



FIRST PEOPLES WELLNESS CIRCLE

Indian Residential School Resolution Health Support Program (IRS RHSP): Formative Analysis







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- Mary Azure-Laubmann, Keewatin Tribal Council, MB
- Monica Barnaby, Emotional Health Support, Listuguj Mi'gmaq, Pointe-a-la Croix, QC
- Kyle Bird, ED, NT/NU Friendship Centre, Yellowknife, NWT
- Ron Brunn, Elsipogtog Health & Wellness Centre, NB
- Suzanne Calliou, Métis Settlements of Alberta General Council, AB
- Brenda Christie, Atlantic RHSW, Atlantic Policy Congress of First Nations Chiefs Secretariat, NS
- Sheila Enook, Counsellor/Manager, Ilisaqsivik, NU
- Charles Esau, Elder, QC
- Marilyn Ingram, NB Representative, NB
- Nola Jeffrey, ED, Tsow-Tun Le Lum Substance Misuse & Trauma Treatment Centre, BC
- Delores Kelly, Cultural Coordinator/Manager, IRSP, Grand Council Treaty #3, ON
- Maxine LaCorne, Residential Health Support Worker, NT/NU Friendship Centre, Yellowknife, NWT
- Daniel V. Manitowabi, Elder, Wikwemkoong, ON
- Lorraine Naziel, Specialist Mental Wellness Program, FNHA, BC
- Vanessa Nevin, Director of Health, Atlantic Policy Congress of First Nations Chiefs Secretariat, NS
- Linda O'Soup, Prince Albert Indian and Métis Friendship Centre, SK
- Julia Putulik, Tungasuvvingat Inuit, ON
- Tiffany Sark, Residential School Program Coordinator, Mi'kmaq Confederacy of PEI, PEI
- Vern Swan, Committee on Abuse in Residential School Society, Whitehorse, YT
- Vivian Timmins, IRS RSSW, Ontario Indian Residential School Support Services, ON
- Eva Wilson, Anish Corporation, Winnipeg, MB



Introduction



Introduction

Overview of the IRS RHSP Formative Analysis

In the summer of 2021, the discovery of the unmarked graves of 215 children at the former Kamloops Indian Residential School in BC; the uncovering of 751 unmarked graves at the Marieval Indian Residential School in Saskatchewan; and the discovery of 182 unmarked graves close to the former St. Eugene's Mission School in BC both shocked and traumatized Indian residential school (IRS) survivors, families, communities, and the general public. As more searches were undertaken at the sites of former residential schools, survivors, families, and communities continued to reel from the cumulative impacts of these discoveries.¹

Indian Residential Schools Resolution Health Support Program (IRS RHSP) workers experienced an increase in calls for support as individuals served by their programs, including survivors and their families, coped with grief and anger, while still others experienced the triggering and/or re-traumatizing impacts of these discoveries.

Documenting IRS RHSP services

Prior to these events, IRS RHSP workers were already experiencing a high number of service requests that were difficult to meet with the existing capacity of the workforce. These high service demands required a range of cultural, mental health and wellness services to address the complex needs of IRS survivors, families, and communities.

The recent additional increase in calls included requests for support for individuals and their families to cope with the grief, anger and triggering and/or re-traumatizing impacts of the discoveries of the burials. It also included increasing requests from organizations and communities for advice on how to deal with the emerging events in a culturally safe manner. A need to describe the increase in requests for service provision became clear as these requests were being added to the workload of an already overburdened IRS RHSP workforce.

In 2021, First Peoples Wellness Circle (FPWC) documented the culturally based approach and resulting benefits of the services offered by Resolution Health Support Workers (RHSW) and Cultural Support Workers (CSW). A report outlining how RHSWs and CSWs assist survivors of different traumas and their families from the client's perspective was produced and is available on the FPWC website.²

This culturally based qualitative assessment of the IRS RHSP included significant Indigenous community engagement via a national working group of individuals with frontline and program administration experience. This work positioned FPWC to collaborate further with Indigenous healthcare leaders and work towards documenting the current increase in service needs and use, as well as to understand the service gaps and perceived program shortfalls.

¹ The Pope's visit in July 2022 and the Papal Apology were significant events impacting IRS survivors and their families. The survey was developed and deployed prior to these events.

² Indian Residential School (IRS) Resolution Health Support and Cultural Support Program Stories Qualitative Program Assessment Based on Healing Journey Stories Shared by Indigenous Survivors, accessible on the FPWC website <https://fpwc.ca/projects/indian-residential-school-irs-resolution-health-support-and-cultural-support-program-stories/>



Introduction

Building on the previous work, FPWC began documenting these emergent service pressures in 2022 using a two-pronged approach:

- A survey was sent to Contribution Agreement holders to determine how these events have affected the service needs and use patterns of RHWs from the perspective of service managers and administrators.
- Focus groups were conducted with IRS RHSP workers to document the service needs, changes and use from the perspective of front-line workers.

Role of the First Peoples Wellness Circle (FPWC)

The First Peoples Wellness Circle (FPWC) is an Indigenous-led national not-for-profit dedicated to enhancing the lives of First Peoples in Canada by addressing healing, wellness, and mental wellness barriers. The organization's purpose is to walk with and support First Peoples and communities to share collective intelligence for healing, peace-making, and living a good life.

FPWC primarily focuses on implementing the First Nation Mental Wellness Continuum Framework and supporting the frontline mental wellness and trauma-specialized workforce. FPWC aims to foster resilience, well-being, and mental wellness within First Nation communities by creating and disseminating resources tailored to the unique needs and perspectives of First Peoples

In 2021, FPWC began to document the work, benefits, and impacts of the Indian Residential Schools Resolution Health Support Program (IRS RHSP) services, based on interviews with IRS Survivors. All aspects of the work were guided by the IRS RHSP Working Group, involving IRS RHSP Resolution Health Support Workers (RHSW), Cultural Support Workers (CSW), and program administrators from coast to coast to coast.

