duration, individual and community goal achievement suggest that longer involvement in therapeutic healing with Aboriginal practitioners tends to produce greater gains. In light of the time it takes for projects to reach out and dismantle denial, create safety and engage participants in addressing trauma, there was insufficient time in the AHF's four-year granting mandate to support the majority of projects through this funding progression. Close to two-thirds of communities served appear to have made a promising start on accomplishing their healing goals but have much more work to do. The conclusion is that sustained, predictable revenue to permit longer term commitments to communities and projects is essential to make substantial inroads on individual and collective trauma. While informed practitioners suggest that community healing takes sustained effort for up to 20 years, we propose that the average period required for initiating, establishing and evaluating therapeutic healing from residential school trauma in a community or community of interest is 10 years. Where the impacts of trauma permeate a community, where there is a serious lack of human resources with the skills to lead healing, or where there are few organizational supports available in the community or region the recovery time could be longer. Where community healing response has already been initiated and organizational infrastructure exists the recovery period could be shorter.

### **7.7 The AHF in a Spectrum of Community Healing Services**

The AHF is not alone in the work of facilitating personal and community healing, but it has played a distinct and effective role over the past six years. The limited term of its mandate necessitated planning from the outset for continuity of community initiatives. A condition of the funding agreement was that AHF-funded projects should not duplicate or replace existing services, making collaboration a logical option. Surveys documented the pivotal role that AHF-funded projects and their personnel played in establishing partnerships, identifying and filling gaps in service to residential school Survivors and those intergenerationally impacted.

AHF-funded projects are often housed under the umbrella of existing organizations or local governments pushing the boundaries of established knowledge and methods. Sponsors were urged to consider as part of their proposal development how innovations might be supported when AHF funding expired. Survivor organizations, child and family services, friendship centres, churches, correctional services, drug and alcohol workers and treatment centres, public health agencies, schools, among others, have contributed to residential school projects and benefitted from them in turn.

Through partnerships and public education efforts, projects have demonstrated how effective services to Survivors can be mounted. They have facilitated more responsiveness to Survivors' needs in Aboriginal communities and services and, to a lesser extent, in the broader service community. As the healing mission continues, it seems appropriate to maintain this demarcation between ongoing, mandated human services and the innovative aspects of healing projects.

The closest parallel to AHF-funded healing projects in First Nations and Inuit communities is the National Native Alcohol and Drug Abuse Program (NNADAP) funded and monitored by First Nations and Inuit Health Branch of Health Canada and delivered by First Nations and Inuit communities. Incorporated management structures manage residential treatment centres in the NNADAP network.

NNADAP was undergoing reorganization during the peak period of AHF-funded project activity, limiting options for corporate collaboration. The AHF did fund extension of treatment services in nine NNADAP facilities in six provinces to incorporate treatment in addressing the legacy of residential schools. The philosophy of service set out in the NNADAP Renewal Framework, whose implementation is guided by the National Native Addictions Partnership Foundation, endorses many of the principles and practices that have emerged in AHF-funded projects. These have also been articulated in Chapter 5 and Volume III of this series of reports: *Promising Healing Practices in Aboriginal Communities*.

In particular, the “population health model” cited in the NNADAP Renewal Framework, when operative in new strategic program approaches, will increase opportunities for collaboration:

In the population health model, health promotion workers from a variety of specialties, whether physicians, nurses, psychologists, traditional healers and addictions workers, spend most of their time assisting individuals and communities with their attempts to increase control over and to improve their own health. Through personal development support and training, community members are empowered to play a far more active and responsible role in self-care.<sup>274</sup>

Aboriginal individuals are eligible for mental health services available to the general population under medicare. Health Canada also supports uninsured services for First Nations and Inuit clients and health promotion activities in First Nations and Inuit communities. As early as 1991, Health Canada identified a critical lack of mental health services in Aboriginal communities and proposed a “healing” responsive to Aboriginal understandings of holistic health as the overriding goal of Aboriginal mental health services.<sup>275</sup> In 2001, the Mental Wellness Advisory Committee of the Assembly of First Nations, Inuit Tapirisat of Canada (now Inuit Tapiriit Kanatami) and Health Canada reiterated these themes in a discussion document on a Comprehensive Culturally Appropriate Mental Wellness Framework. The principles identified for a strategy to promote mental wellness mirror many insights derived from AHF-funded projects and research. These are reproduced in Appendix Q. Of particular interest in the strategy is the Mental Wellness Framework, which also appears in Appendix Q. The model places natural care givers including family, spouse, children, Elders and traditional healers as the circle of first resort when an individual is at risk. Community-based mental wellness services are the second line of defense, with specialized mental wellness services playing a tertiary role.

After a four-year delay, the Comprehensive Culturally Appropriate Mental Wellness Framework is taking on new life in discussions between First Nations and Inuit organizations and Health Canada. Again, the promise is bright for public service approaches that are complementary to AHF-funded projects.

AHF Research has had productive collaboration with the Aboriginal Corrections Policy Unit of Solicitor General Canada, co-sponsoring studies on *Mapping the Healing Journey*, a cost-benefit analysis of Hollow Water Holistic Circle Healing, and a study of family disruption experienced by Aboriginal inmates.<sup>276</sup> Several projects funded for the longer term by AHF incorporate residential school healing in inmate rehabilitation, but on the whole, effective outreach to inmate populations is an identified unmet need.

Residential school Survivor societies have been most active in promoting development of sites to memorialize the resilience of residential school students and retain the knowledge of the system in public memory. The AHF has been a partner with Survivor societies in exploring avenues for reconciliation and funding modest memorial projects.

At a local level, projects often collaborate with provincially-funded health and healing services off-reserve and with counselling and residential services for victims of domestic violence.

Anglican, United and Presbyterian churches that partnered in the residential school system and the Canadian Conference of Catholic Bishops have created funds to support community-based healing and reconciliation. Because the grants from these healing funds are relatively modest they are often accessed in concert with AHF funding.

The requirement in the Funding Agreement that the AHF makes best efforts to allocate the entire original \$350 million healing fund within a four-year time frame had a distorting effect on programs. Regions and organizations with organizational infrastructure and experience with grants and services were quick to respond to calls for proposals. Métis and Inuit communities, northern communities and special needs groups required a longer time to mobilize and were disadvantaged by the early cut-off date. The high level of interest in residential school issues and the time constraints absorbed scarce human resources in some communities and put pressure on parallel services.

While the AHF should not necessarily become a primary funder of ongoing services, it should have the resources and the life span to provide stable support for a minimum of 10 years to projects that are modelling effective methods of healing and reaching underserved groups. This degree of continuity would allow local and regional projects to refine methods of service, evaluate outcomes and promote incorporation of residential school healing in mandated public services as appropriate.

## **7.8 Economic Aspects of Residential Schools and Community Healing**

The foregoing chapters have presented evidence of AHF's effectiveness and efficiency in pursuing its mission and managing the \$350 million healing fund entrusted to it. The AHF has supported the development of leading-edge contributions to promising practices in healing services and to the knowledge base for healing trauma in Aboriginal contexts. The evidence has reinforced the theme throughout that directing resources to residential school healing has mobilized community skills and energy, resulting in impressive achievements. While it is too early to discern change in measurable social indicators, such as children in care and incarceration rates, evaluations of processes and impacts at the level of participants, projects and communities are overwhelmingly positive. This section cites historical data on the costs to government of maintaining the residential school system, considers the costs of neglecting consequences of abuse and illustrates the economic benefits of investing in community-based healing initiatives.

### 7.8.1 Federal Expenditures on Residential Schools

The AHF commissioned a study of the federal government's funding of Indian residential schools for the years 1877 to 1965.<sup>277</sup> Historian John Milloy's study of residential schools revealed persistent underfunding of the system throughout its history and, "as a consequence, the condition of many of the buildings in which children were forced to live and work, and the food and clothing provided, remained below the standards that had been set by Indian Affairs itself."<sup>278</sup> The AHF study on federal costs revealed that, although expenditures were inadequate to the requirements of the schools and the children's needs, the government spent approximately \$1.5 billion in 2004-dollar equivalents on approximately 130 residential schools between 1877 and 1965.

The data were obtained from records of the federal Department of Indian Affairs, later renamed the Department of Northern Affairs and National Resources and subsequently the Department of Indian Affairs and Northern Development. Departmental allocations for residential schools were analyzed and compiled from 1906 to 1965. Extrapolations were made for the period 1877 to 1909 because no annual breakdowns were available for that period. The total of \$168,082,096 was converted to 2004-dollar equivalents using the on-line Bank of Canada "Inflation Calculator," producing a figure of \$1,504,225,121.72.<sup>279</sup> This report by King, Napier and Kecheo is attached as Appendix R.

The expenditures of the federal government to maintain residential schools represent only a part of the investment in the system. Expenditures of the churches who operated the schools are additional. The figures cited are presented as background to the ongoing costs of the legacy of residential schools borne by Aboriginal people, discussed in the next paragraphs. Together, these two sets of costs provide a context for considering investment in healing.

### 7.8.2 The Costs of Institutional Child Abuse

The costs of institutional abuse of Aboriginal children accrue in the first instance to Aboriginal people affected personally and intergenerationally by traumatic experience. The costs are also borne by Canadian society in various ways. The Law Commission of Canada in 2003 published a report prepared by Bowlus and colleagues on *The Economic Costs and Consequences of Child Abuse in Canada*.<sup>280</sup> The research team developed an economic model for estimating the costs per person of child abuse that are borne by the abused person and by society as a whole. The cost factors include:

- ✦ policing, legal, judicial and penal costs for abusers and the abused who go on to become abusers and perpetrators of other crimes;
- ✦ public and private social services costs;
- ✦ costs of special education in schools;
- ✦ short- and long-term health costs;
- ✦ lost income to survivors of abuse; and
- ✦ personal costs to the victims and their families.

The model calculates the annual cost per person of abuse for victims and affected family members and was found to be \$2,196 in 1998.<sup>281</sup> If this cost was applied to as many as 200,000 Aboriginal people who are likely



to have suffered abuse in residential schools or intergenerational impacts, the total cost would be in excess of \$440 million per year borne by Aboriginal people themselves and by Canadian society in the form of services. The cost to Canadian society of lost productivity due to the legacy of residential school trauma is not factored into this amount. Appendix S, which was prepared by consultants for the AHF, tests the Bowlus et. al. formula for assessing the economic impact of residential school abuse not limited to physical and sexual abuse. This report elaborates on how the formula is derived and the rationale for applying it to Aboriginal people affected by residential school experience.

### 7.8.3 Economic Benefits of Community-Based Healing

Thus far, our analysis of economic impacts of residential school abuse has focussed on costs. A concrete example of how healing generates economic dividends is provided in the report *A Cost-Benefit Analysis of Hollow Water's Community Holistic Circle Healing Process*, which was co-funded by the AHF and the Solicitor General Canada in 2001.<sup>282</sup>

The Hollow Water First Nation in Manitoba introduced a Community Holistic Circle Healing (CHCH) process in the mid-1980s to deal with sexual offenders in the community. CHCH became an alternative to incarceration for offenders who admitted their offense and took responsibility for participating in the 13-step CHCH process. Over the ten-year period reviewed in the report, CHCH dealt with 107 victimizers and 400 to 500 victims, primarily of sexual abuse. Federal and provincial governments contributed approximately \$240,000 per year over the ten-year period for a total of \$2.4 million. In the period under review, two clients re-offended for a recidivism rate of 2 per cent, compared to an average recidivism rate of 13 per cent for sex offenders and 36 per cent for all offenders. Applying very conservative estimates of actual outlays and not the benefits of productivity gains, federal and provincial governments save \$6.21 to \$15.90 for every \$2 spent on the CHCH program. The savings are made in probation, parole, court and per-inmate incarceration costs that are avoided; Hollow Water has a safer community and benefits from healthier children, higher educational attainment and empowerment of community members.<sup>283</sup>

In the years since the RCAP Report was published, economists have taken up the theme of “the cost of doing nothing”<sup>284</sup> set out in RCAP’s 20-year strategy for renewal. The analysis of the social costs as developed in the formula of Bowlus and colleagues and the case example of Hollow Water give substance to the argument that healing the legacy of residential schools is an economically sound alternative.

## 7.9 A Diversity of Responses to Residential School Abuse

The Law Commission of Canada report *Restoring Dignity: Responding to Child Abuse in Canadian Institutions* took a comprehensive approach to its mandate to advise the Minister of Justice on appropriate responses to child abuse in public institutions. The commission prefaced its detailed recommendations with general recommendations that emphasize:



- ♦ starting with the needs of survivors, so that the focus is on righting the wrongs done and healing communities, rather than on punishing wrongdoers;
- ♦ engaging survivors through accessible information on choices for redress and supporting them through the process they choose;
- ♦ educating officials and administrators of redress programs to avoid re-victimizing survivors while being fair to all those who are affected, including those who are alleged to have committed the abuse;
- ♦ promoting community initiatives to meet survivors' needs;
- ♦ negotiating redress programs that provide for survivor involvement in the process and choice about the mix of benefits or compensation; and
- ♦ public education to prevent future abuse.<sup>285</sup>

The Law Commission of Canada's recommendations provide a useful framework for considering the particular role the AHF has played and can continue to play in righting the wrongs that have been done to Aboriginal people in residential schools and healing the consequences that continue to reverberate intergenerationally through families and communities.

Starting with the needs of Survivors and engaging them in designing and implementing projects to meet their needs were adopted as fundamental principles and criteria for project implementation. The success of engagement strategies is evidenced in reports that most participants sought healing activities for the first time in AHF-funded projects and, for two-thirds of communities, the project represented the first time they had addressed residential school issues and Survivors' needs.

In relation to the third Law Commission of Canada recommendation, the AHF has not played a direct role in educating officials and administrators in the justice system or redress initiatives. However, AHF Research has visibly raised the profile of research on residential school trauma and community-based healing. In addition, government officials closely associated with monitoring the funding agreement and receiving progress reports have acknowledged significant learning.

Promoting community-based, community-led healing initiatives has been the primary mission of the AHF. Evaluating and interpreting community impacts of AHF-funded healing projects form the core of this three-volume report on our first mandate. We maintain that the evidence supports the judgement that the AHF has been effective in pursuing its mission and efficient in managing the \$350 million healing fund entrusted to the organization.

Negotiating a redress program has been spearheaded by National Chief Phil Fontaine and the Assembly of First Nations whose constituents form the majority of residential school Survivors. The Political Agreement signed on behalf of Canada and First Nations on May 30, 2005 makes a commitment to negotiating a settlement package based on the AFN's *Report on Canada's Dispute Resolution Plan to Compensate for Abuses in Indian Residential Schools*.<sup>286</sup> With the appointment of Frank Iacobucci, who is charged with working out details of a comprehensive settlement with Survivors by March 31, 2006, we have reached a high point on the road to restoring dignity to the abused child who lives within many residential school Survivors and restoring confidence in Canadian institutions as protectors of human rights.

The Law Commission recommends public education to prevent future abuse. The goal of residential school resolution is much grander. It is nothing less than restoring a relationship of mutual respect between peoples by righting an injustice that has assumed legendary proportions in the oral traditions of Aboriginal peoples and has troubled the conscience of countless Canadians.

In the model of Components of Residential School Resolution presented earlier in this chapter healing fulfills an ongoing role in a holistic strategy to achieve resolution and reconciliation.

## 7.10 Renewal and Funding

### 7.10.1 A Strategic Role for the AHF

This report has documented the evolution of a ground-breaking national Aboriginal organization and presented evidence of the impact of AHF support for community-based healing. The original \$350 million plus earned interest has been allocated and an exit strategy has been developed. The infusion of an interim allocation of \$40 million announced in the 2005 budget will extend the life of 91 of 364 currently active projects in 2004-2005 fiscal year for two years without altering the wind-down schedule. Decisions about continuing the healing mission and the nature, magnitude and duration of further support will be made in conjunction with decisions on redress payments to Survivors.

In the view of the AHF Board, the reasons for renewing the mandate of the AHF and committing substantial new funding to healing are compelling. The fundamental argument in favour of renewal is the evidence of severe unmet healing needs that help to maintain disadvantage in physical and mental health, education and economic development. The legacy of residential school abuse lies at the heart of troubled family relationships and the breakdown of community support systems. In six years of reflective practice the AHF has enabled tens of thousands of Aboriginal people to break through their silence and isolation, to begin healing their memories and reaching out to reestablish emotional and spiritual connections. The healing work is well begun but much remains to be done.

The AHF has generated trust in the Aboriginal community that it is there to encourage and support Aboriginal initiative. The organization has achieved this by adopting a vision, mission and values that reflect the directives of those most vitally affected by the Legacy of residential schools. The Board and staff have rigorously adhered to their stated values and have consistently made themselves available and accountable to the people they serve. In contemporary economic terminology, the AHF has built up an enormous store of social capital that has generated an unprecedented investment of energy and human resources in the service of healing in Aboriginal communities. The AHF represents the interests of First Nations, Métis and Inuit peoples and has well-developed relationships with their representative political bodies. We have established working relationships with the churches that partnered in implementing the residential school system to explore paths to reconciliation. The choice is now open to capitalize on investments to this date or see trust dissipate, working relationships wither, and skills that have been developed diverted to other purposes.

The experience and competence of the AHF organization and its national networks must be maintained because there is no comparable agency that can assume leadership in addressing the cumulative effects of collective historic trauma, of which residential school abuse constitutes one element. This is a new field of therapeutic endeavour, which conventional human service personnel are not trained to understand or respond to. In fact the pleas for training are for bringing therapeutic skills into the community and cultural environment rather than taking helpers out of their environment to become professionals.

The quality of the AHF's professional practice as a corporate entity and as a network of local projects has made it a valued partner as a complement to local agencies. Because of its modest size and flexibility, it is able to respond with innovative initiatives and fill gaps while more centralized, bureaucratic services require years to redirect their energies.

The AHF successfully navigates between the cultural world of Aboriginal communities and the organizational world of government programs. The organization has maintained corporate accountability, clean audits and full compliance with its funding agreement throughout its existence. Board policy review and management planning keep the AHF abreast of breaking developments in volatile political and service environments. Further, the AHF operates very efficiently with an administrative cost margin under 15 per cent since its inception.

### **7.10.2 An Investment in Healing**

As we look to the road ahead for healing the legacy of residential schools and the particular role the AHF will play, we have identified promising practices to advance healing goals and global dimensions of the population yet to be reached. Analysis of responses in the promising healing practices research and statistical patterns in national surveys reveal that individual and community healing follows a consistent course. The pattern typically begins with silence and denial of residential school experience. Legacy education and cultural activities that acknowledge and honour residential school Survivors facilitate breaking the silence and creating a safe environment where disclosure of painful events is possible. Counselling from peers and Elders, group support in circles and events that reestablish connections with community, language and heritage carry the process further. Analysis of responses to survey 3 in 2004 showed that, in a comparison of projects operating less than 36 months or more than 36 months, the longer the healing effort the greater the likelihood that special needs would be identified. Participants with severe, life-threatening needs require sustained and skilled interventions that are not yet accessible in culturally appropriate form either from healing projects or mandated health services. Those less severely affected by residential school trauma reach a level of awareness, capacity to reach out for support and improved life adjustment while still coping with vulnerability to new stresses. Many who progress on their healing journey have strong motivation to express their sense of wellness by giving back to the community and assisting others who are struggling.

We have suggested that predictable support for an average of 10 years in a given community or community of interest is required to reach a level of wellness where crisis services and community supports are available to sustain gains achieved. To translate this healing requirement into a funding requirement we conducted analysis of our database on a number of dimensions to isolate program delivery costs.

As reported in Chapters 2 and 3, the first call for proposals set out categories of funding that were vigorously challenged by Survivors and potential applicants. They argued that their personal and community circumstances were so diverse that fixed categories of healing initiatives were untenable. The AHF responded by making the types of project optional so long as the application: 1) addressed the legacy of physical and sexual abuse in residential schools; 2) showed community support and links with parallel services; 3) was accountable to Survivors and potential beneficiaries; and 4) was consistent with Canada's *Charter of Rights and Freedoms*. The applicant's work plan, personnel complement and budget were assessed to ensure the practicability of the proposal.

### 7.10.3 Variability in Projects and Costs

Flexibility in project criteria unleashed creativity in community proposals and wide variability in the size, types of services and cost factors of emergent projects. Project variability is highlighted in the section on *Summary of Case Studies in Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*. The case studies reported on 13 projects drawn from every region and serving different segments of the Aboriginal population. A list of case study projects appears as Table 6 in Chapter 4. Case study summaries are reproduced in Appendix F of Volume II of this series entitled: *Measuring Progress: Program Evaluation*.

Program evaluations reported in Volume II and Chapter 4 of this volume gathered data to measure effectiveness of varied interventions. Research reported in Volume III, *Promising Healing Practices in Aboriginal Communities*, and Chapter 5 of this volume analyzed self-reports and relevant literature to develop a framework for understanding healing processes in greater depth. To develop unit costs of service we drew on the foregoing research along with information in AHF's Assessment and Finance database. We identified four categories of service: Legacy education and outreach; healing services; residential treatment; and training. Staff previously involved in Programs support services and more recently in Assessment and Finance assisted in selecting projects in each category that had been the subjects of on-site assessments, had positive impact reports from the community and a record of sound management. Thumbnail sketches of the projects in each category are presented in the following boxes.

**Education Project 1:** Located in an urban centre in a northern territory this project provides outreach workshops and presentations to increase awareness and understanding of residential schools in both community members and service providers. The project has drop-in services available and provides counselling to participants who request it. The project has strong community support and receives referrals from its urban base and surrounding communities. The project was allocated \$765,225 over a 54-month term to October 2004 and reports serving 922 participants. The per-person average cost is \$829.

**Education Project 2:** provides healing circles, fasting and healing retreats for Aboriginal women and training workshops for service providers who work with Survivors. The project is centred on First Nation territory and serves participants from across the province, traveling on invitation to host communities. It has been allocated \$1,196,839 over a 58-month term to October 2004 and reports 800 participants for a per-person cost of \$1,496.

Although these projects are identified in their proposals as educational and have outreach as a principal goal and focus of activity, it is clear that drawing a firm line between education and healing is inappropriate. Information and participant engagement in learning about residential school impacts can easily trigger flashbacks or emotional flooding that requires informed and sensitive response. Education projects introduce participants to the healing continuum but in themselves complete the healing cycle only for those few Survivors who are able to pursue their healing independently.

**Healing Services Project 1:** In this project an Aboriginal society delivers a blend of contemporary Western services and traditional Aboriginal healing opportunities in four communities linked by common heritage in a northern region. There is a significant lack of healing and mental health infrastructure in the communities. The program has four components: 1) peer-based training to volunteers from each community who in turn provide support to community members; 2) professional psychotherapy on a fly-in basis to individuals and families affected by the legacy of physical and sexual abuse in residential schools; 3) The Traditions program offering cultural activities in a camp setting to ensure the transfer of traditional healing knowledge; and 4) The Traditional Therapy Program facilitating access to traditional healing activities. The project engages Survivors in program design and delivery and has strong endorsement from participants. The project has been allocated \$2,833,588 over a 54-month term and reports 75 participants in training and therapy for an average cost per-person of \$37,781. The numbers of persons impacted at the community level are not amenable to assessment from current records.

**Healing Services Project 2:** provides residential school healing activities to violent offenders or sex offenders in a rural correctional facility. The facility also serves as a half-way house for offenders prior to release. The project has been allocated \$635,704 over 49 months and reports serving 201 participants for an average per-person cost of \$3,162.

The cost range for healing activities is influenced by a number of factors. A northern location entails higher costs for all types of services. Service to a regional community introduces travel and communications expense. In the absence of complementary services in the community the entire service is dependent on AHF support. In contrast, services at a similar level of intensity that are delivered to in-house participants in a facility maintained by another agency entail significantly lower costs. In Chapter 4, we discussed the significant contributions made by volunteers from the community and contributions from Aboriginal community and provincial agencies, churches and other sources to support healing projects funded by AHF.

**Residential Project 1:** applies culture-based approaches in a five-week trauma treatment program eight times per year. The program develops coping techniques, knowledge and skills for healthy living through individual therapy, traditional ceremonies and psycho-drama, as well as outreach to regional communities in British Columbia. The project has been allocated \$2,669,697 over a 58-month term to October 2004 reporting service to 414 participants for an average cost of \$6,448 per person.

**Residential Project 2:** provides a five-week culturally-based holistic treatment program to address residential school abuse and intergenerational impacts. Therapeutic group sessions and discharge and aftercare planning complement residential treatment. The project also does community outreach, monthly in-home family workshops and public seminars. The project has been allocated \$1,745,047 over a 58-month term to October 2004, reporting service to 2,800 participants in all programs for an average per-person cost of \$623. Residential intake only served 430 participants.

The costs per participant in projects that are primarily residential are confounded by adding in the numbers served in regional outreach activities. Thus, for example, 300 community members who participate in a “Coming Home” ceremony are added to the 20 participants who live-in during a course of trauma treatment. Efforts to encourage projects to differentiate types of participation were unsuccessful in face of their perception that healing was advanced by a variety of activities. Participant identification codes to track repeat attendance and separate occasional from intensive engagement can resolve this problem, but they will need to be carefully interpreted to clientele who are recovering from being depersonalized and treated as numbers in residential school.



**Training Project 1:** in a prairie province delivered training to team members delivering child and family healing services to regional communities. The project developed training materials that will be jointly owned by the AHF and assessed for application in other venues. The project was allocated \$2,288,368 over a 57-month term to October 2004. It reported that it served 612 participants for an average cost per-person of \$3,739.

**Training Project 2:** developed a post-secondary program of study at an Aboriginal institution to train students in community healing methods. A grant of \$380,110 supported curriculum planning and staff costs during a 43-month developmental phase to October 2004. Two students have been trained. The impact of further intake and sharing of curriculum resources with AHF have yet to be felt.

Costs of training project personnel on a local basis are lower than the examples cited, in one case averaging \$794 per person. While essential to enhance the effectiveness of project delivery such training does not have the same potential for impact on quality of services regionally or nationally.

#### 7.10.4 Funding Priorities

In our discussion of healing needs we have underlined that individuals and communities start their healing journey at different places. Their progress toward wellness is influenced by many different factors. We have now added variability in project approaches and the environments in which they operate as elements that affect healing service costs. With the data available from 1,346 grants over six years, it is more possible than before to set parameters for funding proposals. We would argue, however, that the flexibility the Survivors and other applicants demanded at the outset and responsiveness to the diversity of community realities add value to AHF services and must be retained.

With analyses now in hand and a longer term to achieve goals it will be possible to target support strategically. We propose that the priorities for funding should be:

1. To continue *outreach* to underserved or special needs segments of the Survivor and intergenerationally impacted community to ensure that every community that identifies a need has an opportunity to initiate healing activity;
2. To maintain *support* for funded projects through an optimum term, which we have estimated to be 10 years on average;
3. To encourage refinement, documentation and evaluation of *effective healing practices* and sharing of those practices with the health and healing community; and
4. To support *self-determination and self-reliance* in Aboriginal communities as they progressively assume responsibility for shaping culturally appropriate services and networks of mutual aid.

### 7.11 Maintaining Momentum

Healing projects encounter and attempt to address severe needs that extend beyond individuals to destabilize families and overtax community networks. Continuity of service to reach a level of stability is essential whether in individual or collective healing. The time constraints incorporated in the current funding agreement in concert with the obligation to extend opportunity equitably across regions and population subgroups have resulted in premature termination of successful projects in order to shift resources to late-emerging proposals. Encouraging traumatized participants to begin a healing journey and failing to see them through to a place of safety verges on irresponsibility. Capacity to support selected community projects over 7 to 12 years requires multiyear commitments to funded projects and, in turn, from AHF funders.

The front-end allocation that was available for strategic investment in our first mandate satisfied some aspects of the need for predictability. However, the obligation to commit the fund within four years of the AHF's first anniversary introduced distortions in fiscal planning. We strongly advocate the provision of an endowment that would allow for measured disbursements over an extended period and permit stable multiyear commitments to healing. An endowment of \$600 million is projected to allow project disbursements of \$22 to 25 million annually plus a separately funded research stream and publishing capacity, and administrative costs. The emphasis on partnerships in community projects will continue as will the implementation of evaluation frameworks, which have already been introduced. Tools to improve tracking of healing outcomes at the community level will be developed. Longer term support for selected projects and continued cross-referencing with First Nations Regional Longitudinal Health Survey 2002-03 data will permit longitudinal research on healing models to advance knowledge of trauma treatment, community healing and training approaches. Funds will be earmarked for research and dissemination of results, building on the communication instruments now in use and networking with departments having complementary mandates and agencies such as NAHO and the Institute of Aboriginal Peoples' Health, one of the Canadian Institutes of Health Research. The synergies that emerge as communities take responsibility for healing are already evident in applicants' sharing of experience and expertise in proposal development workshops and the reported impact of success stories in the AHF quarterly publication *Healing Words*, as well as regional and national gatherings.

### 7.12 The Healing Must Continue

The minimum time line projected to implement the priorities set out above and reach a new, healthier steady-state is 30 years. On the advice of our capital management firm we propose that an endowment fund established with a one-time grant of \$600 million will support a healing strategy for a 30-year term. A detailed projection is presented in Table 25.

The table shows the expenditure pattern if the AHF were to receive a \$600 million endowment and fully expend it in 30 years. Taking into consideration an annual inflation rate of 2.5 per cent and receiving a 5 per cent return on investment, the AHF could spend \$28.4 million per year in "real" payments. With the inflation factor, this would mean by year 30, the AHF would have invested over \$1.2 billion in healing. Using the same structure, if the AHF were to receive an 8 per cent return on investment, it could spend \$40.7 million per year in "real" payments.

Table 25) Endowment Strategy

AHF \$600 MILLION ENDOWMENT FUND		INVESTMENT RETURNS				
		% PER ANNUM				
		4	5	6	7	8
<b>DATES</b>	<b>"REAL" PAYMENT (2005 \$ MILLIONS)</b>	<b>\$ 24.8</b>	<b>\$ 28.4</b>	<b>\$ 32.3</b>	<b>\$ 36.3</b>	<b>\$ 40.7</b>
1-Sep-06	PAYMENTS INCREASED BY 2.5% ANNUAL INFLATION	\$ 25.4	\$ 29.1	\$ 33.1	\$ 37.2	\$ 41.7
1-Sep-07	"	\$ 26.1	\$ 29.8	\$ 33.9	\$ 38.1	\$ 42.8
1-Sep-08	"	\$ 26.7	\$ 30.6	\$ 34.8	\$ 39.1	\$ 43.8
1-Sep-09	"	\$ 27.4	\$ 31.3	\$ 35.7	\$ 40.1	\$ 44.9
1-Sep-10	"	\$ 28.1	\$ 32.1	\$ 36.5	\$ 41.1	\$ 46.0
1-Sep-11	"	\$ 28.8	\$ 32.9	\$ 37.5	\$ 42.1	\$ 47.2
1-Sep-12	"	\$ 29.5	\$ 33.8	\$ 38.4	\$ 43.1	\$ 48.4
1-Sep-13	"	\$ 30.2	\$ 34.6	\$ 39.4	\$ 44.2	\$ 49.6
1-Sep-14	"	\$ 31.0	\$ 35.5	\$ 40.3	\$ 45.3	\$ 50.8
1-Sep-15	"	\$ 31.7	\$ 36.4	\$ 41.3	\$ 46.5	\$ 52.1
1-Sep-16	"	\$ 32.5	\$ 37.3	\$ 42.4	\$ 47.6	\$ 53.4
1-Sep-17	"	\$ 33.4	\$ 38.2	\$ 43.4	\$ 48.8	\$ 54.7
1-Sep-18	"	\$ 34.2	\$ 39.1	\$ 44.5	\$ 50.0	\$ 56.1
1-Sep-19	"	\$ 35.0	\$ 40.1	\$ 45.6	\$ 51.3	\$ 57.5
1-Sep-20	"	\$ 35.9	\$ 41.1	\$ 46.8	\$ 52.6	\$ 58.9
1-Sep-21	"	\$ 36.8	\$ 42.2	\$ 47.9	\$ 53.9	\$ 60.4
1-Sep-22	"	\$ 37.7	\$ 43.2	\$ 49.1	\$ 55.2	\$ 61.9
1-Sep-23	"	\$ 38.7	\$ 44.3	\$ 50.4	\$ 56.6	\$ 63.5
1-Sep-24	"	\$ 39.6	\$ 45.4	\$ 51.6	\$ 58.0	\$ 65.1
1-Sep-25	"	\$ 40.6	\$ 46.5	\$ 52.9	\$ 59.5	\$ 66.7
1-Sep-26	"	\$ 41.7	\$ 47.7	\$ 54.3	\$ 61.0	\$ 68.4
1-Sep-27	"	\$ 42.7	\$ 48.9	\$ 55.6	\$ 62.5	\$ 70.1
1-Sep-28	"	\$ 43.8	\$ 50.1	\$ 57.0	\$ 64.1	\$ 71.8
1-Sep-29	"	\$ 44.9	\$ 51.4	\$ 58.4	\$ 65.7	\$ 73.6
1-Sep-30	"	\$ 46.0	\$ 52.7	\$ 59.9	\$ 67.3	\$ 75.5
1-Sep-31	"	\$ 47.1	\$ 54.0	\$ 61.4	\$ 69.0	\$ 77.3
1-Sep-32	"	\$ 48.3	\$ 55.3	\$ 62.9	\$ 70.7	\$ 79.3
1-Sep-33	"	\$ 49.5	\$ 56.7	\$ 64.5	\$ 72.5	\$ 81.3
1-Sep-34	"	\$ 50.8	\$ 58.1	\$ 66.1	\$ 74.3	\$ 83.3
1-Sep-35	"	\$ 52.0	\$ 59.6	\$ 67.8	\$ 76.1	\$ 85.4
<b>Total</b>		<b>\$ 1,116.0</b>	<b>\$ 1,278.0</b>	<b>\$ 1,453.5</b>	<b>\$ 1,633.5</b>	<b>\$ 1,831.5</b>

i.e., If one was sure to earn 5 per cent per annum on investments and inflation was constant at 2.5 per cent, the fund could pay out a "real" \$28.4 million per year (which in year 30 would be \$59.6 million), exhausting the fund at the end of its 30-year life.

Source: Wolfcrest Capital Advisors Inc.

We have stressed throughout this report that healing is both individual and collective. In terms of the residential school resolution model we adopted, acknowledgement, redress, healing and reconciliation are interconnected and interdependent. The achievement of a redress settlement to individual survivors has important practical and symbolic value, but individual payments are unlikely to facilitate healing in those who have been deeply injured by residential school trauma. Payments will not directly address

the needs of those who are intergenerationally impacted by abuse. Neither will they strengthen the bonds of community that have been stressed and ruptured by the residential school experience and its legacy.

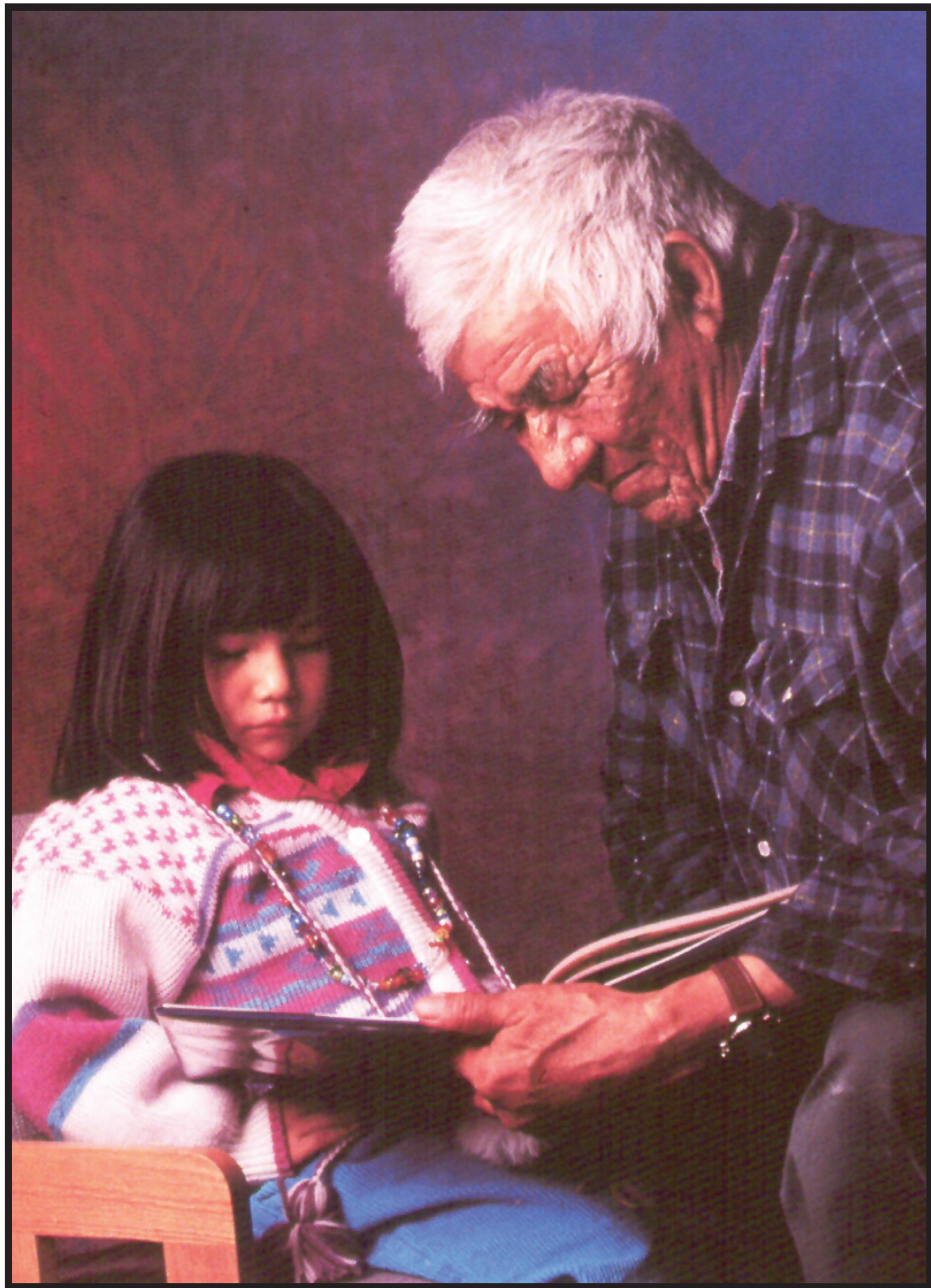
This volume, along with companion volumes *Measuring Progress: Program Evaluation* and *Promising Healing Practices in Aboriginal Communities* have documented the contribution of the Aboriginal Healing Foundation in the first seven years of its mandate. We have argued that the healing must continue and have presented a plan for the road ahead.

### 7.13 Recommendations

In light of the foregoing analysis, the Aboriginal Healing Foundation recommends:

1. That the government of Canada renew the mandate of the Aboriginal Healing Foundation to enable it to continue its mission to support Aboriginal people in healing from the legacy of residential schools and that the new mandate be for a period of 30 years.
2. That the renewed mandate of the AHF address the legacy of physical and sexual abuse suffered in residential schools as well as social, psychological and spiritual injuries, including intergenerational impacts.
3. That the mandate of the AHF be designed to complement and advance the interrelated goals of acknowledgement, redress, healing and reconciliation.
4. That a public education role for the AHF be supported by a mandate and resources to conduct research and disseminate knowledge related to the legacy of residential schools and appropriate means of healing and reconciliation.
5. That financial resources to undertake and fulfill the renewed mandate be set at the level of \$600 million and made available as a one-time grant to be invested as an endowment to generate income and be fully expended over a 30-year span.









## **Aboriginal Healing Foundation Funding Agreement, March 31, 1998**

THIS AGREEMENT made as of the        day of March 1998,

BETWEEN:

ABORIGINAL HEALING FOUNDATION, a Corporation established under Part 11 the Canada Corporations Act, chapter C-32 of the Revised Statutes of Canada, 1970 herein represented by a duly authorized officer (“the Foundation”)

OF THE FIRST PART

- and -

HER MAJESTY THE QUEEN IN RIGHT OF CANADA, as represented by the Minister of Indian Affairs and Northern Development “Her Majesty”)

OF THE SECOND PART

WHEREAS the Government of Canada has announced a new national Aboriginal strategy “Gathering Strength - Canada’s Aboriginal Action Plan” which includes initiatives aimed at renewing the partnership with Aboriginal People;

WHEREAS one element of the Action Plan provides for the creation of a healing strategy to address the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts;

WHEREAS, in order to implement the creation of the healing strategy, the Government of Canada is prepared to enter into this agreement with the Foundation;

WHEREAS the Government of Canada is prepared to fund the Foundation to support the objective of addressing the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts, by supporting holistic and community-based healing to address needs of individuals, families and communities, including Communities of Interest;

WHEREAS the following measures are recognized as examples of means for the Foundation to fulfill the objective:

- (a) promotion of linkages to other federal/provincial/territorial/aboriginal government, health and social services programs;
- (b) focus on early detection and prevention of the intergenerational impacts of physical and sexual abuse;

(c) recognition of special needs, including those of the elderly, youth and women; and

(d) promotion of capacity-building for communities to address their long-term healing needs;

WHEREAS the Foundation was established for the purpose of funding Eligible Recipients for Eligible Projects to address the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts;

WHEREAS the Foundation and Her Majesty desire that this agreement set forth their agreement relating to the terms and conditions under which the Foundation shall administer and invest the funds received by it and the Foundation shall determine to whom it shall disburse the funds held by it taking into account, and honouring, in a fair and equitable manner, the geographical and demographic reality and the concentration across Canada of those who attended Residential Schools and those who are affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts;

AND WHEREAS the Foundation and Her Majesty desire that the Amount not be used to duplicate programs, activities or services provided by or within funding from federal, provincial or territorial governments;

NOW THEREFORE in consideration of the premises, the mutual covenants contained herein and the receipt of other good and valuable consideration which the Parties acknowledge, this agreement provides as follows:

## ARTICLE I DEFINITIONS

1.01 Definitions. Unless otherwise defined herein, the following terms shall have the following meanings in this Agreement:

“Aboriginal People” means individuals who are included as Aboriginal peoples referred to in S.35 of the Constitution Act 1982 and, for greater certainty, includes Inuit, Métis and First Nations, on and off reserve, regardless of whether they are registered under the Indian Act.

“Act” means the Canada Corporations Act, R.S.C 1970, C-32.

“Amount” means the grant from Her Majesty to the Foundation of \$350,000,000 and any proceeds arising from the investment of the grant less the portion thereof required to fund reasonable costs and expenses incurred by the Foundation in the ordinary course of its business and affairs from time to time.

“Arbitration Act” means the Commercial Arbitration Act, 222 R.S.C. 1985, C34.6.

“Auditor” means the auditor for the Foundation appointed under Section 10.02 (1).

“Board” means the board of directors of the Foundation as constituted from time to time.

“Business Day” means any day of the year, other than a Saturday, Sunday or any day on which banks are required or authorized to close in Ottawa, Ontario.

“Chairperson” means the Chairperson of the Board.

“Communities of Interest” means a body, collective, association, incorporation, coming together, or other amalgamation of Aboriginal People.

“Community-based” means responding to the healing needs of Aboriginal communities, including Communities of Interest.

“Director” means an individual who is on the Board and includes the Chairperson.

“Eligible Costs” means costs of operating, managing and administering an Eligible Project subject to the provisions of Sections 6.05 and 6.06.

“Eligible Project” means a project carried on or to be carried on to address the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts.

“Eligible Recipient” means an organization located in Canada or individual residing in Canada that carries on, or in the opinion of the Board is capable of carrying on, projects to address the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts.

“Eligible Securities” means securities which are within those classes of securities in which the Foundation may invest the Amount as specified in Schedule 4.02 to the Funding Agreement.

“FAA” means the Financial Administration Act, R.S.C. 1985 c. F- 11.

“Fiscal Year” means the fiscal year of the Foundation as determined in accordance with its by-laws.

“Foundation” means the non-profit Aboriginal Healing Foundation established under the Canada Corporation Act to address the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts.

“Funding Agreement” means this agreement providing for the ongoing relationship between the Parties hereto and includes all schedules and exhibits hereto and any amendments hereto or thereto.

“Legacy of Physical and Sexual Abuse in Residential School” means the continuing direct and indirect adverse effects of physical and sexual abuse at Residential Schools, including the intergenerational impacts, on individuals, families and communities, including Communities of Interest, which may include, but is not limited to, family violence, substance abuse, physical and sexual abuse by others, loss of parenting skills and self-destructive behaviours.

“Member” means a member of the Foundation as elected or appointed from time to time in accordance with the Act and the letters patent and by-laws of the Foundation for so long as such individual remains a member of the Foundation.

“Minister” means the Minister of Indian Affairs and Northern Development.

“Non-profit Organization” means a corporation, society, association, organization or body not operated for profit and no part of whose income is payable to or otherwise available for the personal benefit of any of its proprietors, members or shareholders.

“Party” means either the Foundation or Her Majesty as represented by the Minister of Indian Affairs and Northern Development, as the context permits or requires, and “Parties” means both, of them.

“Person” means any individual, partnership, limited partnership, joint venture, syndicate, sole proprietorship, company or corporation, with or without share capital, trust, trustee, executor, administrator or other personal legal representative, unincorporated association, institute, institution, or Regulatory Authority howsoever designated or constituted and pronouns have a similarly extended meaning.

“Regulatory Authority” means any government or any governmental, administrative or regulatory entity, department, authority, commission, tribunal official or agency having jurisdiction.

“Residential Schools” means the Residential School system attended by aboriginal students and without restricting the generality of the foregoing, includes industrial schools, boarding schools, student residences, hostels, billets, residential schools, residential schools with a preponderance of day scholars, or a combination of any of the above; provided that none of the above shall be excluded because some of the students attending were non-aboriginal persons.

“Special Resolution of the Members” means a resolution passed by not less than two thirds of the votes cast by the Members who voted on the resolution at a meeting of the Members or signed by all the Members entitled to vote on the resolution.

ARTICLE II  
REPRESENTATIONS AND WARRANTIES

- 2.01 Representations of the Foundation. The Foundation represents, warrants to, and covenants with, Her Majesty that:
- (a) it is in good standing under the laws of Canada and of each jurisdiction in which it is required to be registered;
  - (b) it has the requisite power (corporate and other) to own its assets and to carry on its activities as contemplated by this Funding Agreement;
  - (c) the execution and delivery of this Funding Agreement by it, and the carrying out, by it, of all of the activities contemplated hereby, have been duly authorized by all requisite corporate action;
  - (d) it has full power to execute and deliver this Funding Agreement and to perform its obligation hereunder;
  - (e) it has and will continue to have a Board composed of individuals who reflect the interests of Aboriginal People and who possess the competence, capacities and attributes required to fulfill the obligations of the Foundation under this Funding Agreement, which may include:
    - (i) healing and financial expertise;
    - (ii) regional representativeness;
    - (iii) attendance at Residential Schools; or
    - (iv) personal credentials and merit;
  - (f) this Funding Agreement constitutes a legally binding obligation of the Foundation, enforceable against it in accordance with its terms, subject with respect to enforcement of remedies, to applicable bankruptcy, insolvency, reorganization and other laws affecting generally the enforcement of the rights of creditors and subject to a court's discretionary authority with respect to the granting of specific performance or other equitable remedies in accordance with and subject to the authority of the arbitrator as referred to in Article XI;
  - (g) the execution and delivery of this Funding Agreement by the Foundation and the performance by the Foundation of its obligations hereunder will not, with or without the giving of notice or the passage of time or both:
    - (i) violate the provisions of the Act or of any other applicable law;
    - (ii) violate the provisions of the Foundation's charter, by-laws, any other corporate governance document subscribed to by the Foundation or any resolution of the Board or Members;

- (iii) violate any judgement, decree, order or award of any court, Regulatory Authority or arbitrator; or
  - (iv) conflict with or result in the breach or termination, of any material term or provision of, or constitute a default under, or cause any acceleration under, any licence, permit, concession, franchise, indenture, mortgage, lease, equipment lease, contract, permit, deed of trust or any other instrument or agreement by which it is bound; and
- (h) there are no actions, suits, investigations or other proceedings pending or, to the knowledge of the Foundation, threatened and there is no order, judgment or decree of any court or Regulatory Authority which could materially and adversely affect the activities contemplated by the Act and this Funding Agreement.

2.02 Representations and Warranties of Her Majesty. Her Majesty represents and warrants to the Foundation that:

- (a) the execution and delivery of this Funding Agreement by Her Majesty and the carrying out by Her Majesty of all of the activities contemplated hereby, have been duly authorized;
- (b) Her Majesty has full power to execute and deliver this Funding Agreement and to perform Her Majesty's obligations hereunder; and
- (c) this Funding Agreement constitutes legally binding obligations of Her Majesty enforceable against Her Majesty in accordance with its terms subject to a court's discretionary authority with respect to the granting of a specific performance or other equitable remedies, in accordance with and subject to the authority of the arbitrator as referred to in Article XI.

2.03 Survival. All representations and warranties will survive the execution of this Funding Agreement until the tenth (10th) anniversary of such execution, or such earlier date as may be mutually agreed to by the Parties.

2.04 Termination. This Funding Agreement shall terminate at such time as:

- (a) none of the Amount remains with the Foundation;
- (b) Eligible Recipients have accounted for all funds received from the Foundation in a manner acceptable to the Foundation; and
- (c) the Foundation has fulfilled all of its obligations under this Funding Agreement.



ARTICLE III  
GRANT

- 3.01 Grant. Her Majesty will make payment to the Foundation of \$350,000,000 in the federal government fiscal year 1998-99. Payments will consist of an initial grant of \$5,000,000 as close as possible to the time of incorporation of the Foundation after April 1, 1998, subject to Treasury Board approval; a further \$5,000,000 as required, subject to Treasury Board approval; and the balance subject to the approval of Parliament by way of an appropriation. Her Majesty agrees to make the grant of the balance as soon as reasonably possible after the appropriation. The Foundation agrees to hold, invest, administer and disburse the Amount in accordance with this Funding Agreement.

ARTICLE IV  
INVESTMENT AND MANAGEMENT OF THE AMOUNT

- 4.01 Investment of the Amount. The Foundation shall invest, keep invested and reinvest the Amount and in that regard the Foundation:
- (a) shall establish investment policies, standards, and procedures that a Person of ordinary prudence would exercise in dealing with the property of others. These shall include:
    - (i) categories of investments;
    - (ii) permitted transactions;
    - (iii) diversification of the investment portfolio;
    - (iv) asset mix and rate of return expectations;
    - (v) liquidity of investments;
    - (vi) policies for the management of financial risks; and
    - (vii) levels of authority of officials who can commit the Foundation to different types of transactions; having regard to all factors that may affect the funding of the Foundation and the ability of the Foundation to meet its financial obligations and anticipated obligations;
  - (b) shall retain independent professional investment advice or portfolio management to provide investment advice to the Foundation with respect to the investment of the Amount;
  - (c) shall ensure that proper external custodial arrangements are established for the Amount;
  - (d) shall invest, or cause to be invested, the Amount in Eligible Securities; and
  - (e) shall make investment decisions without regard to the funding of individual Eligible Projects, except as provided in Section 4.02 (b).

- 4.02 Management of the Amount. In investing and reinvesting the grant the Foundation shall:
- (a) ensure that the part of the Amount that has not been disbursed shall be invested in accordance with Schedule 4.02 in order to ensure the preservation of that part of the Amount;
  - (b) manage the Amount so as to meet as closely as possible its expected disbursement profile for funding payments to be made to Eligible Recipients;
  - (c) keep all short term cash balances in any deposit-taking institution, the commercial paper or short term securities of which have a credit rating of at least “AA” as defined in Schedule 4.02, pending investment, disbursement or payment of expenses with such balances;
  - (d) for the purposes of Section 4.02(c), if a deposit taking institution is a subsidiary of a parent organization and does not have its own credit rating, then the rating of the parent may be used, provided that the parent guarantees the obligations of the subsidiary; and
  - (e) review, no less frequently than annually, the investment policies, standards and procedures established under Section 4.0 1 (a).

The Foundation shall ensure that the Board is regularly made aware of any significant financial risks facing the Foundation, including the consequences of potential losses of investments of any or all of the Amount.

- 4.03 Restricted Activities. The Foundation shall not borrow money, issue any debt obligations or securities, give any guarantees to secure a debt or other obligation of another Person or mortgage, pledge, or otherwise encumber property of the Foundation. Subject to Section 6.06, the Amount shall not be used to purchase, directly or indirectly, or to repair or maintain real property owned, directly or indirectly by the Foundation. Subject to Section 6.06, the Foundation shall I not use the Amount to conduct activities related to advocacy (other than communicating the objects of the Foundation), research (except research related to developing the necessary knowledge base for effective program design/redesign, implementation and evaluation), or public inquiries. The Foundation shall not use the Amount to pay costs related to compensation of individuals or litigation in any way related to Residential Schools.
- 4.04. Overhead and Administrative Costs. The Foundation shall minimize overhead and administrative costs required to carry on its business and affairs. Without limiting the generality of the foregoing, the payment from Her Majesty provided for in Section 3.01, and/or the proceeds from the investment thereof may, be used by the Foundation to the extent necessary to fund any reasonable costs and expenses incurred by it in the ordinary course of its business and affairs subject to this Funding Agreement.
- 4.05 Remuneration. Remuneration of directors, committee members, and officers of the Foundation shall be reasonable and shall only be paid to the extent permitted by law.