At a meeting of the IRS RHSP Working Group on December 10, 2021, members discussed how they had been experiencing unprecedented numbers of requests for support. These requests were related to a number of factors including the discoveries of children's graves at the sites of former residential schools, the COVID-19 pandemic, and the cumulative impact of these developments on mental health, addictions and social well-being. These increased service requests were becoming a source of pressure on an already overburdened workforce and putting RHSWs and CSWs at increased risk of vicarious trauma and burnout. In light of these developments, the Working Group identified the need to undertake a Formative Analysis. The purpose of the Formative Analysis would be to gather information related to the factors noted above and discuss the potential implications for IRS RHSP workers, clients, and families. Lastly, the Formative Analysis would also offer recommendations to address these impacts.



Overview of the Indian Residential School Resolution Health Support Program (IRS RHSP)

The overarching aim of the IRS RHSP is to provide former IRS students and their families with cultural, emotional and mental health counselling services. These services include, but are not limited to:

- Access to cultural and emotional support services
- Professional counselling services for individuals and families
- Assistance with the cost of transportation to access counselling services and Elders
- Through this program, various workers and service providers have assisted survivors and their families to safely address issues related to the legacy of the IRS. This has been critical during the independent assessment process of the IRSSA and the Truth and Reconciliation Commission (TRC).

However, in recent years, these workers have also been called upon to provide support for individuals affected by other trauma, such as those related to missing and murdered Indigenous women and girls (MMIWG), Indian day schools (IDS), the Sixties Scoop and the child welfare system.



The Indian Residential Schools Settlement Agreement (IRSSA)

The Indian Residential Schools Settlement Agreement (IRSSA) is the largest out-of-court settlement in Canadian history. In May 2006, the IRSSA was approved by all parties to the Agreement. Its implementation started in September 2007 with the aim of bringing a fair and lasting resolution to the IRS.

The IRSSA has five main components: the Common Experience Payment; the Independent Assessment Process; the Truth and Reconciliation Commission; Commemoration; and Health and Healing Services. Health Canada (HC) is responsible for meeting Canada's legal obligation with respect to mental health and emotional health support services, the fifth component of the agreement.

The Health and Healing Services component of the Agreement is carried out through the IRS RHSP, which provides mental health, emotional and cultural support services to eligible former IRS students and their families. These supports are provided throughout all phases of the IRSSA including the Common Experience Payment, the Independent Assessment Process; Truth and Reconciliation Commission, commemorative activities and beyond, as the healing journey continues.

IRS RHSP services are safe, confidential, respectful, and non-judgmental. All former IRS students who attended an IRS listed in the IRSSA, regardless of the individual's status or place of residence within Canada, are eligible to receive services from the IRS RHSP. In recognition of the inter-generational impacts that the IRS system had on families, IRS RHSP services are also available to family members of former IRS students.



Introduction

The IRS RHSP aims to ensure that the approximately 80,000 surviving former IRS students and their families have access to health support services, so that they may safely address the broad spectrum of mental wellness issues associated with their IRS experience. This fulfills the commitments made in the IRSSA, which include professional counselling, cultural and emotional support and support for transportation needs.

The overall objectives of the IRS RHSP are to provide mental health, emotional and cultural supports throughout all stages of the IRSSA process, including emotional and cultural services to those attending the Truth and Reconciliation Commission (TRC) events and commemoration events and during the IRSSA's independent assessment process.

The First Nations and Inuit Health Branch (FNIHB) of Indigenous Service Canada is responsible for the management and delivery of the IRS RHSP. Indigenous Service Canada spends an average of \$55.5 million per year on the IRS RHSP, with approximately 73% in transfer payments for emotional and cultural support, 23% for access to professional counselling and transportation services and 4% for salaries and wages. The IRS RHSP delivers emotional and cultural support through 124 Contribution Agreements to First Nations recipient organizations.

Counselling is provided by clinical social workers and psychologists on a fee-for-service or per-diem basis with the delivery model for counselling services and transportation purposely similar to the model used by the Non-Insured Health Benefits Program (NIHB).

The IRS RHSP operates according to a set of guiding principles including: national consistency and equitable access; non-judgmental, sensitive and compassionate service delivery; and sustainable and fiscally responsible services, including transparent administrative processes supported by input from First Nations, Métis and Inuit organizations.

IRS RHSP services

The IRS RHSP provides mental health and emotional support services directly to former IRS students and their families as they participate in the different components of the IRSSA.

The following services are provided:

- Emotional support via Resolution Health Support Workers (RHSWs) who listen and provide support through all phases of IRSSA
- Cultural support via Elders and/or traditional healers who share teachings, ceremonies, dialogue and traditional healing
- Professional individual or family counselling provided by psychologists and social workers who are registered with Indigenous Service Canada
- Assistance with transportation to access counselling and cultural support services, when not locally available

The IRS RHSP is delivered through local Indigenous organizations.

IRS RHSP client eligibility

Eligible clients are those who attended an IRS or their family members. They include:

- Former IRS students, regardless of their status (First Nations, Inuit, Métis, non-status, non-Aboriginal) or place of residence within Canada (on- or off-reserve), who have received or are eligible to receive CEP
- Former IRS students who are resolving a claim against Canada through the IAP
- Former IRS students who are participating in TRC or commemoration events

In addition, in recognition of the inter-generational impacts that IRS has had on families, IRS RHSP services are also available to family members of former IRS students. Family members are defined as a spouse or partner, those raised by or raised in the household of a former IRS student, or any relation who has experienced effects of intergenerational trauma associated with a family member's time at an IRS.

Former students are provided with information on the program when they apply for the CEP and/or the IAP. Indigenous Service Canada reports that it has also widely disseminated information on how to access the services through community and Friendship Centre visits and direct mail outs to communities. As well, Health Canada, previously responsible for the IRS RHSP program, worked in partnership with the TRC, community organizations, and other IRSSA partners to ensure that an adequate number of support workers, cultural support workers and professional counselors were available at all national and community TRC events and commemoration activities. Although the TRC has

now completed its mandate, the IRS RHSP's role will continue until all IRSSA activities are completed.