## ARTICLE V ELIGIBLE RECIPIENTS

- 5.01 Eligible Recipients. The Foundation shall provide funding only to Eligible Recipients whose Eligible Projects are consistent with Article VI and Article VIII.
- 5.02 Excluded Recipients - Federal. The Foundation shall not provide funding to any federal department (as defined in Schedule I to the FAA), departmental corporation (as defined in Section 2 of the FAA), parent Crown Corporation or wholly owned subsidiary of a parent Crown Corporation (as defined in subsection 83(1) of the FAA), any not-for-profit corporation or trust established by a federal department, departmental corporation, or parent Crown Corporation or wholly owned subsidiary of a parent Crown Corporation. This does not preclude payments for employee interchanges, if any.
- 5.03 Excluded Recipients - Provincial and Territorial. The Foundation shall not provide funding to any provincial or territorial department, agency, or provincial or territorial Crown Corporation. This does not preclude payments for employee interchanges, if any.

## ARTICLE VI ELIGIBLE PROJECTS AND ELIGIBLE COSTS

- 6.01 Eligible Projects. The Foundation shall disburse the Amount by providing funding to Eligible Recipients in respect of the Eligible Costs for Eligible Projects, taking into account, and honouring, in a fair and ' equitable manner, the geographical and demographic reality and, the concentration across Canada of those who attended Residential Schools and those who are affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts.
- 6.02 Mandatory Criteria. In order to be eligible, projects:
- (a) shall address healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, which could include the intergenerational impacts;
  - (b) shall establish complementary linkages, where possible in the opinion of the Board, to other health/social programs and services (federal/provincial/territorial/aboriginal); and
  - (c) shall be designed and administered in a manner that is consistent with Canadian Charter of Rights and Freedoms and applicable human rights legislation.
- 6.03 General Criteria. An Eligible Project may, but need not:
- (a) focus on prevention and early detection of the effects of the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts on all generations;

- (b) include elements of research and of capacity building for communities, including Communities of Interest, to address their long-term healing needs;
- (c) include, where and when possible, and depending on local needs and circumstances, a holistic approach including medical and traditional methodologies;
- (d) address special needs of segments of the population, including those of the elderly, youth and women; and
- (e) be based on a community healing approach designed to address needs of individuals, families and communities, which may include Communities of Interest.

6.04 Contents of Application. For the purpose of assessing projects submitted by Eligible Recipients, the Foundation shall require all Eligible Recipients making application for funding to include in their applications:

- (a) a proposal, which shall outline the objectives of the proposed project and the intended activities and results with regard to the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts; and
- (b) an implementation plan, which shall provide information on:
  - (i) the qualifications of the management team and other staff who would work on the project;
  - (ii) time lines and projected expenditures for all elements of the project;
  - (iii) funding commitments received by the Eligible Recipient from other sources with respect to the project, if any;
  - (iv) the specific population of Aboriginal People targeted by the project;
  - (v) the sustainability of the project, and the capacity of the applicant to conduct the activities and achieve the results stated in the proposal;
  - (vi) the relationship between the costs and potential benefits of the project;
  - (vii) an evaluation plan for the project; and
  - (viii) related programs, activities, and services where complementary linkages can be established.

6.05 Eligible Costs. The Foundation in providing funding for Eligible Projects, may pay, subject to section 6.06, all costs of the projects in accordance with the guidelines established in Article VIII hereof.

6.06 Ineligible Cost. The following are not Eligible Costs:

- (a) the cost of purchasing, directly or indirectly, real property or of repairing or maintaining real property owned directly or indirectly by the Eligible Recipient is not an Eligible Cost, except in exceptional cases where, in the opinion of the Board, such costs are necessary and ancillary to the effective implementation of the Eligible Project;
- (b) the costs related to compensation to individuals, any litigation or any public inquiry related to Residential Schools is not an Eligible Cost; this does not preclude elements of projects involving locally based public inquiries for healing purposes relating to Residential Schools; and
- (c) the cost related to an Eligible Project which duplicates programs, activities or services provided by or within funding from the federal, provincial or territorial government is not an Eligible Cost.

#### ARTICLE VII OTHER CONTRIBUTIONS

7.01 Other Contributions. The Foundation shall:

- (a) encourage Eligible Recipients to develop collaborative arrangements with the private sector, the voluntary sector, religious organizations, and with the aboriginal, municipal, provincial, territorial and federal governments; and
- (b) encourage Eligible Recipients to secure commitments from the private sector, the voluntary sector, religious organizations, and with the municipal, provincial and territorial governments for contributions, either financial or in kind, to fund Eligible Projects.

#### ARTICLE VIII COMMITMENTS AND DISBURSEMENTS

8.01 Commitments. The Foundation shall make best efforts to commit the Amount over a period of four years from either the date of the approval of the first Eligible Project or from one year following the signing of this Funding Agreement, which ever comes first.

8.02 Disbursement. The Foundation shall disburse the Amount over a ten year period from the date of approval of the first Eligible Project, or from one year following the signing of this Funding Agreement, whichever comes first.

8.03 Guidelines on Funding.

- (a) Until a Board of seventeen directors is appointed, the Foundation shall not approve or make any funding commitments for any proposals or projects.
- (b) The Foundation may provide funding up to 100 per cent of the Eligible Costs- for any Eligible Project.
- (c) The Foundation shall require that all Eligible Recipients receiving funding for any Eligible Project account by providing reports on activities and results to the project's target population and to the Board. All agreements entered into by the Foundation with Eligible Recipients shall be subject to financial and project audits by the Foundation.
- (d) The Foundation shall ensure that the process for the assessment of project proposals is transparent with clear selection criteria and that there is a clearly defined appeal process conducted for unsuccessful project proposals.

8.04 Advances and Payments. The Foundation shall enter into agreements with the Eligible Recipients respecting, among other things, the manner in which the Foundation will make advances in respect of the commitment to the Eligible Recipient, when those advances will be made and any terms and conditions on which payments will be made, including the achievement of agreed upon milestones.

8.05 Periodic Payments. The Foundation shall make periodic payments to Eligible Recipients to whom funding has been committed in accordance with a schedule of payments agreed to by the Foundation and the Eligible Recipient, (which schedule shall match as closely as possible the expected disbursements to be made by the Eligible Recipient) or, if the Foundation and the Eligible Recipient so agree, a lump sum payment may be made on the condition that the part of the amount not needed for immediate disbursement be invested and proceeds of that investment be accounted in the project.

ARTICLE IX  
COVENANTS OF THE FOUNDATION

9.01 Covenants of the Foundation. The Foundation covenants and agrees with Her Majesty not to authorize or permit, except by mutual agreement, the adoption of any by-law, or any amendment or change in its letters patent or by-laws or the adoption of any rule, regulation or procedure, whether or not in writing, that is contrary to or in conflict with any provision of this Funding Agreement including the conditions included in Schedule 9.01.



ARTICLE X  
FINANCIAL MATTERS AND AUDITS

10.01 Books of Account.

- (1) The Board shall cause books of account and other records to be kept and shall establish financial and management controls, information systems and management practices that will ensure that the business and affairs of the Foundation are carried on, and the financial, human and physical resources of the Foundation are managed, effectively, efficiently and economically.
- (2) The books of account and other records of the Foundation shall be maintained in accordance with generally accepted accounting principles, consistently applied, and in such a way that they shall demonstrate that the assets of the Foundation are properly protected and controlled and that its business and affairs are conducted in accordance with the provisions of this Funding Agreement, and in such a way that they will show:
  - (a) descriptions and book values of all investments of the Foundation; and
  - (b) the Eligible Recipients who have received, and are about to receive funding from the Foundation in respect of Eligible Projects, the nature and extent of the projects and the amount of the funding.
- (3) The Foundation shall account for and report on the Amount separately from other sources of funds.

10.02 Auditor.

- (1) (a) The Members, as soon as possible after incorporation, shall appoint an auditor for the first fiscal year;
  - (b) The Members at its first meeting in each fiscal year, shall appoint an auditor for the Foundation for the fiscal year and fix the Auditor's remuneration.
- (2) The Auditor shall be:
  - (a) a natural person who:
    - (i) is a member in good standing of an institute or association of accountants incorporated by or under an act of the legislature of a province,
    - (ii) has at least five years experience at a senior level in carrying out audits,
    - (iii) is ordinarily resident in Canada, and
    - (iv) is independent of the Board, each of the Directors and each of the officers of the Foundation; or

- (b) a firm of accountants at least one of whose Members meets the qualifications set out in paragraph (a).
- (3) If an auditor is not appointed at the first meeting of the Members in a fiscal year, the Auditor for the preceding fiscal year shall continue in office until a successor is appointed. On the expiration of the appointment of the Auditor, the Auditor is eligible for re-appointment.
- (4) The Members may by a Special Resolution remove the Auditor from office.
- (5) An Auditor ceases to hold office when the Auditor:
  - (a) dies;
  - (b) resigns; or
  - (c) is removed from office under subsection (4).
- (6) The Members, at a meeting of the Members, may appoint an Auditor to fill any vacancy in the office of the auditor, but if the Members fail to fill the vacancy at a meeting, or if no meeting of the Members is convened without delay after the vacancy occurs, the Board shall appoint an Auditor to fill the vacancy.
- (7) An Auditor appointed to fill a vacancy in the office holds office for the unexpired term of the predecessor in the office.

#### 10.03 Conduct of the Audit.

- (1) The Auditor for a fiscal year shall, as soon as possible after the end of the fiscal year, complete the audit of the books and records of the Foundation in accordance with generally accepted auditing standards of the Canadian Institute of Chartered Accountants (CICA) Handbook, consistently applied, and submit a report of the audit to the Members.
- (2) A meeting of the Members shall be convened to consider the report of the Auditor for a fiscal year and at the meeting the Members shall by resolution receive the report.

#### 10.04 Audit Committee.

- (1) The Board shall appoint an audit committee consisting of not fewer than three Directors and fix the duties and functions of the committee.
- (2) In addition to any other duties and functions it is required to perform, the audit committee may cause internal audits to be conducted to ensure compliance by the officers and employees of the Foundation with management and information systems and controls established by the Board.

### 10.05 Annual Report.

- (1) The Foundation shall, within six months after the end of each fiscal year, prepare an annual report in at least both official languages of its activities during the year and include in the report
  - (a) its financial statement for the year as approved by the Board including:
    - (i) its balance sheet as at the end of the fiscal year;
    - (ii) a statement of income for the fiscal year;
    - (iii) a statement of change in financial position for the fiscal year; and
    - (iv) a statement of investment portfolio;
  - (b) the report of the Auditor for the year in respect of the audit of the books and records of the Foundation for the year, the Auditor's notes to the financial statement and any other reports of the Auditor respecting the financial circumstances of the Foundation in the year;
  - (c) a statement of the Foundation's objectives for that year and a statement on the extent to which the Foundation met those objectives;
  - (d) a statement of the Foundation's objectives for the next year and for the foreseeable future;
  - (e) a statement of the Foundation's investment policies, standards and procedures;
  - (f) a list of Eligible Projects, funding provided, and a description of progress achieved to date; and
  - (g) steps taken with respect to a fair and equitable distribution of the Amount as per Section 6.01.
- (2) Before the annual report of the Foundation for a fiscal year is distributed to the public, it shall be approved by the Board and by the Members at a meeting of the Members.
- (3) After the annual report of the Foundation for a fiscal year is approved as required under subsection (2), the report shall be made public in accordance with the by laws of the Foundation and a copy shall be sent to the Minister who shall cause a copy of the report to be laid before each House of Parliament on any of the first fifteen days on which that House is sitting after the Minister receives it.

10.06 Public Communications and Accountability. The Foundation shall implement a public communications and accountability strategy to communicate its annual report and publicly account for its activities during the year, including participation in public meeting(s).

10.07 Winding Up. Subject to the applicable requirements of the Income Tax Act (Canada) and any other applicable legislation with respect to Non-profit Organizations or charitable organizations, as the case may be, where both Parties agree that the Foundation shall wind up and dissolve, the uncommitted Amount shall be distributed, by agreement of the Parties, to either or both:

- (a) one or more Non-profit Organization(s) in Canada whose objects are the same as or similar to the objects of the Foundation; with preference given to an aboriginally-controlled organization; and/or
- (b) one or more charitable organizations; with preference given to an aboriginally-controlled organization.

Where the Parties do not agree that the Foundation shall wind up and dissolve or as to the distribution of the uncommitted Amount, the matter shall be referred to arbitration, in accordance with Article XI.

Before dissolution, the Foundation shall liquidate all assets and meet all debts and obligations and prepare and deliver a final report of the Foundation, in accordance with Section 10.05.

10.08 Official Language. The Foundation shall provide its communications and services to the public in at least both official languages of Canada (French and English), in accordance with, the spirit and intent of Part IV of the Official Languages Act, R.S.C. (1985) c.3 1. More specifically, the Foundation shall:

- (a) make any announcements, or documents for Eligible Recipients concerning the national strategy in the official language of their choice;
- (b) actively offer its services to Eligible Recipients in the official language of their choice;
- (c) ensure that any nation-wide communication aimed at the general public is provided in both official languages and that related documents be available in both official languages; and
- (d) ensure, when it is appropriate, that the agreements awarding funding to Eligible Recipients provide for a linguistic clause regarding the recipients' communications to the public, where a significant demand exists for services from an Eligible Recipient to the public in either official language.

10.09 Conflict of Interest. The Foundation shall include in its by-laws provisions that:

- (a) entitle an Eligible Recipient that has made a proposal for a project to the Foundation to request the Board to make a ruling as to the possible conflict of interest of a Director in the consideration or disposal of the proposal; and
- (b) establish procedures to be followed by the Board in responding to the request and giving the ruling.

## ARTICLE XI ARBITRATION

11.01 Arbitration. Any dispute arising out of or in connection with this Funding Agreement, including without limitation a dispute respecting the interpretation, application or implementation of this Funding Agreement, or a breach of this Funding Agreement, shall be submitted to and finally resolved by arbitration under the Arbitration Act as amended or substituted from time to time and not by the courts. The Parties shall be governed by the Rules for Arbitration as stipulated in Schedule 11.0 1, subject to any mandatory provisions of the Arbitration Act. A decision of the arbitrator shall be final and binding and not subject to appeal subject to any mandatory provisions of the Arbitration Act.

11.02 Power of Arbitrator. In the event that an arbitrator concludes that either Party has not complied with its obligations under this Funding Agreement, the arbitrator may order such Party to comply with the provisions of this Funding Agreement in the future, and in the event of non-compliance by the Foundation, the arbitrator may direct the Foundation in the way in which it must modify its funding programs so as to comply with these requirements in the future.

11.03 Transfer of Funds to Third Party. In the event that the arbitrator determines that the Foundation has significantly or repeatedly breached any of the provisions of this Funding Agreement, the arbitrator shall have the power to designate a third party, subject to the approval by Her Majesty (after consulting with the National Aboriginal Organizations who have nominated Members of the Board), to hold and disburse the remaining Amount in accordance with the terms of this Funding Agreement.

11.04 Costs of Arbitration. The costs of arbitration shall be shared equally by the Parties.

## ARTICLE XII CONFIDENTIALITY

12.01 Confidentiality. The Foundation shall develop a policy relating to confidentiality which shall define what constitutes confidential information, the treatment to be given to such information and the circumstances under which such information may be disclosed by the Foundation, Eligible Recipients, Directors and officers, employees, agents and representatives of the Foundation, Eligible Recipients or other Persons.

ARTICLE XIII  
INTERPRETIVE MATTERS AND CONVENTIONS

- 13.01 Gender and Number. Any reference in this Funding Agreement to gender shall include all genders and words importing the singular number only shall include the plural and vice versa.
- 13.02 Headings. The provision of a Table of Contents, the division of this Funding Agreement into Articles, Sections, Subsections and other subdivisions and the insertion of headings are for convenience of reference only and shall not affect or be utilized in the construction or interpretation of this Funding Agreement.
- 13.03 Statutory References. Unless expressly stated to the contrary, any references in this Funding Agreement to any law, by-law, rule, regulation, order or act of any government, governmental body or other Regulatory Authority shall be construed as a reference thereto as enacted at the date hereof as such law, by-law, rule, regulation, order or act may be amended, re-enacted or superseded from time to time.
- 13.04 Calculation of Time Period. When calculating the period of time within which or following which any act is to be done or step taken pursuant to this Funding Agreement, the date which any act is to be done or step taken pursuant to this Funding Agreement, the date which is the reference date in calculating such period shall be excluded. If the last day of such period is a non-Business Day, the period in question shall end on the next Business Day.
- 13.05 Performance on Holidays. If under this Funding Agreement any payment or calculation is to be made or any other action is to be taken on a day which is not a Business Day, that Payment or calculation is to be made, and that other action is to be taken, as applicable, on or as of the next day that is a Business Day.
- 13.06 References. In this Funding Agreement, references to “hereof,” “hereto,” and “hereunder” and similar expressions mean and refer to this Funding Agreement taken as a whole and not to any particular Article, Section, Subsection or other subdivision, “Article,” “Section,” “Subsection” or other subdivision of this Funding Agreement followed by a number means and refers to the specified Article, Section, Subsection or other subdivision of this Funding Agreement.

ARTICLE XIV  
MISCELLANEOUS

- 14.01 Severability. If any provision of this Funding Agreement is determined to be invalid or unenforceable by an arbitrator that provision shall be deemed to be severed herefrom and the remaining provisions of this Funding Agreement shall not be affected thereby and shall remain valid and enforceable; provided that in the event that any portion of this Funding Agreement shall have been so determined to be invalid or unenforceable (the “offending portion”), the Parties shall negotiate in good faith such changes to this Funding Agreement as will best preserve for the Parties the benefits and obligations of such offending portion.



- 14.02 Amendments. This Funding Agreement may only be amended, modified or supplemented by a written agreement signed by both of the Parties; Her Majesty's execution of such agreement will be subject to internal review processes.
- 14.03 Meeting of the Parties. Within the sixty days following the annual meeting of Members referred to in Section 10.05, the Parties may, at the request of either Party, meet to discuss the operation of the Foundation relating to the Funding Agreement, including the investment provisions.
- 14.04 Waiver. All waivers under this Funding Agreement, must be made in writing and failure at any time to require any Party's performance of any obligations under this Funding Agreement shall not affect the right subsequently to require performance of that obligation. No waiver of any of the provisions of this Funding Agreement by either Party shall be deemed to constitute a waiver of such provision by the other Party or a waiver by such Party of any other provision (whether or not similar), nor shall such waiver constitute a continuing waiver unless otherwise expressly provided in writing duly executed by the Party to be bound thereby.
- 14.05 Governing Law. This Funding Agreement shall be governed by and interpreted and enforced in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.
- 14.06 Entire Agreement. This Funding Agreement constitutes the entire agreement between the Parties pertaining to the matters contemplated hereby and supersedes all prior agreements, understandings, negotiations and discussions, whether oral or written, of the Parties.
- 14.07 Indemnification and Limitation of Liability. The Foundation shall indemnify and hold harmless Her Majesty from and against all claims, losses, damages, costs, expenses, actions and other proceedings made, sustained, brought, prosecuted, threatened to be brought or prosecuted in any manner, based upon, occasioned by, attributable to, or arising from any wilful or negligent act, omission or delay on the part of the Foundation, or the Directors, officers, employees or agents of the Foundation. Notwithstanding anything to the contrary contained herein, neither of the Parties will be liable for the indirect, or consequential damages of the other Party nor for loss of revenues or profits. Therefore, the Parties expressly acknowledge and agree that they will not be liable for each other's indirect, or consequential damages or for damages for lost profits or lost revenues under this Funding Agreement, regardless of whether such liability arises in tort (including negligence), contract, fundamental breach or breach of a fundamental term, misrepresentation, breach or warranty, breach of fiduciary duty, indemnification or otherwise.
- 14.07.01 Limitation of Liability arising from the Charter and Human Rights Legislation. The Foundation shall satisfy any judgement or order made by a court or human rights tribunal against Her Majesty which judgement or order determines that an act or omission of the Foundation or any entity funded by the Foundation to carry out the objects of the Foundation breached the Canadian Charter of Rights and Freedoms or human rights legislation in connection with the Eligible Project, by paying any damages or making good any financial liability and by making any modifications to the actions of the Foundation or entity funded by the Foundation to comply with such judgement or order.

- 14.07.02 Survival. The provisions of Sections 14.07 and 14.07.01 shall survive termination of this Agreement with respect to matters arising prior to the termination of the Agreement.
- 14.08 Further Assurances. The Parties will, from time to time during the course of this Funding Agreement or upon its expiry and without further consideration, execute and deliver such other documents and instruments and take such further action as the other may reasonably require to effect the activities contemplated hereby.
- 14.09 Notices. Any notice, direction or other instrument required or permitted to be given under this Funding Agreement shall be in writing (including telecopier, telex or any other means of communication by which words are capable of being visibly and instantaneously reproduced at a distant point of reception) and given by delivering it or sending it by telecopy or other similar means of communication addressed:
- (1) if to the Foundation, at:  
Attention: Chief Executive Officer  
Telecopier:
  - (2) if to the Minister at:  
Office of the Deputy Minister of  
Indian Affairs and Northern Development  
10 Wellington Street  
Hull, Quebec K1A 0H4  
Telecopier:
- Any such notice, direction or other instrument given as aforesaid shall be effective upon the date of delivery or transmission, as the case may be, unless delivered or transmitted on a day which is not a Business Day in which event it shall be deemed to be effective on the next Business Day. Either Party may change its address for service from time to time by notice given in accordance with the foregoing and any subsequent notice shall be sent to the Party at its changed address.
- 14.10 Time of the Essence. Time shall be of the essence in this Funding Agreement.
- 14.11 Third Party Beneficiaries. Each Party intends that this Funding Agreement shall not benefit or create any right or cause of action in, or on behalf of, any Person, other than the Parties and no Person, other than the Parties, shall be entitled to rely on the provisions hereof in any action, suit, proceeding, hearing or other forum.
- 14.12 Assignment and Successors. This Funding Agreement and any rights or duties hereunder may not be transferred, assigned or delegated to any other Person by either Party without the express prior written consent of the other Party to this Funding Agreement, such consent not to be unreasonably withheld. This Funding Agreement shall inure to the benefit of and be binding upon the Parties, their successors and permitted assigns.

- 14.13 Relationship of the Parties. Nothing contained in this Funding Agreement shall be construed to place the Parties in the relationship of partners or joint venturers and neither Party shall have any right to obligate or bind the other Party in any manner.

Moreover, this is an agreement for the performance of a service and the Foundation is engaged under the Agreement as an independent entity for the sole purpose of providing a service. Neither the Foundation nor any of the Foundation's personnel is engaged under the Agreement as an employee, servant or agent of Her Majesty. For greater certainty, in no event will the Foundation or any of its Directors, officers, employees or agents be entitled to bind or obligate Her Majesty and in no event will any of the foregoing be considered to be an agent of Her Majesty. The Foundation agrees to be solely responsible for any and all applications, reports, payments, deductions, or contributions required to be made including those required for Canada or Quebec Pension Plans, Employment Insurance, Worker's Compensation or Income Tax.

- 14.14 Remedies Cumulative. All rights, powers and remedies provided under this Funding Agreement or otherwise available in respect thereof at law or in equity shall be cumulative and not alternative and the exercise or beginning of the exercise of any thereof by either Party shall not preclude the simultaneous or later exercise of any other such right, power or remedy by such Party.
- 14.15 Costs and Expenses. The Foundation shall pay all legal and accounting costs and expenses incurred by it in authorizing, preparing and executing this Funding Agreement.
- 14.16 Execution in Counterparts. This Funding Agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one and the same instrument.
- 14.17 Excusable Delays. The dates and times by which either Party is required to perform any obligation under this Funding Agreement shall be postponed automatically to the extent for the period of time, that the Party is prevented from so performing by circumstances beyond its reasonable control. Said circumstances shall include acts of nature, strikes, lockouts, riots, acts of war, epidemics, government regulations imposed after the fact, fire, communications failures, power failures, earthquakes or other disasters.
- 14.18 Excluded Persons. No member of the House of Commons or Senate shall be admitted to any share or part of this Funding Agreement nor to any benefit to arise therefrom.

IN WITNESS WHEREOF the Parties have caused, their duly authorized representatives to execute this Funding Agreement as of the date first above written.

FOR HER MAJESTY THE QUEEN IN RIGHT OF CANADA AS  
REPRESENTED BY THE MINISTER OF INDIAN AFFAIRS AND  
NORTHERN DEVELOPMENT

<original signed>

The Honourable Jane Stewart  
Minister of Indian and Affairs and Northern Development

FOR ABORIGINAL HEALING FOUNDATION

<original signed>

Georges Erasmus	Gene Rheaume
Janet Brewster Montague	Paul Chartrand
Jerome Berthelette	Wendy Grant-John
Debbie Reid	Marjorie Hodgson
Teressa Nahanee	

SCHEDULE 4.02  
INVESTMENT GUIDELINES

1. The Foundation shall invest the Amount in Eligible Securities. Eligible Securities are defined as banker's acceptances, bank certificates of deposit, commercial paper, bonds and notes issued and guaranteed by the federal, government, provincial governments, territorial governments, municipal governments and corporations, government and corporate strip bonds, deposits at deposit-taking institutions in Canada, the commercial paper or short-term securities of which have a credit rating of at least AA, asset-backed securities, and collateralized mortgage obligations, with a maximum remaining term to maturity of eight years. For greater certainty, the Amount may not be invested in shares, warrants or other equities, convertible debt securities, derivatives, swaps, options, futures.
2. The deemed rating (the "Rating") of any Eligible Security will be established, at the time of the Foundation's acquisition of the Eligible Security, as:
  - (a) "AAA" if the Eligible Security has the following rating from two credit rating agencies (both of which must be CBRS and DBRS for Commercial Paper and one of which must be Moody's or Standard & Poors "S&P" for Other Securities):

(A) Commercial Paper	CBRS	A-1+
	DBRS	RI (High)
(B) Other Securities	CBRS	A++
	Moody's	Aaa
	S&P	AAA
	DBRS	AAA

- (b) "AA" if the Eligible Security has the following rating from two credit rating agencies, (one of which must be "S&P" for Commercial Paper and one of which must be Moody's or "S&P" for Other Securities):

(A) Commercial Paper	CBRS	At (High)
	S&P	A1+
	DBRS	RI (Middle)
(B) Other Securities	CBRS	A+
	Moody's	Aa
	S&P	AA
	DBRS	AA

Where "CBRS" is the Canadian Bond Rating Service and "DBRS" is the Dominion Bond Rating Service. A designated rating shall include all sub-classifications. For instance, a "AA" rating by S&P shall include "AA-," "AA" and "AA+."

3. Any securities acquired shall have a Rating of at least AA.
4. All securities, shall be denominated in Canadian dollars.
5. Throughout the life of the Foundation's portfolio derived from the Amount, provided that the market value of the portfolio is greater than \$50 million Canadian, the Foundation's investments in the securities of any one issuer will be limited to an aggregate market value limit based on the Rating of the security, as set out below:

<u>Rating of Security</u>	<u>Government Securities</u>	<u>Other Securities</u>
AA	10 percent of portfolio	5 percent of portfolio
AAA	No limit	10 percent of portfolio

Throughout the life of the Foundation's portfolio derived from the Amount, provided that the market value of the portfolio is greater than \$50 million Canadian, the Foundation's investment in the securities of any one grade will be limited to an aggregate market value limit based on the Rating of the security, as set out below:

<u>Rating of Security</u>	<u>Government Securities</u>	<u>Other Securities</u>
AA	20 percent of portfolio	10 percent of portfolio
AAA	No limit	20 percent of portfolio

For greater certainty, the phrase "Government securities" means all securities issued, guaranteed by, or that have the full faith and credit of the federal government or a provincial/territorial government.

6. At any time when the market value of the Foundation's portfolio is less than \$50 million Canadian, the percentage limitations described in clause 5 shall be increased by 100 percent.
7. The Foundation shall at all times make best efforts to maintain sufficient cash or publicly traded Eligible Securities with a maturity of less than one year to meet the expected disbursements and expenses for the next twelve months.



SCHEDULE 9.01  
FEDERAL CONDITIONS FOR FUNDING  
THE RESIDENTIAL SCHOOLS HEALING STRATEGY

The following conditions shall be reflected at all times in either the Letters Patent of Incorporation and By-laws of the Foundation, or in the Funding Agreement, or both.

1. Composition of the Board shall reflect the interests of all Aboriginal People, and provide for a majority of First Nations representatives. The decision-making processes of the Board shall be fair and reflect the appropriate interests of all-Aboriginal People.
2. Members of the Board shall not hold political office in any government or representative Aboriginal political organization.
3. A Board selection process, acceptable to the Government of Canada, shall be stipulated in the by-laws of said Foundation.
4. The Amount shall not be used as compensation to individuals, or to pay any costs for litigation or any public inquiry related to Residential Schools.
5. Initiatives supported by the Amount shall focus on the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts.
6. Disbursement of the Amount shall be fair and equitable, taking into account, and honouring, the geographical and demographic reality and the concentration across Canada of First Nations, Inuit and Métis who attended Residential Schools, and those who are affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including the intergenerational impacts.
7. Disbursement of the Amount shall ensure that the specific healing needs of Inuit and Métis affected by the Legacy of Physical and Sexual Abuse at Residential Schools are addressed and that their access to the funding process is reflected in the criteria for guidelines for funding.
8. The process for the assessment of initiatives to be supported by the Amount shall be transparent with clear selection criteria; this process will include a clearly defined appeal process for unsuccessful proposals.
9. Proposals submitted shall include clear objectives, time frames and expected outcomes.
10. Accountability will be achieved through public annual reports, including an annual auditor's report, as well as, a public communications and accountability strategy, including participation in public meetings.

SCHEDULE 11.01  
RULES FOR ARBITRATION

The following rules and procedures (the “Rules”) shall apply with respect to any matter to be arbitrated by the Parties under the terms of this Funding Agreement.

1. INITIATION OF ARBITRATION PROCEEDINGS

- (a) If any Party to this Funding Agreement wishes to have any matter under the Funding Agreement arbitrated in accordance with the provisions of this Funding Agreement, it shall give notice to the other Party specifying particulars of the matter or matters in dispute and proposing the name of the individual it wishes to be the single arbitrator. Within 15 days after receipt of such notice, the other Party shall give notice to the first Party advising whether such Party accepts the arbitrator proposed by the first Party. If such notice is not given within such 15 day period, the other Party shall be deemed to have accepted the arbitrator proposed by the first Party. If the Parties do not agree upon a single arbitrator within such 15 day period, either Party may apply to a judge of the Ontario Court, General Division under the Arbitration Act, as amended or substituted for from time to time, for appointment of a single arbitrator (the “Arbitrator”).
- (b) The individual selected as Arbitrator shall be qualified by education and experience to decide the matter in dispute and shall be at arm’s length from both Parties.

2. SUBMISSION OF WRITTEN STATEMENTS

- (a) Within 20 days of the appointment of the Arbitrator, the Party initiating the arbitration (the “Claimant”) shall send the other Party (the “Respondent”) a statement of claim (“Statement of Claim”) setting out in sufficient detail the facts and any contentions of law on which it relies and the relief that it claims.
- (b) Within 20 days of the receipt of the Statement of Claim, the Respondent shall send the Claimant a statement of defence (“Statement of Defence”) stating in sufficient detail which of the facts and contentions of law in the Statement of Claim it admits or denies, on what grounds and on what other facts and contentions of law it relies.
- (c) Within 20 days of receipt of the Statement of Defence, the Claimant may send the Respondent a statement of reply (“Statement of Reply”).
- (d) All Statements of Claim, Defence and Reply shall be accompanied by copies (or, if they are especially voluminous, lists) of all essential documents on which the Party concerned relies and which have not previously been submitted by any Party.
- (e) After submission of all the Statements, the Arbitrator will give directions for the further conduct of the arbitration.

### 3. MEETINGS AND HEARINGS

- (a) The arbitration shall take place in the National Capital Region as described in the Schedule to the National Capital Act, or in such other place as the Claimant and the Respondent shall agree upon in writing. The arbitration shall be conducted in English unless otherwise agreed by such Parties and the Arbitrator. Subject to any adjournments which the Arbitrator allows, the final hearing will be continued on successive working days until it is concluded.
- (b) All meetings and hearings will be in private unless the Parties otherwise agree.
- (c) Each Party may be represented at any meetings or hearings by legal counsel.
- (d) Each Party may examine, cross-examine and re-examine all witnesses at the arbitration.
- (e) The Parties may agree to, conduct the arbitration in part or in whole by way of written submission.

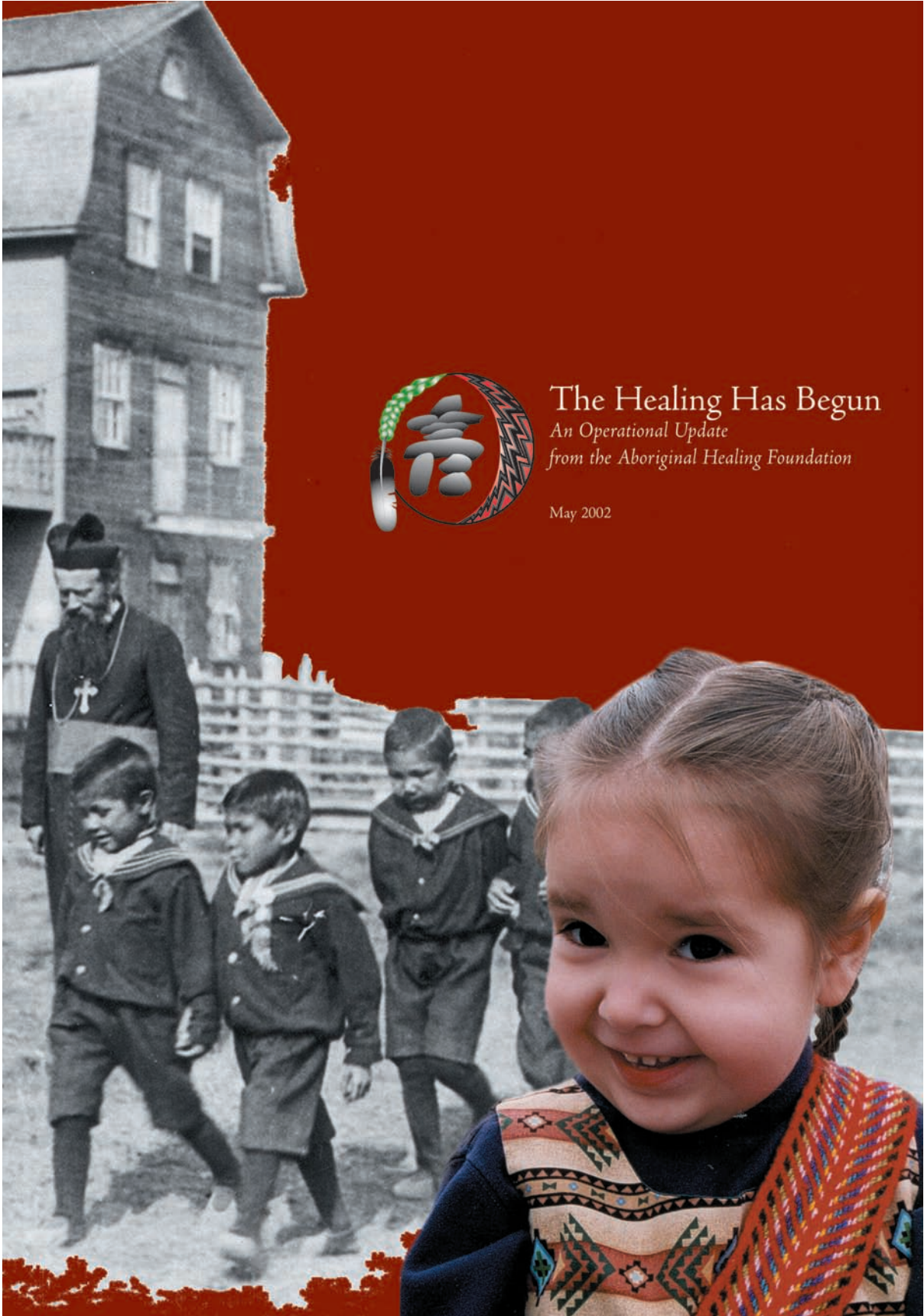
### 4. THE DECISION

- (a) The Arbitrator will make a decision in writing and, unless the Parties otherwise agree, will set out reasons for decision in the decision.
- (b) The Arbitrator will send the decision to the Parties as soon as practicable after the conclusion of the final hearing, but in any event no later than 60 days thereafter, unless that time period is extended for a fixed period by the Arbitrator on written notice to each Party because of illness or other cause beyond the Arbitrator's control.

### 5. JURISDICTION AND POWERS OF THE ARBITRATOR

- (a) By submitting to arbitration under these Rules, the Parties shall be taken to have conferred on the Arbitrator the following jurisdiction and powers, to be exercised at the Arbitrator's discretion subject only to these Rules and in accordance with the law, with the object of ensuring the just, expeditious, economical and final determination of the dispute referred to arbitration.
- (b) Without limiting the jurisdiction of the Arbitrator at law, the Parties agree that the Arbitrator shall have jurisdiction to:
  - (i) determine any question of law arising in the arbitration;
  - (ii) determine any question as to the Arbitrator's jurisdiction;
  - (iii) determine any question of good faith, dishonesty or fraud arising in the dispute;
  - (iv) order any Party to furnish further details of that Party's case in fact or in law;
  - (v) proceed in the arbitration notwithstanding the failure or refusal of any Party to comply with these Rules or with the Arbitrator's orders or directions, or to attend any meeting or hearing, but only after giving that Party written notice that the Arbitrator intends to do so;

- (vi) receive and take into account such written or oral evidence tendered by the Parties as the Arbitrator determines is relevant, whether or not strictly admissible in law;
  - (vii) make one or more interim awards;
  - (viii) hold meetings and hearings and make a decision (including a final decision) in Ontario or elsewhere with the concurrence of the Parties thereto;
  - (ix) order the Parties to produce to the Arbitrator and to each other for inspection and to supply copies of, any documents or classes of documents in their possession or power which the Arbitrator determines to be relevant;
  - (x) order the preservation, storage, sale or other disposal of any property or thing under the control of either of the Parties;
  - (xi) make interim orders to secure all or part of any amount in dispute in the arbitration; and
  - (xii) exercise the powers set out in sections 11.02 and 11.03 of the Funding Agreement.
- (c) Without otherwise limiting the jurisdiction of the Arbitrator at law, the Arbitrator shall not make any order requiring the reimbursement of any part of the Amount to Her Majesty.



# The Healing Has Begun

*An Operational Update  
from the Aboriginal Healing Foundation*

May 2002



## Message from the President, Georges Erasmus

Danet'e:

Welcome to *The Healing Has Begun*, a publication of the Aboriginal Healing Foundation.

Perhaps this is, for you, an introduction to Canada's Indian residential school system and the work of the Aboriginal Healing Foundation. If so, a brief overview of this publication's purpose may be of use.

The Aboriginal Healing Foundation was established on March 31, 1998 to fund projects which address the legacy, including intergenerational impacts, of sexual and physical abuse suffered by Aboriginal people in Canada's Indian residential school system. By the time you read this, the Foundation will have only about 15 months to commit the remainder of its \$350 million healing fund (plus the interest generated).

Now that we are considering multi-year funding and Healing Centre Programs applications, we expect the remainder of the fund to be committed quickly. Time is running out for those interested in program support.

We believe that the Canadian public has an interest in the current issues surrounding the residential school system and its legacy. We have therefore attempted to present an overview of our work, as well as the present state of matters relating to the Indian residential school system.



These, in short, are the reasons we have produced *The Healing Has Begun*.

In the following pages you will find brief articles concerning residential school misconceptions and history, the current efforts to address the residential school system's impacts, the work of the Aboriginal Healing Foundation, and the challenges ahead.

In closing, I would like to emphasize several points addressed in this document:

- The Aboriginal Healing Foundation has only about 15 months left to commit funding
- We are trying to engage the Government of Canada in discussing an effective exit strategy
- We want to raise awareness of the other challenges that lie ahead.

Residential school issues are a prominent concern for many Aboriginal and non-Aboriginal people, and they will likely remain so for years to come. On behalf of the Aboriginal Healing Foundation, I express the hope that this document will contribute positively to the necessary and important work of healing and reconciliation which is already underway across Canada.

Masi.



## Indian Residential Schools

### Misconceptions

#### 1

*No one knew at the time about the conditions of residential schools.*

There is ample evidence that the church and government worked together to keep known abuses from public view. Their efforts however failed. As early as 1920, Canadians could read published reports of the conditions in the residential school. These conditions included inadequate nutrition, inadequate health standards, and inadequate staff training. P.H. Bryce, a government inspector of the schools, concluded that the system was a "national crime." Even by the standards of the day, the system was appalling. Bryce's findings were published in *The Montreal Star* and *Saturday Night Magazine*. Nothing however changed.

#### 2

*Aboriginal people asked for residential schools.*

Government funding of Aboriginal education is a legal obligation negotiated, in Treaty, between the Government of Canada and Aboriginal peoples. In exchange for sharing their territories, Aboriginal people wanted schools to provide skills to Indian children just as the schools provided them to non-Aboriginal children. They wanted a system based upon consent, not coercion. Aboriginal people did not request cultural assimilation, nor did they request for their children physical and sexual abuse, deprivation, and humiliation.

#### 3

*The schools were well-intentioned. Everyone believed at the time that assimilation was a good policy. Many good people worked in the schools. The schools produced good as well as bad.*

The students' experiences of residential schools were not all bad. Different people had differing experiences. Many dedicated, good people worked in the system. The system itself however was designed "to educate & colonize a people against their will," as the missionary Hugh McKay admitted in 1903. The policy of forced assimilation had many Aboriginal and non-Aboriginal critics, but in each case the critics were silenced. A good example is the missionary E.F. Wilson, who came into conflict with the church over his criticism of forced assimilation and his promotion of Aboriginal culture, language and political autonomy. In short, not everyone believed the schools were promoting good policy.

## 4

*Hardly any Indian children actually attended the schools.*

Over the period 1800-1990, over 130 residential (boarding, industrial) schools had existed at one time or another. The number of active schools peaked at 80 in 1931. In the early 1900s about 1/6 of children between 6 and 15 attended these schools. Geoffrey York reports that by the 1940s, about 8,000 Indian children – half the Indian student population – were enrolled in 76 residential schools across the country.

However, these are national averages. In some regions – the North, British Columbia, and the Prairies for examples – the percentages were higher. There are communities which had all their children forcibly removed. The Aboriginal Justice Inquiry of Manitoba – which characterized the Indian residential school system “a conscious, deliberate and often brutal attempt to force Aboriginal people to assimilate” – noted that “for the first time in over 100 years, many families are experiencing a generation of children who live with their parents until their teens.”

In any case, the consequences of the system are not adequately captured by statistics. Nor did the school system operate in isolation. Residential schools constituted one piece of a larger policy puzzle. Where the residential school system left off – in the effort to solve the “Indian Problem” – the Indian Act and the Child Welfare, Reservation, and Justice systems took over. It is these larger relationships, and the forced assimilationist policy that informs them, which account for much of the varied conditions of Aboriginal life.

## 5

*Residential Schools happened a long time ago. It's history now. Aboriginal people would be better off if they stopped dwelling on the past and got on with their lives.*

There are approximately 93,000 former students alive today. Residential schools were in operation well into the last quarter of the 20th Century. Akaitcho Hall in Yellowknife, NT did not close until the 1990s. The abuses did not happen only a long time ago. Furthermore, the residential school introduced features to Aboriginal communities which have been passed on from generation to generation — these are spoken of collectively as the intergenerational legacy of the residential school system. The consequences of the policy of forced assimilation are very much alive in Aboriginal communities.



## Indian Residential Schools

### An Overview

Canada's Indian Residential School system began officially in 1892 with an Order-in-Council, yet many features of the system are older than Canada itself. Indeed, the residential school's origins reach as far back as the 1600s – to the early days of Christian missionary infiltrations into North America.

For over 300 years, Europeans and Aboriginal peoples regarded one another as distinct nations. In war, colonists and Indians formed alliances, and in trade each enjoyed the economic benefits of co-operation. By the mid-nineteenth century, however, European hunger for land had expanded dramatically, and the economic base of the colonies shifted from fur to agriculture. Alliances of the early colonial era gave way, during the period of settlement expansion and nation-building, to direct competition for land and resources. Settlers began to view Aboriginal people as a "problem."

The so-called "Indian problem" was the mere fact that Indians existed. They were seen as an obstacle to the spread of "civilization" – that is to say, the spread of European, and later

Canadian, economic, social, and political interests. Duncan Campbell Scott, Deputy Superintendent of Indian Affairs from 1913 to 1932, summed up the Government's position when he said, in 1920, "I want to get rid of the Indian problem. [...] Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian Question and no Indian Department."

In 1842, the Bagot Commission produced one of the earliest official documents to recommend education as a means of ridding the Dominion of Indians. In this instance, the proposal concerned farm-based boarding schools placed far from parental influence. The document was followed, in immediate successive decades, by others of similar substance: the Gradual Civilization Act (1857), an Act for the Gradual Enfranchisement of the Indian (1869), and the Nicholas Flood Davin Report of 1879, which noted that "the industrial school is the principal feature of the policy known as that of 'aggressive civilization.'" This policy dictated that:



Photo: National Archives of Canada

the Indians should, as far as practicable, be consolidated on few reservations, and provided with "permanent individual homes"; that the tribal relation should be abolished; that lands should be allotted in severalty and not in common; that the Indian should speedily become a citizen [...] enjoy the protection of the law, and be made amenable thereto; that, finally, it was the duty of the Government to afford the Indians all reasonable aid in their preparation for citizenship by educating them in the industry and in the arts of civilization.

A product of the times, Davin disclosed in this report the assumptions of his era – that "Indian culture" was a contradiction in terms, Indians were uncivilized, and the aim of education must be to destroy the Indian. In 1879 he returned from his study of the United States' handling of the Indian

Photo courtesy of Pamela Williamson



Problem with a recommendation to Canada's Minister of the Interior – John A. Macdonald – of industrial boarding schools.

British, and later, Canadian institutions and laws.

The federal government and the churches – Anglican, Roman Catholic, Methodist and Presbyterian – therefore applied to their “Indian Problem” the instrument of education, also known as the policy of aggressive civilization. The initial education

Government officials as early as 1897. In 1907 Indian Affairs' chief medical officer, P.H. Bryce, reported a death toll among the schools' children ranging from 15-24% – and rising to 42% in Aboriginal homes, where sick children were sometimes sent to die. In some individual institutions, for example Old Sun's school on the Blackfoot reserve, Bryce found death rates which were even higher.

F.H. Paget, an Indian Affairs accountant, reported that the school buildings themselves were often in disrepair, having been constructed and maintained (as Davin himself had recommended) in the cheapest fashion possible. Indian Affairs Superintendent Duncan Campbell Scott told Arthur Meighen in 1918 that the buildings were “undoubtedly chargeable with a very high death rate among the pupils.” But nothing was done, for reasons Scott himself had made clear eight years earlier, in a letter to BC Indian Agent General-Major D. MacKay:

It is readily acknowledged that Indian children lose their natural resistance to illness by habituating so closely in the residential schools, and that they die at a much higher rate than in their villages. But this

### *“Our objective is to continue until there is not a single Indian in Canada ...”*

The assumptions, and their complementary policies, were convenient. Policy writers such as Davin believed that the Indian must soon vanish, for the Government had Industrial Age plans they could not advantageously resolve with Aboriginal cultures. The economic communism of Indians – that is to say, the Indians' ignorance (from a European perspective) of individual property rights – was met with hostility by settlers eager for ownership of the land. Colonization required the conversion of Indians into individualistic economic agents who would submit themselves to

model was the industrial school, which focused on the labour skills of an agriculture-based household economy.

From the beginning, the schools exhibited systemic problems. Per-capita Government grants to Indian residential schools – an arrangement which prevailed from 1892 to 1957 and which represented only a fraction of the expenditures dedicated to non-Aboriginal education – were inadequate to the needs of the children. Broad occurrences of disease, hunger, and overcrowding were noted by



alone does not justify a change in the policy of this Department, which is geared towards a final solution of our Indian Problem.

As a consequence of under-funding, residential schools were typically places of physical, emotional and intellectual deprivation. The quality of education was quite low, when compared to non-Aboriginal schools. In 1930, for instance, only 3 of 100 Aboriginal students managed to

even of contemporary standards, a fact recorded by successive inspectors. A letter to the Medical Director of Indian Affairs noted in 1953 that "children ... are not being fed properly to the extent that they are garbaging around in the barns for food that should only be fed to the Barn occupants." S.H. Blake, QC, argued in 1907 that the Department's neglect of the schools' problems brought it "within



Photo: National Archives of Canada

*"Indian children can learn and absorb nothing from their ignorant parents but barbarism."*

advance past grade 6, and few found themselves prepared for life after school – either on the reservation or off. The effect of the schools for many students was to prevent the transmission of Aboriginal skills and cultures without putting in their place, as educators had proposed to do, a socially useful, Canadian alternative.

No matter how one regarded it – as a place for child-rearing or as an educational institution – the Indian residential school system fell well short

unpleasant nearness to the charge of manslaughter." P.H. Bryce, whose efforts earned him the enmity of the Department (and an eventual dismissal), was so appalled – not only by the abuses themselves but by subsequent Government indifference as well – that he published his 1907 findings in a 1922 pamphlet entitled "A National Crime." In the pamphlet, Bryce noted that:

Recommendations made in this report followed the examinations of hundreds of children; but

owing to the active opposition of Mr. D.C. Scott, and his advice to the then Deputy Minister, no action was taken by the Department to give effect to the recommendations made.

Bryce's 1907 report received the attention of *The Montreal Star* and *Saturday Night Magazine*, the latter of which characterized residential schools "a situation disgraceful to the country." These publications, and others like them, make it clear that the conditions of the schools were generally knowable and known, by officials of the church and government, and by the public-at-large.

Because contempt for Aboriginal language and culture, and for the children themselves, shaped Canada's policies toward Indians, matters continued as before despite internal reports and published accounts of abuse. In 1883, General Milroy was quoted in a British

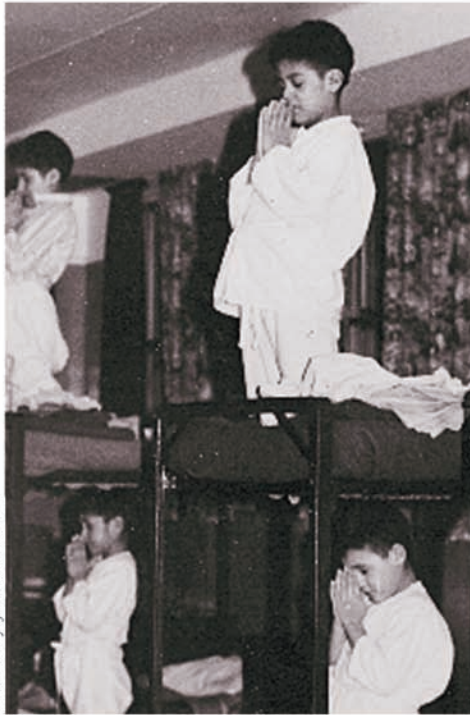


Photo courtesy of Pamela Williamson

*... the experiences of the residential school were "really detrimental to the development of the human being."*

Columbia petition for industrial boarding schools as saying that "Indian children can learn and absorb nothing from their ignorant parents but barbarism." The residential school system, designed to produce in the Aboriginal child "a horror of Savages and their filth" (in the words of Jesuit missionary Fr. Paul LeJeune), was rationalized by this contemptuous belief.

Individual beliefs about Indians, which in any case varied, did not

determine the character of the individual schools. Nor were the conditions identical in each institution: students today recall diverse memories of both good and bad experiences, as well as good and bad teachers. Nonetheless, the widespread occurrence of certain residential school features suggests that structural elements were in effect. The Royal Commission on Aboriginal Peoples concluded

in 1996 that the schools themselves were, for readily identifiable and known reasons, "opportunistic sites of abuse":

Isolated in distant establishments, divorced from opportunities for social intercourse, and placed in closed communities of co-workers with the potential for strained interpersonal relations heightened by inadequate privacy, the staff not only taught but supervised the

children's work, play and personal care. Their hours were long, the remuneration below that of other educational institutions, and the working conditions irksome.

In short, the schools constituted a closed institutional culture that made scrutiny difficult, if not impossible. For staff the result was, in the words of RCAP, a "struggle against children and their culture [...] conducted in an atmosphere of considerable stress, fatigue and anxiety." In such conditions, abuses were not unlikely – a fact to which the experts of the day attested.

Then there are the testimonies of hundreds of former students, whose list of abuses suffered includes kidnapping, sexual abuse, beatings, needles pushed through tongues as punishment for speaking Aboriginal languages, forced wearing of soiled underwear on the head or wet bed-sheets on the body, faces rubbed in human excrement, forced eating of rotten and/or maggot infested food, being stripped naked and ridiculed in front of other students, forced to stand upright for several hours – on two feet and sometimes one – until collapsing, immersion in ice water,

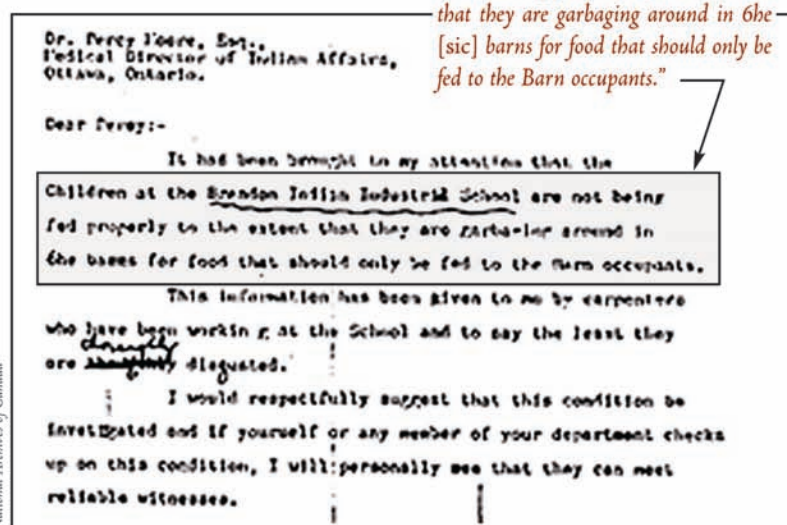


hair ripped from heads, use of students in eugenics and medical experiments, bondage and confinement in closets without food or water, application of electric shocks, forced to sleep outside – or to walk barefoot – in winter, forced labour, and on and on. Former students concluded in a 1965 Government consultation that the experiences of the residential school were "really detrimental to the development of the human being."

This system of forced assimilation has had consequences which are with Aboriginal people today. Many of those who went through the schools were denied an opportunity to devel-

op parenting skills. They struggled with the destruction of their identities as Aboriginal people, and with the destruction of their cultures and languages. Generations of Aboriginal people today recall memories of trauma, neglect, shame, and poverty. Thousands of former students have come forward to reveal that physical, emotional and sexual abuse were rampant in the system and that little was done to stop it, to punish the abusers, or to improve conditions.

*Below: letter written Sept. 16, 1953 by J.W. Breaky to P.E. Moore, Medical Director of Indian Affairs: "Children at the Brandon Indian Industrial School are not being fed properly to the extent that they are garbaging around in the [sic] barns for food that should only be fed to the Barn occupants."*



National Archives of Canada

The residential school system is not alone responsible for the current conditions of Aboriginal lives, but it did play a role. Following the demise of the Indian residential school, the systemic policy known as "aggressive civilization" has continued in other forms.

Many of the abuses of the residential school system were, we should keep in mind, exercised in deliberate promotion of a "final solution of the Indian Problem," in the words of Deputy Superintendent of Indian Affairs, Duncan Campbell Scott. If development of the healthy Aboriginal human being meant respect of Aboriginal cultures, then indeed the regimented culture of the schools was designed precisely to be detrimental. As noted in the 1991 Manitoba Justice Inquiry, the residential school "is where the alienation began" – alienation of Aboriginal children from family, community, and from themselves. Or to put the matter another way, the purpose of the schools was, like all forced assimilationist schemes, to kill the Indian in the Indian – an effort many survivors today describe as cultural genocide.

## Breaking the Silence

**T**he slow but relentless efforts to break the wall of silence around the residential school system finally began to succeed in the 1980s.

In the wake of the Oka crisis, the Federal Government of Brian Mulroney appointed the Royal Commission on Aboriginal Peoples in August of 1991. One of the two Co-chairs of the Commission was Georges Erasmus, the former National Chief of the Assembly of First Nations. The Commission had a very broad mandate, drafted by Brian Dickson, the former Chief Justice of the Supreme Court of Canada. The Commission held hearings across the country and oversaw an extensive analysis of Aboriginal issues.

Throughout the 1990s, as reports of physical and sexual abuse at residential schools escalated and more Aboriginal victims from one end of the country to the other came forward with complaints, the police began to investigate.

In 1993, as a result of a BC Study into residential school abuses, the RCMP created the Native Residential School Task Force to examine all residential schools in operation from 1890 to 1984.

On December 1, 1994, Judge Stuart Stratton, QC, former Chief Justice of New Brunswick, was appointed to direct an investigation into abuse at the five Nova Scotia residential schools. Following the judicial investigation by Judge Stratton, the RCMP in "H" Division, Nova Scotia, formed "Operation Hope."



In November 1996, the Commission issued its final 5-volume report featuring over 100 pages worth of detailed recommendations. Chapter 10, which addresses the issue of residential schools, broke a taboo and revealed the full extent of the abuse suffered by Aboriginal children.



Aboriginal Digital Collections

**"Breaking the Silence, as a book and as a step on the healing journey, marks a beginning. Here, in this small effort, the Chiefs of the Assembly of First Nations let the words and the lives of the victims and survivors of "residential schools" speak for themselves. In their words you will feel a world of pain and despair. You will feel the oppression [...] by institutions of church and state. This is a necessary part of "breaking the silence" and I ask for your courage, no matter your station in life, to feel the pain, to see the trauma and to advocate for the healing and the solutions."**

- Ovide Mercredi.



## Words of Promise

"The origins of the residential school system predate Confederation, and the intergenerational impacts of abuse in the schools are profound ... Our challenge will be to respond to the different needs of individual victims, families and communities."

- Georges Erasmus, Co-chair of the Royal Commission on Aboriginal Peoples.

"Whatever the words of your final report and recommendations may be, they will mean little if they are not met with the political will, the knowledge and the ability to achieve their intent."

- Chief Robert Pasco, Nlaka'pamux Tribal Council, Merritt, British Columbia.

On January 7<sup>th</sup> 1998, the Honourable Jane Stewart, Minister of Indian Affairs, announced *Gathering Strength – Canada's Aboriginal Action Plan* at a public ceremony. As part of this commitment to a renewed partnership with Aboriginal People, the Minister presented a Statement of Reconciliation to all Aboriginal peoples for the abuses in residential schools:

"Sadly our history with respect to the treatment of Aboriginal people is not something in which we can take pride ... One aspect of our relationship with Aboriginal people over that period that requires particular attention is the residential school system. This system separated many children from their families and communities and prevented them from speaking their languages and from learning about their heritage and cultures. In the worst cases, it left legacies of personal pain and distress that continue to reverberate in Aboriginal communities. To those of you

who suffered this tragedy at residential schools, we are deeply sorry."

- The Honourable Jane Stewart, Minister of Indian Affairs.

On January 7<sup>th</sup>, 1998, in response to RCAP's findings, the Government of Canada committed itself to a \$350 million fund to address the healing needs of First Nations, Inuit and Métis individuals, families and communities who suffer the legacy of physical and sexual abuse at residential schools, including intergenerational impacts. On March 30, 1998, after consultations with survivors and Aboriginal Organisations, a funding agency called the Aboriginal Healing Foundation was established as an Aboriginal-run, not-for-profit corporation, independent of the government and the representative Aboriginal Organisations.

## The Foundation of Healing

**“Survivors who have spoken out say if you file a residential school claim expect your life to get worse before it gets better. Even if you think you put those abuse issues behind you 20 or 40 years ago and you are all right now. You’d better be well along on your healing journey or have a lot of family support, they say, because there’s no telling how many times you are going to have to relive the horror and shame once the church and government lawyers get to you. The official apologies mean nothing, they assert, when you get a church lawyer in your face calling you a liar.”**

*- Windspeaker, April, 2001 – Special Report: Residential Schools.*

**T**he central concept of healing in Aboriginal cultures represents, still, one of the major gaps in understanding between Aboriginal and non-Aboriginal peoples. As the first organisation of its kind, the Aboriginal Healing Foundation occupies a unique position – first, in helping Métis, Inuit and First Nations communities heal them-

selves, and second, in bridging the gap between Aboriginal and non-Aboriginal peoples.

To help address the intergenerational impact of the last hundred years of residential schooling, the Foundation was established with a 10-year mandate, as follows :

- April 1, 1998-March 31, 1999: One year to set-up operations
- April 1, 1999-March 31, 2003: Four years to commit project funds
- April 1, 2003-March 31, 2008: Five years to monitor and evaluate funded projects and write a report.

Compensatory redress, in the forms of litigation and Alternative Dispute Resolution (ADR), has become a large part of the process of addressing residential school system abuses – but these approaches do not deal with the long-term healing needed for the renewal of the relationships between Aboriginal and non-Aboriginal people in Canada.

For the majority of survivors, the process of compensatory redress hinders or significantly delays much needed healing.

The present process of redress is tagged with ever-escalating costs. The

delays in getting compensation means that tens of thousands of Aboriginal people live under intolerable stress, which sooner or later may be translated into a healing crisis.

With its fixed funding capacity, the Aboriginal Healing Foundation supports grassroots projects which are attempting to respond to the healing needs of many thousands of survivors, their families, and descendants.

Residential schools operated for over 100 years. Healing for survivors and their descendants is a long-term enterprise. The long-term objective of a renewed relationship, stated by the Government of Canada in their *Gathering Strength* documentation, rests entirely on long-term healing, and not on litigation.

**“Healing and reconciliation begins with understanding that we, as non-Aboriginal Canadians, must first be healed before we are able to reconcile with First Nations neighbours.”**

*- Justice and Reconciliation – United Church of Canada.*

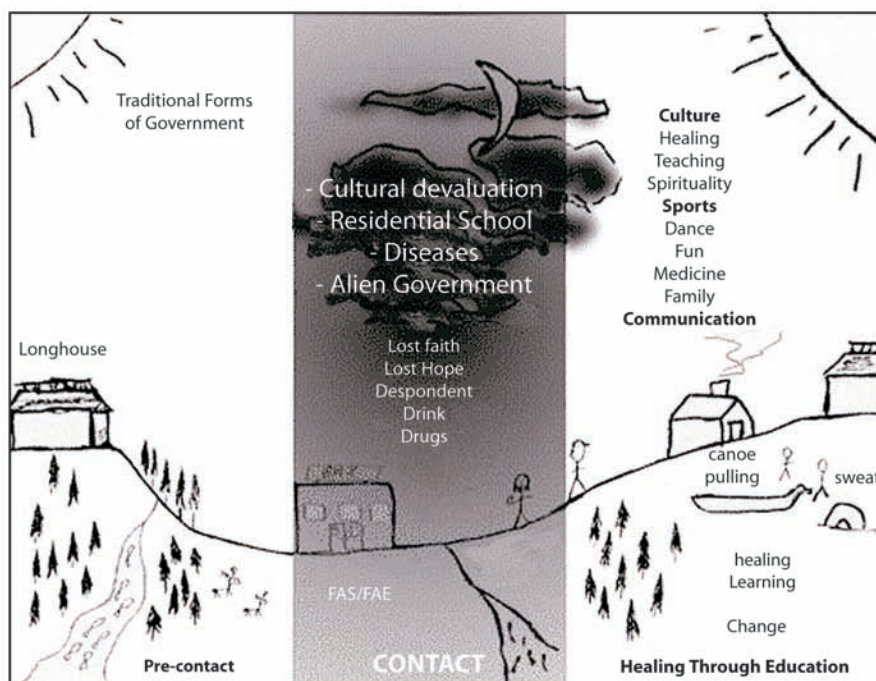


The Aboriginal Healing Foundation has therefore been entrusted with the most important component of that objective within a financial and operational framework designed by the Government. This framework will dictate the ultimate success or failure on the part of the Government to renew, through genuine and long term healing, its partnership with Aboriginal people. The relationship between Aboriginal and non Aboriginal people is also at a critical moment, in which the present commitment to genuine reconciliation and a renewed relationship – or the lack of such a commitment – may establish the social conditions faced by future generations.

The Aboriginal Healing Foundation, in partnership with the Aboriginal Healing Charitable Association, and the National Archives of Canada, with contributions from the four major churches in Canada and the Office of Indian Residential Schools Resolution of Canada, is producing a photo exhibition, entitled

**“The government’s response is merely the first step of a long journey. In fact, the Royal Commission report specifically called for a 20-year commitment from Canada to renew its relationship with Aboriginal Peoples.”**

- National Chief Phil Fontaine, in a speech made on the occasion of the Government response to the RCAP Final Report, January 7, 1998.



An illustration of the cycle of healing many first nations communities face <http://aboriginalcollections.ic.gc.ca/snuncymuxw/ljfed4.htm>

*Where are the children? Healing the Legacy of the Residential School.* This exhibit relates the residential school system’s history through historical photographs and selected documents from the collections of the National Archives of Canada and

various religious groups. The project, one example of our work in healing and reconciliation, aims to promote awareness of the residential school system, as well as understanding and tolerance between Aboriginal and non-Aboriginal people.

## Aboriginal Healing Foundation Projects

\* For a full listing and description of funded projects, please visit the Aboriginal Healing Foundation website: [www.abf.ca](http://www.abf.ca)

**A**t time of writing, the AHF has received 2,516 proposals since January 1999. All of these proposals underwent our review and evaluation process. 1,229 proposals were deemed to be complete and were considered for funding.

\$208,154,883.39 has been committed to 922 projects. The AHF's overall approval rate is about 77%.

The types of projects funded include:

- Healing Services (healing circles, day treatment centres, sex offender programs)
- Community services and life skills (support networks, leadership training for healers)
- Prevention and awareness (education and training materials, sexual abuse workshops)
- Traditional activities (on the land retreats, support networks for Elders and Healers)
- Training and education (parenting skills, curriculum development).

**"As a country, we must be direct about the magnitude of the challenge and ambitious in our commitment to tackle the most pressing problems facing aboriginal people. Reaching our objectives will take time, but we must not be deterred by the length of the journey or the obstacles that we may encounter along the way."**

- Speech from the Throne (January 2001).



Photo: Fred Cattroll

**"... like most aboriginal people of my generation across Canada, the residential school experience has an impact on life today. This and many other memories of the residential school experience are being heard across Canada, where all of us who attended, rightly termed as "survivors," are beginning to admit and share what happened."**

- Angus Cockney, *Globe & Mail*.



## The Healing Has Begun



### Findings of the Interim Evaluation\*

#### *Participants and Project Teams*

• According to survey data, a possible maximum of 59,224 participants engaged in AHF-funded activity.

• 48,286 participants engaged in individual healing activity – i.e. healing with a focus on individual progress.

Addictions, victimization and abuse are clearly the most severe participant challenges affecting the majority of projects (69%, 58%, and 58%, respectively).

Other common challenges which are reported as severe by a sizable group (>40%) include denial or grief, poverty, and lack of parenting skills.

Healing projects identified 7,589 individuals with special needs (e.g. suffered severe trauma, inability to engage in a group, history of suicide attempt or life threatening addiction).

#### *Training and Employment*

Trainees were most often women (64%) and those inter-generationally impacted (47%) by the legacy of residential school physical and sexual abuse.

• AHF projects reported a total of 1,916 paid employees – 1,126 full time

Teams were most likely to be composed of administrators, cultural personnel (i.e. Elders, coordinators,

teachers), healers and outreach staff.

• 88% of all positions are occupied by Aboriginal people

• Survivors occupy 50% of all positions

In a typical month, over 13,000 volunteer service hours are contributed to AHF projects.

Each project enjoys an average of 65 volunteer hours per month.

If we assume that the value of this contribution could be remunerated at \$10/hour, then volunteer efforts represent an injection of \$130,000 dollars per month, or \$1,560,000 per year.

### \*About the Interim Evaluation of the Foundation's work

Photo: Fred Cattroll

**T**he Interim Evaluation had the express purpose of examining the implementation of service delivery objectives to date (2000), as well as the attainment of short-term outcomes, as a way of being accountable to several primary stakeholders, namely:

- those impacted by the legacy of residential schools
- Governments, and
- external supporters of the Foundation.



A sample of 36 project files were reviewed and the mail out survey was sent to all 344 projects that were operational at the time (January, 2001) with a 74% response rate. Whenever possible, relevant numerical information from AHF's internal databases was also used. The following presents highlights from each of the major chapters of the report.

## The Healing Has Begun

A total of 1,686 communities were being served by Aboriginal Healing Foundation at the time of the Report, the bulk of which were rural (55%) or urban (29%). Ten per cent were in semi-isolated areas and six per cent were active in remote areas.

### Project Performance

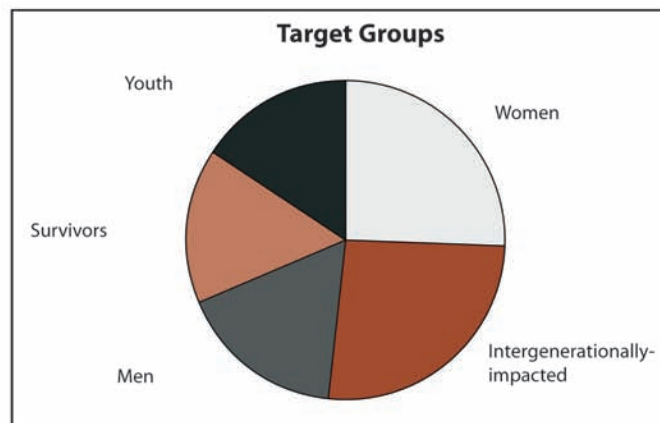
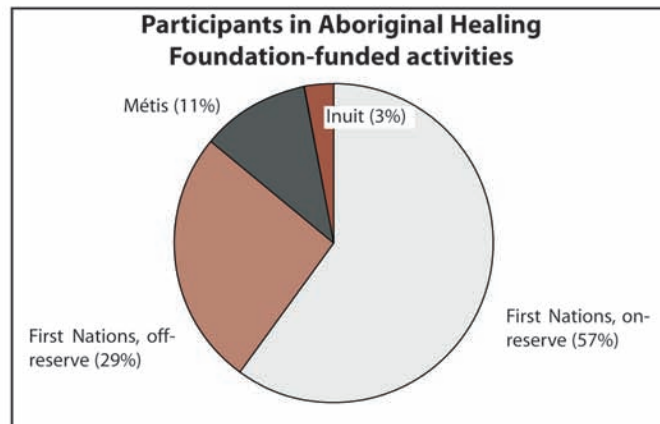
Information was gathered to determine what impact, if any, AHF-funded activity has had upon:

- influencing individuals and communities
- establishing partnerships and ensuring sustainability
- meaningfully engaging survivors (including the intergenerationally impacted)
- managing program enhancement
- ensuring accountability, and
- reaching those in greatest need

Data from the mail-out survey showed that projects were clearly observing immediate, short-term and intermediate outcomes.

An overwhelming feeling of progress was expressed by many (64%), although some (36%) felt it was too early to tell.

When questioned how many more people could be served if the project had adequate time and resources, a total of 56,857 resulted.



*When I was growing up, when I was in the residential schools, I was lost for a very long time.  
... I didn't hear the drum beat, I heard the organ.  
It took me 36 years to find out who I am.*

- AHF Regional Gathering Participant: November 9, 2000, Odawa Native Friendship Centre, Ottawa.

## The Healing Has Begun

Although national respondents felt that the Foundation was reaching those who need the service the most, they acknowledged that things could be better.

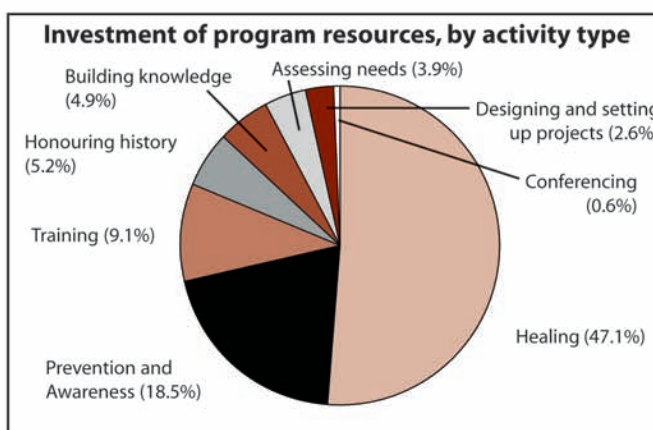
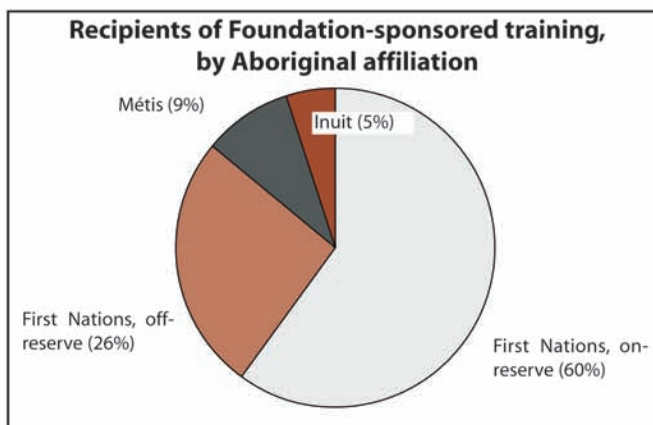
They cited community capacity (i.e. ability to prepare proposals and meet AHF reporting requirements) as a major barrier to reaching those in greatest need.

They expressed surprise at how little information and understanding there is about the legacy of residential schools, especially for youth and non-Aboriginal human service providers.

From a national perspective, it is clear that:

- no single strategy will work for what is an extremely diverse group,
- survivor involvement and strong human resources are essential to success, and
- identifying and addressing inequity, as well as being responsive to community needs works well.

The preliminary data collected in this evaluation clearly show that the process of healing and rebuilding has begun.



*... it's very difficult to come out and deal with these things to address your healing journey. We need more time, 10 years will not be enough. It takes generations for corrections to be made.*

- AHF Regional Gathering Participant: January 26, 2001, Royal Canadian Legion, Yellowknife.



## The Healing Has Begun



John Bland Collection of Canadian Architecture

Seeking justice for residential school abuse has been a long, costly and painful process for Aboriginal victims of abuse. By February 2002, of 4,500 claims representing over 9,000 claimants, only 450 – or 10% – have been settled.

In the case of sexual and physical abuse, the litigation process causes an enormous amount of retraumatisation for victims, who already suffer chronic distress, as a result of their abuse at residential schools.

Survivors, national Aboriginal organisations, governments and the churches have called for alternative processes which include components that are not a part of litigation. Examples are individual and community healing.

The Law Commission of Canada has done an extensive survey of a range of current approaches that could be used to provide some form of redress for those who have been harmed. It also considers models of redress that have not, to date, been generally applied to cases of institutional child abuse.

In January 1998, The Assembly of First Nations, the federal Department of Indian Affairs, and the federal Department of Justice met to discuss setting up a process in which residential school litigation could be redirected into an alternative dispute resolution process which would facilitate healing and resolution. In July 2001, the Government of Canada, Churches, and survivors began to hold discussions across Canada and

designed a framework document for an Alternative Dispute Resolution process, to be used in pilot projects. ADR is an alternative to litigation for victims of abuse at residential school who are part of a group interested in filing a single claim. Alternative Dispute Resolution processes can include other elements that are not part of litigation, such as healing components.

The debate regarding choices for redress is not restricted to resolution processes, but more and more concerns the nature of claims arising from the residential school system. Increasingly, there are calls for the courts to address the issues of culture and language loss which resulted from the century-long residential school system.

## The Healing Has Begun

**I**n 1996 the Royal Commission on Aboriginal Peoples recommended a public inquiry, under Part 1 of the Public Inquiries Act, stating that this was necessary “to bring to light and begin to heal the grievous harm suffered by countless Aboriginal children, families and communities as a result of the residential school system.”

The RCAP recommendation of a public investigation has been strongly echoed by the call for a “truth and reconciliation” commission to investigate the residential school system.

It is now five years since the release of the Royal Commission on Aboriginal Peoples’ Final Report. The Churches would perhaps welcome a truth and reconciliation commission, but the government has not acted – apart from the \$350 million healing fund that has been allocated for community projects of a limited nature.

The Churches have been discussing the possibility of initiating a truth and reconciliation process similar to that of South Africa. The

Law Commission of Canada has also asked for an approach to the matter of redress that is broader than the limited proposals of the Federal government. These agencies are pressing for a response to the residential school system that is based on restorative justice for communities and individuals.”

- Presbyterian Church of Canada.

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“Before there can be reconciliation, there must be truth, and this is a threshold that we in Canada have yet to cross.”

- Matthew Coon Come.

“While it is true that the just settlement of claims related to sexual and physical abuse is important, this also needs to be accompanied by a broad comprehensive response on the part of both church and government to the realities which affect all survivors of the schools and not just those who were the victims of criminal acts. Five years ago the Royal Commission on Aboriginal Peoples called for a public inquiry into the residential schools system. Not only has the government not acted on this recommendation it has not explained to the Canadian people why it has failed to act.”

- United Church of Canada.

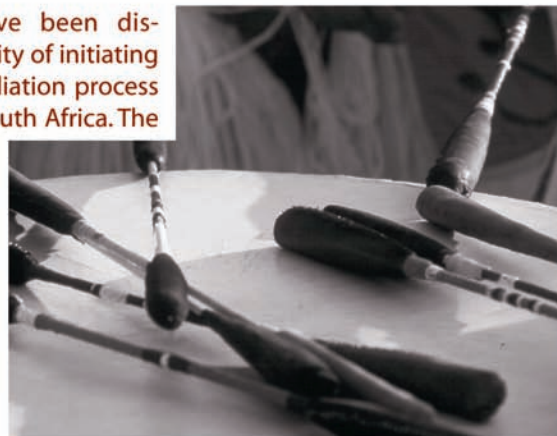


Photo: Fred Cattroll

“In many ways, [Aboriginal people] have the same feelings we had [in South Africa under apartheid] ... Canada still has to come to terms with [its] native people ... I thought it was worth considering the model of the TRC, so that people understand the extent of the hurt, but it could also help those that were hurt to move away from litigation to the possibility of forgiving.”

- Archbishop Desmond Tutu – *The Globe and Mail*.



## The Healing Must Continue

In the Spring of 2000, the Aboriginal Healing Foundation initiated discussion with the Government of Canada concerning potential improvement of its performance, through an extension of its mandate and a revision of its investment restrictions.

Since that time, decisions have been made concerning our proposals and we've heard that the Government of Canada is entertaining the notion of granting us an additional three years, within the current 10-year mandate, and without loosening investment restrictions.

The additional three years of commitment time allows the AHF increased flexibility, especially with respect to serving groups who have been slow to respond to us.

We believe the Aboriginal Healing Foundation can serve as a positive model for Aboriginal program management. In the future, however, consideration should be given to ensuring foundations have the ability to pursue balanced investments so that they can operate in the longer term.

The AHF was given one year to get organized, four years to spend or commit the funds, and five years to moni-

tor projects and write a final report – a total of ten years. Also, the AHF's investment strategy was limited to AAA bonds, which at the time of our proposal yielded approximately 4.75% (about 2.5% after inflation). We believe these restrictions have unnecessarily limited the Foundation's ability to achieve its vision and mission.

### *Revising the Mandate*

The Government of Canada committed over 80 years and \$800 m to assimilation in the residential schools, and only 10 years and \$350 million to healing.<sup>†</sup> Our experience suggests that the endowment we received will be insufficient to address effectively the intergenerational effects of physical and sexual abuse suffered in residential schools, for several reasons:

- Only people who are ready to begin, or who have started their healing journey, can benefit from the fund
- Healing from the legacy of physical and sexual abuse in Indian Residential Schools requires more than 10-years
- More time is required to develop expertise and capacity among Aboriginal people, and

- We are only beginning to reach remote areas (such as the North) and certain groups (such as the Métis).

A more progressive view of our structure and mandate could have allowed us to act more proactively. Our current mandate forces us to spend the endowment quickly rather than focus on helping Aboriginal people meet their healing needs in a manner that promotes the attainment of a measure of closure.

A mandate that reflected a longer-term strategy could have provided greater protection to the Healing Fund, could have maximized the return on investment and could have provided us the opportunity to have a greater impact at the community level by:

- Allowing people and communities adequate time to address the Legacy
- Continuing to meet emerging needs
- Using greater discretion in selecting projects by benefitting from established and emerging best practices.

There is a growing movement on the part of Aboriginal people involved in litigation to seek compensation for



## The Healing Must Continue

loss of language and culture as a result of the residential school system.

Nonetheless, we are prevented from addressing issues of language and culture. Our mandate limits us to funding programs that address physical and sexual abuse only.

A proactive approach in this area was well within the capability of the Aboriginal Healing Foundation, and may have resulted in significant savings for the Government of Canada.

By creating foundations that have longer mandates and better investment guidelines, the Government of Canada and other stake-holders could benefit from sound programmatic responses.

### *Revising Investment Restrictions*

KPMG and ScotiaMcLeod Inc. performed an analysis of our current, Government-directed investment policy. They also studied several alternative investment policies under a variety of scenarios. The results of their analysis have indicated that an extended mandate and a balanced investment portfolio (a mix of cash, Canadian and foreign bonds, and Canadian and foreign equities) could have provided:

- the same returns as our existing policy with less risk – or,
- a greater return on investment with the same risk, resulting in a greater ability to invest in the healing of residential school survivors and their descendants.

The proposed modifications of our mandate and investment restrictions would also have brought the Aboriginal Healing Foundation into line with typical Foundation practices.

### *The Healing Must Continue*

In summary, foundations are about perpetuity. Income earned on capital, if inflation is accounted for, can provide benefit to the community forever. Imposing fewer restrictions could have allowed the Foundation to maximize the potential of its initial capitalisation and to have real impact over the longer-term.

### *Future Challenges*

With about 15 months left for us to commit funding to projects, now is the time to begin discussions with the Government of Canada concerning an effective exit strategy for the Aboriginal Healing Foundation. We estimate that we will have several hun-

dred active projects by the time we close our doors. These projects will turn to the Federal Government when we are gone. We believe Government departments will then be faced with addressing the long-term healing needs of the Aboriginal people who are currently served by the AHF's mandate.

The AHF is acutely aware of the complexity of the challenges facing Canada and Aboriginal people in relation to the legacy of the residential school system. We have worked hard to develop a collaborative trust relationship with Aboriginal people. As a result of our proven track record, we are well positioned to carry on the long-term work of healing.

### *Looking Ahead*

Canada faces several pressing issues, including the effects of the Child Welfare system, language and cultural genocide lawsuits, the consequences of interrupting the healing process and the on-going lawsuits over physical and sexual abuse in residential schools.

Today, survivors of residential school abuse can suffer in silence, or they can pursue litigation or ADR. Litigation is expensive and confrontational and

## The Healing Must Continue

does not promote positive relations between Aboriginal and non-Aboriginal people, ADR, though less adversarial than litigation, is essentially a legal process which does not address the trauma of abuse.

Healing requires the broad, cooperative participation of Aboriginal and non-Aboriginal peoples. The types of projects funded by the Aboriginal Healing Foundation can provide the vital services not present in legal procedures.

Although an opportunity has been missed, we believe there is still much important healing work to be done. We will therefore continue to be committed to the work of healing and reconciliation.

† Residential school funding data gathered by Jody Kechego and David Napier. The period covered is 1877 to 1965. Because there is no annual breakdown of the funding of residential schools for the period 1877 to 1906, data was extrapolated from 1906 data. All dollar amounts are in 2001 dollars.



Photo: Giff Lake Métis

### Cover photo credits:

- Métis girl photo, compliment of the Metis National Council.
- Bishop Breynat and students at Fort Resolution Boarding School (Roman Catholic), National Archives of Canada.

*Note: Citations of primary and secondary sources used in preparation of this document are available by request from the Aboriginal Healing Foundation. See back inside cover for contact information.*

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## List of Residential Schools

Name	Location	Opened	Closed
<b>British Columbia</b>			
Alberni Indian Residential School (Port Alberni Indian Residential School)	Port Alberni	1920	1973
Ahousaht Indian Residential School	Ahousaht	1901	1950
All Hallows Indian Residential School	Yale	1884	1920
Christie Indian Residential School (New Christie Indian Residential School; Kakawis Indian Residential School)	Tofino (Meares Island)	1900 new school built in 1974	1973 1983
Cowichan Catholic Convent School	Cowichan	1863	
Friendly Cove Day School	Yuquot	1930	1964
Greenville Mission Boy's Boarding School	Naas River	1863	
Kamloops Indian Residential School (St. Louis Mission Indian Residential School; St. Ann's Academy)	Kamloops	1890	1978
Kitimaat Indian Residential School (Elizabeth Long Memorial School for Girls)	Kitimaat	1883	
Kootenay Indian Residential School (St. Eugene's Indian Residential School; St. Mary's Indian Residential School)	Cranbrook	1898	1970
Kuper Island Indian Residential School	Chemainus	1890	1975
Lejac Indian Residential School	Fraser Lake	1910 new building in 1922	1976
Lower Post Indian Residential School	Lower Post	1940	1975
Methodist Coqualeetza Institute; later became the Coqualeetza Hospital	Chilliwack	1886	1937
Metlakatla Indian Residential School combined Anglican and Methodist	Metlakatla	1891	1962
Port Simpson Methodist Girl's School	Port Simpson	1863	1950
Presbyterian Coqualeetza Indian Residential School	Chilliwack	1861	1940
Roman Catholic Coqualeetza Indian Residential School	Chilliwack	1890	1941
Sechelt Indian Residential School	Sechelt	1912	1975
Squamish Indian Residential School (St. Francis Indian Residential School; St. Paul's Indian Residential School)	North Vancouver	1898	1959

Name	Location	Opened	Closed
St. George's Indian Residential School (Lytton Indian Residential School)	Lytton	1901 new school built in 1928	1979
St. Mary's Mission Indian Residential School	Mission	1861	1984
St. Michael's Indian Residential School (Alert Bay Indian Residential School)	Alert Bay	1929	1975
Thomas Crosby Indian Residential School	Port Simpson	1879	1950
Victoria Catholic Convent School	Victoria	1863	
Williams Lake Indian Residential School (Williams Lake Industrial School; Caribou Indian Residential School; St. Joseph's Mission)	Williams Lake	1890	1981
Yale Indian Residential School	Yale	1884	1929
Yuquot Indian Residential School	Yuquot	1901	1913
<b>Alberta</b>			
Assumption Indian Residential School (Hay Lakes Indian Residential School)	Hay Lakes	1953	1965
Blue Quill's Indian Residential School (Lac la Biche Boarding School; Hospice of St. Joseph; moved to Brocket in 1898 (Sacred Heart Indian Residential School; Saddle Lake Boarding School); moved lastly to St. Paul in 1931 (St. Paul's Boarding School); in 1970, became the first Native-administered school in Canada)	Lac la Biche	1962	
Convent of Holy Angels Indian Residential School (Holy Angels Indian Residential School; Our Lady of Victoria Indian Residential School)	Fort Chipewyan	1902	1974
Crowfoot Indian Residential School	Cluny	1909	1968
Dunbow Industrial School (St. Joseph's Industrial School; High River Industrial School)	High River	1888	1939
Edmonton Industrial School	St. Albert	1919	1960
Ermieskin Indian Residential School	Hobbema	1916	1973
Fort Smith Indian Residential School (Breyant Hall)	Fort Smith	1955	1970
Immaculate Conception Indian Residential School (Blood Indian Residential School; St. Mary's Mission Indian Residential School); new school built in Cardston	Stand-Off  Cardston	1884  1911	1926  1975
McDougall Orphanage and Residential School (Morley Indian Residential School)	Morley	1886	1949
Old Sun's Indian Residential School (North Camp Residential School; White Eagle's Residential School; Short Robe Indian Residential School); new building erected in 1929	Gleichen	1894  1929	1912  1971



Name	Location	Opened	Closed
Peigan Indian Residential School (Victoria Jubilee Home)	Brocket	1892	1965
Red Deer Industrial School	Red Deer	1889	1944
Sarcee Indian Residential School	Calgary	1894	1930
St. Albert's Indian Residential School	St. Albert	1941	1948
St. Andrew's Indian Residential School	Whitefish Lake	1895	1950
St. Barnabas Indian Residential School; new school built in 1912	Sarcee	1899	1922
St. Bernard Indian Residential School (Grouard Indian Residential School)	Grouard	1939	1962
St. Bruno Indian Residential School (Joussard Indian Residential School)	Joussard	1913	1969
St. Cyprian's Indian Residential School; new school built in 1926	Brocket	1900	1962
St. Francis Xavier Indian Residential School	Calais	1890	1961
St. Henri Indian Residential School (Fort Vermilion Indian Residential School)	Fort Vermilion	1900	1968
St. John's Indian Residential School (Wabasca Residential School); new school built in 1949	Wabasca	1895	1966
St. Martin Boarding School	Wabasca	1901	1973
St. Paul Des Métis Indian Residential School	St. Paul	1898	1905
St. Paul's Indian Residential School	Cardston	1900	1972
St. Peter's Indian Residential School (Lesser Slave Lake Indian Residential School)	Lesser Slave Lake	1900	1932
Sturgeon Lake Indian Residential School	Sturgeon Lake	1907	1957
Youville Indian Residential School	Edmonton	1892	1948
<b>Saskatchewan</b>			
Battleford Industrial School	Battleford	1883	1943
Beauval Indian Residential School; now Meadow Lake Tribal Council's Beauval Indian Education Centre	Beauval	1895	1983
Cowesses Indian Residential School (Marieval Indian Residential School)	Marieval	1936	1975
Crowstand Indian Residential School	Kamsack	1888	1913
St. Michael's Indian Residential School (Duck Lake Indian Residential School)	Duck Lake	1892	1964
Emmanuel College	Prince Albert	1865	1923
File Hills Indian Residential School (File Hills Colony School)	Okanese Reserve	1889	1949
Gordon Indian Residential School; new school built in 1911, burned down in 1929	Punnichy	1889	1975

Name	Location	Opened	Closed
Guy Indian Residential School	Sturgeon Landing	1926	1964
Ile-à-la-Crosse Indian Residential School	Ile-à-la-Crosse	1878	
Lake La Ronge Mission Indian Residential School; new school built in 1920	La Ronge	1914	1947
Muscowequan Indian Residential School	Lestock	1932	1981
Prince Albert Indian Residential School (All Saints Indian Residential School; St. Albans Indian Residential School); amalgamated in 1951	Prince Albert	1865	1964
Qu'Appelle Indian Residential School (Fort Qu'Appelle Indian Residential School; Lebret Indian Residential School); school burned down in 1908	Lebret	1884	1969
Regina Indian Residential School	Regina	1890	
Round Lake Indian Residential School	Whitewood	1886	1950
St. Anthony's Indian Residential School (Onion Lake Catholic Indian Residential School)	Onion Lake	1891	1968
St. Barnabas Indian Residential School (Onion Lake Indian Residential School); school burned down in 1943	Onion Lake	1893	1951
St. Phillips Indian Residential School (Keeseekoose Day School)	Kamsack	1899	1965
Thunderchild Indian Residential School (Delmas Indian Residential School)	Delmas	1901	1948
<b>Manitoba</b>			
Assiniboia Indian Residential School	Winnipeg	1957	1973
Birtle Indian Residential School	Birtle	1889	1975
Brandon Industrial School; became a Residential School in 1923	Brandon	1892	1975
Cross Lake Indian Residential School (Norway House Roman Catholic Indian Residential School)	Cross Lake	1915	1942
Elkhorn Indian Residential School (Washakada Indian Residential School); closed in 1919 as CP railroad purchased land on which school was built, school reopened in 1925	Elkhorn	1888	1949
Fort Alexander Indian Residential School	Fort Alexander	1906	1970
Guy Hill Indian Residential School	The Pas	1955	1974
Lake St. Martin Indian Residential School; new school built in 1948	Fisher River	1874	1963
MacKay Indian Residential School; reopened in Dauphin in 1955	The Pas	1915	1933 1980

Name	Location	Opened	Closed
Norway House Methodist Indian Residential School	Norway House	1900	1974
Pine Creek Indian Residential School (Camperville Indian Residential School)	Camperville	1891	1971
Portage la Prairie Methodist Indian Residential School	Portage la Prairie	1896	1975
Portage la Prairie Presbyterian Indian Residential School	Portage la Prairie	1895	1950
Sandy Bay Indian Residential School	Sandy Bay First Nation	1905	1970
St. Boniface Industrial School	St. Boniface	1891	1909
St. Paul's Industrial School (St. Rupert's Land Industrial School)	Selkirk County	1886	1906
Waterhen Indian Residential School	Waterhen	1890	1900
<b>Ontario</b>			
Albany Mission Indian Residential School (Fort Albany Residential School)	Fort Albany	1912	1963
Alexandra Industrial School for Girls	Toronto	1897	
Alnwick Industrial School; worked in partnership with Mount Elgin Indian Residential School	Alderville	1838	1966
Bishop Horden Memorial School (Moose Factory Indian Residential School; Moose Fort Indian Residential School)	Moose Factory	1907	1963
Cecilia Jeffrey Indian Residential School	Kenora	1900	1966
Chapleau Indian Residential School (Saint John's Indian Residential School)	Chapleau	1907	1950
Fort Frances Indian Residential School (St. Margaret's Indian Residential School)	Fort Frances	1902	1974
Kenora Indian Residential School	Kenora	1949	1963
McIntosh Indian Residential School	Kenora	1924	1969
Mohawk Institute Residential School (Mohawk Manual Labour School; Mush Hole Indian Residential School)	Brantford	1850	1969
Mount Elgin Indian Residential School; worked in partnership with Alnwick	Muncey Town	1848	1948
Shingwauk Indian Residential School (Wawanosh School for Girls; Singwauk Hall); burned down six days after opening on September 23rd 1873; moved to Sault Ste Marie in 1873; Wawanosh School for Girls opened in Sarnia in 1877; Shingwauk and Wawanosh combine to form a larger school in Sault Ste Marie in 1934; currently houses Algoma University	Garden River	1873	1971
Sioux Lookout Indian Residential School (Pelican Lake Day School)	Sioux Lookout	1911	1973

Name	Location	Opened	Closed
Spanish Indian Residential School	Spanish	1883	1965
St. Anne's Indian Residential School	Fort Albany	1936	1964
St. Joseph's Indian Boarding School (Fort William Indian Residential School)	Fort William	1936	1964
St. Mary's Indian Residential School	Kenora	1894	1962
Wikwemikong Indian Residential School (Wikwemikong Day School; Wikwemikong Manual Labour School); day school opened 1840; became a residential school in 1879	Manitowaning	1879	1963
<b>Quebec</b>			
Amos Indian Residential School (St. Marc's Indian Residential School)	Amos	1948	1965
Fort George Anglican Indian Residential School (St. Phillip's Indian Residential School)	Fort George	1934	1979
Fort George Catholic Indian Residential School	Fort George	1936	1952
La Tuque Indian Residential School	La Tuque	1962	1980
Pointe Bleue Indian Residential School	Pointe Bleue	1956	1965
Sept-Iles Indian Residential School	Sept-Iles	1952	1967
<b>Nova Scotia</b>			
Shubenacadie Indian Residential School	Shubenacadie	1922	1968
<b>Yukon</b>			
Aklavik Anglican Indian Residential School (All Saints Indian Residential School); moved to Aklavik 1934 due to overcrowding	Shingle Point	1927	
Baptist Indian Residential School (Yukon Indian Residential School)	Whitehorse	1900	1968
Carcross Indian Residential School (Choooutla Indian Residential School; Caribou Crossing Indian Residential School; Forty Mile Boarding School); opened as Forty Mile Indian Residential School in Forty Mile (north of Dawson) in 1891; moved to Carcross in 1910	Carcross	1891	1969
St. Paul's Indian Residential School (St. Paul's Hall)	Dawson	1920	1943
Yukon Hall; residences for local day school students	Whitehorse	1956	1965
<b>NWT</b>			
Aklavik Anglican Indian Residential School (All Saints Indian Residential School); formerly in Shingle Point	Aklavik	1936	1959

Name	Location	Opened	Closed
Aklavik Catholic Indian Residential School (later Inuvik Indian Residential School); Stringer Hall and Grollier Hall (name of residences)	Aklavik	1925	1952
Fort McPherson Indian Residential School; Fleming Hall (name of residence); non-denominational	Fort McPherson	1898	1970
Fort Providence Indian Residential School (Providence Mission Indian Residential School)	Fort Providence	1867	1953
Fort Resolution Indian Residential Schhool	Fort Resolution	1867	
Fort Simpson Indian Residential School; Bompas Hall, Lapointe Hall, St. Margaret's Hall (names of residences); combined Roman Catholic, Anglican and non-denominational	Fort Simpson	1920	1970
Hay River Indian Residential School (St. Peter's Mission Indian Residential School);	Hay River	1898	1949
Yellowknife Indian Residential School (Rocher River Day School); Akaitcho Hall (name of residence)	Yellowknife	1948	1970
<b>Nunavut</b>			
Chesterfield Inlet Indian Residential School; Turquetil (name of residence)	Chesterfield Inlet	1929	1970
Frobisher Bay Indian Residential School	Frobisher Bay, Baffin Island; opened	1965	



## Recommendations of the Royal Commission on Aboriginal Peoples Regarding Residential Schools

The Commission recommends that:

### 1.10.1

Under Part I of the Public Inquiries Act, the government of Canada establish a public inquiry instructed to

- a) investigate and document the origins and effects of residential school policies and practices respecting all Aboriginal peoples, with particular attention to the nature and extent of effects on subsequent generations of individuals and families, and on communities and Aboriginal societies;
- b) conduct public hearings across the country with sufficient funding to enable the testimony of affected persons to be heard;
- c) commission research and analysis of the breadth of the effects of these policies and practices;
- d) investigate the record of residential schools with a view to the identification of abuse and what action, if any, is considered appropriate; and
- e) recommend remedial action by governments and the responsible churches deemed necessary by the inquiry to relieve conditions created by the residential school experience, including as appropriate,
  - ✦ apologies by those responsible;
  - ✦ compensation of communities to design and administer programs that help the healing process and rebuild their community life; and funding for treatment of affected individuals and their families.

### 1.10.2

A majority of commissioners appointed to this public inquiry be Aboriginal.

### 1.10.3

The government of Canada fund establishment of a national repository of records and video collections related to residential schools, co-ordinated with planning of the recommended Aboriginal Peoples' International University (see Volume 3, Chapter 5) and its electronic clearinghouse, to

- ✦ facilitate access to documentation and electronic exchange of research on residential schools;
- ✦ provide financial assistance for the collection of testimony and continuing research;
- ✦ work with educators in the design of Aboriginal curriculum that explains the history and effects of residential schools; and
- ✦ conduct public education programs on the history and effects of residential schools and remedies applied to relieve their negative effects.

Source: Royal Commission on Aboriginal Peoples (1996). Volume 1: Looking Forward, Looking Back. Ottawa, ON: Canada Communications Group, 385-386.

## Statement of Reconciliation

### Learning from the Past

As Aboriginal and non-Aboriginal Canadians seek to move forward together in a process of renewal, it is essential that we deal with the legacies of the past affecting the Aboriginal peoples of Canada, including the First Nations, Inuit and Métis. Our purpose is not to rewrite history but, rather, to learn from our past and to find ways to deal with the negative impacts that certain historical decisions continue to have in our society today.

The ancestors of First Nations, Inuit and Métis peoples lived on this continent long before explorers from other continents first came to North America. For thousands of years before this country was founded, they enjoyed their own forms of government. Diverse, vibrant Aboriginal nations had ways of life rooted in fundamental values concerning their relationships to the Creator, the environment, and each other, in the role of Elders as the living memory of their ancestors, and in their responsibilities as custodians of the lands, waters and resources of their homelands.

The assistance and spiritual values of the Aboriginal peoples who welcomed the newcomers to this continent too often have been forgotten. The contributions made by all Aboriginal peoples to Canada's development, and the contributions that they continue to make to our society today, have not been properly acknowledged. The Government of Canada today, on behalf of all Canadians, acknowledges those contributions.

Sadly, our history with respect to the treatment of Aboriginal people is not something in which we can take pride. Attitudes of racial and cultural superiority led to a suppression of Aboriginal culture and values. As a country, we are burdened by past actions that resulted in weakening the identity of Aboriginal peoples, suppressing their languages and cultures, and outlawing spiritual practices. We must recognize the impact of these actions on the once self-sustaining nations that were disaggregated, disrupted, limited or even destroyed by the dispossession of traditional territory, by the relocation of Aboriginal people, and by some provisions of the Indian Act. We must acknowledge that the result of these actions was the erosion of the political, economic and social systems of Aboriginal people and nations.

Against the backdrop of these historical legacies, it is a remarkable tribute to the strength and endurance of Aboriginal people that they have maintained their historic diversity and identity. The Government of Canada today formally expresses to all Aboriginal people in Canada our profound regret for past actions of the federal government which have contributed to these difficult pages in the history of our relationship together.

One aspect of our relationship with Aboriginal people over this period that requires particular attention is the Residential School system. This system separated many children from their families and communities and prevented them from speaking their own languages and from learning about their heritage and cultures. In the worst cases, it left legacies of personal pain and distress that continue

to reverberate in Aboriginal communities to this day. Tragically, some children were the victims of physical and sexual abuse.

The Government of Canada acknowledges the role it played in the development and administration of these schools. Particularly to those individuals who experienced the tragedy of sexual and physical abuse at residential schools, and who have carried this burden believing that in some way they must be responsible, we wish to emphasize that what you experienced was not your fault and should never have happened. To those of you who suffered this tragedy at residential schools, we are deeply sorry.

In dealing with the legacies of the Residential School system, the Government of Canada proposes to work with First Nations, Inuit and Métis people, the Churches and other interested parties to resolve the longstanding issues that must be addressed. We need to work together on a healing strategy to assist individuals and communities in dealing with the consequences of this sad era of our history.

No attempt at reconciliation with Aboriginal people can be complete without reference to the sad events culminating in the death of Métis leader Louis Riel. These events cannot be undone; however, we can and will continue to look for ways of affirming the contributions of Métis people in Canada and of reflecting Louis Riel's proper place in Canada's history.

Reconciliation is an ongoing process. In renewing our partnership, we must ensure that the mistakes which marked our past relationship are not repeated. The Government of Canada recognizes that policies that sought to assimilate Aboriginal people, women and men, were not the way to build a strong country. We must instead continue to find ways in which Aboriginal people can participate fully in the economic, political, cultural and social life of Canada in a manner which preserves and enhances the collective identities of Aboriginal communities, and allows them to evolve and flourish in the future. Working together to achieve our shared goals will benefit all Canadians, Aboriginal and non-Aboriginal alike.

Source: Indian Affairs and Northern Development Canada (1998). *Gathering Strength-Canada's Aboriginal Action Plan*. Ottawa, ON: Minister of Public Works and Government.