Former IRS students can access health support services via several access points. Cultural and emotional supports can be accessed by contacting an IRS RHSP Contribution Agreement recipient in the client's region. Clients may also be put in touch with the appropriate service organization by contacting a known RHSW or CSW; the RHSP Regional Coordinator at the FNIHB regional office, or, through a referral from the National IRS Crisis Line.

Counselling services can be accessed by contacting the regional coordinator for the RHSP in the client's province or territory directly, or through a third party (a family member, National IRS Crisis Line, lawyer, health support provider, or community health worker).

Former IRS students and their family members can choose the type of support they wish to receive: a professional counsellor, RHSW or CSW. The level and duration of the required services, including transportation, vary depending on each client's needs and circumstances.



Introduction

IRS RHSP service delivery

Indigenous organizations are the Contribution Agreement holders for the IRS RHSP. In British Columbia, the program is delivered by the First Nations Health Authority (FNHA).

The current delivery approach is based on community and cultural practices.

Community-driven.

The IRS RHSP delivery approach is adaptable to local community priorities. Program delivery is community-based, community-paced and community-led. Recognizing that community development, ownership and capacity building are core to rebuilding community health and well-being, organizations frame the program within their community systems and structures. Community engagement has been critical to this process.

Culturally informed and trauma-based.

IRS RHSP providers strive to be culturally rooted, trauma-informed and strengths-focused. This includes basing healing and wellness frameworks on cultural understanding and on the strengths of community development, ownership and capacity building. Elders, Traditional Knowledge Carriers and Healers support culturally appropriate and trauma-informed healing approaches.



Coordinated and team-based.

Some organizations have embedded the IRS RHSP as part of a more integrated model of care involving the coordination of personal, family and community supports. The use of case management systems and multidisciplinary teams of care providers can facilitate collaboration among local, provincial and federal services. As one example, RHSWs and CSWs can link with a local Mental Wellness Team (MWT), which is a multidisciplinary team grounded in culture and community development. MWT membership is determined based on community needs and strengths and may include social workers, addiction counselors, cultural advisors, occupational therapists, mental health workers, nurses and psychologists.

Wholistic approach.

The IRS RHSP service delivery approach is informed by wholistic practices of local Indigenous or First Nations people who seek to achieve whole health—physical, mental, emotional and spiritual. The program is nested in a coordinated, comprehensive approach that respects, values and uses First Nations cultural knowledge, approaches, languages and ways of knowing to deliver culturally safe care. Many respondents described how the IRS experience affected communities as a whole and how important it is that program approaches and services focus on whole communities and families, as opposed to individuals.





The Approach to the Formative Analysis



The Approach to the Formative Analysis

Indigenous engagement process

This Formative Analysis is built upon the processes and learnings of the Qualitative Assessment using Indigenous approaches to engagement, participatory research principles and strong values of caring and providing safety for the participants.

The work continued to be guided by experienced First Nations, Inuit and Métis service providers who represented diverse groups and geographic locations across Canada. With perspectives and insight drawn from their long-term experience working within IRS RHSP and cultural support programs, Working Group (WG) members provided advice on the overall approach and methods to be used. These included the focus group discussion guides and survey design. WG members also facilitated focus group recruitment and survey distribution. More importantly, the WG provided valuable feedback to interim and draft reports and helped shape the resulting recommendations.

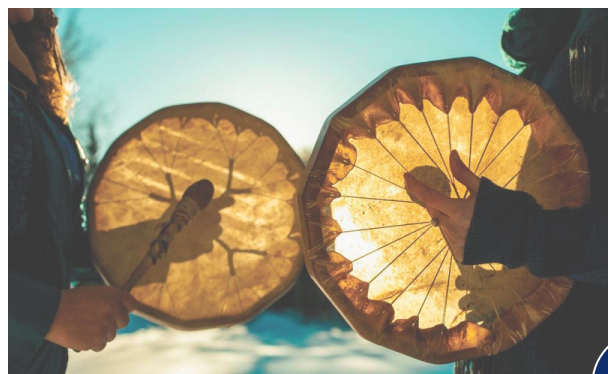
Membership of the national Working Group

The national Working Group (WG) first met in August 2020 to provide guidance for the Qualitative Assessment of the IRS RHSP and then continued to support the Formative Analysis. The WG provided culturally grounded, community-driven advice and feedback on the design, methods, implementation, interpretation and analysis of findings.

The backbone of the WG was the group of provincial and territorial representatives involved in IRS RHSP work at the local and regional levels. Organizations from each province and territory were invited to send a representative to sit on the WG. Members were selected based on their experience working in the IRS RHSP and their expertise providing services in their communities. Members had significant relevant experience, which included supporting individuals and groups who had experienced trauma due to the IRS system, MMIWG, the Sixties Scoop, Indian day schools and the child welfare system.

At the request of the WG, an Elder knowledgeable in mental health and wellness, with many years of experience supporting IRS survivors, day-school applicants and their families, was invited to join the WG.

In addition to the frontline workers and administrators, First Peoples Wellness Circle staff and project consultants attended all meetings. The consulting team received advice from the WG in the development and implementation of the project and were supported administratively by FPWC Special Projects Program Manager, Maxine Peltier and FPWC Special Projects Support Officer, Trisha Trudeau.



The Approach to the Formative Analysis

Objectives of the Working Group

The WG was instrumental in guiding the design and development of all aspects of the Formative Analysis. The WG's activities were intended to meet the following objectives:

- Implement Indigenous community-based participatory research and community development principles to ensure community-driven, culturally appropriate processes for the overarching design and a methodological approach to data gathering.
- Ensure substantive input from a wide variety of key regional contacts across agencies, organizations, partners and stakeholders.
- Support and provide feedback for appropriate methods, safe processes and design of information and data gathering instruments and approaches.
- Serve as a sounding board for interpretation of findings and results.
- Validate and provide feedback to support development of recommendations.

Purpose of the Formative Analysis

To review, in 2022 the WG recognized a number of pivotal events (described previously) impacting the IRS RHSP workforce and their work with survivors. As a result of these events, IRS RHSP workers witnessed an unprecedented demand for their services. Meanwhile, the IRS RHSP workers providing services were facing vicarious trauma related to the events themselves. Lastly, this surge in service requests was being placed on an already overburdened workforce.

The purpose of the Formative Analysis was therefore to explore these realities and to document pressures in order to help identify relevant emergent issues and shape recommendations for the future of these services.

The Formative Analysis consisted of a survey with Contribution Agreement (CA) holders and a series of focus groups from across the country with the IRS RHSP workforce. Here are further details:

1. Survey

The survey focused on developing a more detailed understanding of the workload and administrative, capacity building and training needs faced by the IRS RHSP workers. The intent of the survey was to provide a better picture of the context in which the IRS RHSP is delivered, as well as to measure the impact of the grave site discoveries on service demand.

2. Focus groups

The focus groups were designed to better understand the experience of people working on the frontlines of the IRS RHSP. Questions in the focus groups aimed to help workers share their perspectives about how the grave site discoveries, additional pressures in the programs and the COVID-19 pandemic affected their work and how these factors changed their working methods. Participants were also asked how they anticipated training, knowledge and capacity needs into the future. Lastly, focus groups sought participant recommendations on how to strengthen the IRS RHSP.

The survey process and method

Survey questions were developed in collaboration with the WG and benefited from ample feedback and suggestions from members. Several WG members trialed the questions prior to the release of the survey to CA holders.

The survey contained 21 questions and required about 30 minutes to complete. The survey contained the following sections:

- Organizational profile
- Client profile
- Community-led processes for grave site discoveries
- Current services and areas of expanded need
- Training needs
- Additional program needs

Survey respondents were in administrative leadership positions in the delivery of the IRS RHSP, such as the authorized representative or CA holder.

The survey was open from March 2022 to September 2022 and resulted in 32 completed surveys. The extended time period was provided to ensure that CA holders could better manage competing priorities during the July 2022 papal visit and Indian day school compensation application deadlines.

The survey was deployed electronically and accompanied by a letter from Dr. Brenda Restoule, CEO at FPWC. Dr. Restoule's letter introduced the survey and encouraged participation. The letter also noted that findings would be used to assist in identifying the changing needs and demands related to the IRS RHSP workforce.

To aid in the distribution of the survey, Indigenous Service Canada (ISC) representatives connected with their regional "focal points" (clusters of service provider organizations) to support wider distribution of the survey.

The WG also supported the deployment of the survey, suggesting additional points of contact, recommending the need for an extension, reviewing preliminary findings and providing general feedback.

Focus group process and method

The WG provided culturally grounded, community-driven advice and feedback on the development of questions, recruitment of participants and implementation of the focus groups. Once a preliminary analysis was completed, the WG provided insight to guide the interpretation and analysis of data gathered.



The Approach to the Formative Analysis

Focus group questions

In close collaboration with WG members, the below list of questions was developed for the focus group:

- What is the current scope of the IRS RHSP work you are doing in your area or community?
- How has the confirmation of the unmarked grave sites impacted your IRS RHSP work?
- Please tell us about any other emerging issues that IRS RHSP workers are focusing on and other gaps that you see.
- How can IRS RHSP work be further integrated into other mental health supports and enhanced?
- What do you see as the most important training and ongoing IRS RHSP workforce development needs?
- How are you currently mentoring the new generation of workers to become knowledgeable in the broad range of cultural support that is needed?
- What do you see as the direction for the IRS RHSP workforce in the future, and what is needed to support this direction?



Focus group sessions

Focus groups were conducted between November 2022 and October 2023 to give all regions an opportunity to participate. Given the competing priorities of service provision during the papal visit and Indian day-school compensation application deadlines, it was difficult to find time to bring the IRS RHSP workforce together for focus groups.

The WG was instrumental in identifying and inviting participants, identifying venues and advising on the appropriate scheduling and timing of sessions. The focus groups were conducted by two consultants who worked closely with the WG since the beginning of the process (see Table 1).

Table 1. Focus groups



Notes were taken during focus group discussions. These notes were projected so that participants could view and verify the discussion points being recorded by the consultants. The discussion notes were also sent out to participants as a final step of verification.

Strengths and limitations of the approach

A key strength of the approach lay in the relevance of the survey and focus group topics, which were developed in close collaboration with the WG. Members were also instrumental in planning the focus groups, which ensured good participation rates as well as the representation of many experienced participants representing diverse cultures from coast to coast to coast.

Limitations include the fact that not all regions were able to participate in either the survey or the focus groups, mostly due to competing priorities related to service requests experienced by this workforce. Notably, this Formative Analysis is missing focus group perspectives from Alberta.

A key limitation of the survey distribution was the lack of a comprehensive email distribution list of all CA holders, which meant that distribution relied on ad hoc and opportunistic regional communication.

A further limitation is that IRS RHSP workers and managers, faced with numerous service delivery priorities, lacked the time to reflect fully when filling out this long and comprehensive survey. This additional task took valuable time away from frontline work; it is likely not all were able to dedicate the time necessary to complete the survey.

Although it is not possible to generalize across distinct cultural groups, there were many similarities in perspectives between groups and data saturation was reached. The key findings are likely to resonate in most regions, although specific details may vary.



Survey Findings



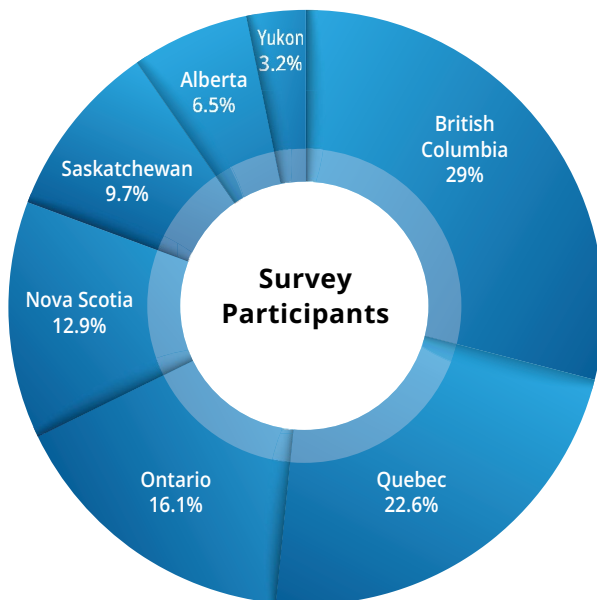
Survey Findings

Summary

A summary of the survey findings is provided in this section. A detailed description of the survey results is also provided in Appendix A.