## Aboriginal Healing Foundation Board of Directors Appointments, Terms, Resignations and Vacancies Since Inception

DIRECTOR	DATE APPOINTED	APPOINTING ORGANIZATION AND BYLAW REFERENCE	TERM	DATE RESIGNED	REPLACEMENT DIRECTOR
Amagoalik, John	- May 29, 1998	7.02(b), Inuit Tapirisat of Canada	2 years (June 2000)	March 3, 1999	Angus Cockney
Angeoneb, Garnet	- June 18, 1998	7.02(g)	1 year (June 1999)		
	- Sept. 15, 1999	7.02(g) (Reappointed)	2 years (June 2001)		
	- July 6, 2001	7.02(g) (Reappointed)	2 years (June 2003)		
	- Oct. 4, 2003	7.02(g) (Reappointed)	2 years (June 2005)		
Arnatsiaq, Simona	- June 30, 2000	7.02(g) (Replacing Louis Tapardjuk)	Remainder of 2 years (June 2001)	June 26, 2001	Navalik Helen Tologanak
Belleau, Charlene	- June 18, 1998	7.02(g)	1 year (June 1999)	Sept. 15, 1999	Rose-Marie Blair
Berthelette, Jerome	- Mar. 30, 1998	Letters Patent	3 months (June 1998)	July 12, 2002	Keith Conn
	- June 18, 1998	7.02(f), Government of Canada (Reappointed)	2 years (June 2000)		
	- June 30, 2000	7.02(f), Government of Canada (Reappointed)	2 years (June 2002)		
Bird, Roy	- Dec. 5, 2000	7.02(f), Government of Canada (Replacing Sandra Ginnish)	Remainder of 2 years (June 2002)		
Blair, Rose-Marie	- July 12, 2002	7.02(f), Government of Canada (Reappointed)	2 years (July 2004)		
	- Sept. 15, 1999	7.02(g) (Replacing Charlene Belleau)	2 years (June 2001)		
	- July 6, 2001	7.02(g) (Reappointed)	2 years (June 2003)		
Brewster, Janet	- Oct. 4, 2003	7.02(g) (Reappointed)	2 years (June 2005)		
	- Mar. 30, 1998	Letters Patent	3 months (June 1998)	May 29, 1998	John Amagoalik
Chartrand, Paul	- Mar. 30, 1998	Letters Patent	3 months (June 1998)	Dec. 7, 1999	Yvon Dumont
	- May 29, 1998	7.02(c), Metis National Council (Reappointed)	2 years (June 2000)		
Cockney, Angus	- May 11, 1999	7.02(b), Inuit Tapirisat of Canada (Replacing John Amagoalik)	Remainder of 2 years (June 2000)		Martha Flaherty
	- June 30, 2000	7.02(b), Inuit Tapirisat of Canada (Reappointed)	2 years (June 2002)		
	- July 12, 2002	7.02(b), Inuit Tapirisat of Canada (Reappointed)	2 years (July 2004)		
Conn, Keith	- July 12, 2002	7.02(f), Government of Canada (Replacing Jerome Berthelette)	2 years (July 2004)		
	- Sept. 26, 2004	7.02(f), Government of Canada (Reappointed)	2 years (Sept. 2006)		
Cook, Marilyn	- Oct. 4, 2003	7.02(g) (Replacing Phil Fontaine)	2 years (June 2005)		

DIRECTOR	DATE APPOINTED	APPOINTING ORGANIZATION AND BYLAW REFERENCE	TERM	DATE RESIGNED	REPLACEMENT DIRECTOR
Courchene, Ken	- June 18, 1998	7.02(g)	1 year (June 1999)	March 28, 2001	Phil Fontaine
	- Sept. 15, 1999	7.02(g) (Reappointed)	2 years (June 2001)		
Dorey, Darliea	- June 30, 2000	7.02(d), Congress of Aboriginal Peoples (Replacing Dorris Peters)	2 years (June 2002)	August 17, 2000	Bill Lightbown
Dumont, Yvon	- June 27, 2000	7.02(c), Metis National Council (Replacing Paul Chartrand)	Remainder of 2 years (June 2000)	Jan. 30, 2001	Carrielynn Lamouche
	- June 30, 2000	7.02(c), Metis National Council (Reappointed)	2 years (June 2002)		
Erasmus, Georges	- Mar. 30, 1998	Letters Patent	3 months (June 1998)		
	- June 18, 1998	7.02(a), Assembly of First Nations (Reappointed)	2 years (June 2000)		
	- June 30, 2000	7.02(a), Assembly of First Nations (Reappointed)	2 years (June 2002)		
	- July 12, 2002	7.02(a), Assembly of First Nations (Reappointed)	2 years (July 2004)		
	- Sept. 26, 2004	7.02(a), Assembly of First Nations (Reappointed)	2 years (Sept. 2006)		
Fontaine, Phil	- July 6, 2001	7.02(g)	2 years (June 2003)	Unknown	Dr. Marilyn Cook
Grant-John, Wendy	- Mar. 30, 1998	Letters Patent	3 months (June 1998)	June 30, 2000	Sandra Ginnish
	- June 18, 1998	7.02(f), Government of Canada (Reappointed)	2 years (June 2000)		
Ginnish, Sandra	- June 30, 2000	7.02(f), Government of Canada (Replacing Wendy Grant-John)	2 years (June 2002)	October 17, 2000	Roy Bird
	- Oct. 5, 2000	7.02(e), Native Women's Assoc. of Canada (Replacing Teresa Nahanee)	Remainder of 2 years (June 2002)		
Hare, Susan	- July 12, 2002	7.02(e), Native Women's Assoc. of Canada (Reappointed)	2 years (July 2004)		
Hodgson, Maggie	- Mar. 30, 1998	Letters Patents	3 months (June 1998)	June 1998	Grant Severight
	- June 18, 1998	7.02(g)	1 year (June 1999)	March 2004	
Kistabish, Richard	- Sept. 15, 1999	7.02(g) (Reappointed)	2 years (June 2001)		
	- July 6, 2001	7.02(g) (Reappointed)	2 years (June 2003)		
	- Oct. 4, 2003	7.02(g) (Reappointed)	2 years (June 2005)		
	- Sept. 26, 2004	7.02(g) (Reappointed)	Remainder of 2 years (June 2005)		



DIRECTOR	DATE APPOINTED	APPOINTING ORGANIZATION AND BYLAW REFERENCE	TERM	DATE RESIGNED	REPLACEMENT DIRECTOR
Lamouche, Carrielynn	- Jun. 18, 1998 - Sept. 15, 1999	7.02(g) 7.02(g) (Reappointed)	1 year (June 1999) 2 years (June 2001)	July 6, 2001 for her appointment under Bylaw No. 1, Article 7.02(g)	Elizebeth Palfrey
	- July 6, 2001	7.02(c), Metis National Council (Replacing Yvon Dumont)	Remainder of 2 years (June 2002)		
	- July 12, 2002 - Sept. 26, 2004	7.02(c), Metis National Council (Reappointed) 7.02(c), Metis National Council (Reappointed)	2 years (July 2004) 2 years (Sept. 2006)		
Lighthown, Bill	- Oct. 5, 2000	7.02(d), Congress of Aboriginal Peoples (Replacing Dorris Peters)	Remainder of 2 years (June 2002)		David Turner
	- July 12, 2002	7.02(d), Congress of Aboriginal Peoples (Reappointed)	2 years (July 2004)		
Meekitjuk-Hanson, Ann	- June 18, 1998	7.02(g)	1 year (June 1999)	Sept. 15, 1999	Louis Tapardjuk
Nahanee, Teressa	- Mar. 30, 1998 - May 29, 1998	Letters Patent 7.02(e), Native Women's Assoc. of Canada (Reappointed)	3 months (June 1998) 2 years (June 2000)	June 30, 2000	Susan Hare
Palfrey, Elizebeth	- July 6, 2001 - Oct. 4, 2003	7.02(g) 7.02(g) (Reappointed)	2 years (June 2003) 2 years (June 2005)		
Peters, Dorris	- Feb. 10, 1999	7.02(d), Congress of Aboriginal Peoples (Replacing Gene Rheume)	Remainder of 2 years (June 2000)	June 30, 2000	Darliea Dorey
Reid, Debbie	- Mar. 30, 1998	Letters Patent	3 months (June 1998)	June 18, 1998	Viola Robinson
Rheume, Gene	- Mar. 30, 1998 - May 29, 1998	Letters Patent 7.02(d), Congress Of Aboriginal Peoples (Reappointed)	3 months (June 1998) 2 years (May 2000)	Dec. 16, 1998	Dorris Peters
Robinson, Viola	- June 18, 1998 - June 30, 2000 - July 12, 2002 - Sept. 26, 2004	7.02(a), Assembly of First Nations 7.02(a), Assembly of First Nations (Reappointed) 7.02(a), Assembly of First Nations (Reappointed) 7.02(a), Assembly of First Nations (Reappointed)	2 years (June 2000) 2 years (June 2002) 2 years (July 2004) 2 years (Sept. 2006)		
Sasakamoose, Fred	- Sept. 26, 2004	7.02(a), Assembly of First Nations (Replacing Grant Severight)	2 years (Sept. 2006)		

DIRECTOR	DATE APPOINTED	APPOINTING ORGANIZATION AND BYLAW REFERENCE	TERM	DATE RESIGNED	REPLACEMENT DIRECTOR
Severight, Grant	- Sept. 9, 1998 - June 30, 2000 - July 12, 2002	7.02(a), Assembly of First Nations (Maggie Hodgson) 7.02(a), Assembly of First Nations (Reappointed) 7.02(a), Assembly of First Nations (Reappointed)	2 years (June 2000) 2 years (June 2002) 2 years (July 2004)		Fred Sasakamoose
Tapardjuk, Louis	- Sept. 15, 1999	7.02(g) (Replacing Ann Meekitjuk-Hanson)	2 years (June 2001)	Nov. 27, 1999	Simona Arnatsiaq
Tologanak, Navalik Helen	- July 6, 2001 - Oct. 4, 2003	7.02(g) 7.02(g) (Reappointed)	2 years (June 2003) 2 years (June 2005)		
Turner, David	- Sept. 26, 2004	7.02(d), Congress of Aboriginal Peoples (Replacing Bill Lightbown)	2 ans (Sept. 2006)		
Weaselhead, Charles	- June 18, 1998 - Sept. 15, 1999 - July 6, 2001 - Oct. 4, 2003	7.02(g) 7.02(g) (Reappointed) 7.02(g) (Reappointed) 7.02(g) (Reappointed)	1 year (June 1999) 2 years (June 2001) 2 years (June 2003) 2 years (June 2005)	Dec. 2004	Dan George
Whiskeyjack, Cindy	- June 18, 1998 - Sept. 15, 1999 - July 6, 2001 - Oct. 4, 2003	7.02(g) 7.02(g) (Reappointed) 7.02(g) (Reappointed) 7.02(g) (Reappointed)	1 year (June 1999) 2 years (June 2001) 2 years (June 2003) 2 years (June 2005)		

## Aboriginal Healing Foundation Code of Conduct

For Directors, Staff And Others Involved in the Work of the Foundation

### DEFINITIONS

*For the purposes of this Code:*

**“Board”** means the board of directors of the Aboriginal Healing Foundation.

**“Elder”** means someone who has special gifts. Elders are generally considered exceptionally wise in the ways of their culture and the teachings of the Great Spirit. They are recognized for their wisdom, their stability, and their ability to know what is appropriate in a particular situation. The community looks to them for guidance and sound judgement. They are caring and are known to share the fruits of their labours and experience with others in the community.

- RCAP Final Report, Vol. 4, Ch. 3

**“Foundation”** means the Aboriginal Healing Foundation.

**“Party”** means a member of the Board of Directors, an Elder, a salaried employee, a contract employee, a volunteer, member of an external merit review panel, a contractor or sub-contractor of the Aboriginal Healing Foundation.

**“Survivors”** means individuals who attended and survived “Residential Schools” (as that term is defined by the Aboriginal Healing Foundation in its by-laws), their families or descendants or both.

### IN GENERAL

#### *Introduction*

Our mission is to encourage and support Aboriginal people in building and reinforcing sustainable healing processes that address the legacy of Physical Abuse and Sexual Abuse in the Residential School system, including intergenerational impacts.

The purpose of this document is to establish a Code of Conduct that will apply to all Parties associated with the Aboriginal Healing Foundation. The Foundation is establishing these standards to guide the ethical conduct of those who are involved in our work. These standards are designed to help build a healthy environment within which the Foundation can carry out its work.

Much of what is contained in this Code serves to identify and promote certain positive behaviours and values. Because of the nature of our work we hold a position of trust to all those affected by the Legacy.

### *The way it is with us*

Since some of us are Survivors and the vast majority of us have suffered an intergenerational impact in one form or another, this healing process is close to our hearts.

The Aboriginal Healing Foundation's mission is to encourage and support Aboriginal people in building and reinforcing sustainable healing processes that address the legacy of Physical Abuse and Sexual Abuse in the Residential School system, including intergenerational impacts.

Our vision is one where those affected by the legacy of Physical Abuse and Sexual Abuse experienced in Residential School have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations.

We see our role as facilitators in the healing process by helping Aboriginal people help themselves, by providing resources for healing initiatives, by promoting awareness of healing issues and needs, and by nurturing a supportive public environment. We also work to engage Canadians in this healing process by encouraging them to walk with us on the path of reconciliation.

Ours is a holistic approach. Our goal is to help create, reinforce and sustain conditions conducive to healing, reconciliation and self-determination. We are committed to addressing the legacy of abuse in all its forms and manifestations, direct, indirect and intergenerational, by building on the strengths and resiliency of Aboriginal people. We emphasize approaches that address the needs of Aboriginal individuals, families and the broader community. We view prevention of future abuse, and the process of reconciliation between victims and offenders, and between Aboriginal people and Canadians as vital elements in building healthy, sustainable communities.

By making strategic investments of the resources entrusted to us, and by contributing to a climate of care, safety, good will and understanding, we can support the full participation of all Aboriginal people, including Métis, Inuit and First Nations, both on and off reserves and both status and non status, in effective healing processes relevant to our diverse needs and circumstances.

Agreeing to join in the work of the Aboriginal Healing Foundation is an important decision. Your willingness to serve those who are suffering the legacy of physical and sexual abuse in the residential schools, including intergenerational impacts, is appreciated.

## CODE OF ETHICS

### *We agree that*

We have an obligation to conduct ourselves, at all times, in a manner not inconsistent with the objects of the Foundation.

We have an obligation to conduct ourselves, at all times, in a manner that does not bring ourselves or the Foundation into disrepute.

We have an obligation to function primarily as a Party of the Foundation, not as a member of any particular constituency.

We have an obligation to abide by this Code of Conduct.

We have an obligation to respect basic human rights.

### *In addition, the nature of the work of the Aboriginal Healing Foundation requires*

A personal commitment to healing.

A high degree of integrity and professionalism.

### *As general rules of conduct*

We will practice active listening.

We will be compassionate and understanding.

We will not practice any adverse discrimination against anyone in any way.

We will treat each other with respect, courtesy, fairness and good faith.

We commit ourselves to the positive interchange of skills and knowledge.

We commit ourselves to assisting and supporting colleagues.

We will honour all commitments made.

We will not exploit relationships with colleagues for personal gain or the personal gain of friends and relatives.



We will respect confidences shared in working relationships and activities, and refuse to participate in gossiping of any kind.

We promise to be honest in describing our professional skills, abilities and background.

We commit to regular self-evaluation of our strengths, limitations, biases, or levels of effectiveness, and to strive for self-improvement.

We will ensure that we do not force our personal beliefs or values on others to influence an outcome.

Recognizing that we may be seen as role models, we will strive to uphold the healthy, positive and professional image of the Foundation by maintaining a high standard of behaviour.

We will not smoke in the offices of the Aboriginal Healing Foundation.

Those of us who consume alcohol will set a good example with respect to its responsible consumption.

We will not consume illicit drugs or any other substance that may affect our ability to carry out our functions for the Foundation.

### CONFLICT OF INTEREST RULES

**Note:** The following Conflict of Interest Rules do not apply to members of the Board of Directors as they are bound by their own separate policy.

#### *Conflict of Interest Defined*

A conflict of interest arises when a Party's interests, whether personal, business or professional, conflict with their obligations to the Foundation. This could arise as a result of an Apparent, Potential or Real Conflict of Interest for a Party, whether personal or professional, and may be financial or otherwise. By way of example only, conflicts of interest include not only the receipt of financial remuneration by a Party, members of his or her family, relatives and close friends, but also the receipt of services or other non pecuniary benefits by such individuals when the party providing the remuneration or benefits is or will be transacting business of any kind with the Aboriginal Healing Foundation. For this purpose:

- (a) An "Apparent Conflict of Interest" exists when there is a reasonable apprehension, which reasonably well informed persons could properly have, that a Real Conflict of Interest or Potential Conflict of Interest exists on the part of a Party.

- (b) A “Potential Conflict of Interest” occurs when there exists some private, personal or pecuniary interest that could influence the performance of a Party’s duty, decisions, functions or the exercise of power provided that the Party has not yet exercised that duty or function or made that decision.
- (c) A “Real Conflict of Interest” occurs when a Party exercises an official power, makes an official decision or performs an official duty or function and at the same time knows that in the performance of this duty or function or in the exercise of such power there is a furtherance of a private, personal or pecuniary interest.

### *Principles*

Every Party shall conform to the following principles:

1. Parties shall perform their official duties and arrange their private affairs in such a manner that public confidence and trust in the integrity, objectivity and impartiality of the Foundation are conserved and enhanced;
2. Parties have an obligation to act in a manner that will bear the closest public scrutiny, an obligation that is not fully discharged by simply acting within the law;
3. Parties shall not have private interests, other than those permitted pursuant to these Conflict of Interest Rules, that would be affected particularly or significantly by Foundation actions in which they participate;
4. On appointment to office, and thereafter, Parties shall arrange their private affairs in a manner that will prevent Apparent, Potential or Real Conflicts of Interest from arising, but if such a conflict does arise between the private interests of a Party and the official duties and responsibilities of that Party, the conflict shall be resolved in favour of the interests of the Foundation;
5. Parties shall not solicit or accept transfers of economic benefit, other than spiritual items, incidental gifts, customary hospitality, or other benefits of nominal value, unless the transfer is pursuant to an enforceable contract or property right of the Party. Any major gifts shall remain in the possession of the Foundation until it ceases to exist, at which time the gifts will be distributed among other organizations which conduct funding activities similar to those of the Foundation;
6. Parties shall not step out of their official roles to assist private entities or persons in their dealings with the Foundation where this would result in preferential treatment to any person;
7. Parties shall not knowingly take advantage of, or benefit from, information that is obtained in the course of their official duties and responsibilities with the Foundation and that is not generally available to the public;

8. Parties shall not directly or indirectly use, or allow the use of, Foundation property of any kind, including property leased to the Foundation, for anything other than officially approved activities;
9. Parties shall not act, after they leave their position with the Foundation, in such a manner as to take improper advantage of their previous office. Parties will therefore not accept employment with or provide services of any nature to a Foundation funded project, or an applicant or sponsor for funding, until 12 months have passed from the date they leave the Foundation; and
10. Parties may not apply directly or indirectly for funding of any kind from the Aboriginal Healing Foundation or receive remuneration in any form from any Foundation-funded project(s) while acting as a Party. As well, Parties may not be involved in the management or control, directly or indirectly, or be involved in the day-to-day operations of any Foundation-funded project(s) or applicants for funding while serving as Parties.
  - (i) Notwithstanding the foregoing, it is acknowledged that a Party may, on an irregular basis, provide volunteer services to a funded project, so long as such volunteer services are performed without any form of remuneration. Under no circumstances shall Parties make representations to the Foundation on behalf of applicants or projects while providing such volunteer services.
  - (ii) A Party may apply to the Board of Directors for a determination and interpretation of this provision so as to determine whether or not his or her activities constitute a breach of this policy.

**Exemption to Principles 9 & 10:** The Aboriginal Healing Foundation seeks the services of individuals with expertise in the area of Residential School healing issues. The Foundation recognises that such people are in short supply and high demand. The Foundation, in carrying out its mandate, does not want to create/impose undue additional hardship on Aboriginal communities by depriving them of valuable human resources. The following people are therefore exempt from the application of Principles 9 & 10:

- External Merit Review Panel members;
- Contractual Researchers;
- Elders;
- Volunteers; and
- Anyone else whose involvement in the work of the Aboriginal Healing Foundation is of relatively short duration and for minimal remuneration.

### *Honouring the Principles*

Parties should avoid or withdraw from outside activities or situations that could lead to an **Apparent, Potential** or **Real** Conflict of Interest.

A Party complies with these Conflict of Interest Rules by:

- (a) Avoiding or withdrawing from activities or situations that would place the Party in an Apparent, Potential or Real Conflict of Interest relative to his or her official duties and responsibilities for the Foundation;
- (b) Providing a written statement to the Executive Director or Chair indicating ownership of an asset, receipt of a gift, hospitality, or other benefit or participation in any outside employment or activity that would constitute an Actual, Potential or Real Conflict of Interest with the Party's official duties and responsibilities; and
- (c) Electing to sell an asset "at arms-length" or place that asset in trust, where continued ownership by a Party of such asset would constitute an Actual, Potential or Real Conflict of Interest with the Party's official duties and responsibilities. A Party must not sell or transfer assets to family members or other related Parties for the purposes of circumventing these compliance measures.

Where a Party finds him/herself to be in an Apparent, Potential or Real Conflict of Interest, he/she shall forthwith report same to the Executive Director or Chair of the Foundation, with sufficient details to identify the conflict.

Any Party who perceives another Party to be in a conflict of interest of any kind must report the perceived conflict to the Executive Director or Chair of the Foundation as soon as it comes to his or her attention.

### ***Enforcement***

Upon receiving a report of a conflict of any kind, the Executive Director or Chair of the Foundation shall convene a meeting of a committee of the Board, the membership of which shall vary from time to time, for the purposes of determining whether or not a conflict of interest exists and, if so, what, if any, measures should be taken in relation thereto. The decision of the committee shall take into account:

- (a) The Party's responsibilities;
- (b) The seriousness or sensitivity of the conflict;
- (c) The value and type of assets involved (if applicable); and
- (d) The actual cost of divesting assets (if applicable) as opposed to the potential for a conflict of interest.

### ***Consequences of Breach of Conflict of Interest Rules***

Upon a finding that a Party has failed to comply with the provisions of these Conflict of Interest Rules, the committee may impose appropriate disciplinary action up to and including discharge.

Any Party who fails to disclose a conflict of interest or otherwise breaches these Conflict of Interest Rules, shall not be entitled to any indemnification or compensation from the Foundation in the event of any action of any kind being successfully brought against such Party and the Foundation by a third party; and such party shall further indemnify the Foundation for any and all damages, costs, expenses, and other losses which may be incurred by the Foundation as a result of a successful action having been brought for the failure of the Party to declare the conflict or as a result of any other breach of these Conflict of Interest Rules by the Party.

### ***Additional provisions for External Merit Reviewers***

#### **Declaration Of Conflict:**

- (a) External Reviewers must arrange their private affairs and themselves in a manner to avoid a conflict of interest or the appearance of a conflict of interest. In cases where a conflict arises an External Reviewer has an obligation to declare a conflict of interest prior to the review, discussion or decision of a proposal.
- (b) Where an External Reviewer after receipt of a project proposal, determines that he/she is in conflict with regard to a proposal he/she shall immediately report it to the Proposal Review Manager of the Foundation and shall return the proposal to the Foundation for review by another External Reviewer.
- (c) Where a conflict of interest is discovered after consideration of a matter, the conflict must be declared to the Board of the Foundation and properly recorded at the first opportunity. The Board shall then determine what, if any, action should be taken.

## **CONFIDENTIALITY POLICY**

### ***Policy Statement***

In recognition of the objects of The Aboriginal Healing Foundation arising from the legacy of physical and sexual abuse in residential schools, it is recognized that it is essential that all materials and information relating to the Foundation be kept in the strictest confidence. Therefore, no Party shall disclose any information or provide any materials relating to The Aboriginal Healing Foundation, including information which refers to the applicants for funding, their applications and any other sources of information gathered by the Foundation.



### *Principles*

Confidentiality is important to the quality of the relationships between the Foundation and everyone with whom the Foundation has dealings. Ensuring confidentiality of privileged information is an important component of the mandate of the Foundation.

This Confidentiality Policy applies to all Parties who may have access to confidential information as a result of their involvement, directly or indirectly, with the Foundation. The obligation to maintain confidentiality is permanent, even after involvement with the Foundation has ceased. The confidentiality must be observed except when it is absolutely necessary for Parties to divulge information in the course their duties. Wherever possible, prior written approval from the Executive Director or Chair should be obtained for the release of such information. When a Party is in doubt as to whether or not certain information is confidential, no disclosure should be made without first seeking approval from the Executive Director or Chair.

Confidential information obtained by a Party as a result of their involvement with the Foundation is not to be used by the Party for the purpose of furthering any private interest, or as a means of making personal gains.

#### ***Confidential information includes, but is not limited to:***

- (a) Any information, personal or otherwise, that may cause embarrassment or perceived harm to any person dealing with or providing information to the Foundation. Any information of a medical, private or secret nature shall be deemed to be confidential;
- (b) Business arrangements of the Foundation. Such business arrangements shall not be shared unless permission is granted by the Executive Director or Chair and then only if the sharing of information is in the best interests of the Foundation;
- (c) Information that is not for public consumption, including business plans, contracts, contribution agreements, funding arrangements and the administration of the Foundation that, if shared, could negatively harm or affect the business or reputation of the Foundation. In particular, information pertaining to finances or plans of the Foundation are deemed to be confidential;
- (d) Any information contained in a personnel file, including salary, benefits, family status, employee discipline, employee assistance or any other private aspect of the employee-employer relationship.

All Parties shall ensure that all information and materials in their possession relating to project proposals and the Foundation shall be maintained in a secure and confidential manner, shall not be copied and shall be returned to the Foundation.

### *Enforcement*

Upon receiving information that there has been a breach of confidentiality by any Party, the Executive Director or Chair of the Foundation shall convene a meeting of a committee of the Board, the membership of which shall vary from time to time, for the purposes of determining whether or not a breach of confidentiality has occurred and if so, what, if any, measures should be taken in relation thereto.

### *Consequences of Breach of Confidentiality Policy*

Upon a finding that a Party has failed to comply with the Confidentiality Policy of the Foundation, the committee may impose appropriate disciplinary action up to and including discharge.

Any Party who breaches the Confidentiality Policy of the Foundation shall not be entitled to any indemnification or compensation from the Foundation in the event of any action of any kind being successfully brought against such Party and the Foundation by a third party; and such Party shall further indemnify the Foundation for any and all damages, costs, expenses and other losses which may be incurred by the Foundation as a result of a successful action having been brought for the breach of this Confidentiality Policy by the Party.

## OATH OF OFFICE

I, \_\_\_\_\_, do hereby solemnly swear to fulfil to the best of my ability the duties of my position with the Aboriginal Healing Foundation. I acknowledge that I have a responsibility, first and foremost, to the goals and objectives of the Aboriginal Healing Foundation. I commit myself to fulfilling my obligations and responsibilities in accordance with this Code of Conduct. Furthermore, I agree that I am bound by the Conflict of Interest Rules and Confidentiality Policy contained herein.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Location

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Location

## **Aboriginal Healing Foundation Ethics Guidelines for Aboriginal Communities Doing Healing Work Revised May 2000**

*A Code of Ethics reminds us of our responsibilities to ourselves, our families our colleagues, the public, our clients and our Nations.*

*The Code of Ethics guides us in the performance of our professional responsibilities and expresses the basic tenets of legal, ethical and professional conduct.*

### **Background**

The Aboriginal Healing Foundation, in funding healing projects that address the Legacy of Sexual and Physical Abuse in the Residential School System including Intergenerational Impacts, determined that ethics were necessary if healing is to occur in safety. Safety, whether it be mental, emotional, physical and/or spiritual, is very important for the development of each ethic. If the client or project participant grows to feel safe, then it becomes much easier for that person to engage in the healing process. Healing will not occur if an individual does not feel safe or does not trust the process. As a result, the AHF brought together a core group of Aboriginal people, as a Focus Group, from across the country to discuss and develop ethics guidelines for funded projects doing healing work.

As the Focus Group met it became clear that they were concerned about how their work would look and sound to the varied communities across Canada. They used a circle process to make decisions on the guidelines. As the document progressed, feedback came from the Board of Directors and community members. Some of the wording changed as the document became more focused and comprehensive. As the drafts changed, the essentials of good helping, client and community needs, safety and positive change and growth were at the forefront.

What has been produced in this document is a format and guide for you to fill in the details of the needs of your individual community according to your traditions and beliefs. The Focus Group used a common belief in spirituality, prayer, ceremonies, Elders and the Creator to create this document. Your choice of methods, however, is individual and exclusive to your community.

These Ethics Guidelines are in two parts. Part 1 is the Ethics Guidelines. Part 2 contains stories that help us learn about Ethics. While it is recognised that many non-Aboriginal people have contributed their good work toward Residential School issues, the Focus Group believes that as Aboriginal People across Canada develop their own Ethics Guidelines, healing projects and communities will be able to meet the needs of each project and each community.

## Part 1

### 1.1. Ethics Guidelines

The following Ethics Guidelines describes the rules that should be followed in your healing projects. The goal is to ensure that the healing taking place in your community is as healthy as possible:

- (a) **Programs and Services** must focus on the needs of the people impacted by the Legacy of Sexual and Physical Abuse in Residential Schools, including Intergenerational Impacts.
- (b) **Quality of Service** should address individualised needs of the people involved in programs where he or she is treated with respect and integrity.
- (c) A **Client-Helper Relationship Policy** should address equal and healthy relationships between the client and helper.
- (d) **Client Rights** where consent is obtained will ensure the safety of clients that participate in the funded program. Informed written consent must be obtained by all clients and by guardians or parents of children involved.
- (e) **External Healer Policy** ensures that the necessary background checks are in place when bringing in a worker or healer from outside the community.
- (f) **Knowing your Limits** will address setting limitations for workers based on their level of skill, competency, knowledge and experience. An Admissions Policy to guide staff, clients and programs will address these limits.
- (g) A **Confidentiality Policy** is essential to maintain a level of professionalism by ensuring confidentiality of all information shared by clients. Release of Information and Sharing of Information should have guidelines as well.
- (h) A **Conflict of Interest Policy** ensures a level of professionalism in preventing conflicts of interests. Potential or real conflicts need to be seen and declared.
- (i) A **Financial Accountability Policy** will ensure that all funds are spent in the way they were approved by the Aboriginal Healing Foundation, and the way they were agreed upon by the project managers and community leaders.
- (j) An **Employee Assistance Program** can help project staff get the help they need to stay healthy and well.



- (k) ***Grievance Procedures*** - projects should produce clear written rules for staff and clients who have complaints. Safety issues should be addressed including the rights of the complainant. Appeal processes and Conflict Resolution should be addressed as well.
- (l) ***Inappropriate Conduct and Harassment Policies*** should describe appropriate behaviour and establish guidelines between staff, helpers and clients. Policies need to address inappropriate conduct or harassment in the workplace. All policies must comply with the applicable Provincial legislation.
- (m) ***Healing Methods*** must utilize methods that are safe, healthy and that meet the needs of the client, with safeguards in place for trauma, either due to an event or triggering a past event.
- (n) ***Spirituality*** ensures that the pursuit for spirituality is left to the responsibility of the Elder or Traditional Teacher, who should have the support of the community, and to the responsibility of the individual who makes such pursuits.
- (o) ***Screening and Assessment Policy*** must address the needs for constant screening and assessment of the healing project workers and the work of the project. This should include an Admission Policy.
- (p) ***Upholding the Code of Ethics Policy*** ensures that the Code of Ethics your community has developed are followed. It is also important to address and create policies outlining the consequences of breaking the Code of Ethics.
- (q) ***Hiring Policies*** must address procedures when performing checks on staff, volunteers, external healers or clients. The criminal records check as stated in your contribution agreement is mandatory. A policy with standards should be in place for the Criminal Record Check and Child Abuse Registry Check. An employee Code of Conduct is also suggested (including professional designations, limitations, training, supervision and monitoring).
- (r) ***Original Work and Materials Policy*** outlines when projects must obtain written permission to use the work of others. Steps and procedures are in written form when testing and doing research.

Healing projects and communities can use these guidelines to create their own Code of Ethics, Standards of Practice, or Ethics Guidelines. When projects or communities do this they will need to include ways to monitor the Code of Ethics and correct those who breach the Code.

## Part 2

Stories that help us learn about ethics. These stories are strictly fictional. Any similarity to any organization, band, reserve or to any person, whether living or dead, is strictly coincidental.

## 2.1 Helping that heals

### *“RELATIVES”*

As children, they played together, laughed, fought, made up and enjoyed the freedom of childhood. As they grew, they went their own way for a time. He moved to manhood. She became a young woman. They attended ceremonies and celebrations in the community and visited relatives they had in common. Although they never spoke of it, they were related to each other in a distant way-as cousins. One day, she glanced at him, looking so handsome and strong, across the circle of their relatives, and his eyes were full of dreams, promises, excitement and warmth that caused her heart to ache. They fell in love.

When the grandmothers came to visit her and the grandfathers went to him, she felt her heart rebel. They spoke gently but firmly, explaining over and over why it was impossible for relatives to marry. She did not want to hear what they were saying. She kept trying to find a way through it, a way for them to be together. Then the oldest and wisest grandmother spoke:

“You may not experience the suffering yourself, you may think it will not affect you, but your children or grandchildren may suffer for your decision. You may never know how many generations may be affected, but those innocent ones will bear the burden.”

Silent now, she felt the loss of her dream. The grandmothers were kind to her and in time she learned to look upon him as a relative. She was there to celebrate when he took a wife from another clan.

In time, she married too. Later on, when she held her strong and healthy grandchildren, full of hope and promise, she knew to thank the grandmothers for helping her to see way into the future and helping her make a good decision.

### “ERNEST”

It was not easy for Ernest to ask for help. He was used to doing things on his own. Especially since the reason he needed help caused him so much fear and shame.

His marriage was coming apart and his children showed him no respect. As far as he could tell, he had to make do with this silence—he could not allow them to come close. He loved his wife and children but he couldn’t say a word, could not express his feelings. They thought he didn’t care.

He knew who could help him - that old couple who travelled around and counselled and sometimes prayed with people. He had heard about them and the good work they did. He didn’t even know how to approach them, so he asked his cousin.

“Go to the man first and give him tobacco as a gift” he said. “Tell him you’d like to talk to both of them.”

It took him awhile to find the old man and get him alone for he didn’t want anyone to overhear what he had to say. The old man took the tobacco and invited him to visit the next day. “You can come alone or you can bring your wife and children” he said.

When Ernest arrived alone the next day, the old lady greeted him with food and kindness, helping him feel right at home. She paid special attention to him, bringing him tea, seeing to his comforts. Meanwhile, the old man put him at ease with funny stories and tales of their travels.

After the table was cleared and they moved into the small front room to sit on softer chairs, the old lady asked him, “What can we do to help?”

He found it easy to talk to her, he felt she really listened to him. They didn’t judge him or take sides. They asked questions but didn’t push him to answer if he did not want to. That first time, he didn’t say much. But they invited him again and again, always letting him know he could also bring his wife.

One day he told them about the sexual abuse he suffered as a boy and he cried. Afterwards, the old lady wiped his face with a cloth dipped in rose water. She told him how brave he was to tell. Over time, his silence left him. Although he was never a great talker, life got better.

## 2.2 Helping that hurts

### *“ROSALIE AND ANGIE BEAR”*

Rosalie sat in her brand new office and arranged the things on her desk for the 100th time that day. She moved the small plaque that she had gotten as a gift from her sister to celebrate her new job a year ago. “Rosalie White Eagle, Social Worker,” it said. Back then, her office was always full of people coming and going.

Now it was silent. Rosalie waited and no one came.

She knew exactly when they quit coming. It was the day Angie Bear stormed into her office, threw the sign at Rosalie, called her a bitch and stormed out again.

She had tried to calm Angie down, but Angie said she would never like her again because of what Rosalie had done.

Rosalie was horrified. She never meant to hurt anyone. Later on, she found out Angie left the rez that very day, moved back to the city and started drinking again.

Rosalie had not meant to tell the story about Angie’s boyfriend who had sexually abused her daughter. It was just that she had been so shocked when Angie told her, she had to tell someone else. How was she to know that her best friend, Betty, would spread it all over the reserve?

### **“BIG BUSINESS”**

Ever since the newspaper said \$3 million would be poured into the northern region for social development, Sacred Circle Eagle Dancing Consulting Firm was well on its way.

Jeff was put in charge of writing proposals for development money-at \$3,000 each.

“Get on that phone, Jeff,” said Ed, the founder and self-appointed President of the firm. “And don’t stop talking until you have the commitment of at least 50 Bands. We ought to be able to shave off a nice chunk of that money just on proposal writing alone. That’s the easy part.”

Ed Two Step Jackson had big plans.

“What we need to do is to start another consulting firm and this is where you come in Rita”. Rita was the firm’s Social Development Co-ordinator.

“We’ll call it ‘Awakening’ or something like that. How about ‘Sacred Awakening’? That’s even better. You get those elders you hang out with and stick them on the letterhead, get a hold of that white psychologist, what’s-his-name, and add him to the list. Get some pamphlets printed right away with lots of circles on them, say we’ve been in business about 5 years.

“Jeff, when you talk to the bands, remember to promote Sacred Awakenings. We ought to be able to write them into every one of these proposals.”

“But who will do the actual training?” asked Rita.

“We won’t worry about that right now. First things first, and right now it’s about getting as much of that \$3 million as possible. Then we’ll worry about the small stuff. Just say we...uh, I mean, Sacred Awakening does sexual abuse counselling, that’s always popular, and healing circles, and don’t forget Residential Schools, that’s the buzz word these days. Well, get to work! I plan to retire when I’m 50”, Ed said with a wink.



### *“RELATIONSHIPS”*

Bill couldn't deny his attraction for Lillian. At first, he had flirted a bit with her. He never thought things would go this far.

She had been coming to him for counselling for 5 months now. It felt right to comfort her when she cried, just to reach over and take her in his arms.

She never protested and today, well, things had just gotten out of hand. He knew she needed his protection. Even though he felt a little bit guilty, he also felt that this situation was different because it was, after all, the Blue Sky reservation. He could afford to bend the rules a little.

Bill Brown worked for a number of small bands in the area as Band psychologist. He liked his work because he got along well with the Indians. They trusted him and he was free to do his work without too much interference.

After he and Lillian got dressed there was an awkward silence. God! She looked so young and beautiful and so defenceless. She didn't deserve to be in that relationship with that ape beating on her.

“You can always come and stay at my place in town,” Bill blurted out, “I mean if you need a safe place, to get away to.” He was surprised at himself, he had not planned to give her his extra key, but now he had.

He was involved and there was no turning back. What the hell, who would know? Who could it hurt? He might even marry her, she was a nice-looking Indian gal.

### **Summary**

Many of the people consulted with in the development of the Ethics Guidelines have stated that healing projects use of a code of ethics is crucial to the success of the project, the safety of the participants or clients and the healing that will occur. Each AHF funded healing project is encouraged to develop their own code of ethics. The use of the AHF Ethics Guidelines will make the task more focused and less time consuming for the healing project.

The following quote from an Elder in the focus group summarises the need for ethics:

We are going to do some big work, community development of some sort with all these projects. There has to be some workers. But that little guy (the client) is important. As far as I am concerned, he is the most important. All I want is good that the rest can give him. Not suffer like I did.

**Aboriginal Healing Foundation  
Residential School Healing Strategy Conference  
(July 14, 15 & 16, 1998, Squamish Territory, North Vancouver, B.C.)  
Conference Synopsis**

**Executive Summary**

Participants at the opening ceremonies described the Squamish Longhouse as a traditionally appropriate and logical setting for the Aboriginal Healing Conference to be held. Many thanks were extended from the various speakers to the Squamish Nation for inviting delegates to their territory.

Squamish Nation hereditary chief Bill Williams welcomed the conference to the Squamish Territory. Willie Seymour of the Chemainus Band on Vancouver Island who was the conference chairperson, explained the importance of the conference in terms of reclaiming visions, culture, rights, and language. Objectives of the conference were covered by Harold Tarbell of the Mohawk territory of Akwesasne. This included progress reports on the Aboriginal Healing Foundation (AHF) since the funds were announced in January such as the creation of the Board of Directors, negotiations and funding agreements. As well, projects, programs and activities would be discussed to obtain guidance from the survivors in attendance. The conference delegates were given background resources to help them in their deliberations. These included the AIIF Backgrounder, Funding Agreement and Healing Strategy.

The conference began with addresses from present and former Board members of the Foundation, beginning with the Board's chairperson Georges Erasmus who gave the history of the Foundation to date. He also provided assurances that the Foundation would be involved in ensuring healing services are available wherever Aboriginal people need healing. He emphasized that the conference was being held to listen to the recommendations and ideas of survivors and the legacy of physical and sexual abuse of residential schools.

Other Board members provided their personal backgrounds and addressed the issues of delegates confronting their pain, memories of their experiences in residential school, and as one Board member said, people were gathered to talk about the well being of the heart and mind. Many delegates said that money would not be the answer, and that other ways must be found to complete the healing process.

The first panel session was structured around the Foundation's funding agreement negotiated with the government. Delegates presented and spoke to the following issues: staffing of the Foundation, Board representation, mission and bylaws, Foundation programs, government involvement, and churches.

The second day of the conference began with Willie Seymour introducing the Coast Salish National Anthem, prayer and honour song. Rod Jeffries, on behalf of his design group, gave an overview of the materials which were provided for the afternoon workshops. These materials included the mission and values of the Foundation as well as preliminary thoughts on program design and criteria for eligibility.

In workshops, delegates discussed the meaning of healing, suggestions for additional operating values and principles for the Foundation, how the Foundation should communicate with survivors, and what would be the most appropriate projects and activities which would be recommended for funding. A separate youth workshop was convened.

In the plenary panel discussion which preceded the individual workshop discussions, a variety of topics were raised. The following responses were obtained from the panel which represented the Board, Health Canada and Indian Affairs: that time lines for grant applications were not established, eligible projects would include only those which could be tied to the legacy of physical and sexual abuse in residential school and intergenerational impacts, the Foundation could not duplicate existing services, but could move into an area if a need was demonstrated, and that the Foundation was a non-political organization and would look for ways to include local people from all regions and provinces in the Foundation's review of project applications.

On the final day of the conference, the feedback which was obtained from the workshops was presented. It was reported that survivors from 21 residential schools were represented at the conference, and that five generations had been impacted with the legacy of the residential schools. Rod Jeffries of the program design team recapped the workshops' responses to the meaning of healing. Their comments included determining one's own destiny, forgiving and accepting, finding inner peace, and being able to walk tall and proud just to name a few. Feedback on the draft values, operating principles of the Board, internal operations and interactions with communities were discussed in the workshops, with many resulting recommendations.<sup>1</sup> In terms of projects and activities for funding by the Foundation, the following topics were suggested from the delegates: history of residential schools, education, training of Aboriginal professionals, Elder support networks, research on programs, creative arts, programs for persons with special needs, quality of healing processes, emotional, spiritual, mental and physical safety of healing program, and communication strategies were discussed and recommendations made.

Questions regarding program design were voiced by the delegates in a plenary session. These questions included: ways to honour those who did not return from residential school, dealing with the grass roots, Inuit relocation, payments to survivors, help for Elders, report to the United Nations, abuses by the RCMP, the Charter of Rights and Freedoms' relationship to the bylaws, Board membership, funding criteria and locations of future meetings.

Georges Erasmus stated that the Board would look into the relocation issue, the United Nations address, the memorial to students who died at school, applicable healing recommendations from the Royal Commission on Aboriginal Peoples report, and conflicts of the bylaws with the Charter. He clarified that no person would be stopped from suing the government over past abuses, and that the Board would not let the government abdicate any responsibility for existing programs and services. On behalf of the Board, he acknowledged that some communities were worried about being left out of the process, and promised that all communities, whether they are First Nations, Inuit, Métis, Aboriginal on or off reserve would be approached similarly and could apply for funding.

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<sup>1</sup> The full list of recommendation is produced at the end of the executive summary.

A question regarding Mr. Erasmus's resignation which had arisen from the floor was addressed by him with an explanation of how his involvement with the Foundation began, why he had been appointed, and why he felt capable in that position. He did not regard the issue as a personal confrontation stating "If I didn't feel I could do the job with every ounce of me, I wouldn't do it!"

### **Recommendations**

The following recommendations provided from delegates have been extracted from the conference summary, and have been grouped into the six categories:

- + Recommendations to Board Members
- + Issues for Board Consideration
- + Foundation Operations
- + Program Design and Content
- + Other Recommendations
- + Program Criteria

### **Recommendations to Board Members**

1. Board members should be on their own healing journey: sober, drug free, and walk their talk. Board members need to be role models.
2. Board and staff should have a code of ethics.
3. Survivors need to be strongly recognized on the Board.
4. The Foundation must establish and build trust.
5. There should be ownership of the Foundation by the communities it serves.
6. The Board must stay at the grass roots level and not place too much priority on administration. Professional help is needed by all members of survivors' families.
7. The Board membership should be restricted to survivors and one Elder.
8. The Board should communicate with survivors by a communication which is truthful, honest and open.
9. The ways of operating should be traditional and holistic.
10. Foundation bylaws should not conflict with existing treaties and research should be done with respect to research on any conflict with the Charter of Rights and Freedoms.

### **Issues for Board Consideration**

1. The Foundation should address the deaths of students in residential schools.
2. Mr. Erasmus should approach Minister Lloyd Axworthy and the National Chief of the Assembly of First Nations with respect to an address by him to the United Nations to point out that what happened to Aboriginal peoples in residential schools was an example of genocide.
3. The RCMP past abuses should be addressed by the Foundation.
4. A charitable Foundation be established to complement the already existing funds and sustain its work.

## Foundation Operations

1. Support should be provided to develop proposals.
2. Communication methods should include a newsletter which would report on all activities of the Foundation.
3. The Foundation should develop its own mailing database so that survivors can receive information directly rather than relying on Band Councils or Métis locals.
4. Native newspapers, both Aboriginal and non-Aboriginal television and radio should be used.
5. The Foundation needs to develop a list of contacts for support and available services that people access in their own communities.
6. Status reports of projects should be regularly distributed, and creative, off-the-wall ideas that people are using in their programs and services should be shared.
7. In print communication, use large print in language easy to read and understand.
8. Regional conferences would help so that Elders from isolated locations could attend.
9. The Foundation should hold more meetings in the west.

## Program Design and Content

1. Resources and monies should be available for counseling and support of people involved in residential school court initiatives.
2. The healing process should involve non-Aboriginal communities.
3. The primary goal of the Foundation is to address the needs of survivors, however prevention and a focus on the children is crucial.
4. The Inuit members of the Foundation Board should take a very serious interest in the survivors from the N.W.T.
5. There should be a strong recognition of traditional and holistic approaches.
6. There should be an acknowledgment of those who did not survive, through statues, monuments, memorials and ceremonies.
7. Mechanisms need to be put in place to ensure dollars go to healing.
8. There should be a recognition of the healing process already begun.
9. Regional linkages should be developed that will further create networking within those regions and across the country.
10. Capacity and capacity building is needed and development of linkages with other services and programs.
11. The funded projects should incorporate the history of residential schools into our schools, into Foundation archives, educate non-Aboriginal people about what happened.
12. Education is very crucial to the process of rebuilding.
13. Training is needed for and by Aboriginal people to build capacity within our communities to deliver services our way.
14. Elders need support networks, such as Elder abuse activities, projects, programs or whatever to provide support services to Elders who are working with us in the healing process.
15. Research is needed to show what programs have worked and what has not worked. Communities need access to this information.

16. The arts should be involved - creative, fine arts, to celebrate the strength and resilience of the spirit.
17. Programs should be incorporated for people with special needs: elders, youth, children, incarcerated people, two-spirited people.
18. The Foundation should ensure quality in Aboriginal healing, to provide the best services possible. Develop programs or conduct research to examine traditional therapeutic models and how those can be adapted to meet the needs of our people.
19. The Foundation should investigate the issue of suicide as it relates to residential school.
20. Healing programs should have emotional, spiritual, mental and physical safety.
21. Research should be funded on the many different kinds of healing practices which are available around the world.
22. A place is needed for Elders to rejuvenate themselves, to go for healing.

### **Program Criteria**

1. Healing services should not be just for people who were there (in residential schools).
2. Eligible recipients for funding need to be associated with the Aboriginal community.
3. An accountable and equitable appeals process is needed.
4. Do not fund non-Aboriginal organizations, churches, governments, or those projects not tied to a community.

### **Other**

1. Partnerships which involve federal and provincial organizations should be the backbone of the healing strategy.
2. Churches must turn back Indian land and they must establish funds.
3. The Government of Canada should be asked to be involved in the healing process.

## **Day 1: July 14, 1998**

### **Opening Session**

The meeting was opened by Chief Bill Williams, hereditary chief of the Squamish Nation who welcomed the conference participants to the Squamish Territory. Willie Seymour of the Chemainus Band, the conference chairperson explained the importance of the next three days in reclaiming visions, culture, rights and language taken away in the past. Counseling services would be available and a buddy system was recommended in the meeting "to make sure we have someone to connect with in the next three days."

The objectives of the conference were covered by the facilitator, Harold Tarbell of the Mohawk Nation, Akewasne. This included progress reports on the Foundation since the funds were announced in January such as the creation of the Board of Directors, negotiations and funding agreements. As well, projects, programs and activities would be discussed to obtain guidance from the residential school



survivors in attendance. The conference delegates had background resources to help them in their deliberations. These included the Aboriginal Healing Foundation (AHF) Backgrounder, Funding Agreement and Healing Strategy.

The first order of business was the opening comments from the Aboriginal Healing Foundation Board of Directors. Georges Erasmus, Dene Nation, who is the inaugural chairman of the Foundation Board, was first to speak. Mr. Erasmus described the Foundation as extremely young (at 105 days), and saw it as a start to begin the healing process, even though many persons believe that the Foundation is not enough. The Foundation will be involved in ensuring healing services are available in local communities, big cities, Indian reserves, Métis settlements, Inuit communities or where ever Aboriginal people live who need healing. He went on to explain that the AHF as yet did not have permanent staff, as the office was only a few weeks old.

Mr. Erasmus provided his perspectives on the residential school experience, as a child of a residential school survivor and as co-chair of the Royal Commission on Aboriginal Peoples (RCAP). He had been approached by the National Chief of the Assembly of First Nations (AFN) early this year to assist in the creation of the Foundation. The Foundation had to be created quickly, by the end of March, or the \$350 million committed by the federal government to Aboriginal healing would be lost. The original founding Board was comprised with 9 members: 3 from the Assembly of First Nations; one by each of the following: Inuit Tapirisat of Canada (ITC), Native Women's Association of Canada (NWAC), Congress of Aboriginal Peoples (CAP), Métis National Council (MNC); and 2 from the federal government. Recently 8 more board members were appointed by the existing 9, from a list of 160 individuals. These persons were selected based on different interests and needs across the country.

The other Board members in attendance also provided opening comments.

*John Amagoalik, Inuk, Iqaluit, NWT*

"Recovery is there. The sparkle in the eyes of the children is coming back, and we must rejoice. In the words of Dan Georges, our hearts will soar." With these words, John Amagoalik encouraged delegates to confront their pain, their memories and the experience of residential schools as well as the memories of police invading homes to stop drum dancing.

*Maggie Hodgson, Carrier, Alberta (former Board member)*

Ms. Hodgson has been involved in the issue of residential schools for ten years, and in healing for 18 years as Director of the Nechi Institute. Her desire to work in the area of residential schools at the AFN has led her to recently resign as a board member of the Foundation. She was attending the meeting as a former board member so that she would be accountable for the Board decisions in which she had participated.

Ms. Hodgson worked on the development of the AHF healing framework, and in it, incorporated feedback obtained from the initial Foundation meeting held in March. One of Ms. Hodgson's recommendations to the conference was that resources and monies be available for counseling and support of people involved in residential school court initiatives. As well, she explained the difficulty

ahead in ensuring an equitable process for the Inuit and Métis who have small numbers of residential school survivors compared to First Nations.

**Grant Severight**, *Saulteaux First Nations, Saskatchewan*

As a survivor, Mr. Severight shared with the delegates, the hurt and trauma of his experiences in residential school and the psychological disenfranchisement with his culture which occurred. In his view, money will not and has not solved the problem for residential school survivors. He personally thanked Maggie Hodgson for stepping down from the Board to make room for a Board member from Saskatchewan.

**Viola Robinson**, *Mi'Kmaq, Nova Scotia*

Ms. Robinson is among the newly appointed Board members, having been nominated by the Chiefs of the Atlantic. She had been a commissioner with RCAP, and recounted her feeling of helplessness when she heard testimony across Canada from Aboriginal people suffering the effects of residential schools. For her, the Foundation which evolved from the work of RCAP, will be the place to start the healing process. She agreed with Mr Severight that money is not the answer, as “we need to heal ourselves before we can do anything of significance.”

**Ken Courchene**, *Sagkeeng First Nation, Manitoba*

Mr. Courchene spent 15 years recovering from his experience in residential school, and feels strongly that Aboriginal people as a Nation have a responsibility to ensure that this never happens again. Aboriginal people for many years have spoken of their experiences with the hope and belief that healing would come. The Foundation represents this healing opportunity.

**Garnet Angeconeb**, *Lac Seul First Nation, Ontario*

A gathering of survivors at the site of a former residential school in Sioux Lookout was the place where Mr. Angeconeb first heard that he had been appointed to the Board. He has been involved in communities, journalism and tribal councils, and holds this present position in a sacred trust “because we are talking about the well being of the heart and mind.” He no longer feels alone, as he is now among other brothers and sisters who want to make a better life. Mr. Angeconeb values, as most important, the input from survivors.

**Charlene Belleau**, *Alkali Lake, British Columbia*

Ms Belleau has worked on the issue of residential schools since 1980 when she first dealt with disclosures of sexual abuse while researching the impact of residential schools on the communities in the Williams Lake area. Her findings were instrumental in initiating the movement to criminal proceedings and civil actions by survivors. It was through an understanding of the victimization inflicted by priests that Aboriginal people will move from victims to survivors. She explained how her community's survivors are coming full circle to reconciliation through the Alkali Lake Residential School Inquiry which began on May 17. Ms Belleau believes that success in treaty negotiations and governing systems is dependent on healthy individuals, healthy families and healthy communities. Her people will continue to hold governments and churches responsible for residential school abuses.

**Carrielynn Lamouche**, *Gift Lake Métis Settlement, Alberta*

A survivor of St. Mary's Residential School and the Grandview Training School for Girls, Ms. Lamouche has devoted her career to working in children's services, youth justice, sentencing circles, elders and people with disabilities. To her, money is not the answer, and the healing process should involve non-Aboriginal communities.

**Charles Weaselhead**, *Blood, Standoff, Alberta*

Mr. Weaselhead reminded delegates that humour is also part of the healing process. His parents as well as he attended residential schools. He has been involved in the healing process for 20 years through the Nechi Institute and Poundmaker Lodge, and is aware of the great responsibility he has assumed as a Board member. "I know some friends, I know some families that have never survived residential school, the pain, the suffering. Some have lived to be middle aged but have never gotten out of the cycle of that abuse, out of that pain. Some have committed suicide."

**Cindy Swanson**, *Métis National Youth Advisory Council, Alberta (former Board member)*

Ms. Swanson is a representative of Aboriginal youth on the Foundation Board. Many members of her family attended residential school, and she is familiar with the problems Aboriginal youth face, including loss of culture and identity, low self esteem and self confidence, sexual abuse, drugs and alcohol. Now in her fourth year at the University of Alberta studying Native Education, Ms Swanson has completed research at the university on the effects of residential schools.

**Debbie Reid**, *Ojibway Treaty 2, Manitoba (former Board member)*

As an original youth representative who was appointed to the inaugural Board in mid-March, Ms. Reid was involved in the negotiations for the funding agreement and bylaws. She recounted first hand the difficulties of the negotiation process when dealing with the various distinct cultures of First Nations, Inuit and Métis. Ms Reid is not a member of the permanent Board selected in July, and she commended the Board for involving youth as members. She has suffered intergenerational effects of the residential school experience, and emphasized that healing should not be just for people who were there (in residential schools).

**Janet Brewster-Montague**, *Inuk, Ontario (former Board member)*

Ms. Brewster-Montague has suffered intergenerational effects of residential school, and has personally felt the effects of anger and violence. As a child, she participated in a healing circle. Words spoken by a woman in a video sponsored by RCAP has influenced her healing. The woman said that she did not want the next generation to cry the same tears. Ms. Brewster is grateful to the founding board for taking it upon themselves to appoint a youth to the board.

In her view, partnerships which involve federal and provincial organizations will be the backbone of the healing strategy. Even though the primary goal of the Foundation is to address the needs of survivors, prevention and a focus on the children will be crucial.

***Richard Kistabish, Algonquin, Val d'Or***

Mr. Kistabish brings a background in mental health, particularly therapy for family violence and sexual abuse, to the Foundation. He pointed out that dividing up the \$350 million translates into only \$70 per person, so that other ways must be found to make these resources accessible and useful to everyone.

***Teressa Nahanee, Squamish, North Vancouver***

Ms. Nahanee was introduced in absentia by Marilyn Buffalo. She is a Board member representing the Native Women's Association of Canada, a residential school survivor and a lawyer/activist for Native women.

Georges Erasmus announced that six board members were not present: Jerome Berthelette, Paul Chartrand, Teressa Nahanee, Wendy John, Gene Rheaume, and Ann Meekitjuk-Hanson. When the membership was expanded, the Board looked at regional coverage and gender balance, and included youth representation. Youth are an important component of the Board, because they suffer intergenerational impacts and are a large part of the Aboriginal population as 60% of the Aboriginal population are aged 25 or younger. He expressed a hope that any lines of division from the diversity of the Board would disappear, as there was work to be done in the interests of everyone.

As Board members are appointed for either one or two years, there will be an opportunity for survivors to recommend other names as the terms for the present Board come due.

After a prayer song by Dennis Charlie as a blessing of the food and peoples' needs, the opening session concluded.

**Question and Answer Session****A. The Foundation's History**

Georges Erasmus provided background comments describing the events surrounding the genesis of the Foundation up to the present day:

- ✦ The newly appointed Minister of Indian Affairs and Northern Development, Jane Stewart told Mr. Erasmus that she had read the RCAP report and the government was interested in doing something. He encouraged her to do something big. A push was also being made by AFN to follow up on the RCAP report.
- ✦ RCAP recommendations included an inquiry into the residential school issue. RCAP commissioners heard repeatedly of residential school abuses, and felt that it was time for disclosure as a necessary step towards healing. It was estimated that 100,000 persons would need the opportunity to talk about the issue.
- ✦ RCAP also recommended that self government, land claims, and economic development could not be addressed until healing took place.

- ✦ On January 7, 1998, the federal government responded with apology and a \$350 million healing fund.
- ✦ In mid-February, Mr. Erasmus was approached to lead a working group that would function as an interim board to launch an organization. This Board was comprised of seven Aboriginal organization appointments and two from the federal government.
- ✦ The government required that an incorporated organization be established and funding agreement be signed and approved by the end of March, 1998.
- ✦ The interim Board discussed potential political involvement and equity of funds. It was decided that the organization would be non-political, and operate on the traditional principle of consensus.
- ✦ The incorporating documents and bylaws included that the healing process should be holistic and address individual family and community needs. An archival library was also planned to document the history of residential school abuses.
- ✦ The interim Board studied structures of other foundations. In order to save money from being spent on an expensive conference and election, the board decided to select new members from a large list of names. Criteria for appointment were developed and published in the Aboriginal Healing Foundation Background. The original nine members (or their replacements) would be appointed for two years, and a further eight new members would be appointed for one year. This would allow a staggering of turnover on the Board.
- ✦ Independent auditors were appointed.
- ✦ The interim Board decided not to spend large amounts of money on meetings, rather to direct the \$350 million to healing of individuals.
- ✦ Communications were handled primarily by Board members attending as many meetings held by other Aboriginal organization as possible. These included AFN, MNC, NWAC, CAP and ITC meetings.
- ✦ People already involved in the healing process were consulted. Rather than hold one large meeting, it was decided to have a March meeting and one at a later date. The present meeting was delayed from April in order to be better prepared. It has been funded by \$400,000 provided by the federal government.
- ✦ The full Board was in place by the end of June, and the mission statement and principles of the organization finalized. Other activities included the rental of office space, retainment of legal counsel and accountants.

- The fund were received as follows: April 1, 1998 \$5 million; June 26, 1998: \$345 million. The funds were initially placed into treasury bill bonds and other bonds. At an annual rate of return of 4%, the \$350 million earns \$14 million in one year.
- Presently staff are interim and on contract. Staff will be required in all areas from secretaries, program managers and directors to an executive director. An executive director search is being conducted by a personnel firm utilizing the national and Aboriginal media.
- The government restricted the scope of the fund to the legacy of physical and sexual abuse. One concession on their part was the broadening of this scope to include intergenerational impacts, where the children of survivors suffer.
- The government also stipulated that the \$350 million would have to be spent or at least committed through multi-year agreement, by the end of four years. It was agreed that the beginning of this four year period would be on the date of the first grant or March 31, 1999, whichever is earlier. The Board hopes that the first money can be distributed by December or January, and that in total, the funding period will not extend past 8 years.
- The Foundation will fund 100% of project, or a portion of the total project costs if the applicants are able to leverage money from other sources.
- Foundation funds are not for individual compensation and cannot be used to sue government or churches. It is not for litigation but can be used for healing of anyone involved in legal cases. The Foundation cannot fund capital costs, except in rare circumstances where these costs are absolutely vital to the project and the project is deemed necessary.
- The investment management strategy is presently limited to the bond market possessing a triple A rating, or at worst, a double A. A longer term investment strategy will be developed in the fall. A former bond investment individual has been hired and the Foundation funds are being safely and conservatively invested.

## B. Panel Discussion

A panel was convened to hear questions from the floor on the Foundation funding agreement and provide answers. This panel included:

Georges Erasmus	Chair, Board of Directors
Shawn Tupper	Department of Indian and Northern Affairs, Ottawa
Paul Glover	Medical Services Branch, Health Canada, Ottawa
Cathy Greene	Aboriginal Affairs Secretariat, Privy Council Office, Ottawa
Janet Brewster-Montague	Formerly of Inuit Tapirisat of Canada, Ottawa (former Board member)
Debbie Reid	Assembly of First Nations, Ottawa (former Board member)
Maggie Hodgson	Assembly of First Nations, Ottawa (former Board member)



The following questions and statements were provided by conference delegates. Questions have been grouped into common themes, with the responses of the panel following. Themes which were discussed included:

- ✦ Staffing of the Foundation
- ✦ Board representation
- ✦ Mission and bylaws
- ✦ Foundation programs
- ✦ Government involvement
- ✦ Churches

### 1) Staffing of the Foundation

- ✦ Will staff positions at the Foundation be positioned in Ottawa or across the country?
- ✦ To what extent are youth going to be involved in this healing foundation in terms of employees or in terms of any kind of major decision making?

#### *Responses*

At the present time, it is most likely that the office and staff will be located in Ottawa. It is expected that there will be much travel and electronic communication particularly in the area of proposal development. Whether the staff is in Ottawa or in the regions, the work will be the same. The Board will be open to the views of the delegates.

Regarding concerns about restricted knowledge of people in the Ottawa office, proposal reviewers will be sought from various areas, and will be familiar with the environment and needs of the communities.

### 2) Board Representation

- ✦ **Board Representation**  
Will a Dene Northwest Territories representative be appointed to the Board, as this group has been overlooked?
- ✦ Will the chairperson, Georges Erasmus, resign? Mr. Erasmus has not lived in the NWT for some time.
- ✦ The Inuit members of the Foundation Board should take a very serious interest in the survivors from the NWT.
- ✦ How would the Yukon be represented on the Board, and how will representation from the North be dealt with?

*Responses*

Georges Erasmus is Dene and sits on the Board. The Foundation is not political and does not speak for anyone except the Foundation itself. Different people were strategically selected in an effort to have broad representation. To have absolutely everyone represented, for example all 53 linguistic groups and the Métis, a Board would be created which would be too large. The Board at present has seventeen members, which is large. A broad perspective is present already, and attempts will be made to get more people involved.

As well, the possible functions of other people which can be involved in the Foundation has not been resolved. The Foundation will looking at setting up regional or provincial committees where people can provide advice and expertise in certain areas. In addition, it is likely there will be a need for people as proposal reviewers or to sit on youth and Elders' advisory committees. The Foundation has a conflict of interest policy, which means that people from a given area cannot decide whether or not a project is funded in their area.

The Foundation should be thought of as a bank of people, each with different qualifications.

**3) Mission and Bylaws**

- ✦ There is no mention of mental abuses which occurred in residential schools (2 speakers).
- ✦ The Foundation documents are not telling the whole story about the effects of residential schools. It was a dehumanizing process, and caused a loss of dignity.
- ✦ What does equity mean for the Métis? "Equity to me means an ability for those marginalized people to actually be able to do some work."
- ✦ Why is one of the considerations for receiving money that we don't sue the church or any organization?

*Responses*

The interim Board tried to obtain money for mental abuse, but it was not possible. However, there is no specific definition of intergenerational impacts of the legacy of physical and sexual abuse. With the holistic approach, if second or third generations are having to cope with the legacy of residential schools, then all aspects of the person: spiritual, physical, mental, psychological, can be addressed. The key words which are important in this context are intergenerational, legacy, and holistic.

There is no link between litigation and the fund which was established for healing. If someone is suing the government and requires healing, they would be eligible to participate in a program.

**4) Foundation Programs**

- ✦ Will part of the Foundation's money be allocated to culture camps or language camps in order to revive culture and identity? This is in reference to the 60% plus of Aboriginal youth who have lost their language and culture.

- ✦ Why are Aboriginal people living outside of Canada excluded from receiving help from the Foundation? (2 speakers)
- ✦ How will individuals who are not part of and do not want to be part of an overall program continue to get help and healing and facilitate what they have already begun? (This was in reference to 8-12 week crisis intervention sessions.)
- ✦ Are the healing sessions going to be Native or non-Native?
- ✦ What is planned for our language?
- ✦ Why will the Foundation not accept a proposal looking at language only, when the language has to do with ceremonies?
- ✦ What are the terms of some of the capital expenditures which might be allowed in special circumstances? Do these terms include land, buildings?

#### *Responses*

It is agreed that culture and language are the keys to full healing, however the funding is very restrictive and has to deal directly with sexual and physical abuse and it is expected that funded programs will be culturally appropriate. However, a language program itself could not be funded. The Foundation fund should not be considered as a end all, cure all for all issues affecting our communities. It was recommended to the federal government that other programs need to be put into place to address these issues.

When the government was creating the idea of a fund, they realized that this fund would not be able to answer all of the issues. It was determined that as many issues as possible would be dealt with starting with an -acknowledgment by the Minister of the damage done by historical policies. The second step was the setting aside of \$350 million to deal with the legacy of physical and sexual abuse. This is the first time that the federal government has given such a large amount of money to an organization and said that this organization can decide the parameters, programs, and initiatives that it feels are most important to it. Some boundaries had to be drawn such as language programs, therefore the government asked the Foundation not to support specific language training programs. "We hope that you will work with the Foundation in identifying the right approaches, finding the right solutions and working together to get on a path of healing that will deal with the legacy of physical and sexual abuse."<sup>2</sup>

On the issue of Aboriginal people outside Canada, the federal government made it very clear that the money must be spent on Aboriginal people in Canada. There is nothing preventing Aboriginal people living abroad from accessing programs and service while in Canada.

<sup>2</sup> Shawn Tupper, Department of Indian Affairs and Northern Development, Ottawa.

The Foundation staff will work with people in the communities to make sure that proposals are designed in a way that they are likely to succeed. The purpose of the conference is to hear delegates' ideas of program design and strategies, so that each community will feel that they will be treated fairly and properly.

With respect to capital expenditures, it was clarified although the Foundation cannot approve capital funding costs, there is some flexibility. Approval of capital funds would be in situations where the project could not go ahead without a building component, and the Foundation had evaluated the project as necessary and meeting every other criteria for funding.

A second option would be for the applicants of the proposal to have the building funded by another partner, for example the community or region. The Foundation could, in that case, provide funds for the building rental for the length of time of the project.

The delegates were asked to document their recommendations on the forms provided, and to be specific in relation to the type of involvement seen for the Foundation. Program planners at the Foundation will then analyze and implement these ideas.

#### 5) Government Involvement

- Why should the government dictate how we should spend this money and how fast?
- Are we going to have the responsibility of doing things the way we want or how the government wants it?
- The Prime Minister did not apologize to Aboriginal people as he did to Japanese people.
- The government of Canada should be asked to be involved in the healing process.

#### *Responses*

Medical Services Branch explained that the government did not pretend that after hundreds of years that the residential school system had been in existence, healing could take place in four years. The healing process can take place much longer, however the government had an urgent need to commit the money, and to work with the communities over the four years to get the healing process started. The Board realizes that four years is short, however it was able to gain more lead time which was required for this consultation, program development and application process. Also the call for applications from the communities and the approval process must be set up. In year four and into year five, we can negotiate funding commitments which go beyond this time frame, for projects which require multi-year funding.

The Foundation funds are not meant to be a substitute for existing government programs and the government does not intend to begin slashing programs. Non-insured health benefits will continue. Short term crisis intervention counseling and long term counseling will continue to exist as they always have.

## 6) Churches

- ♦ The healing process will take seven generations. Churches must turn back Indian land and they must establish funds.

### *Responses*

In some cases, residential school land or church land has been turned back to the community, for example, LaJac School in Maggie Hodgson's home community.

The Canadian Council of Catholic Bishops have set up a healing fund. The exact amount is not known by the panel, however the Catholic diocese where the residential schools were situated have monies allocated in relation to healing initiatives. Also religious orders like the Oblates have a healing fund, both a national component and a provincial one, such as that provided by the Alberta Provincial House of the Oblates. As well, the Grey Nuns and the United Church have a healing fund. It was not known if the Anglican Church has a healing fund at present, however a meeting is planned among the Anglican, Catholic and United Churches in relation to coordinating activities in this area.

## Day 2: July 15, 1998

### Opening Comments

Willie Seymour opened day two of the meeting, and introduced a Coast Salish national anthem prayer and honour song. His opening comments urged that there be no personal vendettas at the conference. True healing does not involve money, and the \$350 million is a small privilege to begin the healing journey. Personal healing can be done privately, and persons should take care of themselves physically. Care involves proper nourishment, rest, and mental well-being.

Gene Rheume, a Foundation Board member, explained to the delegates that he had been prevented from attending the first day due to a death in the family. He recognized Wilfred Peltier's presence and commended him as a healer who could help steer the footsteps of the delegates.

The second day of the conference involved delegates participating in small workshops. Rod Jeffries provided the overview of the planned activities for the day. Mr. Jeffries is a former Director of the National Association of Tribal Directors, and a former Director of Training and Development at the Round Lake Treatment Centre. He has worked in the field of addictions and wellness for 15 years.

Mr. Jeffries involvement with the Foundation is in the area of developing program materials. He spoke of his initial feeling of inadequacy when approached by the Foundation, and attributed this to a direct or indirect result of feelings passed on by his parents who were both survivors of residential schools. In sharing his father's experience, Mr. Jeffries recounted how he personally felt intergenerational effects of residential school, but his father was able to return to the circle of strength, life and culture, and learned to love and honor himself.

“It is our ancestors, grandmothers and grandfathers, mothers and fathers that have inspired us as a team to do the design work with the Foundation.” With that introduction, Mr. Jeffries presented the members of the team: Marlene Brant Castellano, Cathy Gottfriedsen, Wayne Christian, Roberta Greyeyes, Gary Youngman and Gloria Allen. He explained that the work that the delegates would use in the workshops was in draft format, and that delegates would have the opportunity to respond in both verbal and written material. The mission and vision of the Foundation was presented by Mr. Jeffries.<sup>3</sup>

Mr. Jeffries invited Chief Robert Joseph and Willie Abrams to assist in singing a prayer song in memory of those people who did not return from the residential schools. “Go now, do not look back. Go to the loved ones who wait for you on the other side. And in our own time, we will come and join you.”

Haida Elder, Willie Abrams, was introduced to the delegates. His group is bicycling from Prince Rupert to the Lower Mainland (at Nanaimo) to raise awareness of residential school issues. Their 1500 kilometre journey is called “Honour our Tears.” Donations can be made at any Bank of Montreal.

A further announcement concerned a lunch break activity. Richard Hunt, Kwagiulth, a certified trainer in neuro-linguistic programming and time line therapy would be speaking in the counseling room on alternative interventions and solutions to the legacy of physical and sexual abuse.

### **Open Session for Delegates Issues on Program Design**

The delegates were invited to pose questions or issues on program design to the Board in attendance. The following topics were raised:

- Time lines for grant applications
- Physical health concerns
- Upcoming litigation
- Court action in relation to deaths at residential school
- Accountability to the community
- Reimbursement of delegates
- Resources for intergenerational impacts

#### **1) Time lines for grant applications**

- Will the Foundation offer lower grants this year to compensate for the time involved in setting up the Foundation? Will the deadlines for different types of applications be staggered? Must projects be completed by fiscal year end (e.g. March 31), such as is the case with some government programs?

<sup>3</sup> The Mission and values may be found in the Aboriginal Healing Foundation background, page 12.



*Response*

The information contained in the Foundation resource materials which the delegates received is the core from which all other Foundation business will be developed. The only deadline that the Foundation has to meet is to have money flowing by March 31, 1999. Some questions regarding time frames cannot be answered, because the material or criteria have not yet been developed.

**2) Physical health concerns**

- ✦ Will the Foundation address physical health problems which have arisen because of the residential school syndrome or intergenerational impacts? The Regional Health Survey has identified poor health standards, for example. Will research or projects be funded which will include this area?

*Response*

Eligible proposals will include those based on issues that can be tied to the legacy of physical and sexual abuse in residential schools and intergenerational impacts. It was noted that the Foundation cannot duplicate existing services such as those paid for by Health Canada. However, boundaries can be pushed if it can be demonstrated that a need is not being addressed. Collaboration with existing services for unmet needs would be a legitimate activity.

**3) Upcoming litigation**

- ✦ Randy Fred provided a summary to the delegates of an upcoming court case against the church and federal government over the Alberni Indian Residential School. The court case will be held in Nanaimo on August 17 - 28, 1998. He invited everyone attend the court case and also to come to the Plaintiffs Victory Celebration, August 22 - 23 in Nanaimo. He also recommended that people read two books: "Ted Trindle, Métis Witness to the North" and "Resistance and Renewal: Surviving the Indian Residential Schools" written by Cecilia Hegg-Brown.

**4) Court action in relation to deaths at residential schools**

- ✦ Dennis Charlie noted that no person has even been brought to court as a result of deaths that he knows occurred at residential schools. Parents were told that children had run away, and they were not told that their children were buried there. Will the Foundation do anything about these deaths?

*Response*

This issue has not been discussed by the Board. It should be looked at, but the delegates should keep in mind that the Foundation is not a political organization and perhaps political organizations should take up this issue. Georges Erasmus: "We want to hear what you think we should do in the way of healing in relation to all those people that did not make it back home," and the Foundation will listen closely to these suggestions. He pointed out that as a RCAP commissioner, he was amazed at what he learned regarding the number of people who died as a result of malnutrition, tuberculosis, starvation, or running away from residential school. Willie Seymour suggested that the group make note of Elder Dennis Charlie's disclosure, particularly members of the provincial board of the Provincial Residential School Project.

## 5) Accountability to the community

- ✦ It is difficult for survivors to understand where they fit into the Foundation's process. There is no mention of eligibility with reference to First Nations, or a process as to how the leadership will be involved in approving or recommending projects in our community. Delegates are afraid that survivors will be subject to institutions or consultants who will take advantage of them.

### *Response*

It has been made clear that the Foundation is non-political. Chiefs across the country will not be making decisions on projects. The Foundation must ensure a way in which every region and every province has some way in which people locally can either have input or screen or talk about proposals. "We want to hear your ideas on it." Rather than spending money on meetings, the Foundation will provide written reports on projects that were funded, finances and how the money is being spent. Again, the delegates' views on how to get the information out was requested.

With respect to appointment of individuals by organizations, Mr. Erasmus clarified that these individuals do not represent the organizations. For example, he does not represent the Assembly of First Nations although he was appointed by them; he is expected to exercise good and fair judgement as a typical First Nations person. The Foundation Board must work cooperatively and be independent.

The delegates' views were requested on large projects where enormous amounts of money may be involved. Should the consultation process on these specific projects be expanded?

## 6) Reimbursement of delegates

- ✦ Some persons have attended the conference based on an open invitation by Mr. Erasmus at a meeting in Toronto. Subsequently they learned that travel reimbursement would apply only to those invited formally by the Foundation. A recommendation was made to reimburse expenses of these people who attended without formal invitation. Furthermore, it was suggested that the Board members costs not be reimbursed until "we understand clearly how communities will be part of this process" and that the process should not become a money grab.

### *Response*

There was \$400,000 (which is separate from the \$350 million) available to fund this conference, therefore there were not resources to fund anyone who wanted to come from across the country. Delegates were chosen from the conference held in March, and the national-organizations discussed the number of people who would be invited from each designated group. It was expected that travel would be reimbursed for 150 people, and food would be catered for 200 people. The doors were open for anyone to attend, but the Foundation's resources were limited. The delegation who raised the issue was invited to summarize their costs and put a request to the Board who would then make a decision on reimbursement.

## 7) Resources for intergenerational impacts

- Because the funding agreement makes a direct reference to physical and sexual abuse, should there not have been additional funds allocated for intergenerational impacts?

### *Response*

The Board added the term intergenerational impact so that the scope of the projects could include children of residential school survivors. This inquiry will be considered.

## Workshop Sessions

Delegates were divided into a number of workshops for discussion of the following items: healing, ways of operating, principles and strategies, specific ideas for projects and activities at the individual, family, community and national level, and communications. A separate workshop was established for the youth delegates.

### Day 3: July 16, 1998

## Opening Comments

Willie Seymour opened the meeting and introduced Chief Robert Joseph, Kwagiulth. Chief Joseph commented that he had the privilege this summer of saying the opening prayer for 1500 First Nations youth on career affairs. It made him think of the hundreds of other First Nations students before them who felt that they were not smart enough or good enough with no hope or future. For him the question is, why did it take so long to deal with the residential school syndrome?

Chief Joseph observed that it is important for all people present and for others to realize they hold only part of the truth, and that people must learn to be kinder and gentler to each other and live beyond the syndrome of latent violence. He looks forward to the recovery of trauma victims whether first generation or other "because when that wave of people reaches the level of leadership in those numbers, I know things will drastically improve."

The rattle was introduced by Chief Joseph. "The intention of the rattle is to focus attention on what we are doing here. On feeling and thinking the way we are supposed to be doing. Of putting aside our differences." He spoke of rebuilding the Nations through the past, the culture, history, symbols, ceremony, song and dance. "When new waves of ideas come from the non-Indian, stand on the sounds of the rattle and the drum and the songs and the spirit of your ancestors."

Willie Seymour addressed the delegates for the last time. He saw the conference forum as much different from a national or provincial political meeting, as individuals could return to their communities with a format, a plan in place, and begin to plant the seeds. He described the forms of loss and grieving affected by all, and that he too would have to deal with the barriers between he and the sisters and brothers of his community. He would begin to enforce or reinforce his family's tradition and culture. The festivities of the previous evening were mentioned.

Healing has forged a common bond and a common concern, which can no longer include criticism of an individual. Mr. Seymour encouraged people to be as optimistic as they can. The Foundation cannot meet everyone's needs. He wished blessings on everyone from the Coast Salish of the Pacific Northwest.

### **Feedback From Working Groups**

Rod Jeffries presented the program committee's summation of what they had heard from the dialogue of the delegates and read in the delegates' reports. He was very pleased with the amount of participation and work of the previous day's workshops, and thanked the facilitators and recorders. Issues were raised in the workshop that would have to be addressed at the Board level as well as at the program design level. These issues would open new avenues not just for the Board, but also for other groups, organizations and government. Through challenge and direction, the Foundation has received direction and guidance. Delegates modeled their resilience, tenacity, compassion, creativity, humour, and finally their healing as a community.

Survivors from twenty-one residential schools were represented at this conference. Five generations have been impacted. Most of the work groups spent the majority of their time discussing healing. Mr. Jeffries captured the following points on healing which were not brought out in the program design document. Healing means:

- + fully determining our destiny
- + be who we are
- + make mistakes
- + learning the lessons, the meaning of the experience and it begins with self
- + forgive and accept
- + finding inner peace
- + accepting and dealing with pain, with help
- + begins with the individual and moves out
- + revitalizing values, beliefs and philosophies
- + finding balance, harmony, purpose and spirituality
- + becoming honest with yourself
- + telling your story and speaking your truth
- + courage to seek understanding so we can be validated, honoured and then we will have vision, faith and hope
- + stopping the cycle of don't talk, don't feel and don't touch
- + letting go of resentment
- + walking the talk
- + the involvement of the whole environment, not just us as people.
- + our own responsibility, but not blaming ourselves with what has happened to us
- + wanting to live, becoming free of the toxic poisoning that has infected us
- + reuniting families and communities; knowing that you are not the only one who experienced the trauma

- ✦ learning to express emotion in a good way, being able to say ‘I love you’ and being able to walk tall and proud

The workgroups were also asked to discuss and provide input into the draft values and operating principles of the Board, the internal operations and interaction with communities. The following feedback was obtained:

- ✦ Board members should be on their own healing journey: sober, drug free, and walk their talk  
Board members need to be role models
- ✦ Board and staff should have a code of ethics
- ✦ survivors need to be strongly recognized on the Board
- ✦ should be a strong recognition of traditional and holistic approaches
- ✦ eligible recipients for funding need to be associated with the Aboriginal community
- ✦ should be an acknowledgment of those who did not survive, through statues, monuments, memorials and ceremonies
- ✦ mechanisms need to be put in place to ensure that the majority of dollars go to healing
- ✦ Foundation must establish and build trust
- ✦ ownership of the Foundation by the communities it serves
- ✦ support should be provided to develop proposals should be a recognition of the process already begun
- ✦ an accountable and equitable appeals process is needed
- ✦ regional linkages should be developed that will further create networking within those regions and across the country
- ✦ capacity and capacity building is needed and development of linkages with other services and programs

In terms of projects and activities that the Foundation should fund, the following points were made by the workshop groups:

- ✦ incorporate the *history* of residential schools into our schools, into Foundation archives, educate non-Aboriginal people about what happened
- ✦ *education* is very crucial to the process of rebuilding
- ✦ *training* is for and by Aboriginal people to build capacity within our communities to deliver services our way
- ✦ *Elders* need support networks, such as Elder abuse activities, projects, programs or whatever to provide support services to Elders who are working with us in the healing process
- ✦ *research* is needed to show what programs have worked and what has not worked. Communities need access to this information
- ✦ the *arts* should be involved - creative, fine arts. to celebrate the strength and resilience of the spirit
- ✦ incorporate programs for *people with special needs*: elders, youth, children, incarcerated people, two-spirited people

- ✦ ensure *quality* in Aboriginal healing, to provide the best services possible. Develop programs or **conduct research** to examine *traditional therapeutic models* and how those can be adapted to meet the needs of our people
- ✦ investigate the issue of *suicide* as it relates to residential school
- ✦ *do not fund* non-Aboriginal organizations, churches, governments, or those projects not tied to a community
- ✦ healing programs should have emotional, spiritual, mental and physical *safety*
- ✦ communication should include a *newsletter* which would report on all activities of the Foundation
- ✦ Foundation should develop its own *mailing database* so that survivors can receive information directly rather than relying on Band Councils or Métis locals
- ✦ Native *newspapers*, both Aboriginal and non-Aboriginal *television* and *radio* should be utilized
- ✦ Foundation needs to develop a *list of contacts* for supports and available services that people access in their own communities
- ✦ *status reports of projects* should be regularly distributed, and creative, off-the-wall ideas people that are using in their programs and services should be shared
- ✦ research on the many different kinds of *healing practices* which are available around the world
- ✦ in *print communication*, use large print in language which is easy to read and understand

Rod Jeffries thanked the conference delegates on behalf of the Program Design group for their feedback and input.

A drum was passed around the conference room for donations towards the costs of the Alberni trial.

### Question Period

A question period followed where delegates could raise issues regarding the Program design or questions directed to the Board. The Board would be available to answer these questions following the lunch break.

#### 1) Broader scope of abuse

Simon Canute recognized the fantastic job the Board had accomplished, and that he feels inspired by the meeting. He and a group of survivors had struggled for funding, and he had gone through a period where he was discouraged and gave up. He asked about those who were not survivors of residential schools, but were abused by teachers in regular day schools, the church, by the priest, and by Hudson Bay employees. He also asked about a way to honour those persons who did not return from residential schools.



*Response*

Both items, the victims of abuse outside of residential schools and the honouring of those who did not survive will be strongly emphasized in the agenda to be addressed by the Foundation. In recommendations flowing from this conference which relate to future priorities, the Program Design group will not restrict themselves to just the physical and sexual abuse from residential schools scope. Delegates have indicated that they want the Foundation to provide some leadership in opening up those other avenues outside of the agreement in order to respond.

**2) Focus on the grass roots level**

The hate and violence within those persons molested at school is strong. Good services should be provided for men, because it is they who are violent. The Board must stay at the grass roots level and not place too much priority on administration. Professional help is needed by all members of survivors' families.

**3) Relocations**

The forced relocation of the Cariboo Inuit from their traditional grounds to Manitoba was described. Elders recount that the people were left with no nets, boats, etc. and left to sleep in the bushes. Everybody managed to walk back the 200 kilometers to their original camp. Natural death and occasional hunger is acceptable except when the government interferes.

The second move of the Cariboo Inuit was to the coast of Hudson's Bay, away from nursing stations, welfare workers or police. In summary, after 40 years, there were at least five moves by the government without consultation. At the present time, the original relocatees are trying to form a working group in Nunavut to look at all the mistakes of the federal government, the RCMP, Hudson's Bay and others. The group needs help and assistance. The Elders could not come as it was too far a trip. Regional conferences would help so that these people could attend. Money is needed for relocatees, and \$350 million many times over is needed until all the problems are dealt with in the next few years.

Another speaker detailed her family's relocation because of the government's decision to create a dam and a mine. The majority of her relatives were put in residential schools or relocated to other communities. What is the Foundation's response to this extinguishment of Aboriginal rights?

*Response*

The Board will be asked to respond to the question of whether the Foundation is going to network with other initiatives such as the resolution of the pain of relocations. The capacity to network with other healing needs and initiatives has been heard from the delegates.

**4) Payment for survivors and help for Elders**

It was observed that prisoners receive a fee upon release from jail and Japanese internees also received money. The Board has totally overlooked the fact that the survivors should receive some payment. Many survivors suffer from diabetes which is a direct result of not having any food after supper and not eating until after Mass in the morning.

The Elders are in a comparable position to priests and lawyers, with respect to client privilege and confidentiality. A place is needed for Elders to rejuvenate themselves, to go for healing.

#### **5) United Nations address**

It was suggested that Mr. Erasmus should approach Minister Lloyd Axworthy and the National Chief with respect to an address by him to the United Nations to point out that what happened to Aboriginal peoples in residential schools was an example of genocide.

#### **6) Remembering those who did not return**

A yearly memorial service bringing Elders from the four directions was recommended for those who did not survive at residential schools. This would “honour their spirits, letting them know that I survived, I’m here and we haven’t forgotten them.”

With respect to a comment about the Foundation not being political, and cases of unknown deaths at the residential schools should be referred to a political organization, the comment was made: “Murder and genocide are not political ... and we cannot window dress a seeping, gaping wound and throw a sheet over it, we have to call it as it is.”

#### **7) Abuses by RCMP and RCAP documentation**

The RCMP have not been mentioned as offenders, even though they participated in abuses. They returned children to residential schools, and abused them physically and sexually. What is the Foundation going to do with the RCAP material? Why do survivors have to go through the Freedom of Information Act to get records from residential schools? The Foundation should assist victims and survivors in securing documentation.

#### **8) Foundation meetings in the west**

British Columbians always seem to be last on everyone’s agendas, including our own First Nations and Aboriginal groups. The Foundation should hold more meetings in the west.

#### **9) Charter of Rights and Freedoms clause**

The bylaws of the Foundation with respect to adherence of funding applications to the Charter of Rights and Freedoms are in direct conflict with First Nations law. For example, some healing programs already underway require offenders in the community to be sent away and to not return until they have successfully gone through treatment. This practice is in contravention to the Charter of Rights and Freedoms, as the federal Justice department does not recognize community bylaws in this area. It is recommended that the Foundation’s mandatory requirement regarding the Charter be changed, and secondly a clause be added without prejudice to treaty and Aboriginal rights.”

## 10) Board membership and funding criteria

Institutions which do not have an affiliation with First Nations or other Aboriginal communities should not be eligible for funding. The process to develop funding criteria should ensure that all Aboriginal communities will be eligible.

The Board membership should be restricted to survivors and one Elder.

The following items were also raised in the session:

- ✦ Accessibility at the conference was a problem for persons in wheelchairs and for the elderly.
- ✦ Two books were recommended in the area of residential school history: “Shingwauk’s Vision” by J.R. Miller and “Out of the Depths” by Isabelle Knockwood. The speaker, Don Sands, also recommended a book he had written “Your God as My Witness.”
- ✦ All Foundation workshops should include the following representation to be able to discuss an issue fully and make appropriate recommendations: one person from each province and territory, one Elder and one youth.
- ✦ Criminal proceedings were underway at Inuvik, NWT with respect to 20 victims and 42 charges against Grollier Hall Residential School.

Jan Derrick of the conference counseling team spoke to the conference and offered advice and an after care sheet to the delegates. The sheet contained two items: what to expect may happen to delegates after the conference because “we have been touching the core of our pain as a people, and when we touch this pain, things begin to happen,” and strategies for coping.

A request was made on behalf of all women present and those who have passed on, for men to encourage women to speak. Women may not feel safe to disclose information because of abusive relationships and many of them have not told their children of their experiences.

Ian Campbell, traditional and hereditary chief, told a story about the wolf and sang a song for the women of the Nation. He was presented with a gift from Marilyn Buffalo.

### Board Plenary Session

The session began with comments from a Board member, Paul Chartrand who had not been able to attend much of the conference. He began by stating that he was appointed by the Métis National Council which represents the Métis Nation of Western Canada. He commented upon the tenacity of indigenous people in many places in the face of colonial policies that seriously harmed their cultures. Indigenous people who have been dispossessed, and taken from their homes, have shown a remarkable fighting spirit. It is that spirit to fight that encourages him to commit himself to doing his best in meeting the duties of his appointment.

Georges Erasmus then provided replies to the previous session's questions:

**Grass roots:** The Board will keep in touch with former residential school students in their communities. "That is definitely our commitment. We don't want separation between ourselves and communities."

**Relocation issue, United Nations address re: residential schools:** The board will take these items under advisement, and see what can be done with these suggestions.

**Memorial to students who did not survive:** Board will look at how to implement this.

**Litigation by survivors:** Mr. Erasmus has never heard that survivors should not sue the federal government. His understanding is that no one is going to be stopped from suing the government, and that Maggie Hodgson at the AFN will be working on alternatives so that persons could also use mediation if they wished.

**Foundation and the RCAP report:** He will recommend that the Board review Volume 3 of the RCAP report and "see if there are things in there that the Foundation should be doing." With respect to the difficulty obtaining information from files and archives by former students, "we'll take a look at what we can do in this area." Mr Erasmus also noted that RCAP spent \$17 million on research, with much of that on residential schools, and they were able to get into the archives of Indian Affairs and the churches. This research is being published in hard copy and will be out this fall.

**British Columbia alienation:** Mr Erasmus replied on this issue, that "I could come back as often as you want." The Foundation has had two meetings in BC, one in May and the present conference. The organization has not discussed future meeting locations but the meetings should be rotated.

**Government responsibility for existing programs and services:** Regarding the possibility that after the funding expires, the government's position will be that Aboriginal people have had their chance and federal involvement is over, the Board made it very clear during negotiations that "this did not let them off the hook on any of their funding of normal health and social and related healing kinds of services that they are involved in now." The Foundation will need the assistance of Aboriginal political organizations and communities to keep the government honest, so that funding by the Foundation for healing does not mean that the federal government will cut back on existing programs.

**Involvement of communities in Foundation:** All communities: First Nations, Inuit, Métis, all Aboriginal people on and off reserve, fit into the process and will be approached similarly. Any community can apply for funding.

**No funding to non-Aboriginal organizations:** The workshops have provided a very clear direction to the Board that no funding should flow to non-Aboriginal organizations.

**Charter of Rights and Freedoms:** The Board will take a hard look at any conflicts with the Charter. Mr. Erasmus recalled that a lot of effort was spent at RCAP in this area.

**Consultation in the Foundation's evolution:** "What we want is a link to the communities where we were communicating and responding ... There is no way in the world that this can be our final consultation ... We have to make sure as we go along that we're doing it right." By learning from the projects which are funded, and further consultation, they will know if what is being done makes any sense and if it is the complete answer.

**Regional structure of the Board:** The Board has heard the message that some people are not happy with the make up of the Board, and that the Board should be all survivors and that the Board design should be comprised of local or regional representatives plus an Elder.

**Resignation of the Foundation Chair:** Mr. Erasmus took these comments very seriously. He had decided after RCAP that he would not do any kind of work for some time. He was then told if the Foundation organization was not in place by March, the money would be lost. When AFN chose a person, they wanted someone that a lot of First Nations people had put their confidence in at one time or another. He had not been defeated or thrown out of office. When he worked for RCAP, he did a "tremendous amount of work in the area of what was needed to heal communities." One of the major recommendations of RCAP, was healing related to residential school abuse. Although he was an offspring of a residential school survivor, he grew up with the residential school experience all around him, and he is not interested in a personal disclosure about this childhood. His understanding of the Board's feelings is that "this is about more than one generation... Even after all this time, after the schools have closed, we're still talking about healing." The effects go on and on, and have affected every one in his family. However, that was not the reason for which he was chosen. He was chosen as one of three people because of his skill in this area, including his considerable experience in chairing organizations. The original Board asked him to be chair.

Mr. Erasmus concluded by saying that he respected the comments on his appointment and he realized that they were not directed to him as an individual. He is not a representative of Dene or anyone else. He had previously turned down a lot of work, but he got involved in this area "to make sure we didn't lose the money." He realized how important this issue has been in his life, and that was the only reason he was involved. He said that he learned over 50 years that one could work hard, and though many people would appreciate it, a lot of people will not. This level of involvement for all Board members is also hard on their families. He has had many expressions of support from people and has been showered with gifts. He did not regard this issue as a personal confrontation, and ended saying "if I didn't feel I could do the job with every ounce of me, I wouldn't do it."

Wendy John, a Board member from the Musqueam Nation, extended her regrets for not attending the conference due to her husband's recent heart attack. Harold Tarbell, on behalf of the delegates, sent their prayers for the well being of her family.

A large group of Aboriginal youth were in attendance to show solidarity to the youth representative. Cindy Swanson, the youth representative on the Board, reported that a youth advisory council had been formed, and was supportive of the Board. "If the people lead, eventually the leaders will follow." The advisory council recommended that the Board itself should participate in a healing workshop.

They would like an Elder and others to participate in the council. She ended with “Tell me and I’ll forget. Show me and I might forget. Involve me and I will understand.”

The Board was cautioned by a counselor to learn how to listen to the words of survivors, words which had difficulty getting out as survivors when children were told not to speak and were punished if they did. She felt that many of the survivors were disappointed in the conference, as they could find no answers in this process, and had to wait until the last day until they could speak. Front line workers with trauma survivors should be sitting on the Board.

Mr. Moran brought greetings and support from the Peter Balantyne Cree Nation in Saskatchewan, Prince Albert Grand Council and the Federation of Saskatchewan Indians. He will recommend to the Saskatchewan Tribal Council Chiefs that they support and promote joint ventures with the Métis on issues discussed. The conference has provided him with many contacts, including Elders and university trained youth, that will help his First Nation continue their healing process. He described the progress of his community in taking over education, health and child and family services. One of their biggest issues is working with their mentally challenged in the schools. Money is not of prime importance, as they have a little, but later on it will help.

Messages of support for the Foundation were voiced by delegates at the microphone and through notes to the facilitator, Harold Tarbell. People shared their residential school experiences and left the following advice, wisdom and support:

- ✦ “I know this is the right direction. For a change, I have a positive feeling about this healing fund.”
- ✦ “This healing foundation is doing some important work in our drive to actually implement all aspects of our inherent right to self government.”
- ✦ With reference to Métis proposals: “Look at it as a people trying to gain some control over themselves. And it’s fundamental for us to do this as a people.” When criteria are drafted “please do not draft it so it eliminates us or there is a barrier for us putting proposals forward.”
- ✦ “Thank you for having Viola Robinson to represent the Eastern Region.”
- ✦ “The healing has to continue after the \$350 million is gone.”
- ✦ “I’ve come to realize that I’m in a room full of warriors. Skilled, knowledgeable, experienced, trained on both sides.”
- ✦ Pinechie Guston gave \$100 in trust to the Chair of the Board so that there would be help for her children in their healing should they need it. “I also know that I have to quit taking handouts because that’s what the \$350 million is, a handout.” She demonstrated the magnitude of the fund if all Aboriginal people donated \$100 a year to the Foundation.



- ✦ B.C. Residential Schools gave an additional \$100.00.
- ✦ People's jobs are to empower the youth to take over, and the Board has to have a vision in terms of looking to the future. "I am the breath of my grandfather and my father and I'm training my son to take over because now I know how the system works."
- ✦ "It's been very inspiring for me for these three days that I've been here and I kind of hate to depart." Because of the punishment she endured for speaking her language, "that was the first language I taught my children."
- ✦ When looking at the NWT, be sensitive, "we're still living in isolation ... listen to us; when we want to do something, we want to do it our way."
- ✦ An expression of cooperation towards the Board from the Grollier Residential School Healing Circle: Despite the previous day's comments, the group did not come with a political agenda, rather they were expressing concerns to the Board which had been raised by their membership. The group thanked the delegation for their expressions of support to the upcoming trial.

The final statements of the conference were reserved for Board members. Carrielynn Lamouche shared her pleasure at the success of the meeting and the many voices, women and men, which were heard. In particular, she was pleased to have spent time with some of her role models. She pledged her support to the Chair of the Foundation, and said that she had 100% support in his ability. She described the \$350 million as a "hormone injection into the process that will produce the life giving fluid to our people."

John Amagoalik described the epic journey of Peter Arrow, an Inuk who, with his partners, went 9000 kilometers and visited 40 communities in his quest to bring attention to the high suicide rates among the Inuit. His journey was never mentioned in the media. He gave support to an earlier speaker who wanted action taken regarding abuses by the RCMP, and cited his own personal knowledge of the rapes and abuse which were perpetrated by the force: "we will do a good job because God will help us."

Grant Severight spoke on the feeling of love and commitment in the conference. The Board are genuine people who want to help. Last year, Mr. Severight took a 'survivor of trauma' training at Round Lake Treatment Centre, and he was thankful for that experience opening up his heart.

Georges Erasmus thanked everyone for their attendance. The Board needed to communicate with people across the country that had experienced the residential school system and people who were involved in the healing community. He asked for a bit of time from the delegates for the Foundation to set up their staff, design the application procedure and evaluation, and make sure the applications reach everybody that needs it. He recognized that "the programs, in full maturity, not just starting out, in full maturity with great experience need to be out there right now."

The initial Board had spoken of establishing a charitable foundation which would be able to give receipts for donations. This is another issue that the new Board will discuss, so that money can be pursued from

other sources, such as corporations, churches and private donations. For those delegates who felt that the Board was not listening over the past 3 days, Mr. Erasmus assured them that there was no malice. The main message that the Board heard was that people take this issue amazingly seriously, and it touches something extremely deep in all the Aboriginal communities. He thanked all the speakers, the Squamish people for opening up their hearts, and all the delegates for starting the Foundation on its journey.

Charlene Belleau, on behalf of the province of British Columbia and all the communities in attendance, thanked everyone for taking the time to come to the conference. "Healing involves the need for survivors to be heard" and it is important to be validated. She described the healing journey as involving compensation and restitution. The Foundation must be built on "our traditional values of trust, respect and honesty." She ended by thanking all the National leadership for agreeing that the funding has to benefit all Aboriginal people, and in particular Marilyn Buffalo, President of the Native Women's Association of Canada, for attending. Willie Seymour thanked by name the many people that were involved in organizing the conference, the representatives of the Squamish Nation and the Foundation Board of Directors.

Closing song. Conference adjourned.

### **Recommendations**

The following recommendations provided from delegates have been extracted from the conference summary, and have been grouped into the six categories:

- ✦ Recommendations to Board Members
- ✦ Issues for Board Consideration
- ✦ Foundation Operations
- ✦ Program Design and Content
- ✦ Program Criteria
- ✦ Other Recommendations

### **Recommendations to Board Members**

1. Board members should be on their own healing journey: sober, drug free, and walk their talk. Board members need to be role models.
2. Board and staff should have a code of ethics.
3. Survivors need to be strongly recognized on the Board.
4. The Foundation must establish and build trust.
5. There should be ownership of the Foundation by the communities it serves.
6. The Board must stay at the grass roots level and not place too much priority on administration. Professional help is needed by all members of survivors' families.
7. The Board membership should be restricted to survivors and one Elder.
8. The Board communicate with survivors by a communication which is truthful, honest and open.
9. The way of operating be traditional and holistic.

10. Foundation bylaws should not conflict with existing treaties and research should be done, with respect to research on any conflict with the Charter of Rights and Freedoms.

### **Issues for Board Consideration**

1. The Foundation should address the deaths of students in residential schools.
2. Mr. Erasmus should approach Minister Lloyd Axworthy and the National Chief with respect to an address by him to the United Nations to point out that what happened to Aboriginal peoples in residential schools was an example of genocide.
3. The RCMP past abuses should be addressed by the Foundation.
4. A charitable Foundation be established to complement the already existing funds and sustain its work.

### **Foundation Operations**

1. Support should be provided to develop proposals.
2. Communication methods should include a newsletter which would report on all activities of the Foundation.
3. The Foundation should develop its own mailing database so that survivors can receive information directly rather than relying on Band Councils or Métis locals.
4. Native newspapers, both Aboriginal and non-Aboriginal television and radio should be used.
5. The Foundation needs to develop a list of contacts for supports and available services that people access in their own communities.
6. Status reports of projects should be regularly distributed, and creative, off-the-wall ideas people that are using in their programs and services should be shared.
7. In print communication, use large print in language easy to read and understand.
8. Regional conferences would help so that Elders from isolated locations could attend.
9. The Foundation should hold more meetings in the west.

### **Program Design and Content**

1. Resources and monies should be available for counseling and support of people involved in residential school court initiatives.
2. The healing process should involve non-Aboriginal communities.
3. The primary goal of the Foundation is to address the needs of survivors, however prevention and a focus on the children is crucial.
4. The Inuit members of the Foundation Board should take a very serious interest in the survivors from the N.W.T.
5. There should be a strong recognition of traditional and holistic approaches.
6. There should be an acknowledgment of those who did not survive, through statues, monuments, memorials and ceremonies.
7. Mechanisms need to be put in place to ensure dollars go to healing.
8. There should be a recognition of the healing process already begun.

9. Regional linkages should be developed that will further create networking within those regions and across the country.
10. Capacity and capacity building is needed and development of linkages with other services and programs.
11. The funded projects should incorporate the history of residential schools into our schools, into Foundation archives, educate non-Aboriginal people about what happened.
12. Education is very crucial to the process of rebuilding.
13. Training is needed for and by Aboriginal people to build capacity within our communities to deliver services our way.
14. Elders need support networks, such as Elder abuse activities, projects, programs or whatever to provide support services to Elders who are working with us in the healing process.
15. Research is needed to show what programs have worked and what has not worked. Communities need access to this information.
16. The arts should be involved - creative, fine arts, to celebrate the strength and resilience of the spirit.
17. Programs should be incorporated for people with special needs: elders, youth, children, incarcerated people, two-spirited people.
18. The Foundation should ensure quality in Aboriginal healing, to provide the best services possible. Develop programs or conduct research to examine traditional therapeutic models and how those can be adapted to meet the needs of our people.
19. The Foundation should investigate the issue of suicide as it relates to residential school.
20. Healing programs should have emotional, spiritual, mental and physical safety.
21. Research should be funded on the many different kinds of healing practices which are available around the world.
22. A place is needed for Elders to rejuvenate themselves, to go for healing.

### **Program Criteria**

1. Healing services should not be just for people who were there (in residential schools).
2. Eligible recipients for funding need to be associated with the Aboriginal community.
3. An accountable and equitable appeals process is needed.
4. Do not fund non-Aboriginal organizations, churches, governments, or those projects not tied to a community.

### **Other**

1. Partnerships which involve federal and provincial organizations should be the backbone of the healing strategy.
2. Churches must turn back Indian land and they must establish funds.
3. The government of Canada should be asked to be involved in the healing process.

**AHF Response to the  
Recommendations from the  
Residential School Healing Strategy Conference  
(Squamish Territory, B.C.)  
July 14-16, 1998**

**Recommendations to Board Members**

1. Board members should be on their own healing journey: sober, drug free, and walk their talk. Board members need to be role models.

*Each Board member is allotted \$5,000 yearly to cover the cost of healing activities.*

2. Board and staff should have a code of ethics.

*The AHF has developed a Code of Conduct, Ethical Guidelines for Aboriginal Communities Doing Healing Work and a Research Code of Ethics.*

3. Survivors need to be strongly recognized on the Board.

*At least 10 Board members are Residential School Survivors.*

4. The Foundation must establish and build trust.

*Efforts to establish and build trust include presentations at AHF Regional Gatherings and at Aboriginal, government and community organizations; AHF publications and website.*

5. There should be ownership of the Foundation by the communities it serves.

*The AHF responds to communities through Regional Gatherings, Community Support Coordinators, a Programs Information Officer and undertakes a country-wide call for Board nominations.*

6. The Board must stay at the grass roots level and not place too much priority on administration. Professional help is needed by all members of survivors' families.

*The Board recognizes the need to curb administrative costs; communicates with Aboriginal communities through the Community Support Coordinators, the Programs Information Officer and the output of the Communications Department; and is accountable to the communities through Regional Gatherings, presentations to national organizations, the Annual Report and Evaluation Reports.*

7. The Board membership should be restricted to survivors and one Elder.

*While the Board is not restricted to Survivors, at least 10 Survivors serve on the Board. One Board position is held by an Elder.*

8. The Board communicate with survivors by a communication which is truthful, honest and open.

*The AHF makes every effort to communicate with Survivors and other community members with honesty, openness and sensitivity.*

9. The way of operating be traditional and holistic.

*Traditional, holistic healing is the mission of the AHF and basis of the projects funded by the Foundation.*

10. Foundation bylaws should not conflict with existing treaties and research should be done with respect to any conflict with the Charter of Rights and Freedoms.

*Compliance with the Charter of Rights and Freedoms is a mandatory criteria for project funding.*

#### **Issues for Board Consideration**

1. The Foundation should address the deaths of students in residential schools.

*Addressing the Legacy of Residential School Survivors, including those who have died, through a Memorial activity or structure is a major point in the Research Strategy approved by the Board.*

2. Mr. Erasmus should approach Minister Lloyd Axworthy and the National Chief with respect to an address by him to the United Nations to point out that what happened to Aboriginal Peoples in residential schools was an example of genocide.

*Addressing the United Nations with respect to residential schools in Canada is outside the mandate of the AHF.*

3. The RCMP past abuses should be addressed by the Foundation.

*The issue of RCMP abuses is outside the mandate of the AHF.*

4. A charitable Foundation be established to complement the already existing funds and sustain its work.

*The AHF has established a Charitable Foundation.*



## Foundation Operations

1. Support should be provided to develop proposals.

*This was accomplished through the AHF Proposal Development Assistance program, which in the first year of AHF operation, provided grants of \$5,000 to Aboriginal organizations for proposal development.*

2. Communication methods should include a newsletter which would report on all activities of the Foundation.

*The AHF newsletter "Healing Words" is published four times a year.*

3. The Foundation should develop its own mailing database so that survivors can receive information directly rather than relying on Band Councils or Métis locals.

*The Communications Department has developed an extensive database with 11,445 entries.*

4. Native newspaper, both Aboriginal and non-Aboriginal television and radio should be used.

*Press releases, interviews, reports, advertizing and other material of interest to media are available in both French and English through the Communications Department.*

5. The Foundation needs to develop a list of contacts for supports and available services that people access in their own communities.

*Transpolar Consulting was contracted by AHF to research sources of funding which communities can access for longer-term sustainability.*

6. Status reports of projects should be regularly distributed, and creative, off-the-wall ideas people that are using in their programs and services should be shared.

*Information on AHF-funded projects is provided in the AHF newsletter and on the Website.*

7. In print communication, use large print in language easy to read and understand.

*AHF publications are written in "plain" English, French and Inuktitut.*

8. Regional conferences would help so that Elders from isolated locations could attend.

*Four Regional Gatherings are held yearly, each in a different region of the country.*

9. The Foundation should hold more meetings in the west.

*One Board meeting is held in the West each year.*

### **Program Design and Content**

1. Resources and monies should be available for counseling and support of people involved in residential school court initiatives.

*AHF-funded projects address the healing needs of all community members, including Survivors involved in court cases.*

2. The healing process should involve non-Aboriginal communities.

*To educate Canadians and encourage their reconciliation with Aboriginal people, the AHF provides information through it's publications and website, through speaking engagements, and through the development of curricula and through a photographic exhibit on residential schools undertaken in partnership with the National Archives of Canada.*

3. The primary goal of the Foundation is to address the needs of survivors, however, prevention and a focus on the children is crucial.

*AHF has funded projects which involve children and youth; developed a Youth Strategy published an issue of "Healing Words" that focused on youth; and supported the development of school curricula and the photographic exhibit on residential schools.*

4. The Inuit members of the Foundation Board should take a very serious interest in the survivors from the NWT.

*The Board has established Inuit as a priority for project funding.*

5. There should be a strong recognition of traditional and holistic approaches.

*Traditional and holistic healing approaches are recognized in the documents that define the Aboriginal Healing Foundation and the activities it undertakes.*

6. There should be an acknowledgment of those who did not survive, through statues, monuments, memorials and ceremonies.

*Honouring those who did not survive in residential schools will be considered when the Board discusses the long-term Legacy of the AHF.*

7. Mechanisms need to be put in place to ensure dollars go to healing.

*The AHF assessment, funding and monitoring processes assure that monies are used for healing activities. The AHF Interim Evaluation (June 2001), indicates that 48,286 participants were involved in healing projects.*

8. There should be recognition of the healing process already begun.

*Healing activities which have taken place are taken into consideration in the assessment and funding processes for initial or renewed project funding.*

9. Regional linkages should be developed that will further create networking within those regional and across the country.

*Linkages or partnerships are a mandatory criteria for project funding.*

10. Capacity and capacity building is needed and development of linkages with other services and programs.

*Both capacity building and linkages are among the criteria that are assessed for project funding.*

11. The funded projects should incorporate the history of residential schools into our schools, into Foundation archives, educate non-Aboriginal people about what happened.