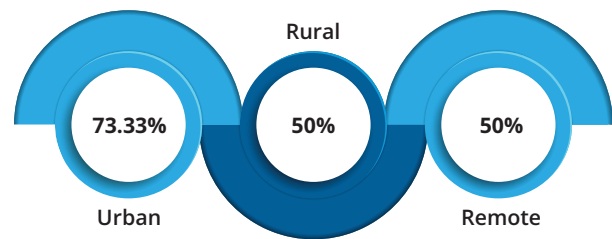
Survey participants

The largest number of survey respondents came from British Columbia (29.03%), Quebec (22.58%) and Ontario (16.13%), with a smaller number coming from Nova Scotia (12.90%), Saskatchewan (9.68%), Alberta (6.45%) and Yukon (3.23%).



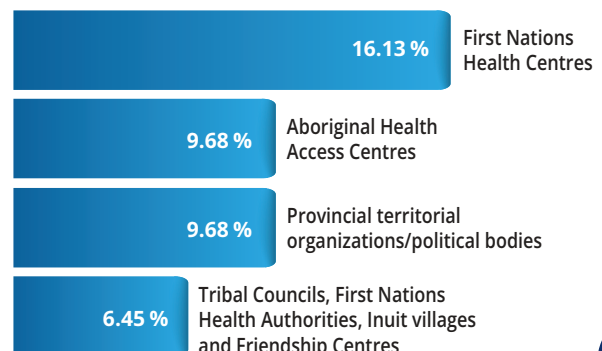
Geographic distribution of services

The majority of the respondents' organizations provided services in diverse geographic locations. These included urban locations (73.33%) in addition to their outreach services to rural (50.00%) and remote (50.00%) locations. Eighty seven percent (87.10%) reported access to a crisis support line in their region.



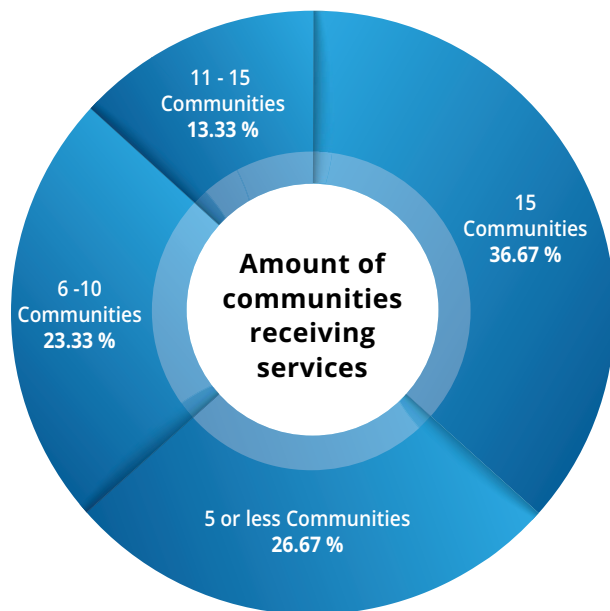
Types of organizations administrating the Contribution Agreements

The respondents represented many different types of organizations, including First Nations Health Centres (16.13%), Aboriginal Health Access Centres (9.68%), provincial territorial organizations/political bodies (9.68%) as well as Tribal Councils, First Nations Health Authorities, Inuit villages and Friendship Centres (6.45% respectively).



Survey Findings

The majority of the organizations were established more than 20 years ago (80.65%), followed by 3–5 years ago (12.90%), 6–10 years ago (3.23%) and 11–20 years ago (3.23%).



Most provide services to several First Nations communities and/or Inuit villages. Thirty seven percent (36.67%) serve 15 communities, 26.67% serve five or fewer communities, 23.33% serve between 6–10 communities and 13.33% serve 11–15 communities.

The majority (73.33%) reported that they also serve a significant number of off-reserve individuals or other populations. Fifty five percent (54.84%) of participants reported that the off-reserve client population represents more than 50% of all their clients.



- Serve a significant number of off-reserve individuals
- Off-reserve clients represents more than 50% of all their clients

Background and impact of adverse experiences among IRS RHSP clients

Respondents reported that 100.00% of their clients have been impacted by Indian residential schools. In addition, many clients were impacted by multiple colonial activities in addition to the IRS system. Ninety six percent (95.65%) of participants also provide services to clients impacted by Indian day schools and 91.30% provide services to clients affected by MMIWG trauma. Other client groups served included people affected by the Sixties Scoop (82.61%) and child welfare (52.17%).

Respondents explained that the majority of the clients they serve are still negatively affected by the impacts of working through the Settlement Agreement. These have forced individuals to confront the abuse they previously experienced. This process has re-triggered many IRS survivors without being met by mental health services support. There need for counselling support has increased significantly for survivors as well as their families. In addition, staff are experiencing vicarious trauma due to their own lived experience and the traumatizing stories shared by their clients.

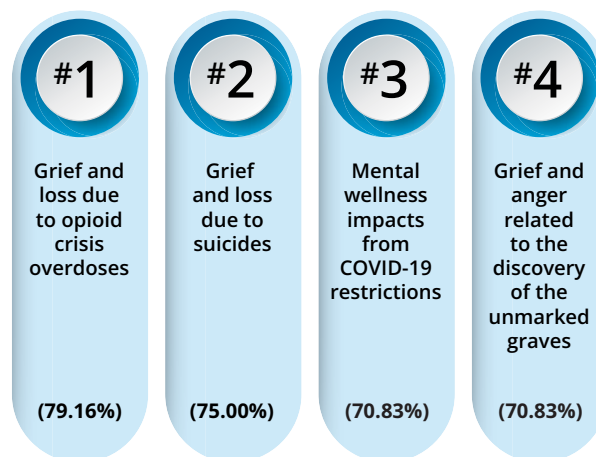
Present-day needs and experiences of IRS RHSP clients

The presentation of trauma among IRS RHSP clients is usually complex. The most common current traumas include dealing with homelessness (95.56%); grief and anger related to the discovery of the unmarked graves (91.30%); and sexual abuse (91.30%). Grief related to other issues was also identified and included COVID-19 restrictions (86.96%); suicides (86.96%); the opioid crisis

and overdoses (82.61%); and racism in healthcare settings (86.96%). Current rapidly emerging issues included the impacts of climate emergencies, such as evacuations and displacement due to wildfires and flooding.