*AHF has funded healing projects which include local histories of residential schools; research studies on history and experience of Inuit, Metis and Aboriginal people who worked in residential schools; curriculum units; and a map which locates residential school geographically and historically.*

12. Education is very crucial to the process of rebuilding.

*The AHF newsletter, website, research reports, curriculum units, residential school exhibit and funded projects acknowledge the importance of education.*

13. Training is needed for and by Aboriginal people to build capacity within our communities to deliver services our way.

*The AHF Interim Evaluation (June 2001) indicates that 10,938 participants were involved in training projects.*

14. Elders need support networks, such as Elder abuse activities, projects, programs or whatever to provide support services to Elders who are working with us in the healing process.

*Elders are a target group for project funding.*

15. Research is needed to show what programs have worked and what has not worked.

*The Research Department is undertaking research on “Best Healing Practices,” which includes a scan of recognized healing practices and a study of healing practices.*

16. The arts should be involved - creative, fine arts, to celebrate the strength and resilience of the spirit.

*AHF has funded a range of creative projects, including theatre, videos and art therapy.*

17. Programs should be incorporated for people with special needs: elders, youth, children, incarcerated people, two-spirited people.

*AHF project funding targets these groups.*

18. The Foundation should ensure quality in Aboriginal healing, to provide the best services possible. Develop programs or conduct research to examine traditional therapeutic models and how those can be adapted to meet the needs of our people.

*AHF is developing a Healing Program for Aboriginal Sex Offenders on a contract basis and a research study on healing programs that combine traditional and western healing techniques is under discussion.*

19. The Foundation should investigate the issues of suicide as it relates to residential school.

*An AHF study on suicide and residential schools is in progress.*

20. Healing programs should have emotional, spiritual, mental and physical safety.

*AHF’s strong concern for safety in healing is represented in the Foundation’s application forms, funding agreements, and Healing Centre model.*

21. Research should be funded on the many different kinds of healing practices which are available around the world.

*To date, the AHF has not contracted research on indigenous healing practices in other countries.*

22. A place is needed for Elders to rejuvenate themselves, to go for healing.

*AHF funds projects that support the healing and well-being of Elders.*

## Program Criteria

1. Healing services should not be just for people who were there (in residential schools).

*The Mission and all initiatives of the AHF include Aboriginal people who have survived the intergenerational effects of the Legacy of abuse in residential schools.*

2. Eligible recipients for funding need to be associated with the Aboriginal community.

*All AHF-funded projects benefit Aboriginal communities and Aboriginal individuals.*

3. An accountable and equitable appeals process is needed.

*When an application for AHF funding is rejected, a detailed assessment is sent to the applicant along with an invitation to revise and re-submit for the next deadline.*

4. Do not fund non-Aboriginal organizations, churches, governments, or those projects not tied to a community.

*Churches, government agencies and non-Aboriginal organizations are not directly eligible for AHF funding, but they can partner with Aboriginal organizations or communities.*

## Other

1. Partnerships which involve federal and provincial organizations should be the backbone of the healing strategy.

*Partnerships or linkages with federal, provincial or other organizations is a mandatory criteria of AHF funding.*

2. Churches must turn back Indian land and they must establish funds.

*The role of the churches with respect to Aboriginal land is outside the mandate of the AHF.*

3. The government of Canada should be asked to be involved in the healing process.

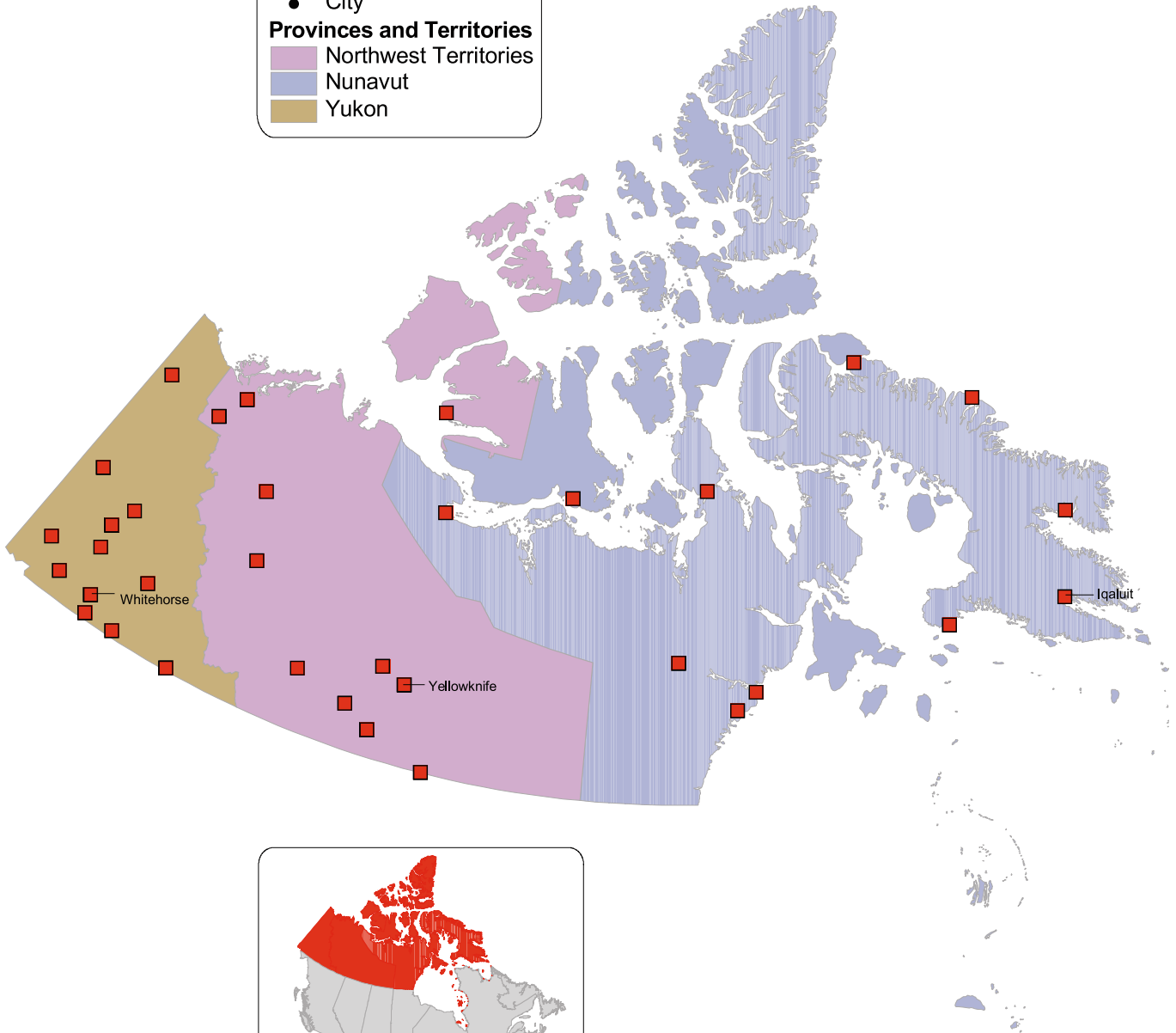
*AHF has proposed to the government that they broaden the Foundation's mandate and timeframe with respect to healing residential school abuse.*

## Maps Showing the Location of Projects by Region

North Region Approved Grants June 1999 - March 2005

**LEGEND**

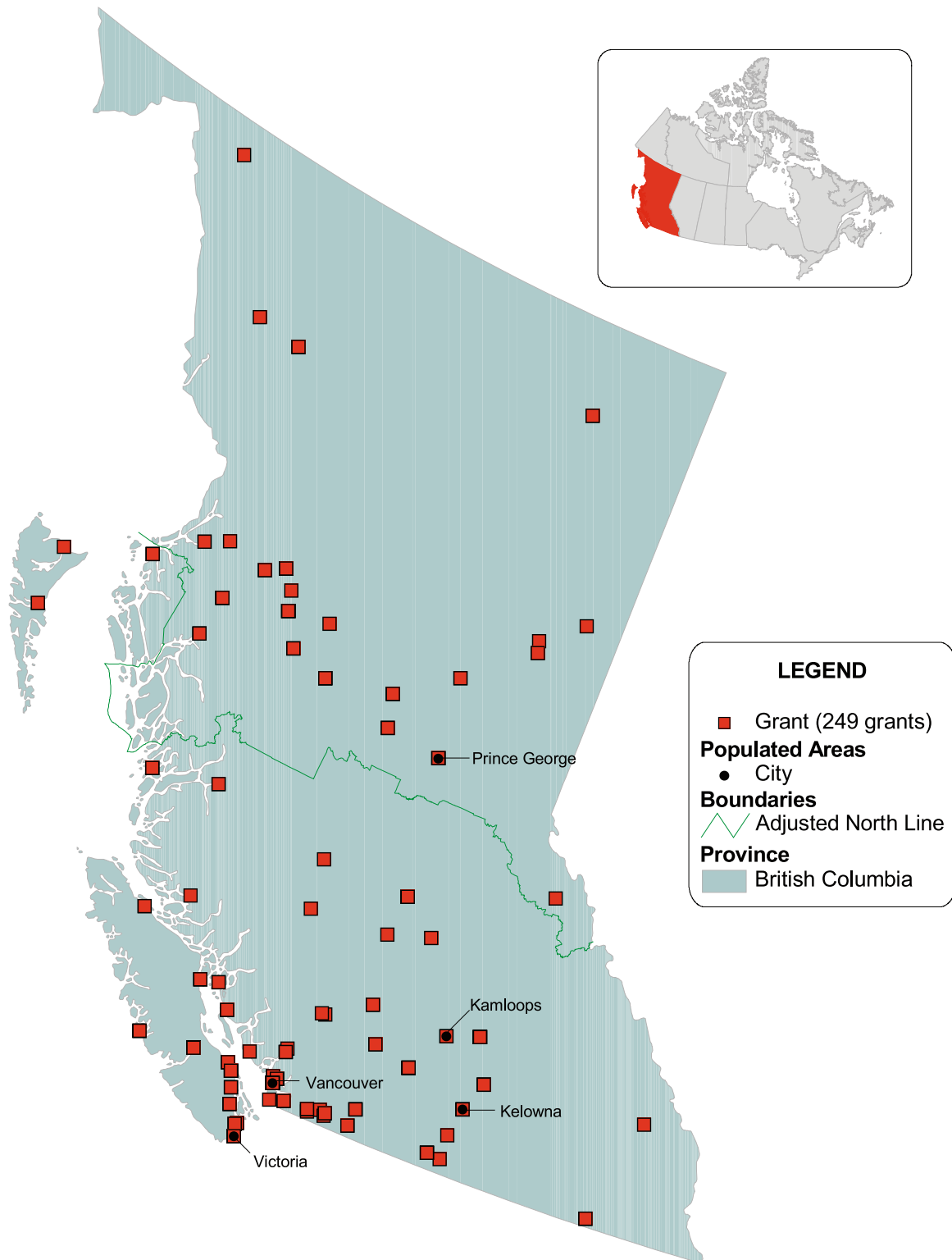
- Grant (97 grants)
- Populated Areas**
  - City
- Provinces and Territories**
  - Northwest Territories
  - Nunavut
  - Yukon



Source: AHF GIFTS Data Base

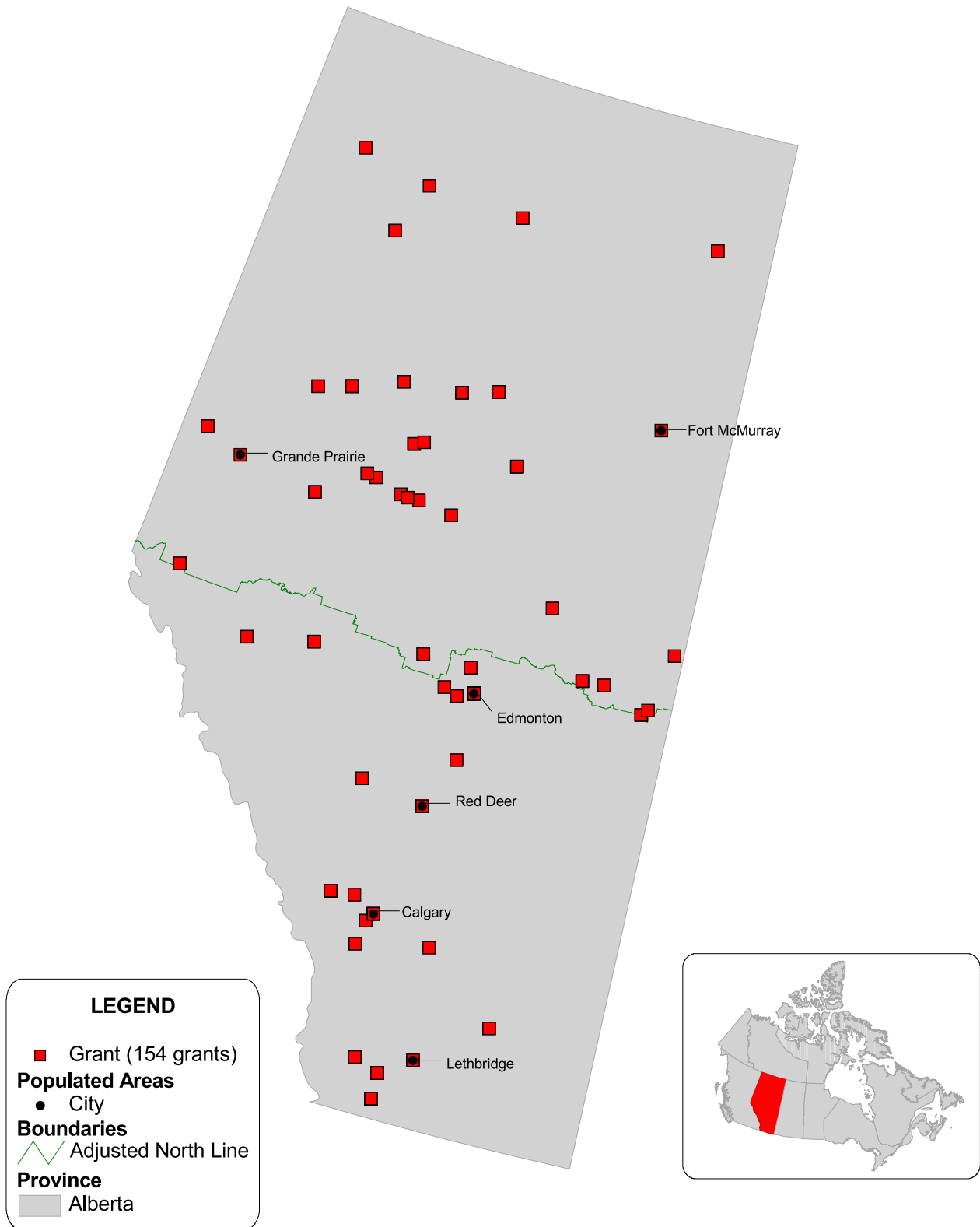


### British Columbia Approved Grants June 1999 - March 2005



Source: AHF GIFTS Data Base

### Alberta Approved Grants June 1999 - March 2005



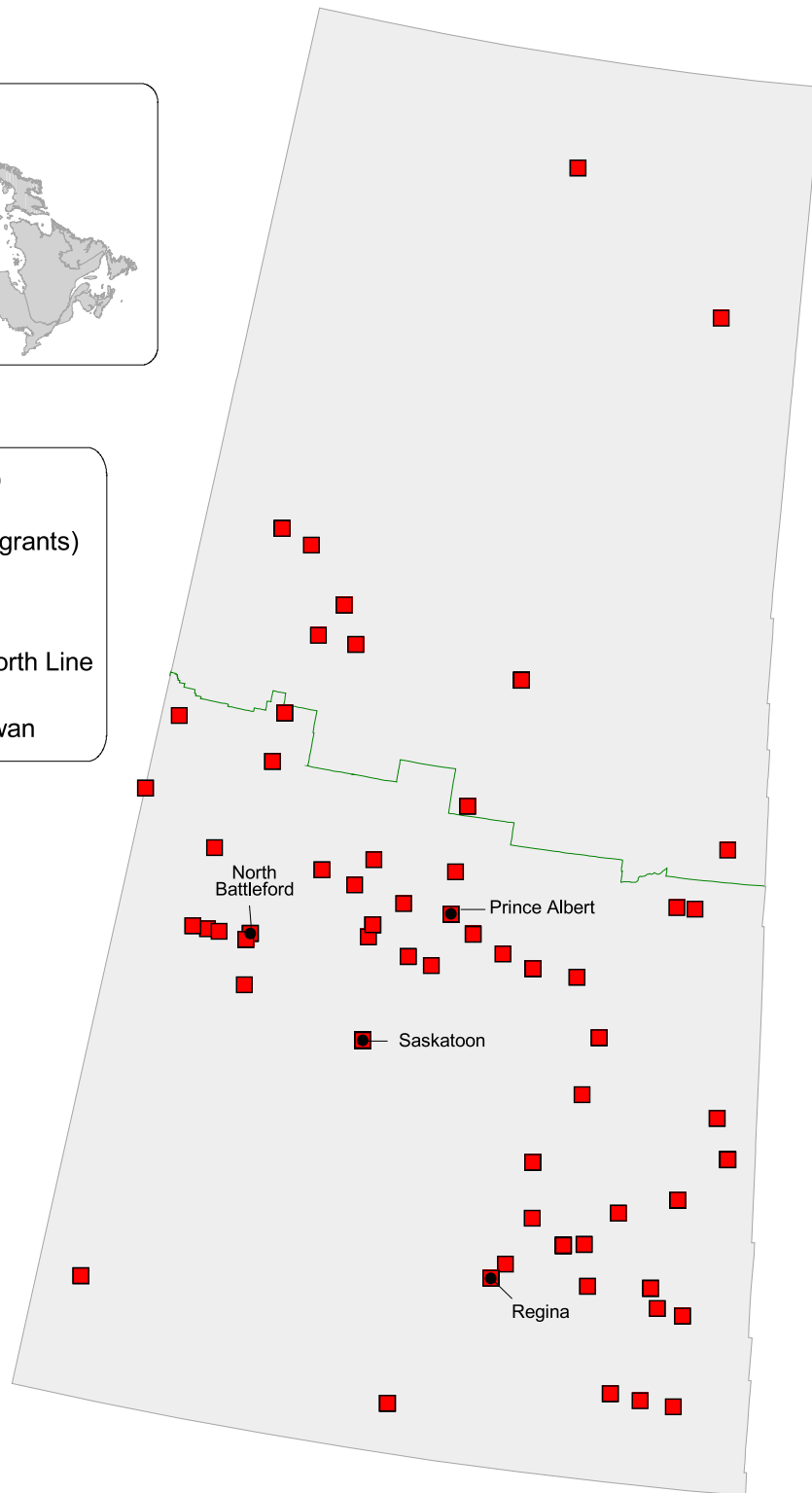
Source: AHF GIFTS Data Base

### Saskatchewan Approved Grants June 1999 - March 2005



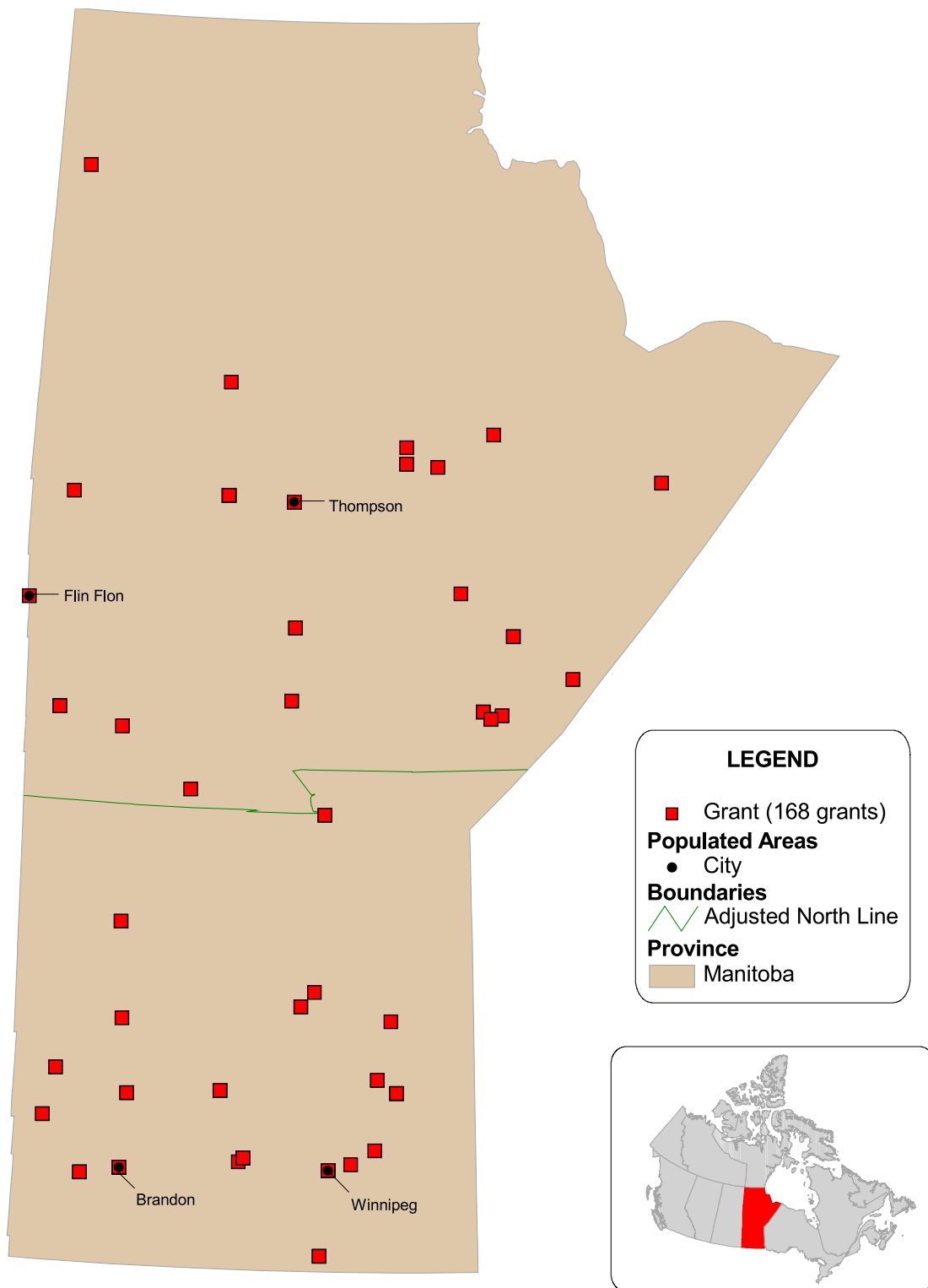
**LEGEND**

- Grant (238 grants)
- Populated Areas**
- City
- Boundaries**
- Adjusted North Line
- Province**
- Saskatchewan

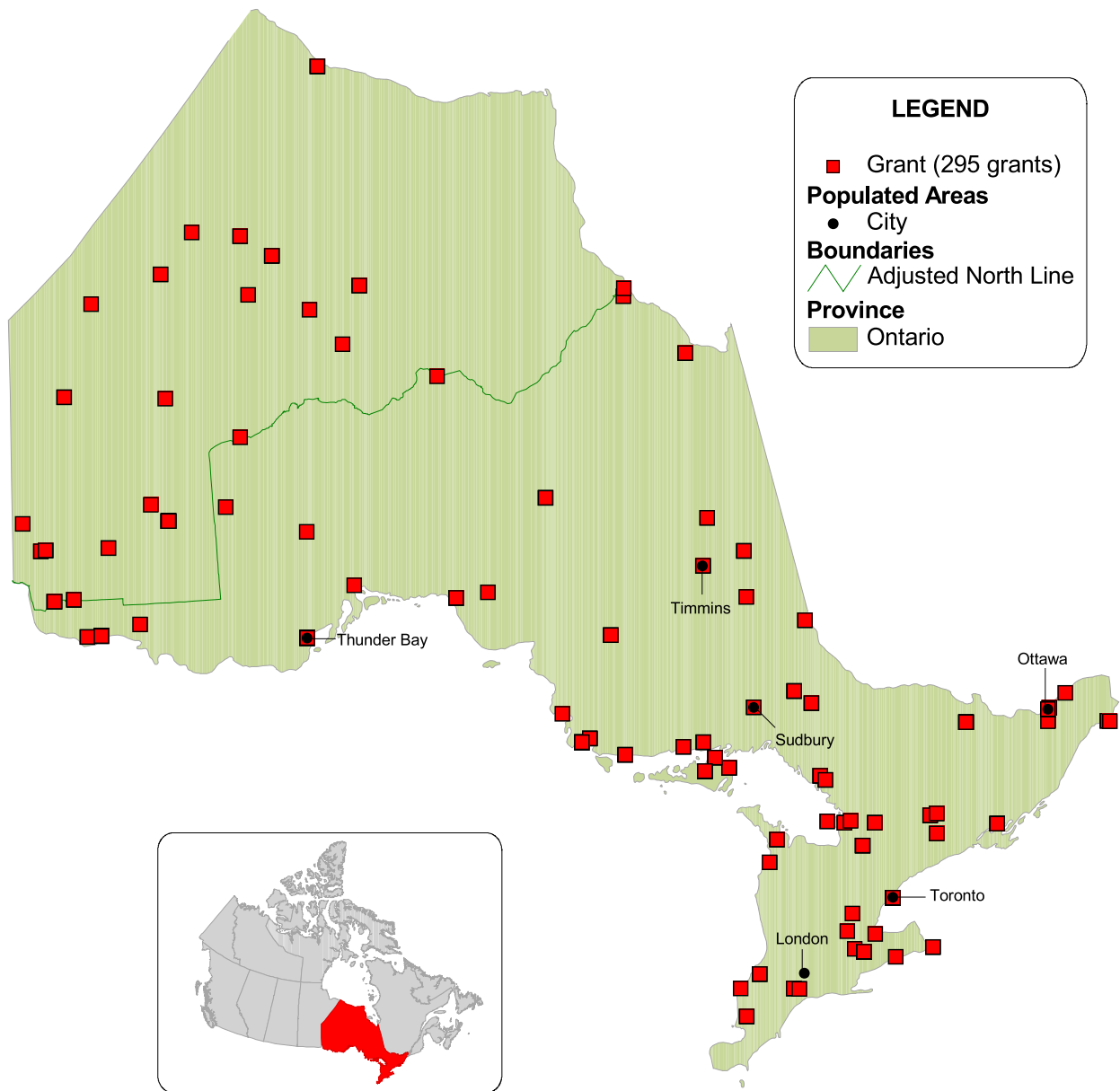


Source: AHF GIFTS Data Base

### Manitoba Approved Grants June 1999 - March 2005

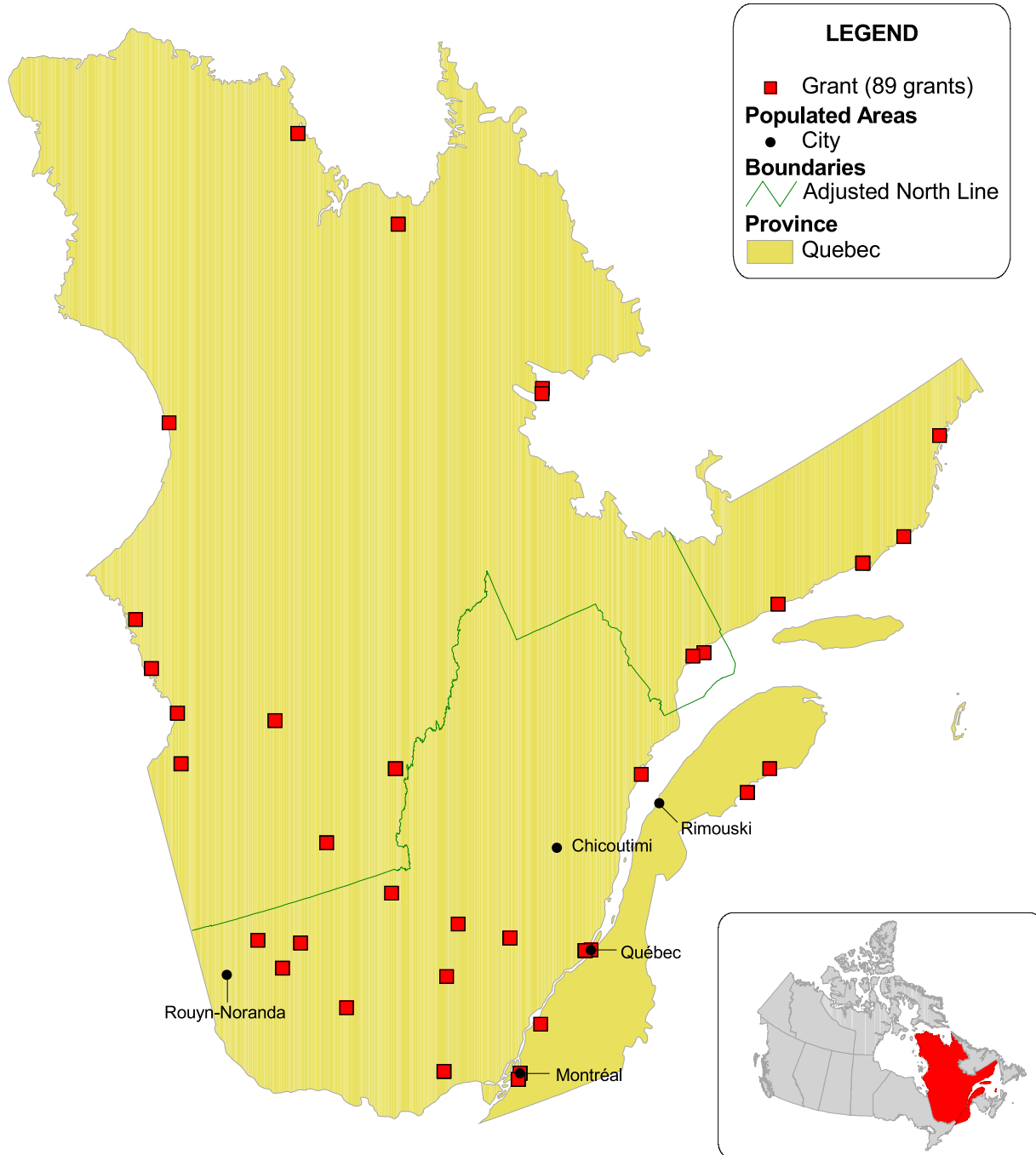


### Ontario Approved Grants June 1999 - March 2005



Source: AHF GIFTS Data Base

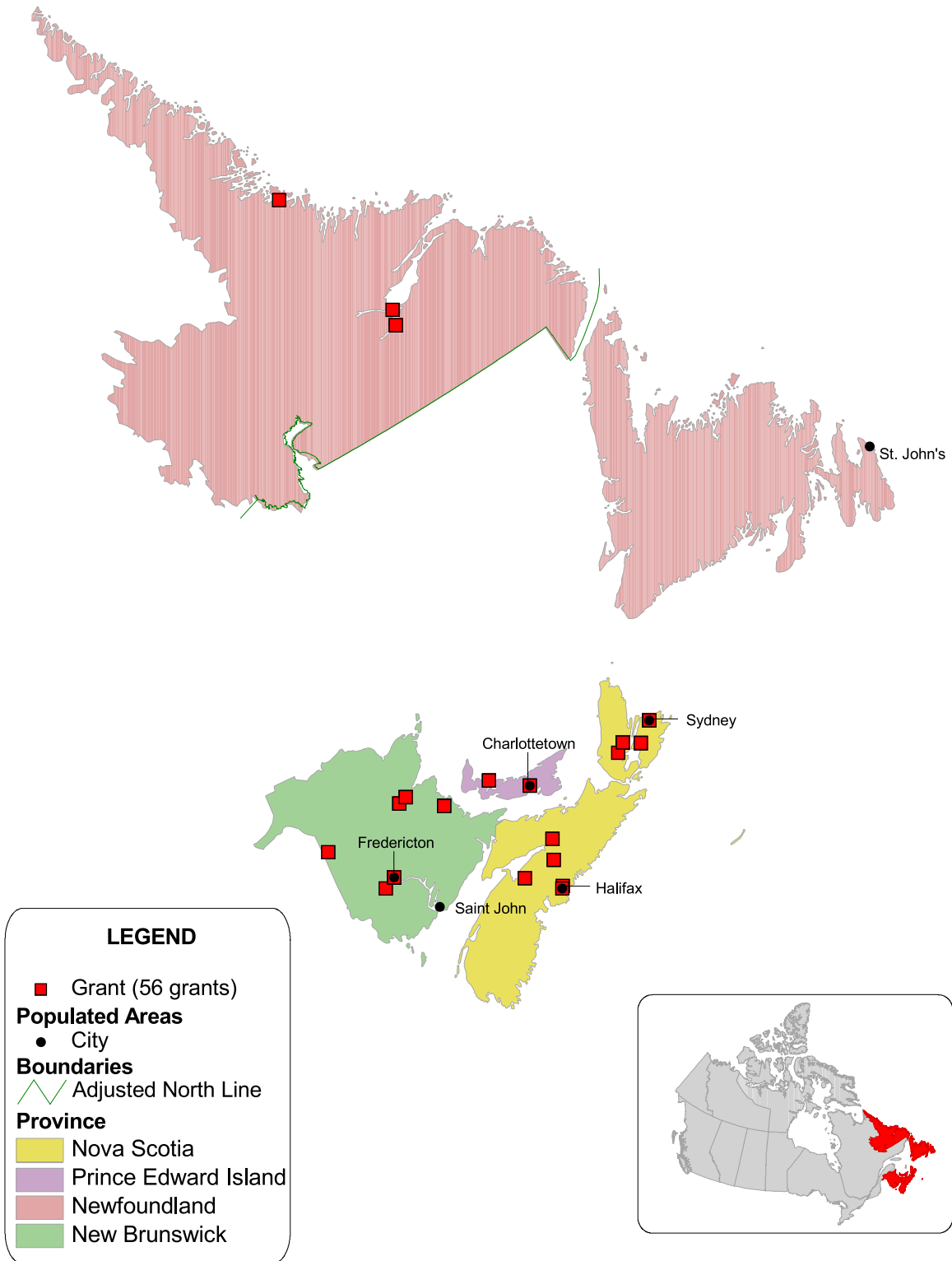
### Québec Approved Grants June 1999 - March 2005



Source: AHF GIFTS Data Base



### Atlantic Region Approved Grants June 1999 - March 2005



Source: AHF GIFTS Data Base

## Aboriginal Healing Foundation Staff List – 1998-2005

**\*Denotes former full-time employees.**

1.	Bernadine Allison	Programs Officer*
2.	Lena Autut	Translator*
3.	Marshall Ballard	Policy Writer/Programs Officer*
4.	Kevin Barlow	Community Support Coordinator (CSC)*
5.	Douglas Beaver	Senior Finance Officer
6.	Brenda Begley	Executive Assistant*
7.	Fern Beaulieu	Senior Finance Officer*
8.	George Bordeleau	Programs Officer*
9.	Yvonne Boyer	Director of Programs*
10.	Michelle Brass	Policies and Procedures Officer*
11.	Marilyn Brauner	Programs Officer*
12.	Jackie Brennan	Administrative Assistant/Executive Assistant
13.	Janet Brewster	Programs Analyst/Information Officer*
14.	Angie Bruce	Senior Finance Officer/Development Manager*
15.	Darcie Chovaz	Data Entry Clerk*
16.	Teresa Chovaz	Programs Officer*
17.	Sharon Clarke	Community Support Manager*
18.	Frankie Cote	Informatics Officer*
19.	Linda Côté	Senior Executive Assistant
20.	Yancy Craig	Correspondence Officer*
21.	Adelaide Creighton	Programs Officer*
22.	Isaac Cromarty	Programs Officer
23.	Michel Dahan	Editor
24.	Ernie Daniels	Director of Finance*
25.	Michel Danis	Mail/Reception Backup*
26.	Suzanne Danis	Receptionist
27.	Marilyn Davignon	Administrative Assistant/Fact Checker/Finance Assistant
28.	Mary Debassige	Administrative Assistant/Finance Assistant
29.	Mike DeGagné	Executive Director
30.	Lorraine deRepentigny	Mail/Supplies Clerk*
31.	Danielle Descent	Community Support Coordinator (CSC)*
32.	Cindy Deschenes	Administrative Assistant*
33.	Stella Desjarlais	Review Officer/Programs Officer*
34.	Lena Ellsworth	Community Support Coordinator (CSC)
35.	Martha Flaherty	Translator*
36.	Kyle Fletcher	Webmaster*
37.	Alexia Fruin	Administrative Assistant*
38.	Kanatiio (Allen Gabriel)	Director of Communications*
39.	Wanda Gabriel	Community Support Coordinator (CSC)*

40.	Dolores Gadbois	Programs Officer/Community Support Coordinator (CSC)*
41.	Daryle Gardipy	Senior Finance Officer
42.	Caroline Garon	Senior Finance Officer/Comptroller*
43.	Terry Goodtrack	Chief Operating Officer
44.	Lorinda Goodwin	Accounts Assistant/Accounts Payable Clerk
45.	Sandra Greene	Programs Officer/Project Review Coordinator*
46.	Marie Gregory	Programs Officer*
47.	Roberta Greyeyes	Research Manager*
48.	Hussein Hamden	Administrative Assistant*
49.	Melanie Hamilton	Receptionist*
50.	Avery Hargreaves	Executive Assistant
51.	Robin Henry	Office/Human Resources Manager
52.	Frank Hope	Community Support Coordinator (CSC)*
53.	Janice Horn	Financial Analyst/Information/Research Officer
54.	Elizabeth Hu	Accounts Officer
55.	Leanne Hunter	Executive Assistant*
56.	Carolyn Hunter-McDonald	Data Entry/Research*
57.	Eva Jacobs	Senior Finance Officer*
58.	Karen Jacobs-Williams	Information Officer/Community Support Manager*
59.	Rod Jeffries	Director of Programs*
60.	Miche Jette	Admin. Asst./Information Officer/Programs Officer*
61.	Ray Jones	Senior Finance Officer/Comptroller
62.	Flora Kallies	Research Officer
63.	Margaret Kappo	Community Support Coordinator (CSC)*
64.	Rhoda Kayakjuak	Communications Officer*
65.	Fiona Kelly	Programs Assistant*
66.	Kathy Kettler	Data Entry Coordinator
67.	Jackie Kistabish	Community Support Coordinator*
68.	Michelle Kowalski	Proposal Development Asst./Administrative Assistant*
69.	Gabrielle Lamouche	Programs Officer
70.	Joanne Langan	Community Support Coordinator (CSC)*
71.	Joseph Lavalley	Database Coordinator*
72.	Samantha Lazore	Data Entry Clerk
73.	Christina Leblanc	Data Entry Clerk*
74.	Maureen Lerat	Community Support Liaison*
75.	Jamie Lewis	Mail/Supplies Clerk
76.	Mark Loft	Proposal Development Assistant*
77.	Pamela Lussier	Correspondence Coordinator/Executive Assistant
78.	Pauline McCrimmon	Community Support Coordinator (CSC)*
79.	Amy McDonald	Data Entry Clerk/Accounts Payable Clerk
80.	Louise McGregor	Executive Assistant*
81.	Denis McDougall	Reception Back-up*
82.	Heather McIvor	Travel Coordinator/Data Entry Clerk

83.	Marilyn McIvor	Executive Assistant*
84.	Edward Martin	Proposal Development Officer/Information Officer*
85.	Natasha Martin	Administrative Assistant*
86.	Janette Meinert	Administrative Assistant/Office Manager*
87.	Laura Milonas	Administrative Assistant/Travel Coordinator*
88.	Miles Morrisseau	Director of Communications
89.	Joan Molloy	Community Support Coordinator (CSC)*
90.	Rhonda Oblin	Finance Assistant*
91.	Paul Olsheski	Accounts Officer*
92.	Gene Ouellette	Project Review Officer*
93.	Rene Petel	Junior Finance Officer*
94.	Alden Pompana	Data Entry Clerk*
95.	Andy President	Administrative Assistant*
96.	Deborah Recollet	Finance Assistant/Administrative Assistant*
97.	Giselle Robelin	Communications Manager*
98.	Dianne Roussin	Community Support Coordinator*
99.	Stella Sackaney	Casual*
100.	Marguerite Sanderson	Programs Officer*
101.	Tamara Saulis	Senior Finance Officer/Finance Manager*
102.	Caroline Sauvé	Data Entry Clerk*
103.	Mark Sayers	Records Management Clerk*
104.	Travis Seymour	Senior Finance Officer*
105.	Anne Marie Sirois	Administrative Assistant*
106.	Sharon Slippery	Administrative Officer
107.	Freida Small	Senior Finance Officer*
108.	Lorena Solomon	Finance Assistant
109.	Wayne Spear	Communications Officer
110.	Dave Tellier	Data Entry Coordinator*
111.	Pierrette Tessier	Finance Assistant/Finance Coordinator
112.	Jill Thompson	Executive Assistant*
113.	Virginia Toulouse	Programs Manager
114.	Marius Tungilik	Community Support Coordinator (CSC)*
115.	Gail Valaskakis	Director of Research
116.	Yvonne Vizina	Community Support Worker*
117.	Tracey West	Data Entry Clerk*
118.	Tamara Whiteduck	Records Management Clerk*
119.	Nekan Williams	Office Assistant*

## Approved Grants by Region in Comparison to Survivor's Location

AHF Board Approved Proposals and Approved Under \$50,000 projects vs.  
Number of Attendees at Residential School and Estimated Aboriginal Population - as of Jan. 31, 2005

Region	# of Board approved proposals and approved under \$50,000 projects as of Jan. 31, 2005	\$ committed as of Jan 31, 2005	Number of attendees at residential School	Estimated Aboriginal population - RCAP Report 1996, Table 2.5 (see notes)	Population reporting Aboriginal identity, from 2001 Census: analysis series, Aboriginal peoples of Canada: a demographic profile	% of total dollars committed as of Jan 31, 2005	% of attendees at residential School*	% of Aboriginal population-estimated RCAP Report 1996, Table 2.5	% of Aboriginal population-reporting Aboriginal identity, from 2001 Census: analysis series, Aboriginal peoples of Canada: a demographic profile
Atlantic	57	\$14,542,680.48	2,000	30,300	54,130	3.9	1.9	3.7	5.5
Quebec	85	\$21,205,295.27	11,900	76,400	79,400	5.6	11.3	9.3	8.1
Ontario	300	\$64,523,468.16	16,250	159,500	188,315	17.1	15.4	19.4	19.3
Manitoba	176	\$48,398,921.00	15,300	119,500	150,040	12.8	14.5	14.5	15.4
Saskatchewan	247	\$67,475,985.80	19,250	105,300	130,190	17.9	18.3	12.8	13.3
Alberta	161	\$41,589,692.68	13,600	137,500	156,220	11.0	12.9	16.7	16.0
British Columbia	265	\$75,583,020.05	16,800	135,500	170,025	20.0	16.0	16.4	17.4
NWT	37	\$14,205,358.53	4,950	21,041	18,725	3.8	4.7	2.6	1.9
Yukon	40	\$10,864,648.96	1,600	6,300	6,540	2.9	1.5	0.8	0.7
Nunavut and N. QC	35	\$17,957,460.52	3,650	32,650	22,720	4.8	3.5	4.0	2.3
National	6	\$749,346.29				0.2			
Total	1,409	\$377,095,877.74	105,300	823,991	976,305	100.0	100.0	100.0	100.0

Note: Population figures for Nunavut from the Nunavut government estimate of 2001 of 85% of total population of 29,000 and IITK estimate of 8,000 living in Nunavik.  
Note: N, QC included Inuit specific projects only.

Note: Population figures for NWT from the NWT government estimate of 2000 of 50% of 42,083.

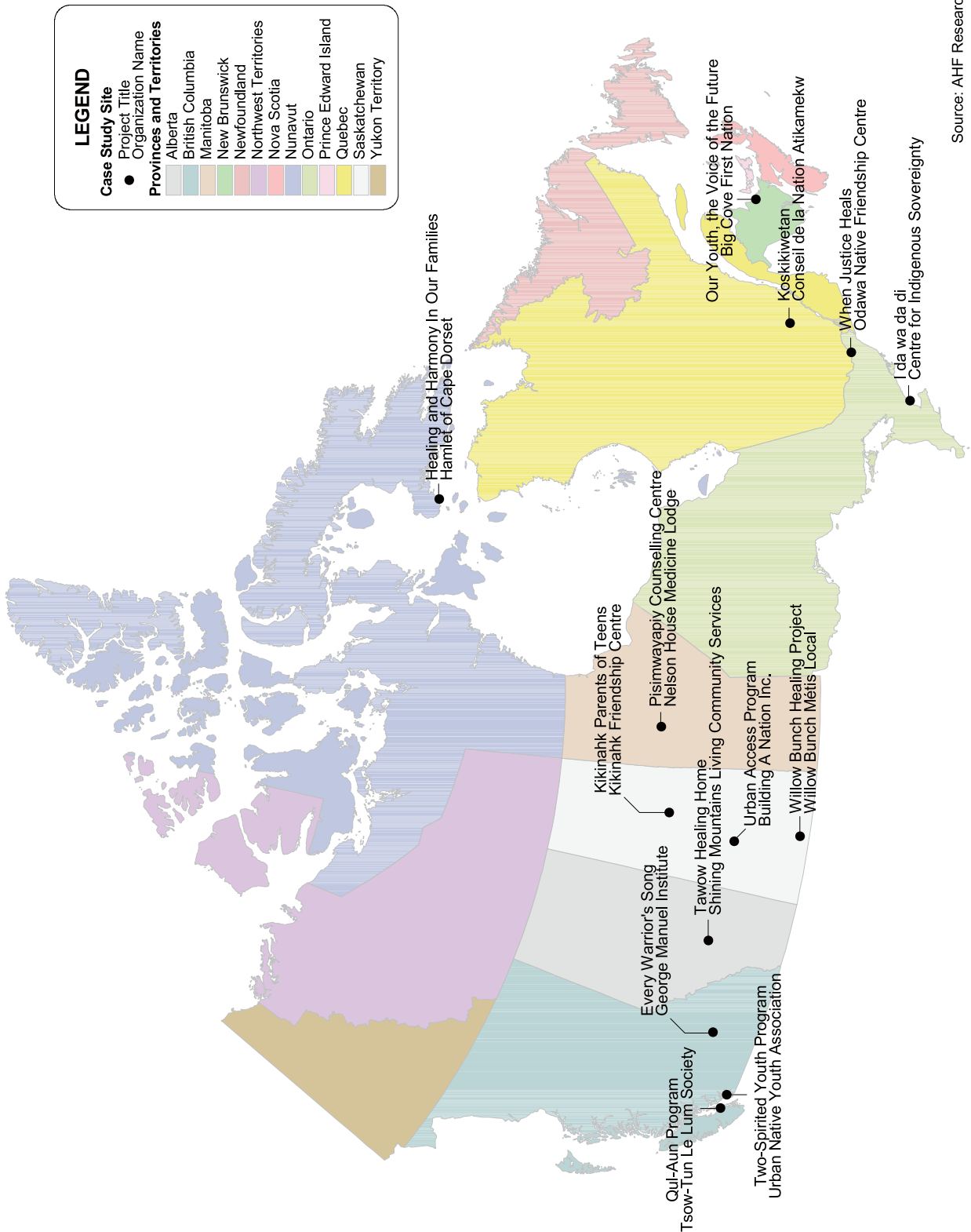
\* Indian Residential Schools Attendees, produced by DIAND, based on 1991 Aboriginal Peoples Survey, adjusted by Indian registry population and RCAP adjustments for all other identity groups.

## Aboriginal Healing Foundation—List of Research Studies Commissioned

1. Aboriginal Sex Offending in Canada
2. Aboriginal Children in Care in Canada (draft)
3. Aboriginal Domestic Violence in Canada
4. Aboriginal Elder Abuse in Canada (article)
5. Aboriginal Suicide in Canada (draft)
6. Addictive Behaviours and Aboriginal People in Canada (draft)
7. AHF Case Studies (13)
8. An Interim Evaluation Report of Aboriginal Healing Foundation Program Activity
9. Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity
10. Third Interim Evaluation Report of Aboriginal Healing Foundation Program Activity
11. Blending Traditional & Western Healing Techniques (draft)
12. Fetal Alcohol Syndrome Among Aboriginal People in Canada: Review and Analysis of the Intergenerational Links to Residential Schools
13. Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men
14. Examining HIV/AIDS Among the Aboriginal Population in Canada in the post-residential school era (article)
15. National Gathering Draft Proceedings, 8-10 July 2004, Edmonton, Alberta (draft)
16. Inuit History and Experience and Residential Schools in Canada (draft)
17. Mental Health Profiles of British Columbia's Aboriginal Survivors of the Canadian Residential School System
18. Métis History and Experience in Residential Schools in Canada (draft)
19. Residential School Curriculum - Secondary 1 & 2 (draft)
20. Aboriginal People, Resilience and the Residential School Legacy
21. Historic Trauma and Aboriginal Healing
22. Directory of Residential Schools in Canada
23. Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland
24. Indian Residential School Book (draft)
25. Residential School Workers (draft)
26. Models of Resolution & Reconciliation (draft)
27. Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People



# Map of Case Study Sites



Source: AHF Research

## **Aboriginal Peoples Survey 2001: Results of the Analysis of the Aboriginal Peoples Survey database prepared for the Aboriginal Healing Foundation**

Statistics Canada, in partnership with several Aboriginal organizations, conducted the 2001 Aboriginal Peoples Survey (APS) to collect information on the lifestyles and living conditions of Aboriginal people in Canada. The Aboriginal organizations included: the Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council, National Association of Friendship Centres and Native Women's Association of Canada, and initially, the Assembly of First Nations.<sup>1</sup>

The survey was conducted between September 2001 and January 2002 from a sample of about 117,000 people. The APS was last conducted in 1991.

### **Definitions:**

#### **APS Aboriginal Identity population**

The APS sample was selected from respondents who had indicated on their 2001 Census questionnaire that they:

- + had Aboriginal origins and/or
- + were North American Indian, Métis and/or Inuit and/or
- + had registered Indian status and/or
- + had Band membership.

The Aboriginal Identity population refers to those people who reported on the APS: 1) being North American Indian, Métis and/or Inuit, and /or 2) having registered Indian status as defined by the Indian Act, and/or 3) having Band or First Nation membership.

#### **Non-reserve population**

Non-reserve population refers to those living outside of most First Nation or Band affiliated communities, such as Indian reserves, Indian settlements, Indian Government District, Terres Réservées, Nisga'a Villages, Teslin Lands and a set of communities which Indian and Northern Affairs Canada (INAC) designates as Band-affiliated communities.

Source: Aboriginal Peoples Survey 2001 – initial findings: Well-being of the non-reserve Aboriginal Population, 2003. Statistics Canada, Housing, Family and Social Statistics Division, catalogue no. 89-592.

Table APS-1: Residential school attendance by identity group for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-2: Residential school attendance for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

<sup>1</sup> The Assembly of First Nations participated in the content development of the APS questionnaire.

Table APS-3: Residential school attendance of relatives for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-4: Residential school attendance of relatives for the Aboriginal identity on reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-5: Residential School attendance by region for the Aboriginal Identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-6: Residential school attendance by region for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-7: Residential school attendance by sex for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-8: Residential school attendance by sex for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-9: Residential school attendance by percentage of self-reported health status for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-10: Residential school attendance by percentage of labour force status for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-11: Residential school attendance by percentage of highest level of schooling for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001

Table APS-12: Residential School attendance by percentage in receipt of income for the Aboriginal Identity off-reserve population aged 15 years and over, for Canada, provinces and Territories, Aboriginal Peoples Survey, 2001

Table APS-13: Residential school attendance by importance of keeping the Aboriginal language for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey 2001

Table APS-14: Residential school attendance by a family member by importance of keeping the Aboriginal language for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey 2001

**Table APS-1: Residential school attendance by identity group for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

Identity	Attended	Did not attend	Refused/Not stated	Total	% attendees
First Nation	24,870	263,080	6,760	294,720	8
Metis	5,890	224,700	4,700	235,290	3
Inuit	3,380	21,800	870	26,050	13
Total	33,780	498,850	12,090	544,720	6

**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
3. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
4. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
5. The sum of the values of each category may differ from the total due to rounding.
6. Taken from the Table entitled: "Residential school attendance by sex for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001."

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-2: Residential school attendance for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

Attended	Did not attend	Refused/Not stated	Total	% attendees
14,100	52,640	3,450	70,190	20

**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Caution should be exercised in generalizing the characteristics of the reserves that participated in APS to the entire on-reserve population in Canada. Any aggregation of APS reserve data is only representative of the reserves that participated in APS and cannot be considered representative of the total on-reserve population.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.
5. Taken from the Table entitled "Residential school attendance by sex for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001."

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-3: Residential school attendance of relatives for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001)**

Reported relative attended	Mother	Father	Brother or sister	Grandmother	Grandfather	Aunt or Uncle	Cousin	Other relative	Percentage with at least 1 family member
First Nations	60,010	38,600	34,890	48,540	36,940	69,820	42,400	30,140	
Métis	13,430	7,700	8,200	16,570	11,090	16,590	11,000	7,940	
Inuit	3,300	2,680	4,960	910	660	4,500	4,010	2,710	
Total	75,650	48,290	47,740	64,420	47,960	89,020	56,360	39,960	
Percentage reporting	14	9	9	12	9	16	10	7	26.5

**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
3. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
4. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
5. The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.