When asked to rank the four most prevalent sources of trauma among their clients, respondents selected the following:

- Grief and loss due to opioid crisis overdoses (79.16%)
- Grief and loss due to suicides (75.00%)
- Mental wellness impacts from COVID-19 restrictions (70.83%)
- Grief and anger related to the discovery of the unmarked graves (70.83%)



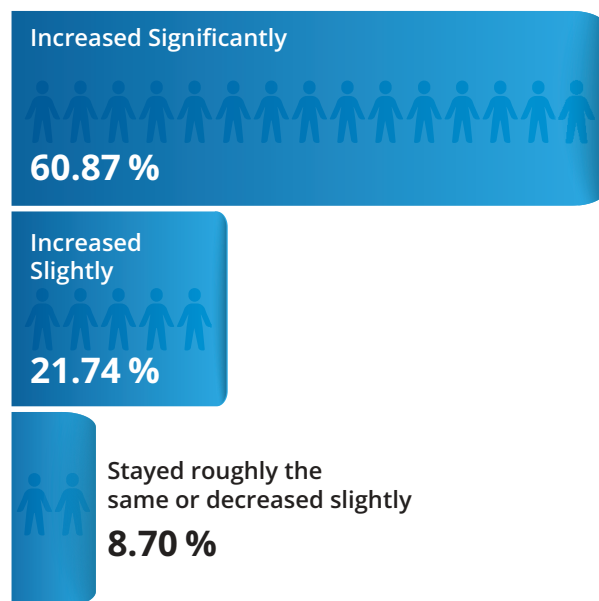
New sources of trauma included mental wellness impacts from COVID restrictions (78.26%) and grief and anger related to uncovered unmarked children's graves (60.87%).



Survey Findings

Perspectives on increased client caseload

Most respondents reported that, over the past two years, their client caseload had increased significantly (60.87%) or increased slightly (21.74%). Only 8.70% reported that the client caseload stayed roughly the same or decreased slightly.



When asked to estimate the increase in additional new clients, approximately one quarter of respondents estimated a 25% increase, another quarter estimated a 50% increase, and a third quarter estimated a 75% increase. The final quarter of respondents estimated that their client caseload had doubled. However, approximately half were not able to add new staff members despite the increase in client cases. Respondents described various strategies in the case of being unable to hire more workers. Some indicated that the increased workload was unsustainable. Many organizations rely on workers working overtime while focusing on increased funding and positions at the administrative level.

IRS RHSP Worker support in the unmarked grave site discovery process

In more than half of the organizations surveyed (56.25%), IRS RHSP workers are involved in the processes to research, locate, identify and commemorate IRS burial sites. Specifically, IRS RHSP workers support ground-penetrating radar (GPR) teams, community members, other Indigenous and non-Indigenous organizations, as well as individuals from other Indigenous nations.

The impact on workers includes an increased workload as well as greater time to process unresolved grief. The creation of stronger support systems within the workforce is urgently needed.

Enhanced service needs

Respondents identified the service enhancements required to meet current needs. The most commonly identified needs were for service delivery in the local ancestral language (80.00%), traditional counselling (70.00%) and land-based healing (70.00%).

Enhanced emotional support needs for clients were identified as a need to support clients with the preparation and aftermath of Settlement Agreement processes (77.78%), dealing with related grief (72.22%), family support services (66.67%) and supportive social visits (61.11%).

Identified crisis support needs in communities included crisis intervention and/or support (76.47%) and the creation of a crisis line (70.59%). Case management needs were identified including a need to improve access to clinical addictions health services (64.71%) as well as access to clinical mental health services, access to clinical health services and health systems navigation (58.82%).

Ongoing needs related to COVID-19 included training with respect to virtual care delivery (80.00%) and virtual service delivery to clients (66.67%).

Stable, multi-year flexible funding was described as the overarching requirement to maintain the workforce. More than half of respondents reported that current funding commitments were not sufficient to support services and staff recruitment.

Training needs

Eighty percent (80.00%) of participants reported unmet training to support clients effectively. The most commonly identified training needs were for: specialized needs, such as supporting LGBTQ2S individuals and families (81.25%); working with children and youth (75.00%); addressing sexual trauma (68.75%); and understanding brain injury (68.75%).

Ongoing needs over the next five years

Commonly identified needs included: recognizing and responding to complex, layered trauma (85.00%); mentoring for new cultural support workers (75.00%); and succession planning (55.00%).

Administrative needs included: system navigation with other mental health programs and sectors, such as women's groups, homeless shelters, child and family services, social services, education, and policing (84.21%) and relationship building and coordination (73.68%). About half of the respondents identified other needs including advocacy, service integration, reporting, data collection research and evaluation.

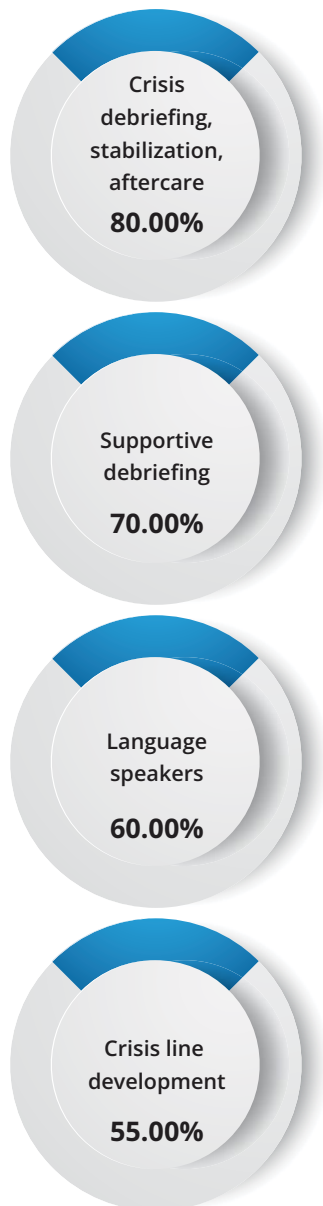
Ninety percent (90.00%) of respondents were interested in attending an in-person meeting to discuss a 5–10-year strategy for the IRS RHSP program.