**Table APS-4: Residential school attendance of relatives for the Aboriginal identity on reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Mother	Father	Brother or sister	Grandmother	Grandfather	Aunt or Uncle	Cousin	Other relative	Percentage with at least 1 family member
Reported relative attended	25,860	22,810	19,070	17,530	15,790	30,000	22,800	19,020	
Percentage reporting	36	32	27	24	22	42	32	26	70.5

**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Caution should be exercised in generalizing the characteristics of the reserves that participated in APS to the entire on-reserve population in Canada. Any aggregation of APS reserve data is only representative of the reserves that participated in APS and cannot be considered representative of the total on-reserve population.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-5: Residential School attendance by region for the Aboriginal Identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Atlantic	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Yukon	Northwest Territories	Nunavut
Attended	810	3,150	4,020	3,510	6,850	4,360	5,850	1,030	2,750	1,440
Did not attend	31,270	40,550	128,630	63,290	46,340	80,180	87,430	3,220	7,990	9,960
Refused /Not stated	0	1,040	1,740	990	2,070	3,290	1,170	70	990	500
Total	32,310	44,740	134,390	67,790	55,260	87,820	94,440	4,330	11,730	11,900
% attendees	3	7	3	5	12	5	6	24	23	12

**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
3. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
4. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
5. The sum of the values of each category may differ from the total due to rounding.
6. Taken from the Table entitled: "Residential school attendance by sex for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001."

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-6: Residential school attendance by region for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Atlantic	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia
Attended	200	1,580	940	2,220	3,700	3,300	2,150
Did not attend	4,100	3,460	6,760	12,380	8,130	9,760	8,040
Refused/Not stated	0		530	970	430	680	610
Total	4,370	5,190	8,240	15,580	12,270	13,740	10,810
% attendees	5	30	11	14	30	24	20

**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Caution should be exercised in generalizing the characteristics of the reserves that participated in APS to the entire on-reserve population in Canada. Any aggregation of APS reserve data is only representative of the reserves that participated in APS and cannot be considered representative of the total on-reserve population.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.
5. Taken from the Table entitled "Residential school attendance by sex for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001."

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-7: Residential school attendance by sex for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

Identity	Men	Women	Total
First Nation	9,180	15,700	24,870
Metis	2,660	3,230	5,890
Inuit	1,680	1,700	3,380
Total	13,400	20,380	22,780
% attendees	5	7	6

**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
3. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
4. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
5. The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-8: Residential school attendance by sex for the Aboriginal identity on-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Attended	Did not attend	Refused/Not stated	Total	%
Men	7,310	25,870	1,780	34,940	21
Women	6,800	26,770	1,670	35,240	19

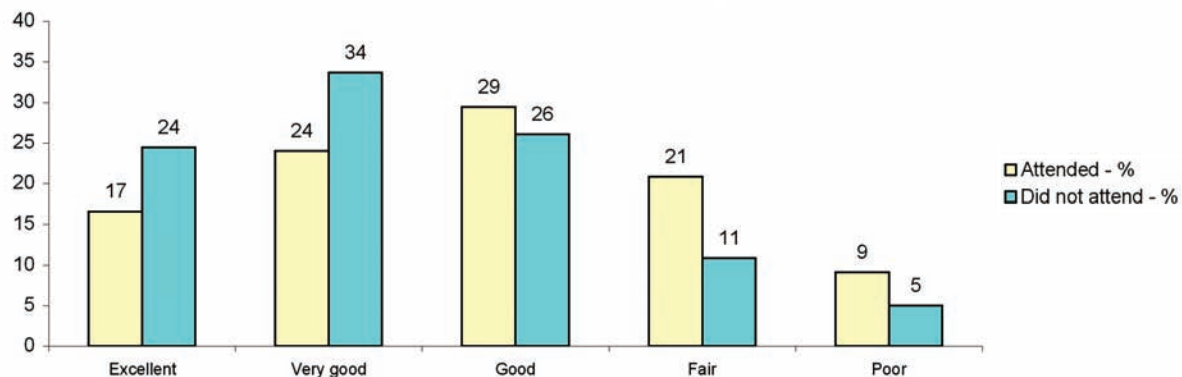
**Notes:**

1. Excludes the population that did not answer the Education Section of the APS questionnaire, those with invalid or unstated ages and those who never attended school.
2. Caution should be exercised in generalizing the characteristics of the reserves that participated in APS to the entire on-reserve population in Canada. Any aggregation of APS reserve data is only representative of the reserves that participated in APS and cannot be considered representative of the total on-reserve population.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-9: Residential school attendance by percentage of self-reported health status for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Excellent	Very good	Good	Fair	Poor
Attended - %	17	24	29	21	9
Did not attend - %	24	34	26	11	5



**Notes:**

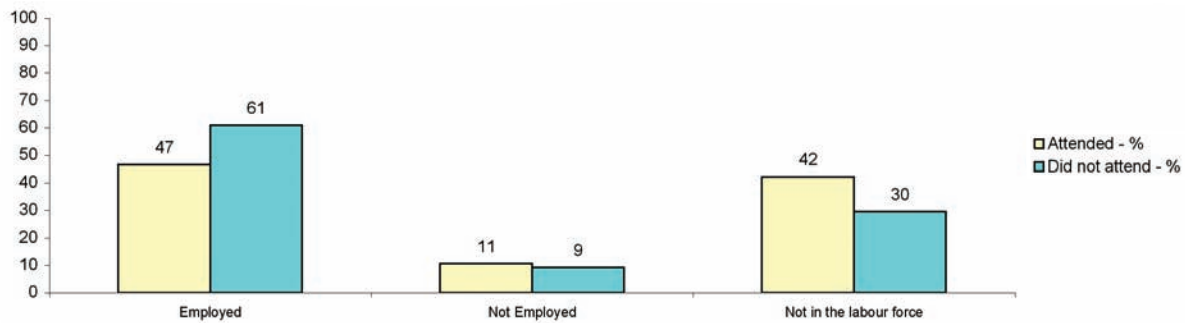
1. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
2. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following:
  - 1) Identification as North American Indian, Métis and/or Inuit;
  - 2) Registered Indian status and/or;
  - 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.



**Table APS-10: Residential school attendance by percentage of labour force status for the Aboriginal off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Employed	Not Employed	Not in the Labour Force
Attended - %	47	11	42
Did not attend - %	61	9	30



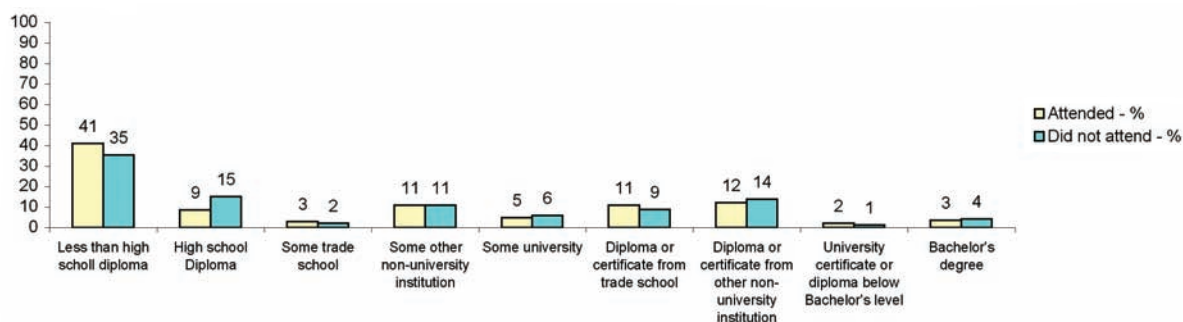
**Notes:**

1. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
2. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.
5. Excludes the population that did not answer the Education and Labour Activity sections of the APS questionnaire and those with invalid or unstated ages.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-11: Residential school attendance by percentage of highest level of schooling for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey, 2001**

	Less than high school diploma	High school Diploma	Some trade school	Some other non-university institution	Some university	Diploma or certificate from trade school	Diploma or certificate from other non-university institution	University certificate or diploma below Bachelor's level	Bachelor's degree
Attended - %	41	9	3	11	5	11	12	2	3
Did not attend - %	35	15	2	11	6	9	14	1	4



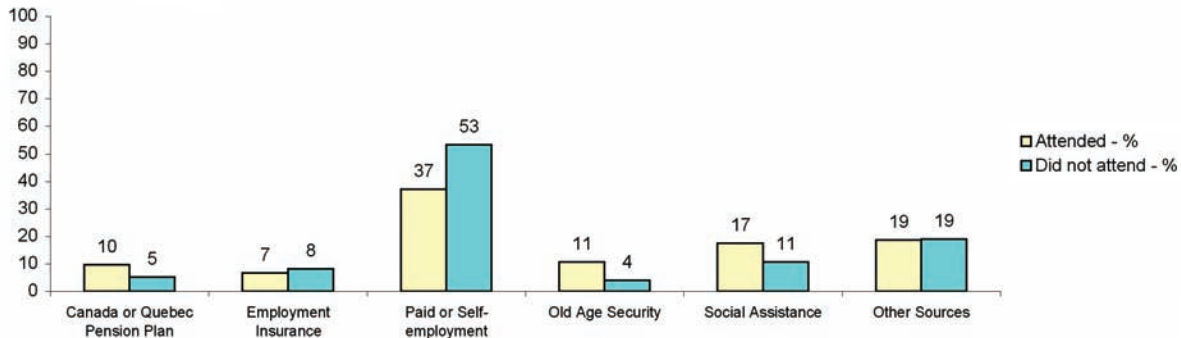
**Notes:**

1. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
2. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.
5. Excludes the population that did not answer the Education of the APS questionnaire and those with invalid or unstated ages.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-12: Residential School attendance by percentage in receipt of income for the Aboriginal Identity off-reserve population aged 15 years and over, for Canada, provinces and Territories, Aboriginal Peoples Survey, 2001**

	Canada or Quebec Pension Plan	Employment Insurance	Paid or Self-employment	Old Age Security	Social Assistance	Other Sources
Attended - %	10	7	37	11	17	19
Did not attend - %	5	8	53	4	11	19



**Notes:**

1. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
2. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.
5. Excludes the population that did not answer the Education and Income Sections of the APS questionnaire and those with invalid or unstated ages.
6. Receipt of income from Old Age Security Pension, Guaranteed Income Supplement and Spouse's Allowance are included.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-13: Residential school attendance by importance of keeping the Aboriginal language for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey 2001**

Identity		Very important	Somewhat important	Not very important	Not important	Others	Total	Percentage responding "Very Important or Somewhat important"
Aboriginal	Attended	22,770	5,000	2,220	2,850	810	33,650	82.5
	Did not attend	153,730	133,520	91,310	102,680	14,680	495,920	57.9
	Total	179,030	140,090	95,000	107,270	20,070	541,460	
First Nations	Attended	17,530	3,430	1,510	1,690	620	24,770	84.6
	Did not attend	93,170	69,980	44,590	45,910	7490	261,150	62.5
	Total	112,280	74,410	46,700	48,550	10560	292,500	
Metis	Attended	2,750	1,180	610	1,170		5,860	67.1
	Did not attend	48,010	63,000	48,350	57,510	6760	223,620	49.6
	Total	51,300	64,680	49,830	59,440	8940	234,200	
Inuit	Attended	2,770	390				3,380	93.5
	Did not attend	15,810	2,900				21,790	85.9
	Total	19,100	3,340					

**Notes:**

1. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
2. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.
5. Excludes the population that did not answer the Education Section of the APS questionnaire, those who never attended school, those who did not answer the Language Section and those with invalid or unstated ages.
6. Importance of keeping the Aboriginal language refers to the respondents' keeping, learning or re-learning of their Aboriginal language.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

**Table APS-14: Residential school attendance by a family member by importance of keeping the Aboriginal language for the Aboriginal identity off-reserve population aged 15 years and over, for Canada, provinces and territories, Aboriginal Peoples Survey 2001**

Identity	A Family member	Very important	Somewhat important	Not very important	Not important	Others	Total	Percentage responding "Very Important or Somewhat important"
Aboriginal	Attended	93,620	42,080	22,600	17,780	4,190	181,150	24.8
	Did not attend	89,960	97,770	72,690	9,000	106,620	367,020	51.2
	Total	183,570	140,730	95,290	107,780	20,810	548,170	
First Nations	Attended	70,080	30,530	15,990	10,440	2,900	129,940	77.4
	Did not attend	44,110	44,190	30,920	38,400	8,240	165,860	53.2
	98145.451	114,190	74,720	46,900	48,840	11,150	295,800	
Métis	Attended	16,800	12,150	6,810	6,820	1,120	235,640	12.3
	Did not attend							
	Total	52,040	64,950	49,920	59,660	9,060	235,640	
Inuit	Attended	8,380	1,320	520	390		10,780	90.0
	Did not attend	12,650	2,070	910	1,130	520	17,300	85.1
	Total	21,030	3,390	1,430	1,530	690	28,070	



**Notes:**

1. Data are for the off-reserve population only. Among those not included here are those that live on-reserve, in institutions, outside of Canada along with others.
2. Off-reserve population includes Aboriginal people that do not live on Indian reserves, with the exception of the Northwest Territories, in which case the total (on and off-reserve) Aboriginal population is included.
3. Aboriginal Identity population includes those people who reported on the APS at least one of the following: 1) Identification as North American Indian, Métis and/or Inuit; 2) Registered Indian status and/or; 3) Band membership.
4. The sum of the values of each category may differ from the total due to rounding.
5. Excludes the population that did not answer the Education Section of the APS questionnaire, those who never attended school, those who did not answer the Language Section and those with invalid or unstated ages.
6. Importance of keeping the Aboriginal language refers to the respondents' keeping, learning or re-learning of their Aboriginal language.

Source: Statistics Canada, Aboriginal Peoples Survey, 2001.

## First Nations Regional Longitudinal Health Survey (RHS) 2002-03

Data collection was initially conducted between August 2002 and November 2003 in 238 First Nations communities across Canada. A total of 22,602 surveys were administered. Three age-specific questionnaires were completed by:

- 10,962 adults, 18 years of age and older
- 4,983 adolescents, 12 to 17 years of age and
- 6,657 children, 0 to 11 years of age (the parent or guardian responded).

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes. Only communities that agreed to participate were surveyed. The national sample represents 6% of First Nations children, 10% of First Nations adolescents and 4.9% of First Nations adults living in First Nations communities. The higher proportions of children and youth allow for statistical precision similar to the level possible with the adults data.

Source: "Preliminary Findings of the First Nations Regional Longitudinal Health Survey (RHS) 2002-03 : Adult Survey." Prepared by the First Nations Centre, National Aboriginal Health Organization on behalf of the First Nations Governance Committee. Original release: September 2004, updated November 2004.

The Aboriginal Healing Foundation requested a selection of custom tables derived from the national sample.

Table RHS-1:	Did you attend residential school? (Adult survey respondents)
Table RHS-2:	Proportion of those who attended residential school in each age group (Adult survey respondents)
Table RHS-3:	Gender of those who answered the question "Did you attend residential school?" (Adult survey respondents)
Table RHS-4:	At what age did you start to attend Residential School? (Adult respondents who reported that they had attended residential school)
Table RHS-5:	At what age did you leave Residential School? (Adult respondents who reported that they had attended residential school)
Table RHS-6:	Number of years spent at Residential School. (Adult respondents who reported that they had attended residential school)
Table RHS-7:	Do you believe that your overall health, well-being has been negatively affected by your attendance at residential school? (Adult respondents who reported that they had attended residential school)

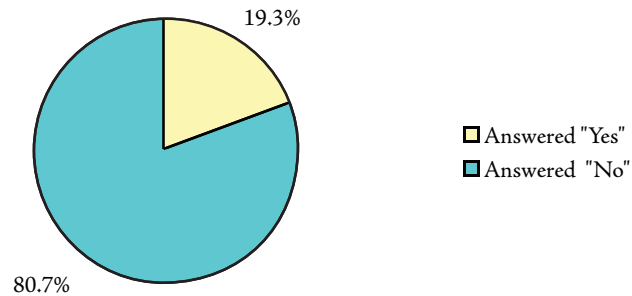
Table RHS-8:	Proportion of those who attended Residential School that feel that the following items negatively impacted on their health and well-being (Adult survey respondents who reported they had attended residential school and reported that it negatively impacted their health and well-being)
Table RHS-9:	Did your parents or grandparents attend Residential School? (Adult survey respondents)
Table RHS-10:	Negative effects on parenting (Adult respondents who reported parents or grandparents attended residential school)
Table RHS-11:	Highest Level of education for those who answered the question “Did you attend Residential School?” (Adult survey respondents)
Table RHS-12:	Percentage of those who have thought about or attempted suicide and answered the question “Did you attend residential School?” (Adult survey respondents)
Table RHS-13:	Importance of Traditional Cultural Events for those who answered the question “Did you attend Residential School?” (Adult survey respondents)
Table RHS-14:	Importance of Traditional Spirituality for those who answered the question “Did you attend Residential School?” (Adult survey respondents)
Table RHS-15:	Number of languages spoken fluently or relatively well (excluding English, French and Sign language) for those who answered the question “Did you attend Residential School?” (Adult survey respondents)
Table RHS-16:	Proportion of those who answered “Yes” to the question “Are you working for pay?” and who also answered the question “Did you attend Residential School?” (Adult survey respondents)
Table RHS-17:	Proportion of those who answered “No” to the question “Are you working for pay?” and who also answered the question “Did you attend Residential School?” (Adult survey respondents)
Table RHS-18:	Did your parents or grandparents attend Residential School? (Youth survey respondents from 12 to 17 years of age)

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-1: Did you attend residential school? (adult survey respondents)**

Answered "Yes"	19.3%
Answered "No"	80.7%

Did you attend Residential School?

**Notes:**

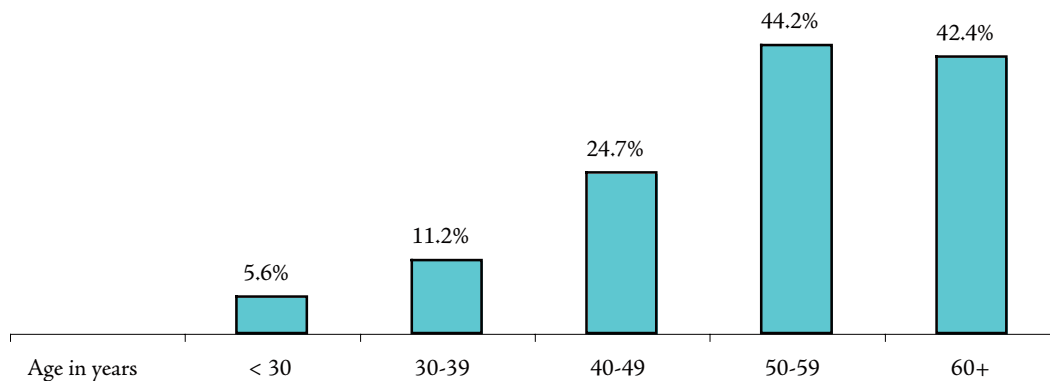
First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-2: Proportion of those who attended residential school in each age group (adult survey respondents)**

Age in years	
< 30	5.6% attended
30-39	11.2% attended
40-49	24.7% attended
50-59	44.2% attended
60+	42.4% attended

Proportion of those who attended residential school in each age group



**Notes:**

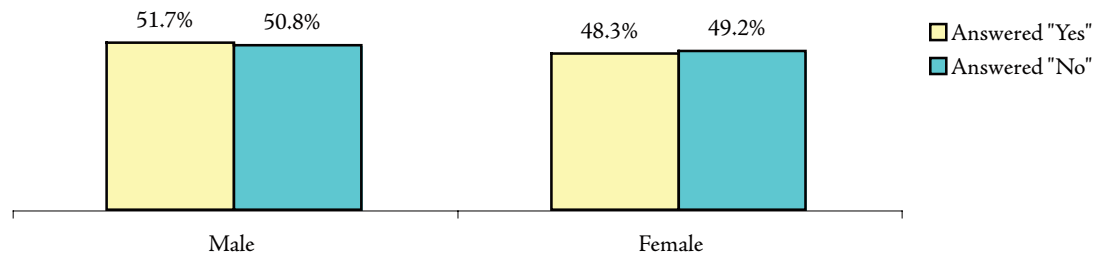
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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-3: Gender of those who answered the question “Did you attend residential school?” (adult survey respondents)**

	Male	Female
Answered “Yes”	51.7%	48.3%
Answered “No”	50.8%	49.2%

Gender of those who answered the question "Did you attend Residential School?"



**Notes:**

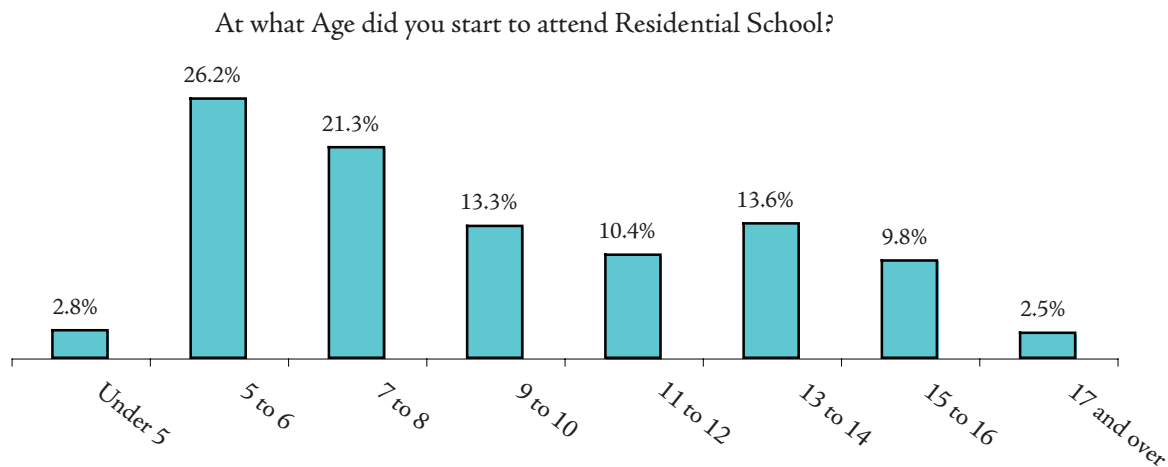
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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.



**Table RHS-4: At what age did you start to attend Residential School? (adult respondents who reported that they had attended residential school)**

Age in years	
Under 5	2.8%
5 to 6	26.2%
7 to 8	21.3%
9 to 10	13.3%
11 to 12	10.4%
13 to 14	13.6%
15 to 16	9.8%
17 and over	2.5%



**Notes:**

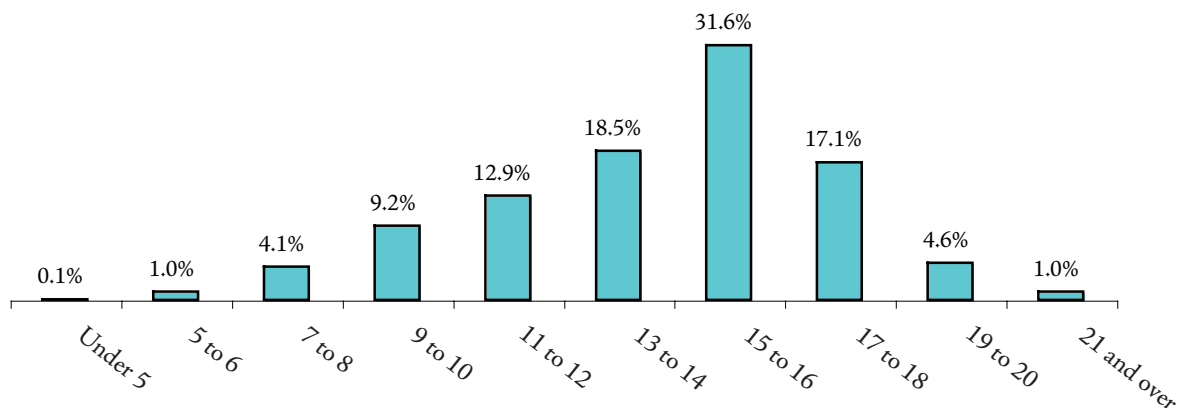
First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-5: At what age did you leave Residential School? (adult respondents who reported that they had attended residential school)**

Age in years	
Under 5	0.1%
5 to 6	1.0%
7 to 8	4.1%
9 to 10	9.2%
11 to 12	12.9%
13 to 14	18.5%
15 to 16	31.6%
17 to 18	17.1%
19 to 20	4.6%
21 and over	1.0%

At what age did you leave Residential School?



**Notes:**

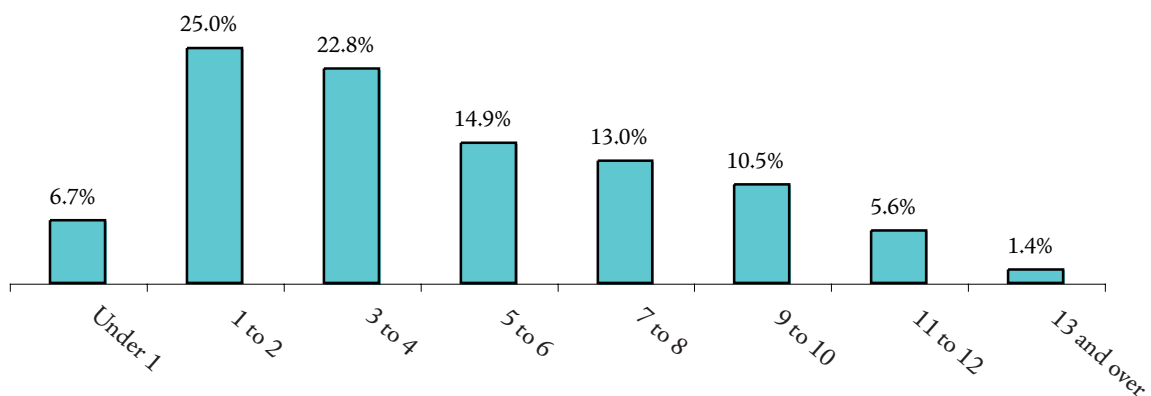
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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-6: Number of years spent at Residential School (adult respondents who reported that they had attended residential school)**

Years	
Under 1	6.7%
1 to 2	25.0%
3 to 4	22.8%
5 to 6	14.9%
7 to 8	13.0%
9 to 10	10.5%
11 to 12	5.6%
13 and over	1.4%

Number of Years spent at Residential School



**Notes:**

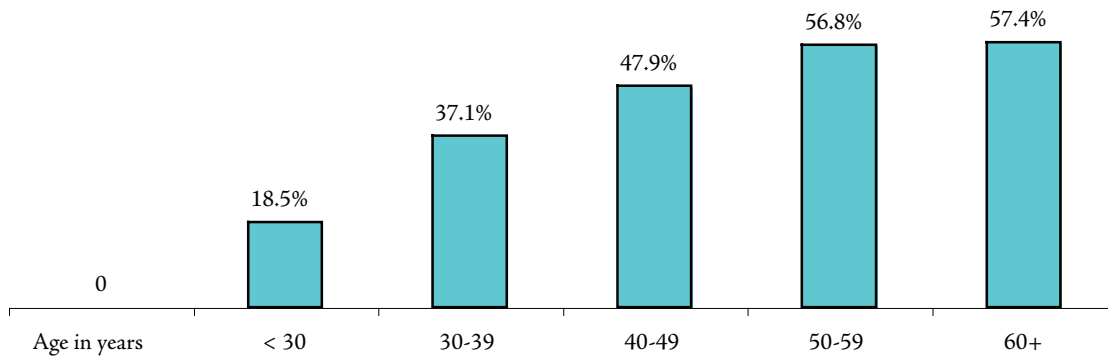
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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-7: Do you believe that your overall health, well-being has been negatively affected by your attendance at residential school? (adult respondents who reported that they had attended residential school)**

Age in years	Answered yes
< 30	18.5%
30-39	37.1%
40-49	47.9%
50-59	56.8%
60+	57.4%

Do you believe that your overall health, well-being has been negatively affected by your attendance at residential school?



**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-8: Proportion of those who attended Residential School that feel that the following items negatively impacted on their health and well-being (adult survey respondents who reported they had attended residential school and reported that it negatively impacted their health and well-being)**

Isolation from family	79.5%
Verbal or emotional abuse	78.4%
Harsh discipline	78.0%
Loss of cultural identity	76.8%
Separation from First Nation or Inuit Community	74.3%
Witnessing abuse	73.0%
Physical abuse	70.8%
Loss of language	70.7%
Loss of traditional religion or spirituality	67.7%
Bullying from other students	61.1%
Poor education	45.3%
Lack of food	43.7%
Harsh living conditions	43.1%
Lack of proper clothing	38.5%
Sexual abuse	32.0%

**Notes:**

This table only includes those who attended residential school and reported that it negatively impacted their health and well-being.

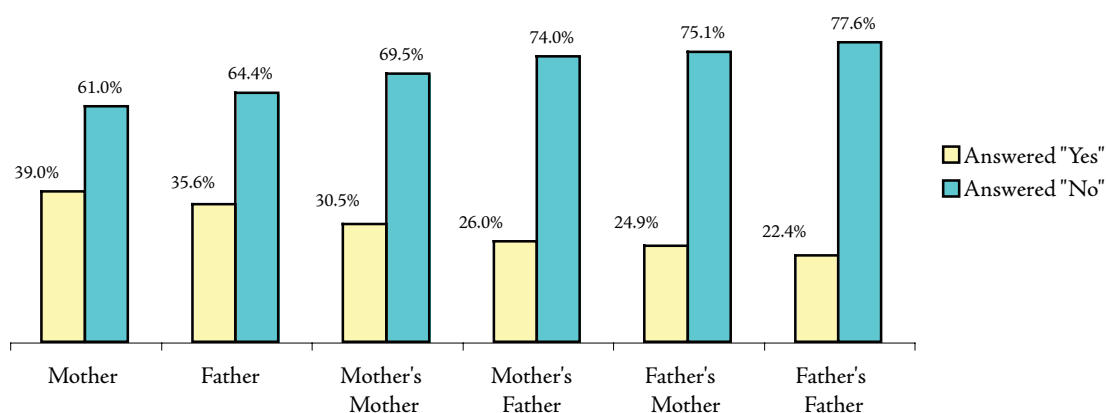
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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-9: Did your parents or grandparents attend Residential School? (adult survey respondents)**

	Mother	Father	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Answered "Yes"	39.0%	35.6%	30.5%	26.0%	24.9%	22.4%
Answered "No"	61.0%	64.4%	69.5%	74.0%	75.1%	77.6%

Did your parents or grandparents attend Residential School?



**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

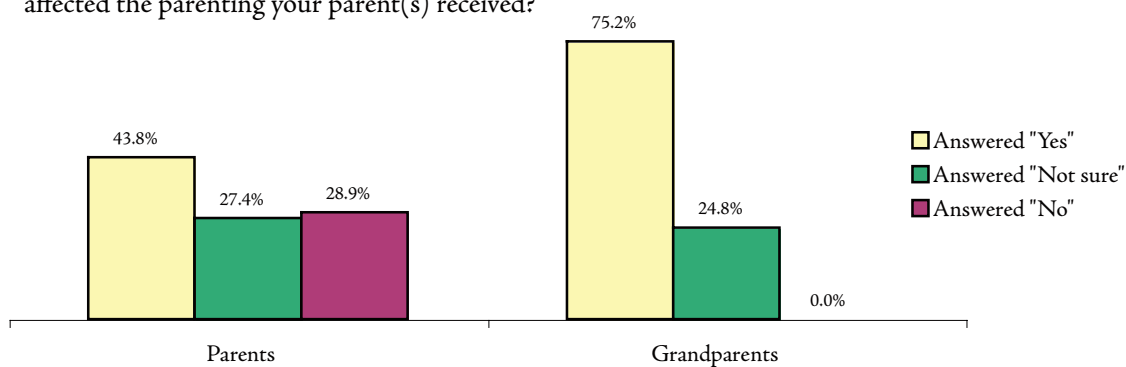
Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.



**Table RHS-10: Negative effects on parenting (adult respondents who reported parents or grandparents attended residential school)**

	Parents	Grandparents
Answered "Yes"	43.8%	75.2%
Answered "Not sure"	27.4%	24.8%
Answered "No"	28.9%	0.0%

Do you believe that your parent(s) attendance at residential school negatively affected the parenting you received?  
 Did your grandparent(s) attendance at residential school negatively affected the parenting your parent(s) received?



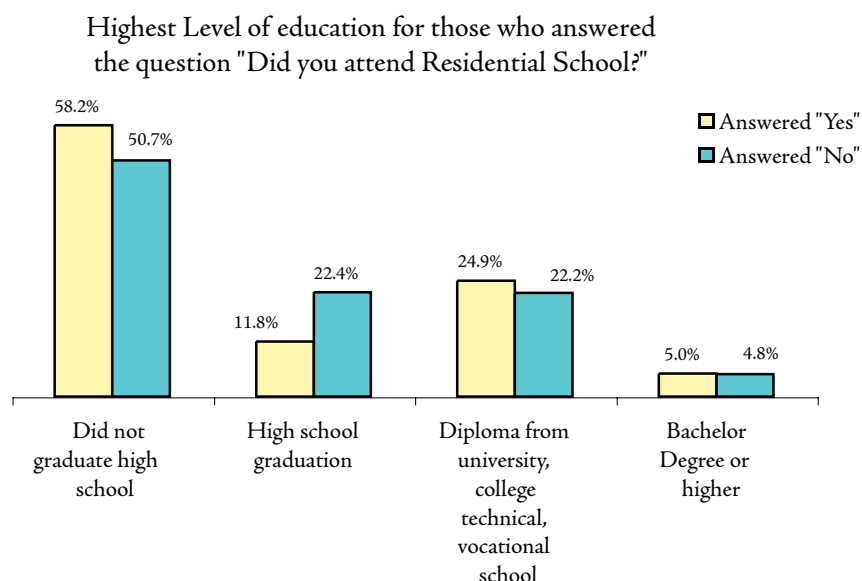
**Notes:**

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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-11: Highest Level of education for those who answered the question “Did you attend Residential School?” (adult survey respondents)**

	Did not graduate high school	High school graduation	Diploma from university, college technical, vocational school	Bachelor Degree or higher
Answered “Yes”	58.2%	11.8%	24.9%	5.0%
Answered “No”	50.7%	22.4%	22.2%	4.8%



**Notes:**

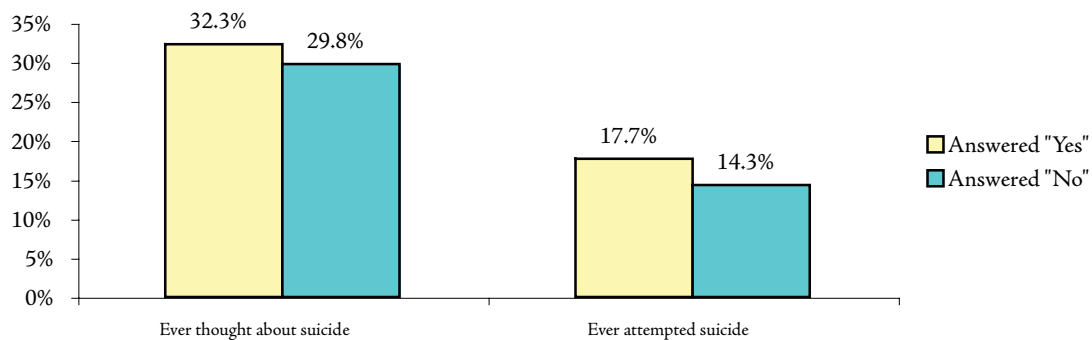
First Nations reserves and other First Nations communities were selected to represent all regions, ‘sub-regions’ (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-12: Percentage of those who have thought about or attempted suicide and answered the question “Did you attend residential School?” (adult survey respondents)**

	Ever thought about suicide	Ever attempted suicide
Answered “Yes”	32.3%	17.7%
Answered “No”	29.8%	14.3%

Percentage of those who have thought about or attempted suicide and answered the question “Did you attend residential School?”



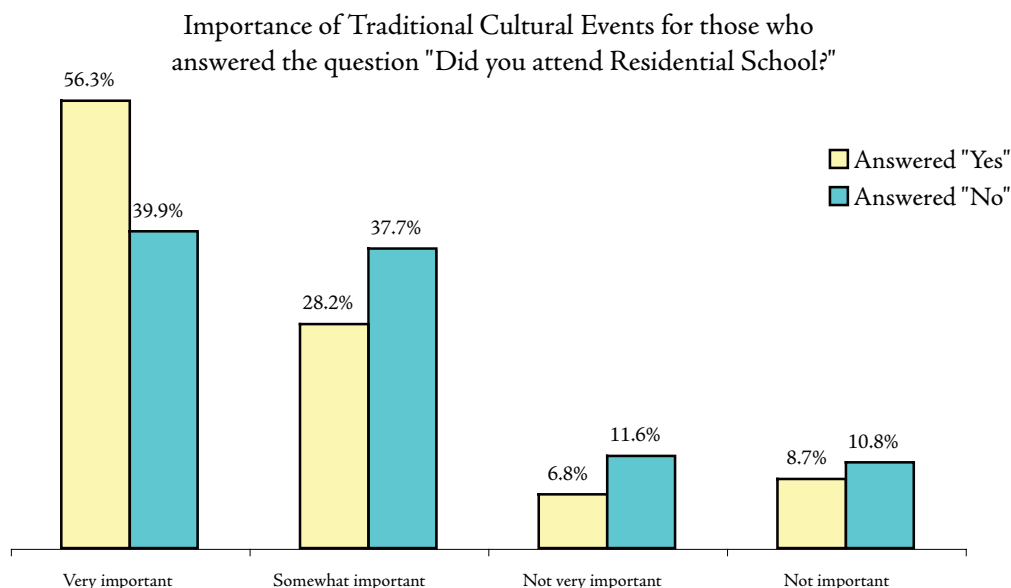
**Notes:**

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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-13: Importance of Traditional Cultural Events for those who answered the question “Did you attend Residential School?” (adult survey respondents)**

	Very important	Somewhat important	Not very important	Not important
Answered “Yes”	56.3%	28.2%	6.8%	8.7%
Answered “No”	39.9%	37.7%	11.6%	10.8%



**Notes:**

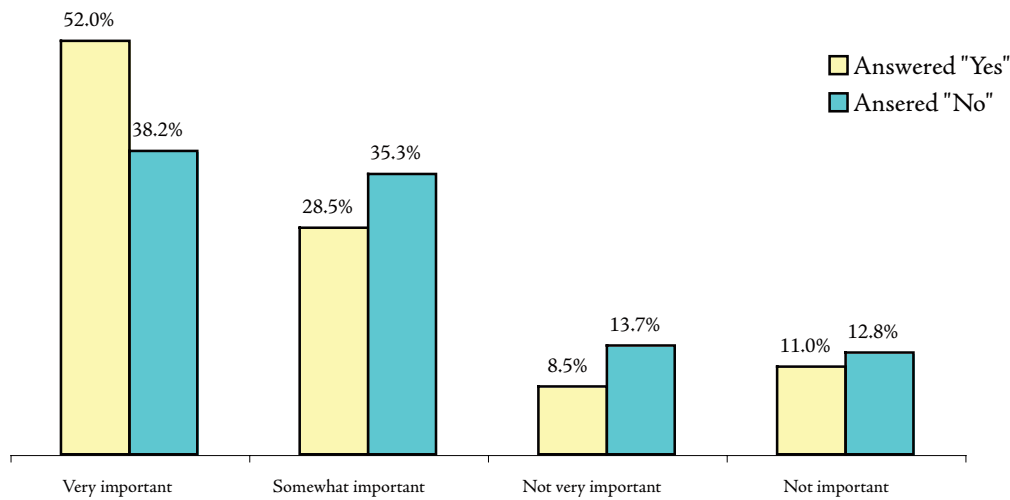
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Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-14: Importance of Traditional Spirituality for those who answered the question "Did you attend Residential School?" (adult survey respondents)**

	Very important	Somewhat important	Not very important	Not important
Answered "Yes"	52.0%	28.5%	8.5%	11.0%
Answered "No"	38.2%	35.3%	13.7%	12.8%

Importance of Traditional Spirituality for those who answered the question "Did you attend Residential School?"



**Notes:**

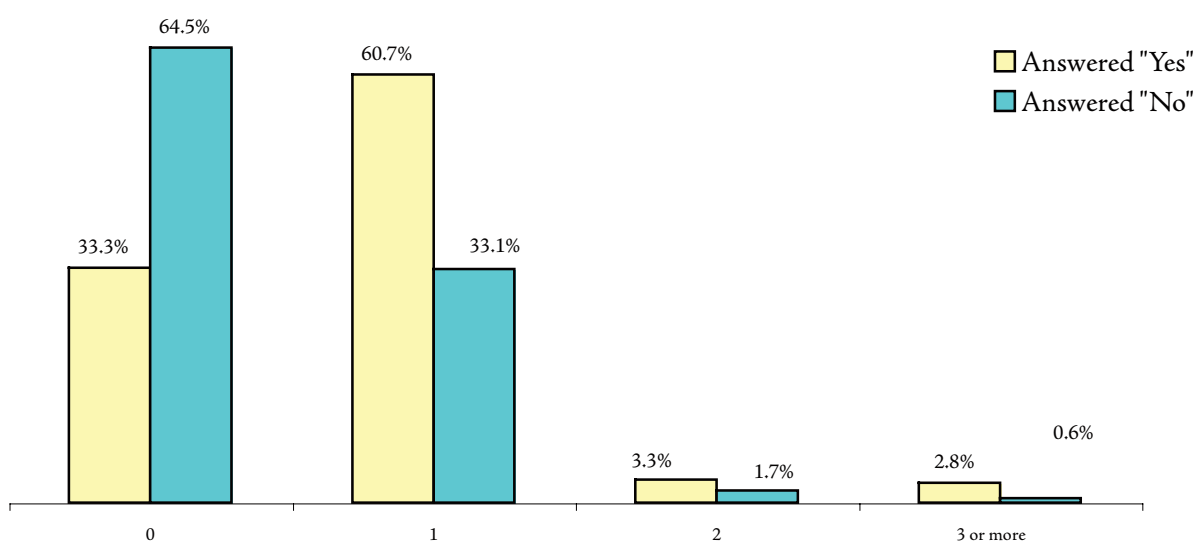
First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-15: Number of languages spoken fluently or relatively well (excluding English, French and Sign language) for those who answered the question “Did you attend Residential School?” (adult survey respondents)**

Number of languages spoken	0	1	2	3 or more
Answered “Yes”	33.3%	60.7%	3.3%	2.8%
Answered “No”	64.5%	33.1%	1.7%	0.6%

Number of languages spoken fluently or relatively well (excluding English, French and Sign language) for those who answered the question “Did you attend Residential School?”



**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, ‘sub-regions’ (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

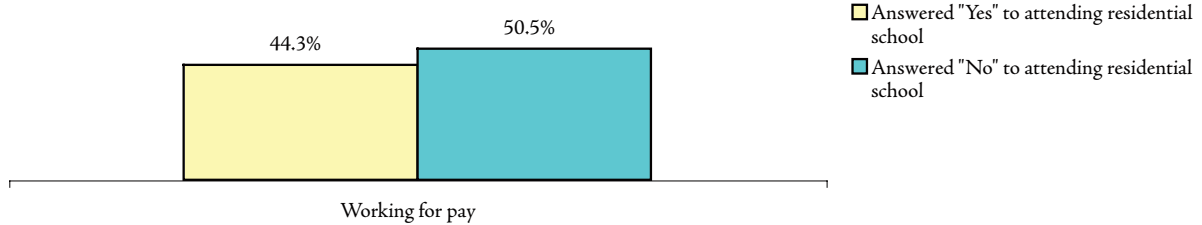
Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.



**Table RHS-16: Proportion of those who answered “Yes” to the question “Are you working for pay” and who also the question “Did you attend Residential School?” (adult survey respondents)**

	Working for pay
Answered “Yes” to attending residential school	44.3%
Answered “No” to attending residential school	50.5%

Proportion of those who answered “Yes” to the question “Are you working for pay” and who also answered the question “Did you attend Residential School?” (Adult survey respondents)



**Notes:**

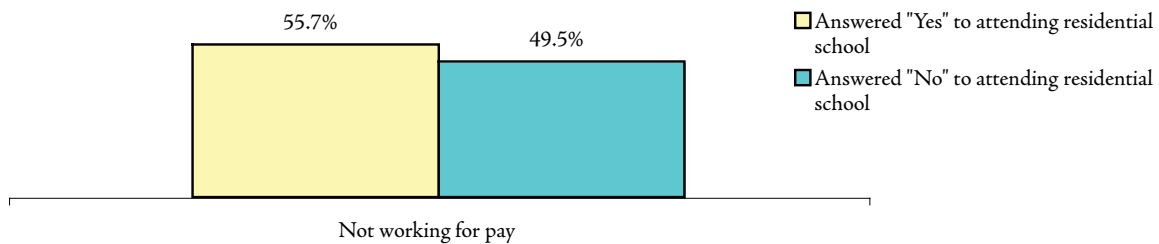
First Nations reserves and other First Nations communities were selected to represent all regions, ‘sub-regions’ (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-17: Proportion of those who answered “No” to the question “Are you working for pay” and who also answered the question “Did you attend Residential School?” (adult survey respondents)**

	Not working for pay
Answered “Yes” to attending residential school	55.7%
Answered “No” to attending residential school	49.5%

Proportion of those who answered "No" to the question "Are you working for pay" and who also answered the question "Did you attend Residential School?"



**Notes:**

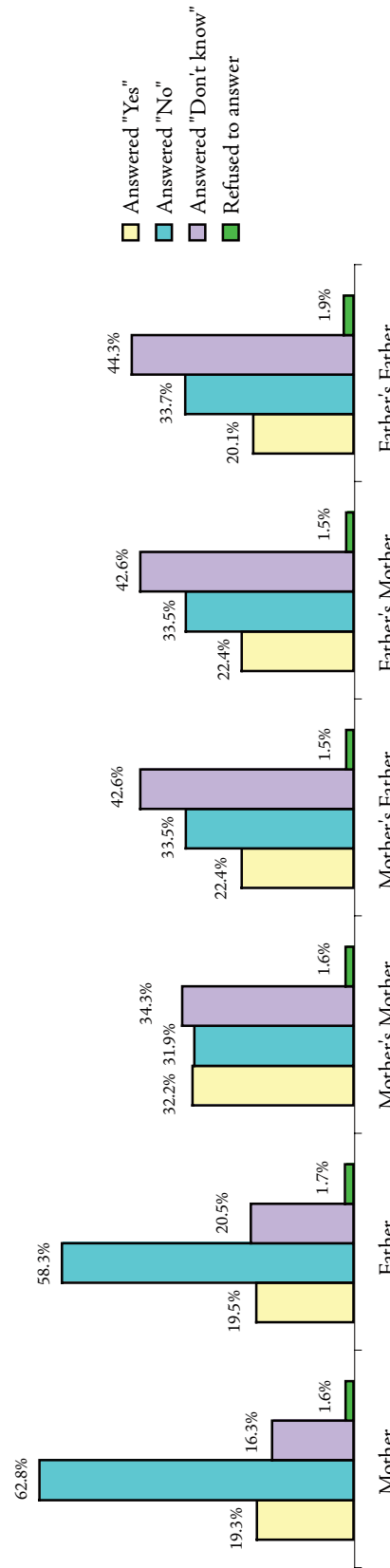
First Nations reserves and other First Nations communities were selected to represent all regions, ‘sub-regions’ (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

**Table RHS-18: Did your parents or grandparents attend Residential School? (youth survey respondents from 12 to 17 years of age)**

	Mother	Father	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Answered "Yes"	19.3%	19.5%	32.2%	22.4%	22.4%	20.1%
Answered "No"	62.8%	58.3%	31.9%	33.5%	33.5%	33.7%
Answered "Don't know"	16.3%	20.5%	34.3%	42.6%	42.6%	44.3%
Refused to answer	1.6%	1.7%	1.6%	1.5%	1.5%	1.9%

**Did your parents or grandparents attend Residential School? (Youth from 12 to 17 years of age)**



**Notes:**

First Nations reserves and other First Nations communities were selected to represent all regions, 'sub-regions' (e.g. Nations, Tribal Councils) and community sizes with the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador.

Source: First Nations Longitudinal Health Survey 2002-03; First Nations Information Governance Committee/Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization.

## **Comprehensive Culturally Appropriate Mental Wellness Framework Draft**

### **First Nations and Inuit Healing and Wellness Discussion Document**

Mental Health Working Group

Assembly of First Nations – Inuit Tapirisat of Canada

6 July 2001

### **Purpose**

To provide First Nations and Inuit with a template or model that will improve the quality of and access to comprehensive, culturally appropriate community-based mental wellness programs and services through the integration of all related programs and services which will allow for a continuum of care. The model must be flexible enough to meet community needs yet structured enough to fall within the scope of mental wellness and healing.

### **Vision**

The vision of a comprehensive mental wellness program is to improve the mental wellness status of First Nations and Inuit.

### **Guiding Principle of Mental Wellness**

Provide communities with a template or model to use in the design of community-based holistic mental wellness services under First Nation and Inuit control. Mental wellness programs must be accessible, equitable, sustainable and reflect the unique needs of First Nations and Inuit.

### **Principles of Mental Wellness**

1. Acknowledge and respect the diverse and distinct culture, history, values, traditions, spiritual beliefs and languages of all First Nations and Inuit.
2. Acknowledge, empower and support First Nations and Inuit capacity to design, deliver and control their own mental wellness services building on existing strengths and holistic approach.
3. Ensure that First Nations and Inuit provide input into the development of mental wellness policies, programs and services at all levels and they must be broad-based and flexible enough to meet the unique needs of regions and communities.
4. Respect and support traditional and contemporary approaches to First Nations and Inuit healing and wellness.
5. Ensure individuals, families and communities have the capacity and they take the responsibility to be involved in their own healing journey.

6. Ensure the delivery of mental wellness services will not duplicate existing services and will not compromise the delivery of mandatory public health and social services, but as a core program, will complement existing and emerging federal and provincial and community initiatives related to the broad determinants of health.
7. Recognize the ongoing fiduciary relationships between the Crown and First Nations and Inuit (including treaty groups).
8. Ensure programs operate as a cohesive, coherent, continuum integrated with other health and human services.
9. Ensure mental wellness activities are delivered in a safe, supportive, nonthreatening, nonjudgemental healing environment for individuals, families and communities.
10. Ensure caregiver are encouraged, supported and provided with a safe working environment.
11. Appreciate and understand First Nations and Inuit world view form the basis of the development of the comprehensive mental wellness framework.
12. Ensure mental wellness services are accountable to community members and funding agencies.
13. Ensure programs and services respect the individual, family and community and provide for empowerment. There must be personalized and continued follow-up for individuals, families and communities and the family is the principle living environment. It is necessary to provide hope to individuals, families and communities.
14. Ensure all First Nations and Inuit communities should have equitable, sustainable and accessible mental wellness services.
15. There must be community involvement in their own healing processes.
16. The delivery of services and programs must be integrated and coordinated.





## The Federal Government's Funding of Indian Residential Schools in Canada For the Years 1877 to 1965

Prepared for the Aboriginal Healing Foundation by David King, David Napier and Jody Kecheho,  
December 2004

### Introduction

If the funding allocated is converted into 2004 dollars, between the years 1877 and 1965, the federal government of Canada spent upwards of \$1 billion dollars on approximately 130 Indian residential schools.<sup>1</sup>

As high as federal expenditures were, according to historian John S. Milloy, the system was inadequately funded. "As a consequence, the condition of many of the buildings in which children were forced to live and work, and the food and clothing provided, remained below the standards that had been set by Indian Affairs itself."<sup>2</sup>

This is a study of the federal government of Canada's expenditures on Indian residential schools. The report was prepared by reviewing the systems of funding residential schools and the financial data available for the periods 1877 to 1906, 1907 to 1957 and 1958 to 1965. This study does not include post-1965 data due to the fact that, in 1966, the federal Department of Indian Affairs was merged with the Department of Northern Affairs and National Resources, forming the Department of Indian Affairs and Northern Development. An extrapolation<sup>3</sup> of the data was carried out to determine what expenditures were made for the intervening years.

The figures provided herein should not be mistaken for a professional forensic accounting of the federal government's funding of residential schools. There are anomalies in the financial reporting done during the 100-plus years that can alter, perhaps even skew, the government's expenditures on Indian education. For instance, one-time bonuses were sometimes made (\$100,000 according to an undated Indian Affairs document)<sup>4</sup> and, while expenditures on day schools were sometimes separated from those of industrial and boarding schools (1961), they were lumped together more frequently as a single dollar figure (1907 to 1909; 1962 to 1965). As a result, some annual amounts spent on industrial and boarding/residential schools have been separated; however, this was often not possible. In 1907 to 1909, day schools in Manitoba and Yukon were included in the totals. (A partial and informal review of expenditures for subsequent years reveals that the day schools in Manitoba account for approximately 15 per cent to 25 per cent of the total expended on all Indian schools in a given year.)

In the years 1962 to 1965, day schools were included in the totals due to a change in the reporting style of Indian Affairs from the previous year. In these cases, the line items listed in previous years (including "Salaries and Wages," "Allowances and Special Services" and "Vocational Training," but excluding "Tuition of Indians attending non-Indian Schools" – a number that exceeded \$7 million in 1995) record an amount for expenditures on industrial boarding/residential schools.

### The Funding Question: 1877 to 1908

Almost a century ago, a committee of church leaders met in hopes of determining the federal government's total expenditures on residential schooling. In 1906, leaders from three denominations — Methodist, Anglican and Presbyterian — formed the "Advisory Board of Indian Education." In 1907, this 12-person advisory board's work elicited written responses from Indian Affairs. These documents are very illuminating in terms of the financial information they contain, as well as the historical perspective they provide. One document from Indian Affairs details the number of schools in operation at that time (55 boarding; 22 industrial; 226 day), as well as the total cost of operating the schools between 1 July 1877 and 30 June 1906 (\$5,226,125.13).<sup>5</sup> An additional document divides the schools according to religious denominations and details the cost from inception to 30 June 1904, stating that \$4,423,711.58 was spent on industrial and boarding schools for the years up to and including 1904.<sup>6</sup>

The former is a significant piece of correspondence because it not only details the financial workings of the school system, but addresses — point-by-point — the recommendations made by the advisory board toward improving Indian education. It did so by outlining the successes and failures experienced in each province, listing the number of students in attendance and discussing the general history of education as it related to the Indian population in Canada.

The document states:

The first efforts to educate the Indians were undertaken by the early missionaries to this country. Probably the first regular school established was at the Grand River, after the Six Nations had been settled there by Governor Haldimand. The imperial authorities under whose direction Indian Affairs were administered up to the year 1800 did not make any special grant for education. The first funds set apart for these purposes arose from the commutation made by certain tribes of their annual distribution of ammunition. This formed the nucleus of what was called the Indian school fund, an account which was held as part of the Indian Trust Fund. This contribution began in 1848 and ended on the 30th of June 1862. The Indian School Fund maintained Industrial schools at Mount Elgin and Alderville which were conducted by the Methodist Church upon a per capita grant... The Indian School Fund remained the sole financial aid to Indian education until 1875-[7]6 when a grant to assist it was made by the Parliament of Canada.<sup>7</sup>

During the period 1878 to 1879, appropriations were \$16,000; by 1888 to 1889, this number had climbed to \$172,980.93.<sup>8</sup>

Despite a consistent rise in government spending, there was a persistent concern that funding on a per capita basis from government was woefully inadequate. "The growing inability of the religious denominations to finance the claims made by the Institutions which they have been largely been [sic] responsible in establishing has led to the demands for increased grants and for a reconsideration of the educational methods referred to in your memorandum."<sup>9</sup> These familiar refrains were repeated often over the next century.

The per capita system was not the first funding structure used for residential schooling in Canada. As Brian Titley notes in his book *A Narrow Vision*:

The first industrial schools, Qu'Appelle, Battleford and High River, were originally administered through a system in which the department paid the entire cost. By 1890 the government wanted to change the method, mainly because of escalating expenditure. Between 1888 and 1889, for instance, the cost per pupil had risen at Battleford from \$329 to \$400, and at Qu'Appelle from \$155 to \$202. Deputy Superintendent Vankoughnet described these figures as "most excessive" and proposed that all new schools (several were planned) be operated on a fixed per capita system.<sup>10</sup>

### **The Per Capita System: 1907 to 1957**

The 1931 annual report for Indian Affairs reveals:

- in 1891 there were 37 residential schools with 1,352 students;
- in 1901 there were 64 residential schools with 3,455 students;
- in 1911 there were 73 residential schools with 3,842 students;
- in 1921 there were 73 residential schools with 4,783 students;
- in 1931 there were 80 residential schools with 7,831 students.<sup>11</sup>

Of the 80 schools operating in 1931, 44 were managed by the Roman Catholic Church, 21 by the Church of England (later Anglican), 13 by the United Church, and 2 by the Presbyterian Church.

Initially, it was thought that church archives would yield useful information regarding the overall government funding of residential schools. Because schools were funded on a per capita basis until 1957, identifying the per capita cost for any given school, denomination or year would represent a significant step toward determining annual funding for the entire system. Enrolment at each school (or perhaps for an entire denomination) could be multiplied by the per capita amount to reach an annual amount for the entire system.

This formula proved to have two failings: first, although relatively consistent, per capita amounts fluctuated between schools; and second, the per capita amounts were often difficult to locate, given that church records and bookkeeping was varied from year to year, and almost always changed from era to era.

Regardless, research at two church archives in Toronto (Anglican and United) did reveal considerable data that proved useful. References to the Advisory Board on Indian Education from 1906 to 1908 appear in numerous documents. There are many other files that provide evidence as to how much the various churches received and spent in a given period on operations.

For the years 1907 to 1957, figures for school funding can be found in annual reports of the former Department of Indian Affairs, held by the National Archives of Canada. Generally, the reports

contain a spreadsheet outlining the *expenditure for the year from parliamentary appropriations* or simply *expenditures* for a given year. Numbers are broken down according to day schools, boarding schools and industrial schools, as well as *Assistance to Ex-pupils* and *Miscellaneous*.

As stated, it is important to note that schools were divided into three distinct categories: day, boarding and industrial schools. The latter two types were under the broad heading of “residential” schools (as indicated by the Royal Commission on Aboriginal Peoples (RCAP), as well as early correspondence between the government and churches regarding Indian education), but were differentiated along very distinct lines.

According to Milloy’s *A National Crime*, boarding schools were situated on or near reserves, were of moderate size and staffed by teachers who instructed their pupils in the “three R’s” — reading, writing and arithmetic. In addition, agriculture and hands-on training in farm labour were included in the curriculum. The federal government experienced no difficulties finding placements on farms for Indian student labour. Industrial schools, on the other hand, tended to be “large, centrally-located, urban-associated trade schools, which also provided a plain English education.”<sup>12</sup> RCAP reports that, in 1922, the industrial school model was abandoned in favour of the boarding school, or residential school.<sup>13</sup>

In terms of funding for boarding and industrial schools, figures for each of the years between and including 1907 and 1957 are recorded on a chart (see Appendix 2). An examination of the allotments (grants) authorized by government for industrial and boarding schools during the 50-year period between 1908 and 1958 shows that appropriations, as opposed to expenditures for this period, totalled almost \$88.6 million (\$88,647,147.78).<sup>14</sup>

### **Controlled-Cost: 1958 to 1965**

Almost since its inception, the funding of Indian education was the subject of heated debate. According to the multi-denominational advisory board report in the early 1900s, the churches (with the notable exception of the Roman Catholic church) experienced difficulties operating within the funding structure imposed by the federal government. The situation persisted for decades, with various other reports drafted, including one from the Indian Work Investigation Commission of the Anglican Church of Canada in 1946. A shift from the long-standing per capita system to a new, more effective system was required.

The new funding system eventually became a reality. It is articulated best in the 1958 report of the Anglican Church of Canada entitled *Operation of Government-owned Indian Residential Schools on a Controlled-Cost Basis*:

The new system for these schools replaces the former per capita grant system. It is the result of negotiations and discussions with representatives of the various Church denominations which have taken place over the last year and a half. It is considered that this change in the system of financing the schools will contribute to the greater efficiency in their operation in the following ways:

- (a) Facilitate the maintenance of standards of food; clothing and supervision at all schools;
- (b) Provide some measure of uniformity in financing the schools;
- (c) Provide protection for taxpayers from extravagance and waste.

The schools will now operate on a controlled-cost basis, that is, the department will reimburse each school for actual expenditures within certain limitations. This system has been made retroactive to January 1, 1957. ISA [Indian School Administration] will receive advances based on a rough estimate of cost and an adjustment of over or under payment will be made following receipt of the audit reports which will be prepared for each calendar year by a representative of the Department of Finance from an examination of ISA books.<sup>15</sup>

Between 1958 and 1965 (the last year for which there is financial data available), appropriations for residential schools totalled just under \$58.2 million (\$58,151,452.00), while expenditures reached \$880,003,689.<sup>16</sup>

The late 1960s began what would eventually be the end of the residential school system. According to the Royal Commission on Aboriginal Peoples:

In 1969, the federal government ... formally ended the partnership with the churches, effectively secularizing Aboriginal education. The department then had almost unrestrained control of the residential school system. The rate of closures in the next decade bore witness to that; by 1979, the number of schools had fallen from 52 with 7,704 students to 12 with 1,899.<sup>17</sup>

### Historical Brief

For over a century, Canada maintained a separate school system designed to integrate Aboriginal people into mainstream western society. The schools – known as Indian residential schools – were funded by the federal government and operated by four religious organizations: Anglican (Church of England), Roman Catholic, Presbyterian and Methodist (now represented by the United Church). The schools fell under the headings of industrial and boarding schools (residential), as well as Indian day schools.

Important dates include:

1844 - The Bagot Commission Report<sup>18</sup> advises the government of Upper Canada that Indians ought to acquire “industry and knowledge,” if they are to become valuable members of society. These skills, writes Charles Bagot after a two-year review of conditions on reserves, could only be taught through a European-based education system. At the time, the Missionary Society of the Church of England’s Canadian chapter (MSCC) was active in various parts of the country, as were other churches with a missionary mandate, including the Methodists and Roman Catholics. At the root of religious outreach was evangelical competition among the sects for converts (Native, Inuit) – goals complementary to the policies of the federal government.

1847 - Dr. Egerton Ryerson, the Methodist head of education in Upper Canada, authors a report on Indian Affairs in which he recommends that: “Their education [of Indians] must consist not merely of training



of the mind but of a weaning from the habits and feelings of their ancestors and the acquirements of the language, arts and customs of civilized life.”<sup>19</sup> Dr. Ryerson also suggests that there be a partnership between government and churches, and that the schooling be of a religious nature.

1871 - Education as a federal fiduciary responsibility appears in the Indian Treaty known as Treaty No. 1. Subsequent treaties would also include a provision for education. The result of federal endeavours following the signing of treaties with First Nations was a rise in expenditures geared towards formally educating Aboriginal people.<sup>20</sup>

Prior to 1871, funding for residential schools was relatively small, perhaps amounting to less than \$50,000.<sup>21</sup>

1879 - Nicholas Flood Davin releases his *Report on Industrial Schools for Indians and Half-Breeds*. Davin, a journalist and defeated Conservative party candidate, was commissioned by Prime Minister John A. Macdonald to study the industrial training schools in the United States. Davin would later write: “The industrial school is the principal feature of the policy known as ‘aggressive civilization.’”<sup>22</sup> He later recommends the American model, which Davin deemed successful because it effectively cut children off from the presumed negative influences of their families. “[I]f anything is to be done with the Indian we must catch him very young,”<sup>23</sup> Davin observes. The difficulty here was that “the influence of the wigwam was stronger than the influence of the school,”<sup>24</sup> he concludes.

There were, however, a small number of residential schools in operation prior to Davin’s 1879 report. The Mohawk Institute had been in operation since 1831 and the Mount Elgin Industrial School since 1849.<sup>25</sup> The New England Company and various First Nations in southern Ontario initially funded the Mohawk Institute Residential School. Mount Elgin was initially funded by the Chippewa First Nations of southwestern Ontario. Shingwauk Indian Residential School and Wikwemikong Indian Residential School were also in operation prior to Davin’s 1879 report. In addition, documentation illustrates that the Alnwick Industrial School in Alderville, Ontario, may have opened as early as 1838.

1892 - The Government of Canada passes an order-in-council regulating the operation of Indian residential schools, which is soon followed by a partnership between the federal government and the churches to run the school system. “The vision of Aboriginal education developed ... by leaders in the churches and the Department [of Indian Affairs] was erected on the pillars of selfless duty and the self-interested needs of the state,”<sup>26</sup> writes University of Trent professor John S. Milloy in his research report to the Royal Commission on Aboriginal Peoples.

1920 - “I want to get rid of the Indian problem,”<sup>27</sup> says Duncan Campbell Scott, Deputy Superintendent of Indian Affairs, while addressing a parliamentary committee. In this year, it became mandatory for every Indian child between the ages of seven and fifteen to attend school after it was discovered that, of the approximate 18,000 Indian children of school age in Canada, only about 12,000 were enrolled in day, residential or boarding schools. “Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and there is no Indian question, and no Indian Department,”<sup>28</sup> Duncan Campbell Scott remarks. Education is deemed the most effective way to eliminate “the Indian problem.”



## Appendix 1

### Summary of Financial Data

The following is a brief summary of the financial data gathered and detailed on the chart: *Dollars spent on Residential Schools Extrapolation to April 2, 2004* (Appendix 2).

“Residential schools”<sup>29</sup> is a phrase that was commonly used by federal and church officials to describe the form of education provided to status Indians who lived on school premises as opposed to returning home at the close of the school day. For the purposes of this study, only financial figures pertaining to boarding, industrial or residential schools have been used unless otherwise noted.

The chart in Appendix 2 details expenditures incurred by the government for residential schools between and including the years 1877 and 1965. There are four columns for data: the year in which the dollars refer; dollars actually spent for those years; difference in spending amounts between years; and the extrapolated figures of dollars actually spent to today’s current dollar value. Figures for 1907 to 1942 were found in the Department of Indian Affairs annual reports. Data for the years starting with 1943 are located in the *Public Accounts*.

There are some periods of fluctuation from year to year, most notably 1931 to 1932 (decrease of \$685,690.17); 1932 to 1933 (further decrease of \$225,113.90); and 1958 to 1959 (increase of \$2,446,390.00). The above fluctuations in funding appear to be the result of major events, such as reports, reviews or the exertion of significant pressure by churches with the aim of securing additional federal funds. For instance, Anglican church documents refer to a change in 1939, whereby the government restored a five per cent cut to grants that were made in 1932.<sup>30</sup>

It should be noted that the economy of the time did not appear to have a substantial impact on the residential school budgets. That is, diet provided to children at residential schools would not have changed before, during or after a national recession. Documents have been found to explain why most of these increases and decreases in funding occur. In chronological order:

- ✦ *The Church and Native Residential School Education* reports that, in 1910, “due to the difficulty of financing Boarding School operations on the ‘fixed grant’, Government entered into [a] formal contract with ‘several religious bodies’”<sup>31</sup> regarding the review of funding and consideration of a per capita grant system. Likewise, this document refers to a shift in responsibility for financing and operation of the Diocesan (Anglican) schools in 1919 to 1920 by the Missionary Society of the Church of England in Canada (MSCC).
- ✦ *Establishing Allotments of Appropriations and Commitment Control* refers to “Sections 26 and 29 of the Consolidated Revenue and Audit Act, 1931, [which] provide[d] for the establishment of a system of control over all department Commitments ... [and] guard[ed] against the over-committing of appropriations.”<sup>32</sup>

- *The Draft Memo to the Protestant Members of Parliament* discusses a report entitled: *The Operation of Indian Schools*, which was tabled in the House of Commons by the Special Joint Committee on Indian Affairs in June of 1948.<sup>33</sup>

A list of files detailing all relevant financial records gathered is held at the AHF office. It should be noted that the file entitled *Additional/Supporting Docs* contains 18 documents, including the Davin Report, the untitled correspondence from Indian Affairs, outlining funding of schools between 1877 and 1906, and an explanation of the controlled-cost system that support the numbers in the chart (Appendix 2) and the findings of this report.

There are challenges in determining the financial numbers for the years 1962 to 1965. Between 1961 and 1962, the Department of Indian Affairs changed its style of reporting in the annual reports. For 1961 to 1965, financial line items for day and residential schools were lumped together under the single heading “Indian education.” When line items for 1961 are compared with those for 1962, 1963, 1964 and 1965, they reveal items such as “payments for textbooks and travel” and “mid-day meals” for both day and residential schools combined in one amount. It is impossible to determine what is included or excluded, or what the actual amounts are for each item in these combined amounts. The amounts that have been excluded from the total that appear on the attached chart are amounts that may not relate to the residential school experience, such as “Tuition for Indians at non-Indian schools.” This latter amount is significant, totaling more than \$6 million in a given year, and exceeding \$7 million in 1965. In 1962, the budget for day and residential schools was \$17,585,661, but when unrelated items were excluded as was done in the previous year, this number was \$10,7474,293.

By combining expenditures for 1877 to 1906 with appropriations for all subsequent years, the total amount spent by the federal government for Indian residential schools between 1877 and 1965 was \$168,082,096.33.

In today’s current dollar value, this would mean that the government spent \$1,504,225,121.72 over an 88-year period.

## Appendix 2

### Dollars Spent on Residential Schools Extrapolation to 2 April 2004

To factor inflation into the findings of this report, the following chart outlines the results of that extrapolation. An on-line Bank of Canada “Inflation Calculator” was used for the extrapolation. The following information should be noted by anyone studying these findings:

- Funding for the period from 1877 to 1906 was extrapolated from 1906 because there is no annual breakdown for that period. To factor inflation into an annual basis during that period would most likely produce a higher result.

Despite the gaps in the data, the numbers are quite compelling: Canada authorized \$1,504,225,121.72 (in 2004 dollars) in funding to residential schools during the period in question. Canada has allocated \$426,664,164.00 (in 2004 dollars) to healing (see chart on next page). This is \$1,077,560,957.72 less than it actually spent on residential schools.

<b>Dollars Spent on Residential Schools Extrapolation* to 2 April 2004</b>			
<b>Date (Fiscal year-ending)</b>	<b>Spent</b>	<b>Difference between years</b>	<b>Current \$</b>
1877-1906**	\$5,227,194.60		\$108,628,847.78
1907	\$293,841.95		\$5,888,382.79
1908	\$389,636.91	\$95,794.96	\$8,097,232.23
1909	\$379,839.28	-\$9,797.63	\$7,893,622.96
1910	\$305,754.06	-\$74,085.22	\$6,127,092.97
1911	\$372,862.34	\$67,108.28	\$7,471,894.96
1912	\$582,206.90	\$209,344.56	\$11,264,699.71
1913	\$558,593.19	-\$23,613.71	\$10,553,085.49
1914	\$717,459.76	\$158,866.57	\$12,276,533.67
1915	\$811,721.06	\$94,261.30	\$13,699,182.82
1916	\$679,040.47	-\$132,680.59	\$10,864,647.52
1917	\$530,932.08	-\$148,108.39	\$7,433,049.12
1918	\$542,596.38	\$11,664.30	\$6,618,601.39
1919	\$580,205.33	\$37,608.95	\$6,382,258.63
1920	\$847,856.51	\$267,651.18	\$5,541,185.79
1921	\$871,238.29	\$23,381.78	\$8,320,663.36
1922	\$1,147,874.62	\$276,636.33	\$12,740,374.16
1923	\$1,193,220.21	\$45,345.59	\$13,486,672.47
1924	\$1,583,310.52	\$390,090.31	\$17,895,766.61
1925	\$1,554,829.72	-\$28,480.80	\$17,573,855.18
1926	\$1,580,000.00	\$25,170.28	\$17,696,000.00
1927	\$1,582,735.64	\$2,735.64	\$17,889,268.89
1928	\$1,599,048.59	\$16,312.95	\$18,073,650.12
1929	\$1,713,264.99	\$114,216.40	\$19,364,609.80
1930	\$1,877,215.94	\$163,950.95	\$20,649,375.34
1931	\$2,231,203.66	\$353,987.72	\$26,949,440.29
1932	\$1,545,513.49	-\$685,690.17	\$20,923,874.94
1933	\$1,320,399.59	-\$225,113.90	\$18,915,491.80
1934	\$1,254,018.63	-\$66,380.96	\$17,964,545.96
1935	\$1,260,823.79	\$6,805.16	\$18,062,033.83
1936	\$1,492,209.00	\$231,385.21	\$20,890,926.00
1937	\$1,414,703.20	-\$77,505.80	\$19,365,714.92
1938	\$1,403,503.39	-\$11,199.81	\$18,794,741.05
1939	\$1,399,646.97	-\$3,856.42	\$18,949,066.67
1940	\$1,547,252.84	\$147,605.87	\$20,496,940.85

Date (Fiscal year-ending)	Spent	Difference between years	Current \$
1941	\$1,462,955.19	-\$84,297.65	\$18,391,436.67
1942	\$1,455,097.08	-\$7,858.11	\$17,237,303.87
1943	\$1,375,794.09	-\$79,302.99	\$16,142,650.66
1944	\$1,369,302.56	-\$6,491.53	\$15,620,192.17
1945	\$1,542,530.39	\$173,227.83	\$17,596,272.60
1946	\$1,616,022.88	\$73,492.49	\$18,265,506.31
1947	\$1,585,795.42	-\$30,227.46	\$16,842,241.01
1948	\$1,977,969.33	\$392,173.91	\$17,918,075.11
1949	\$2,232,258.70	\$254,289.37	\$19,098,213.32
1950	\$2,558,981.63	\$326,722.93	\$21,742,519.78
1951	\$2,535,514.90	-\$23,466.73	\$19,770,597.19
1952	\$3,134,821.56	\$599,306.66	\$22,718,236.25
1953	\$3,721,517.70	\$586,696.14	\$27,454,549.74
1954	\$3,780,842.00	\$59,324.30	\$27,726,174.67
1955	\$4,175,392.00	\$394,550.00	\$30,619,541.33
1956	\$5,422,732.00	\$1,247,340.00	\$39,766,701.33
1957	\$5,739,126.00	\$316,394.00	\$40,635,650.76
1958	\$6,089,777.00	\$350,651.00	\$41,913,995.89
1959	\$8,536,167.00	\$2,446,390.00	\$57,783,284.31
1960	\$9,342,290.00	\$806,123.00	\$62,552,724.35
1961	\$10,599,843.00	\$1,257,553.00	\$69,834,259.76
1962	\$10,747,293.00	\$147,450.00	\$70,805,695.06
1963	\$10,682,893.00	-\$64,400.00	\$69,270,127.24
1964	\$10,980,681.00	\$297,788.00	\$69,732,984.49
1965	\$13,024,745.00	\$2,044,064.00	\$81,042,857.78
<b>Sub-totals</b>	<b>\$168,082,096.33</b>		<b>\$1,504,225,121.72</b>
<b>Summary of Findings (in \$2004)</b>			
<b>Total expenses incurred (extrapolated)</b>		<b>Total allotment authorized for healing***</b>	
<b>\$1,504,225,121.72</b>		<b>\$426,664,164.00</b>	
<b>Difference</b>			
<b>\$1,077,560,957.72</b>			
<p>* Per Bank of Canada Inflation Calculator for the years 1914 to 1965 (<a href="http://www.bank-banque-canada.ca/en/inflation_calc.htm">http://www.bank-banque-canada.ca/en/inflation_calc.htm</a>).</p> <p>Per Federal Reserve Bank of Minneapolis Consumer Price Index (Estimate) for the years 1906 to 1913 (<a href="http://www.minneapolisfed.org/research/data/us/calc/hist1800.cfm">http://www.minneapolisfed.org/research/data/us/calc/hist1800.cfm</a>).</p> <p>** Inflation calculation: 1906-2004.</p> <p>*** 1998 Healing Fund of \$350 million plus interest.</p>			

## Appendix 3

### Unknown Residential School Expenditures

#### 1877 to 1906, 1907 to 1909

The annual reports of the Department of Indian Affairs were used to determine federal expenditures for the periods 1877 to 1906 and 1907 to 1909. In these early years, the annual reports provide a detailed account of all education expenditures. As a result, the line items believed to have been residential school expenditures are tallied in order to arrive at the figures provided in this study.

#### 1910 to 1923

The annual reports of the Department of Indian Affairs for the period 1910 to 1923 provide federal expenditures by province and territory in a simple-to-read chart under the following headings: “Day Schools,” “Boarding Schools,” “Industrial Schools,” “Ex-pupils,” “Travel and Salaries,” “Tuition,” “Freight Expenses etc.” and “Miscellaneous.” Day and residential school expenditures under the headings: “Ex-pupils,” “Travel and Salaries,” “Tuition,” “Freight Expenses etc.” and “Miscellaneous” were lumped together by federal auditors as one figure with no separation of expenditures. As a result, adding the totals from the “Boarding Schools” and “Industrial Schools” columns, while omitting those columns that were mixed day/residential school expenditures, one arrives at the figures provided in the chart of this study. Had federal auditors provided separate day/residential school expenditures for the columns in question, the figures charted in this study would have been higher.

#### 1924 to 1942

The Department of Indian Affairs provides a graph in their 1924 to 1942 annual reports that chart federal expenditures by province and territory under the headings: “Day Schools,” “Residential Schools,” “Miscellaneous,” “Stationery,” “Tuition” and “Assistance to Ex-pupils.” The flat rate figure provided under the “Residential Schools” column is the figure charted in this study. All other columns are excluded due to the fact that no division of day/residential school expenditures is provided. As with the 1910 to 1923 period, actual residential school expenditures are higher than the figures charted.

#### 1943 to 1965

For the 1943 to 1965 period, the federal *Public Accounts* are used instead of the Department of Indian Affairs annual reports. In the *Public Accounts*, expenditures are listed under the headings: “Per Capita Grants,” “Wages,” “Equipment Maintenance,” “Building Repairs” and “Acquisition of Equipment.” The figures provided are national totals and were not broken down by province and territory. The figures charted in this study are the totals provided in the *Public Accounts* for every year under the heading “Grants to Residential Schools.” These figures include all the above-mentioned expenditures, not just capital grants. This must be taken into consideration when comparing figures from the Indian Affairs annual reports that were used for the above periods (1910 to 1923 and 1924 to 1942).



## 1966 to 1986

There is debate among historians as to the precise year the federal government permanently closed the last Indian residential school. According to J.R. Miller,<sup>34</sup> residential schooling ended in the early 1970s, while John S. Milloy held that the last Indian residential school was closed in the year 1986; nonetheless, there is consensus that the 1960s marked the beginning of the end for Indian residential schools, which were gradually replaced with federal day schools.

The Aboriginal Healing Foundation uses the dates 1892 to 1969 to designate when Canada's Indian residential school system operated officially. Although Indian residential schools were in place prior to 1892, it was not until that year when an order-in-council formally established the "joint partnership" arrangement and set government regulations - without which there would be no "system" of residential schooling. As for 1969, this is the date (April 1st, to be exact) when the government no longer had an involvement in a system of Indian residential schools, although they continued to run schools until 1996 with an emphasis on giving control of education to band management; and it should be noted that the one remaining government-run school in 1996 (Gordon Indian Residential School in Saskatchewan) was run by the federal government at the band's request.

This study did not include post-1965 residential school expenditures, due to the fact that in 1966, the Department of Indian Affairs merged with the Department of Northern Affairs and National Resources, forming the Department of Indian Affairs and Northern Development. The newly formed department's annual reports included residential school expenditures for both status Indians and Inuit. Including post-1965 expenditures would have created inconsistencies in this study.

Interpretation of the data is affected by a number of factors, including: 1) lack of information on hand; 2) scarcity of data for certain periods or years; and 3) changes to federal accounting practices throughout the years analyzed in this report.

## Notes

<sup>1</sup> Interpretation of the data is affected by a number of factors, including: 1) lack of information on hand; 2) scarcity of data for certain periods or years; and 3) changes to federal accounting practices throughout the years analyzed in this report.

<sup>2</sup> Milloy, John S. (1999). "A National Crime": The Canadian Government and the Residential School System, 1879 to 1986. Winnipeg, MB: University of Manitoba Press, xvii.

<sup>3</sup> To project, extend or expand upon known data or experience (actual dollars allocated or spent on residential schools) into an area not known or experienced (financial data missing for the period(s) after 1965) so as to construct an image of the future — a prediction or estimate of costs.

<sup>4</sup> National Archives of Canada, Indian Affairs file: RG 10, Volume 6001, File 1-1-1, part 4.

<sup>5</sup> Ibid. part 2, 5.

<sup>6</sup> Ibid. File 1-1-1, part 4.

<sup>7</sup> Ibid. part 2, School Files. Letter dated March 21, 1908.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Titley, Brian E. (1986). A Narrow Vision: Duncan Campbell Scott and the Administration of Indian Affairs in Canada. Vancouver, BC: University of British Columbia Press, 79.

<sup>11</sup> Department of Indian Affairs Annual Report for 1931.

<sup>12</sup> Milloy, J.S. (1996). "Suffer the Little Children..." A History of the Residential School System, 1830 - 1992. RCAP Research Reports. Socio-Cultural. Project Area 7: Residential Schools. In: For Seven Generations: An Information Legacy of the Royal Commission on Aboriginal Peoples (CD-ROM). Ottawa, ON: Libraxus, 1997.

<sup>13</sup> Royal Commission on Aboriginal Peoples (1996). Looking Forward, Looking Back. Ottawa, ON: Minister of Supply and Services Canada: Volume 1, Part 2, Section 10, 14.

<sup>14</sup> Department of Indian Affairs Annual Reports for 1908 up to and including 1958.

<sup>15</sup> Anglican Church of Canada (1958). Operation of Government-owned Indian Residential Schools on a Controlled-Cost Basis. Anglican Church of Canada file number ACC-MSCC-GS 75 - 103, 1.

<sup>16</sup> Department of Indian Affairs Annual Reports for 1958 up to and including 1965.

<sup>17</sup> Royal Commission on Aboriginal Peoples (1996). *Looking Forward, Looking Back*. Ottawa, ON: Minister of Supply and Services Canada: Volume 1, Part 2, Section 10, 22-23.

<sup>18</sup> Bagot Commission (1845). *Report on the Affairs of the Indians in Canada*. Journals of the Legislative Assembly of Canada, 1844-1845, Appendix EEE.

<sup>19</sup> Dr. Ryerson cited in: Prince, Alison L. and Susan E. Houston (1975). *Family, School and Society In Nineteenth-Century Canada*. Toronto: Oxford University Press, 220. In Haig-Brown, Celia (1988). *Resistance and Renewal: Surviving the Indian Residential School*. Vancouver, BC: Tillacum Library, 25.

<sup>20</sup> National Archives of Canada, Indian Affairs file: RG10, Volume 6001, File 1-1-1, part 2, School Files.

<sup>21</sup> *Ibid.* Letter dated 21 March 1908.

<sup>22</sup> Nicholas Flood Davin (1879) *Report on Industrial Schools for Indians and Half-Breeds*. Presented to the Minister of Interior in Ottawa on March 14, 1879, 1. In Haig-Brown, Celia (1988). *Resistance and Renewal: Surviving the Indian Residential School*. Vancouver, BC: Tillacum Library, 26.

<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.*

<sup>25</sup> According to the Aboriginal Healing Foundation, the Mount Elgin Indian Residential School opened in 1848 and the Mohawk Institute Residential School in 1850. Aboriginal Healing Foundation (2003). *A Directory of Residential Schools in Canada*. Ottawa, ON: Aboriginal Healing Foundation, 14.

<sup>26</sup> Milloy, J.S. (1996). "Suffer the Little Children..." *A History of the Residential School System, 1830 - 1992*. RCAP Research Reports. Socio-Cultural. Project Area 7: Residential Schools. In: *For Seven Generations: An Information Legacy of the Royal Commission on Aboriginal Peoples (CD-ROM)*. Ottawa, ON: Libraxus, 1997.

<sup>27</sup> National Archives of Canada. Duncan Campbell Scott, deputy superintendent general of Indian Affairs, testimony before the Special Committee of the House of Commons examining the *Indian Act* amendments of 1920. Record Group 10, volume 6810, file 470-2-3, volume 7: 55 (L3) and 63 (N-3). See Leslie, John (1978). *The Historical Development of the Indian Act*, second edition. Ottawa, ON: Department of Indian Affairs and Northern Development, Treaties and Historical Research Branch, 114.

<sup>28</sup> *Ibid.*

<sup>29</sup> “Residential Schools” - means the Residential School System in Canada, attended by Aboriginal students. It may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students, or a combination of any of the above.” Source: Aboriginal Healing Foundation (2001). *Aboriginal Healing Foundation Program Handbook - 3<sup>rd</sup> Edition*. Ottawa, ON: Aboriginal Healing Foundation, 5.

<sup>30</sup> Anglican Church of Canada. Indian Work Investigation Commission. File number ACC-MSCC-GS 75-103, 3.

<sup>31</sup> Anglican Church of Canada. The Church and Native Residential School Education. File number ACC-MSCC-GS 75-103, series 2:15, box 26 (file 2).

<sup>32</sup> National Archives of Canada. Indian Affairs. File number RG 10, volume 6011, file 1-1-5a, part 1.

<sup>33</sup> Anglican Church of Canada. Draft Memo to the Protestant Members of Parliament. File number ACC-MSCC-GS75-103, series 2:15, box 26 (file 2).

<sup>34</sup> Miller, J. R. (1996). *Shingwauk’s Vision: A History of Native Residential Schools*. Toronto, ON: University of Toronto Press.

## A Formula For Assessing The Economic Impact Of Residential School Abuse<sup>1</sup>

A recent report by Bowlus et.al.<sup>2</sup> (2003), published by the Law Commission of Canada, included a detailed calculation of the economic costs and consequences of child abuse in Canada.<sup>3</sup> If this methodology could be applied to residential school abuse, an estimate of the economic impact of residential school abuse could be derived. The Law Commission methodology relies on estimating the per person costs of abuse and then multiplying this figure by the number of affected individuals.

In order to use the Bowlus et. al. calculations to estimate the economic impact of residential school abuse, it is first necessary to determine whether the assumptions used in estimating the costs of child abuse in Canada are applicable to assessing the costs to Aboriginal people of residential school abuse. If the cost assumptions appear to over-estimate costs, they should be used with caution, or not at all. However, if the cost assumptions appear reasonable, or an underestimate, they could be applied to residential school abuse with confidence.

Bowlus et. al. measured the cost of abuse in a number of areas of the economy: 1) policing, legal, judicial and penal costs, 2) public and private social services costs, 3), costs of special education in the schools 4) short- and long-term health costs, 5) lost income to the survivors of abuse, and 6) personal costs to the victims and their families. Of course, these are not all the economic costs of abuse, but they are considered by experts to be the most important areas of economic impact. The assumptions with respect to each of these cost components are discussed below to determine whether or not they are reasonable assumptions to use in assessing the applicable costs of residential school abuse:

- ♦ Policing, Legal, Judicial and Penal Costs. The Bowlus et. al. figures include a cost calculation based on the number of inmates incarcerated for perpetrating acts of child abuse, as well as the percentage of inmates involved in criminal activity as a direct result of abuse in their childhood. Since there are much higher rates of Aboriginal incarceration generally (Hylton 2001), as well as much higher rates of Aboriginal incarceration for violence and abuse (Hylton 2002), the Bowlus et. al. figures are likely a significant under-estimate of the true legal and penal costs resulting from residential school abuse;
- ♦ Public and Private Social Services Costs. Bowlus et. al. measure the percentages of provincial budgets devoted to services for abused children. The per capita level of child and family service expenditures in many Aboriginal communities is higher than in many non-Aboriginal communities, since Aboriginal communities are known to rely much more heavily on child and family services. Additionally, there are federal government costs for Aboriginal social services

<sup>1</sup> This paper and formula was developed by the Aboriginal Healing Foundation with the assistance of Tanis Day and John Hylton.

<sup>2</sup> Bowlus, Audra, Katherine McKenna, Tanis Day and David Wright (2003). *The Economic Costs and Consequences of Child Abuse in Canada*. Ottawa, ON: The Law Commission of Canada.

<sup>3</sup> For 1998, the Law Commission estimated the economic impact of child abuse in Canada to be \$15.2 billion, and the per-person cost (for children, as well as adult survivors), to be \$2,196.

that are not included in the Bowlus et. al. calculations. Therefore, the Bowlus et. al. assumptions with respect to social services costs are also likely to be a significant underestimate of true costs associated with residential school abuse;

- ✦ Costs Of Special Education In The Schools. There is no reason to believe that the costs of special education services would be less for Aboriginal children than for other children. In fact, special education needs are likely higher in many Aboriginal communities. However, schools on reserves, as well as in other rural and remote Aboriginal communities, often offer fewer special education services than urban schools. Therefore, costs may be lower, not because of needs, but because of the funding available for services. However, where special education services are offered, a higher proportion of Aboriginal children likely benefit. These factors are considered to be offsetting, and the Bowlus et. al. calculations are taken as a reasonable estimate of special education costs associated with residential school abuse;
- ✦ Short- and Long-Term Health Costs. Rates of chronic disease are much higher among Aboriginal people than in the rest of the population, and survivors of residential schools and their families are at increased risk. This is consistent with the findings of Bowlus et. al. on the health effects of child abuse in the general population. While examining the profiles of disease between the Aboriginal and non-Aboriginal populations would allow for a detailed comparison of the health effects (and associated health costs) of abuse, there is no reason to believe that Aboriginal people experience less serious health consequences as a result of abuse. In fact, the consequences are likely to be much more serious because Aboriginal people are more frequently in a compromised state of physical and emotional health to begin with.<sup>4</sup> At the same time, as with other services in rural and remote areas where Aboriginal people more often live, health costs may be lower, not because there are fewer needs, but because there are fewer services available relative to urban centres. However, it is also the case that more and more Aboriginal people live in urban centres. It must also be remembered that services in rural and remote areas cost more to deliver. On balance then, per capita healthcare costs for Aboriginal abuse victims are likely to be at least as high as the corresponding non-Aboriginal costs, and likely much higher. This is particularly the case when federal expenditures (e.g., for Non-Insured Health Benefits and other federal health programs) for Aboriginal people are taken into account, since these expenditures were not considered in the Law Commission's analysis. Therefore, the Bowlus et. al. assumptions with respect to health care costs are considered to be an underestimate of the true per capita health costs of residential school abuse;
- ✦ Lost Income To Survivors Of Abuse. The Bowlus et. al. study reports a \$3178 per annum differential in average earnings by child abuse survivors. In relation to Aboriginal victims of abuse, there are factors working to make this estimate both too high and too low. Aboriginal people have lower labour force participation, and their average incomes are considerably lower than the general population. Thus, they have less income to lose relative to the general population. However, there can be no doubt that some of the lower earnings are the direct result of the residential school

<sup>4</sup> In fact, the consequences are likely much more serious for Aboriginal people. As Bowlus et. al. have pointed out: "If a child is living in poverty, or a member of an ethnic or racial group that experiences discrimination, the consequences of abuse will be greatly compounded in ways that we can qualitatively appreciate but never adequately measure" (2003: 31).



legacy and, additionally, it seems reasonable to assume that the residential school legacy has impacted the earnings of Aboriginal people in a number of indirect ways. For example, in the Aboriginal population, suicide rates are much higher, there are higher rates of teen pregnancy, low birth weight babies, FAS, incarceration, and serious and chronic health problems. Each of these conditions is considered part of the legacy of residential schools, and each adds significantly to losses in earning potential. For example, those who complete suicide forego a lifetime of earnings. Aboriginal people who are in jail do not earn incomes and they do not advance their education and experience in ways that will lead to higher paid employment. Those with serious health problems are often unable to maintain gainful employment. From an economic standpoint, the losses in lifelong earnings of all these social and economic conditions are enormous. Without an extensive analysis, it is not possible to determine how closely the non-Aboriginal estimate of lost income compares with the losses experienced by residential school survivors, however, for the purposes of the present analysis, the estimate is assumed to be reasonable, and likely conservative; and

- ♦ Personal Costs To the Victims and Their Families. These costs include costs for transportation and relocation, costs associated with legal proceedings, costs for drugs and other therapies to cope with the consequences of abuse, costs for self-defense, and other personal costs for goods and services that are purchased as a result of abuse. For the purposes of the present analysis, these costs are assumed to be similar for Aboriginal and non-Aboriginal victims of abuse.

In summary, relative to the general population, Aboriginal people experience higher rates of family violence, higher rates of suicide, higher rates of injury from all causes, including violence, higher rates of infectious and chronic diseases, higher rates of teen pregnancy, more low birth weight and FAS babies, and higher rates of incarceration. As a result, costs of abuse based on an assessment of these consequences in the general population are likely to significantly underestimate the corresponding costs for Aboriginal victims of abuse. However, the Aboriginal population has lower average income levels and a lower quantity of services available in many rural and remote communities. Therefore, cost estimates taken from the general population may over estimate corresponding costs for Aboriginal victims of abuse. Since the factors pointing to an under-estimate significantly outweigh the factors pointing to an over-estimate, it is concluded that the Bowlus et. al. figures will provide a reasonable estimate of the economic consequences of residential school abuse, and likely a conservative estimate.

Bowlus et. al. determined that the per person costs of abuse for victims of child abuse and affected family members was \$2196 in 1998. To derive an estimate of the economic impact of residential school abuse, this per person cost must be applied to the number of residential school survivors who suffered abuse, as well as to those who have been intergenerationally impacted.

## NOTES

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13. This analysis framework is drawn from the Report of the Royal Commission on Aboriginal Peoples (1996). *Volume 1: Looking Forward, Looking Back*. Ottawa, ON: Canada Communications Group, 337-344.

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15. Report of the Royal Commission on Aboriginal Peoples (RCAP) (1996) Volume 1: Looking Forward, Looking Back. Ottawa, ON: Minister of Supply and Services Canada, 342.
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17. See for examples: Assembly of First Nations (1994). *Breaking the Silence: An Interpretative Study of Residential School Impact and Healing as Illustrated by the Stories of First Nation Individuals*. Ottawa, ON: Assembly of First Nations; Johnston, Basil H. (1988). *Indian School Days*. Toronto, ON: Key Porter Books Limited; Haig-Brown, Celia (1988). *Resistance and Renewal: Surviving the Indian Residential School*. Vancouver, BC: Tillacum Library; and Isabelle Knockwood (1992). *Out of the Depths: The Experiences of Mi'Kmaq Children at the Indian Residential School at Shubenacadie, Nova Scotia*. Lockeport, NS: Roseway Publishing.
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22. Report of the Royal Commission on Aboriginal Peoples (RCAP) (1996), 603.
23. Report of the Royal Commission on Aboriginal Peoples (RCAP) (1996).
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32. Indian and Northern Affairs Canada and First Nations Inuit Health Branch (1998) (see n. 7).
33. Aboriginal Healing Foundation (1998a), Article 6.06 (b) (see n. 6).
34. Aboriginal Healing Foundation (1998a), Article 4.03.
35. Aboriginal Healing Foundation (1998a), Article 8.01.
36. Aboriginal Healing Foundation (1998a), Article 6.01.
37. Aboriginal Healing Foundation (1998b). *Aboriginal Healing Foundation By-law No. 1*. Ottawa, ON: Aboriginal healing Foundation, Article 3.01 (e).
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45. Department of Finance Canada (2005), 97.
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47. Aboriginal Healing Foundation (1998a), Article 4.02.
48. Aboriginal Healing Foundation (1998a), Schedule 9.01, 6.
49. Aboriginal Healing Foundation (1998a), Article 6.03(d).
50. The organizations designating board members were: Assembly of First Nations (3), Inuit Tapiriit Kanatami, Métis National Council, Congress of Aboriginal Peoples and Native Women's Association of Canada (1 each).
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55. DeGagné, Mike. Interview by author with the Executive Director of the Aboriginal Healing Foundation, April 2003. Ottawa, ON.
56. Boyer, Yvonne. Interview by AHF Researcher with the Director of Programs of the Aboriginal Healing Foundation, August 2002. Ottawa, ON.
57. The following information on type and quantity of Communications effort is extracted from the Aboriginal Healing Foundation: Annual Report 2003 which can be viewed in full on the AHF website: [www.ahf.ca](http://www.ahf.ca)

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59. Aboriginal Healing Foundation (1998a).

60. Department of Indian Affairs and Northern Development IRS Data Task Group (1998). Indian Residential Schools (IRS) Data Project. Ottawa, ON: Indian Affairs and Northern Development, unpublished.

61. Royal Commission on Aboriginal Peoples (RCAP) (1996), 20 (see n. 15).

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65. Aboriginal Healing Foundation (1998f). Letters Patent. Ottawa, ON: Aboriginal Healing Foundation, Clause III (m) (vii).

66. Aboriginal Healing Foundation (2000). Report of the Aboriginal Healing Foundation Ad Hoc Board Committee on Research: Three-Year Research Strategy. Ottawa, ON: Aboriginal Healing Foundation.

67. Aboriginal Healing Foundation (1998g). Aboriginal Healing Foundation: Program Handbook 1999. Ottawa, ON: Aboriginal Healing Foundation, 13.

68. Aboriginal Healing Foundation (1999). Aboriginal Healing Foundation: Program Handbook , 2nd Edition. Ottawa, ON: Aboriginal Healing Foundation, A7.

69. A summary of the 13 case studies, the focus of activities and geographic location appears in Appendix F in Volume II, *Measuring Progress: Program Evaluation*.

70. Kishk Anaquot Health Research (2002). Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity. Ottawa, ON: Aboriginal Healing Foundation.

71. To obtain a picture of the typical attendance in many activities, two ways of finding the middle range are used: the *average* or mean and the median. To obtain an average you add all the attendee numbers and divide them by the number of events. In seven events attended by 1, 2, 3, 4, 5, 6 and 100 persons, the total attendance is 121 and the average attendance is 17. To obtain a *median* (or



*half-way*) you take the middle number, 4 in this case, where  $\frac{1}{2}$  of the events have fewer attendees and  $\frac{1}{2}$  have more attendees. In this chapter, averages are often used but the median is used if it is a better indication of the middle range of numbers.

72. Aboriginal Healing Foundation (1999), 6.

73. Aboriginal Healing Foundation (1999).

74. Lane Jr., Phil, Michael Bopp, Judie Bopp and Julian Norris (2002). *Mapping the Healing Journey: The final report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*. Ottawa, ON: Solicitor General Canada and the Aboriginal Healing Foundation.

75. Wesley-Esquimaux, Cynthia C. and Magdalena Smolewski (2004). *Historic Trauma and Aboriginal Healing*. Ottawa, ON: Aboriginal Healing Foundation.

76. American Psychiatric Association (2000) (see n. 28).

77. Kishk Anaquot Health Research (2001). *An Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*. Ottawa, ON: Aboriginal Healing Foundation, 81.

78. Aboriginal Healing Foundation (2000). *Notes of the AHF Regional Gathering, Moncton, NB, November 23, 2000*. Ottawa, ON: Aboriginal Healing Foundation, 11.

79. Kishk Anaquot Health Research (2002), 76.

80. Kishk Anaquot Health Research (2002), 126.

81. Kishk Anaquot Health Research (2002), 78.

82. Herman (1997) (see n. 29).

83. Wiltschko, Johannes (1994) "Focusing Therapy: Some fragments in which the whole can become visible." Lecture presented at the Third International Conference on Client-Centered and Experiential Psychotherapy, Gmunden, Austria, September 1994.

84. Kishk Anaquot Health Research (2002), 78, 79.

85. Kishk Anaquot Health Research (2003). *Third Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*. Ottawa, ON: Aboriginal Healing Foundation, 14, 15.

86. Mathews, Frederick (1996). *The Invisible Boy: Revisioning the Victimization of Male Children and Teens*. Ottawa, ON: Minister of Public Works and Government Services Canada.

87. Mussell, W.J. (Bill) (2005). *Warrior-Caregivers: Understanding the Challenges and Healing of First Nation Mens. A Resource Guide*. Ottawa, ON: Aboriginal Healing Foundation.

88. Summaries of AHF case studies are located in Appendix F of Volume II, *Measuring Progress: Program Evaluation*.

89. Kishk Anaquot Health Research (2002), 170 (see n. 70).

90. Herman (1997), 133 (see n. 29).

91. Hylton, John H. (2002). *Aboriginal Sex Offending in Canada*. Ottawa, ON: Aboriginal Healing Foundation, 165.

92. Herman (1997), 184.

93. Kishk Anaquot Health Research (2002), 37.

94. Herman (1997).

95. Lane Jr., Bopp, Bopp and Norris (2002) (see n. 74).

96. The successful battle by the people of Alkali Lake to reorient their community is told in the film by Phil Lucas (1985). "The Honour of All: The Story of Alkali Lake." Issaquah, WA: Phil Lucas Productions. Hollow Water's Community Holistic Circle Healing Project is reported in Royal Commission on Aboriginal Peoples (RCAP) (1996). A Special Report, *Bridging the Cultural Divide: A Report on Aboriginal People and the Criminal Justice System in Canada*. Ottawa, ON: Canada Communications Group.

97. Lane Jr., Bopp, Bopp and Norris (2002), 63, 65, 67, 70.

98. Lane Jr., Bopp, Bopp and Norris (2002), 63.

99. Kishk Anaquot Health Research (2002), 172.

100. Kishk Anaquot Health Research (2002), 46.

101. Kishk Anaquot Health Research (2002), 46.

102. AHF central office activity producing learning materials is reported in Chapter 3 of this volume. Funded projects have produced 32 historical records, hosted 17 conferences, 97 education and training workshops, 116 knowledge-building and 207 awareness workshops, developed 16 curriculum packages and 114 resource materials.

103. Kishk Anaquot Health Research (2002).

104. Native Counselling Services of Alberta (2001). *A Cost-Benefit Analysis of Hollow Water's Community Holistic Circle Healing Process*. Ottawa, ON: Solicitor General Canada and the Aboriginal Healing Foundation, 44.

105. Source: Figure 29): Trends Over Time on the Perception of Select Impact Variables. Volume II: *Measuring Progress, Program Evaluation*, Section 5.2.4.

106. This includes one project where a curriculum on residential school history and recovery is being developed in cooperation with the Saskatoon Public School resource consultants and teachers.

107. Value of volunteer contributions was estimated in Section 4.4.4.

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114. Wesley-Esquimaux, Cynthia and Magdalena Smolewski (2004). *Historic Trauma and Aboriginal Healing*. Ottawa, ON: Aboriginal Healing Foundation.

115. Wesley-Esquimaux and Smolewski (2004), 76.

116. Wesley-Esquimaux and Smolewski (2004), 78.
117. Herman, Judith (1997). (see n. 29).
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123. Hart, Michael Anthony (2002). *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*. Halifax, NS: Fernwood Publishing.
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Applied Social Research, Faculty of Social Work, University of Toronto to: Joint Conference of the International Federation of Social Workers and the International Association of Schools of Social Work, Montreal. Globalization of Citizenship and Social Work, August 1, 2000. Retrieved 11 November 2004 from: <http://www.mun.ca/cassw-ar/papers2/Davis.pdf>

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139. The All Nations Traditional Healing Centre Inc. (2003). Response to AHF promising healing practices questionnaire.

140. Native Child and Family Services of Toronto (2003). Response to AHF promising healing practices questionnaire.

141. Big Cove First Nation (2003). Response to AHF promising healing practices questionnaire.

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167. Keeseekoose First Nation (2003). Response to AHF promising healing practices questionnaire.
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198. First Nations Regional Longitudinal Health Survey 2002-2003, Table 2 in Appendix P.
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201. Statistics Canada (2004), Table 10 in Appendix O.
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215. Wolfe, Jaffe, Jette and Poisson (2002), 9.

216. Wolfe, Jaffe, Jette and Poisson (2002), 6. The paper states that “20 per cent to 50 per cent of children were asymptomatic at initial assessment, and only 10 per cent to 25 per cent became symptomatically worse during the two years following the victimization.” We have restated the numbers to show the percentages of children displaying initial symptoms, which are then increased by the percentages developing symptoms within two years.

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265. When compared with those in the lowest quartile (i.e. those who reported receiving the least number of individual sessions), respondents who received the most number of individual sessions (i.e. those in the top quartile) were significantly better able to move beyond the trauma of their past ( $t = -4.845$ ,  $df = 232$ ,  $p = .000$ ), find their strengths ( $t = -4.997$ ,  $df = 237$ ,  $p = .000$ ), feel good about themselves ( $t = -3.635$ ,  $df = 237$ ,  $p = .00$ ) and reported greater overall benefits in addressing a number of issues related to the Legacy (e.g. grief, shame, anger, etc) ( $t = -4.878$ ,  $df = 224$ ,  $p = .000$ ). Our best defense so far that longer is better.
266. Lane Jr., Phil, Michael Bopp, Judie Bopp and Julian Norris (2002) (see n. 74).
267. Lane Jr., Phil, Michael Bopp, Judie Bopp and Julian Norris (2002), 37.
268. Royal Commission on Aboriginal Peoples (1996). Choosing Life. Special Report on Suicide among Aboriginal People. Ottawa, ON: Canada Communications Group.
269. Herman, Judith (1997), 211 (see n. 29).
270. Waldram, James B., Rob Innes, Marusia Kaweski and Calvin Redman (2005). Building a Nation, Inc: A Models and Metaphors Research Project Case Study Final Report, unpublished, 58.
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273. Figure 1) Goal Achievement and Practitioner Used

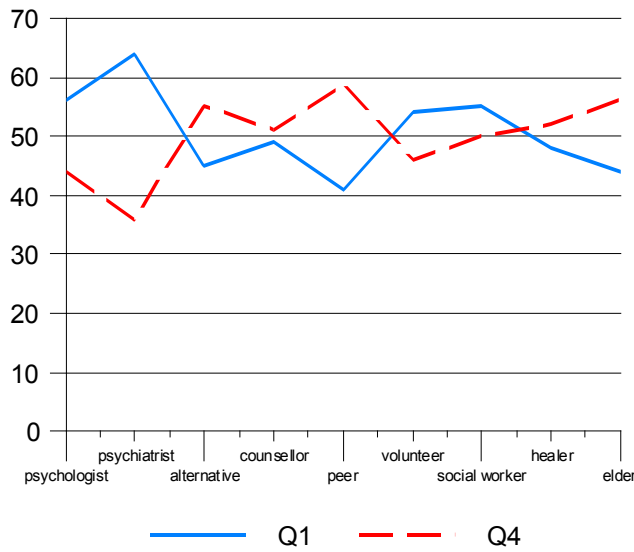
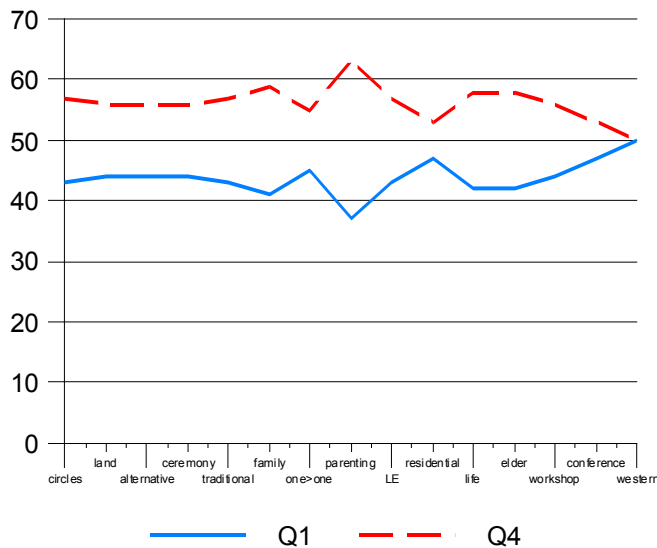


Figure 2) Goal Achievement and Services Used



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