Survey Findings

Crisis response needs

Crisis response needs identified included crisis debriefing, stabilization, aftercare or other (80.00%); supportive debriefing (70.00%); language speakers to support crisis response in the ancestral language (60.00%); and crisis line development or enhancements (55.00%).



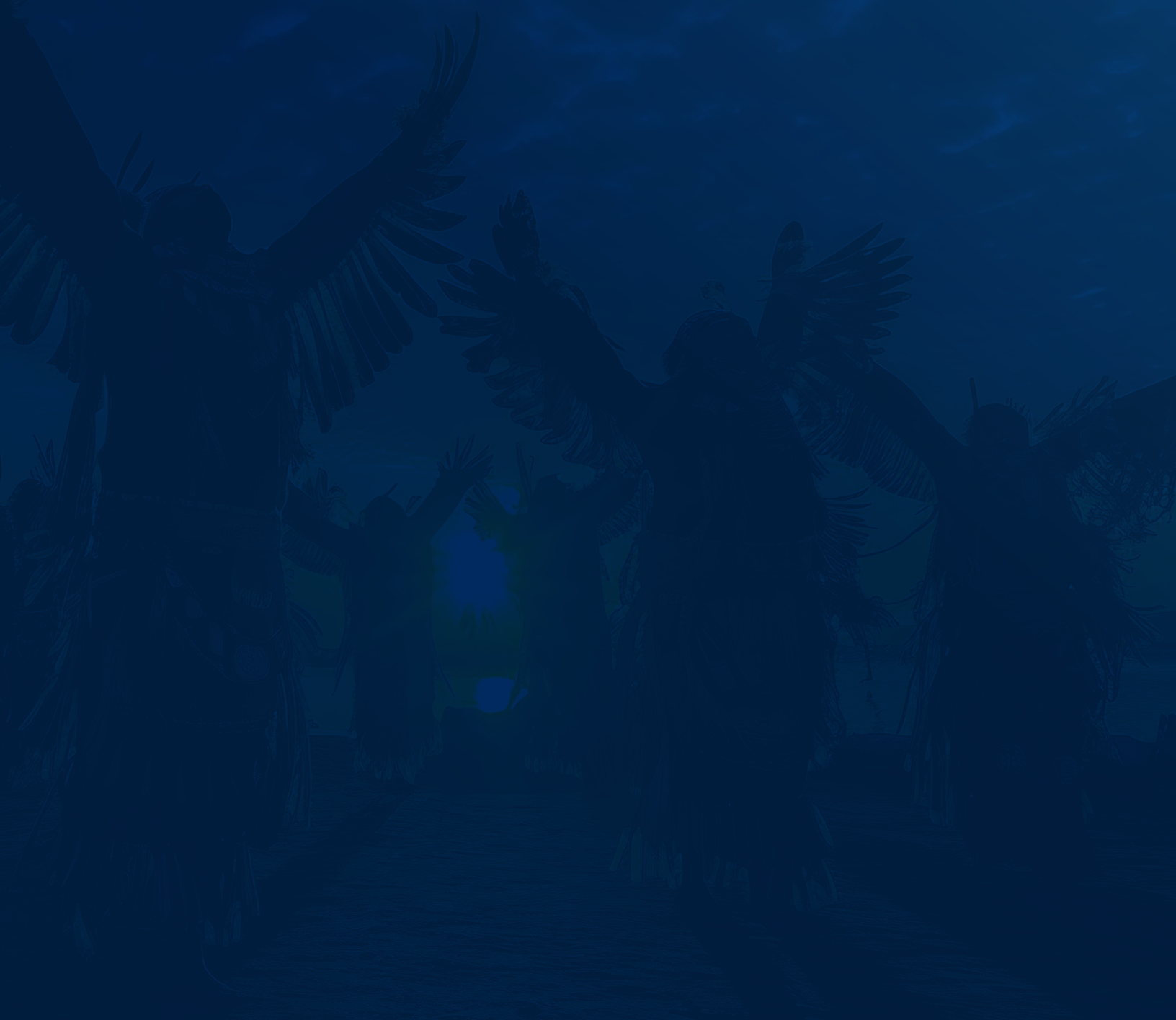
Reflections

Many respondents added written reflections expressing the desire for greater support for the IRS RHSP workforce.

There is a great need for this area to expand. As mentioned, the amount of pain and suffering is extremely disproportionate to the amount of healing available. It would be amazing to tap into mentorship programs that support the development of more cultural healers. Also, we are in need of more RHWs to ensure that staff do not burn out, can lead quality lives outside of their work and can have inter-office time in between outreach work. Resources, commitment and time are needed for staff to rejuvenate, work together and learn from one another. Field trips to pick and harvest medicine would be a wonderful way to support this initiative. Learning on the land together with our Elders would be ideal to nourish ourselves wholistically.

There is a need for understanding from the government that the intergenerational trauma response will require many years and even decades, to address the long-term effects of colonial violence.

The full description of survey results is available in Appendix A.



Focus Group Findings



Focus Group Findings

The current scope of work of the IRS RHSP

The focus group discussions with frontline providers provided strong evidence that the scope of IRS RHSP work has expanded significantly both in terms of the level of service requests as well as the types of service needs individuals are expressing. Moreover, there is a sound understanding that the individuals served by the program are often at the beginning of their healing journey and come from a very complex history of trauma.

This program is about trying to break the cycle. It will take time and it needs to be comprehensive.

In addition to more types of people seeking support from IRS RHSP workers, the types of services being sought are also increasing. They range from diverse needs for personal support, to presence at community events, to education and awareness activities for individuals, communities and Canadian society at large.

We are asked to do everything as workers in this program: workshops, help and be there when someone passes, when anything difficult happens, when a workshop is needed etcetera, etcetera.

In the following sections, some specific program activities are described. It is important to note that although details about how the activities are provided may vary, the types and range of requests for services were mentioned consistently in all focus groups.

Overview of focus of the work

IRS RHSP workers are receiving requests for a wide spectrum of services. These include:

- One-on-one client services
- Family services
- Community-wide event services
- Crisis response
- Organizational cultural and trauma-informed education, awareness, events and ceremonies
- Cultural and trauma-informed education of the broader public and organizations

In addition, a range of historic trauma experiences are being addressed by the IRS RHSP workforce and expand beyond IRS survivors. Service users and other types of support provided include:

- Indian day school survivors
- Intergenerational trauma survivors
- Family members of MMIWG
- Families and individuals affected by the Sixties Scoop
- IDS compensation applicants
- Abuse survivors triggered by the papal visit
- Communities, families and individuals who require support in response to the discoveries of the unmarked graves



Focus Group Findings

- Staff who are working at these sites
- Non-Indigenous people requesting support for dealing with the discoveries of the unmarked graves
- Trauma-informed and culturally based education of health and social services workers among Indigenous populations as well as external collaborating systems
- Formal trauma-informed Indigenous health education for universities, especially schools of health, nursing, medicine and dentistry
- Supportive response in relation to environmental disasters emerging from the climate crisis

This large spectrum of work is significant and relates to the fact that IRS RHSP workers have a wide breadth of unique culturally based knowledge and skills with which to support clients.

We do a lot more to bring back the culture to individuals, sharing circles, on the land activities, sewing circles, we are all trained in grief counselling...



We are getting requests for land-based activities and ceremonies, smudging the house, sharing circles.



More examples will be provided in the following sections to illustrate the diversity of the activities, people and organizations who are supported by the IRS RHSP workforce.

Diverse clients and support seekers

IRS survivor families: Intergenerational support

IRS RHSP work was initially intended to be focused on IRS survivors and their families. It has become clear that, due to the multi generational impact of IRS on individuals, their families and communities, distal consequences of the IRS system expand well beyond those who attended IRS.

Young people today, they want to know the history. The family bonds are impacted long term by IRS; IRS RHSP workers now move into that healing work.

Family members are often heavily impacted and are increasingly approaching workers with requests for services. Individuals affected across generations are seeking more support as questions about the IRS system increase, often prompted by the discoveries of unmarked graves.

Then the intergenerational stuff, the kids are greatly impacted, that educational piece is missing. Sharing the intergenerational impact is important.

Individuals whose parents did not attend IRS are also impacted vicariously as they learn more about IRS abuses and begin seeking services in the community. Workers recounted being approached by these kinds of individuals.

Workers stressed that on principle, anyone seeking healing should be welcome to attend IRS events because their work is about collective community healing. To be successful in their work, healing must be a wholistic effort and not simply focused on the individual.

These factors result in a large range of clients. Some attended IRS; some are part of a survivor's family; and others have experienced other trauma and/or live in a community where many have experienced trauma and loss of culture. The range of services that require collaboration with RSHWs reflect this need.

Complex trauma issues and support overlaps with a lot of different agencies...

Complexities of IRS RHSP work

Aside from this wide spectrum of supportive activities, workers are requested to provide services from a bi-cultural perspective. This requires an understanding of clinical mental health approaches as well as cultural and traditional healing or counselling. Overlaid on this bi-cultural perspective is the need to understand the context of social determinants and how this also affects the work required for sufficient IRS RHSP support.

There is a housing crisis in the community and the mental health of community members is affected. There are even 17 people in one household. There are food shortages, smaller children may be going without... especially when there is substance abuse.

Support for clients who engage with traditional spirituality and/or religion

IRS RHSP workers must be conversant in many different approaches to respond to the needs of survivors. Often workers wear "all hats" and serve everyone including IRS survivors and families, survivors and families of MMIWG, as well as those affected by other trauma. They offer both traditional and Western services and/or refer to those with the right knowledge. Respondents stressed that everyone's healing journey is different.

If we want to help clients in those aspects of their healing from intergenerational trauma, it is important to follow their needs and not prescribe what we think they need!

Workers also stressed that it is very important to respect that IRS survivors and other survivors may still gravitate to the Church and religious ways in their healing and that they need to be willing to support them in their choices. There must be recognition that not all survivors have turned away from the Church and some still rely heavily on their faith as they pursue their healing path. It is important that client choice be respected.



Focus Group Findings

Some people need ceremonies and some need a rosary, some use both. We respect all of that in our approach to support their healing. We need equal respect for both ceremonies and religious needs of the clients.

Support through tradition and ceremony

Clients who gravitate towards ceremonies for healing may have different needs and preferences compared to other clients who also use ceremonies and teachings for healing. It was noted that colonization and cultural disruption happened earlier in eastern First Nations, with the result being that traditional support is sometimes more difficult to find in these communities. Therefore, seeking out and rebuilding this knowledge in communities is needed, along with traditional service provision.



One participant talked about the legacy of having been exposed to colonialism for a long time, which often requires support through traditional teachings as well as traditional healing or counselling practices.

In this area, as First Nations people, we are sometimes being told how to be Mi'kmaq because the eastern tribes had contact much earlier than the western tribes. We are stressing the importance of re-learning ceremonies in our work. However, it depends on the client if they are comfortable with Indigenous ways or Western mental health ways of healing or both.

Another worker shared an experience of using ceremonies to help survivors.

Sweats in the community are often utilized to support people and educate people about IRS. There is a lot of trauma, but people do not know where it is coming from, people do not talk about their IRS trauma, so we try to map the history of the trauma in their family. It helps them when they understand where it is coming from. This is why people did not do the beautiful ceremonies in the communities; it is because they broke the chain when they took the children.

Participants shared that there is a lot of variation between clients. Each person is different and healing must be individualized to fit the client, depending on their personal background.

There is a strong interest in traditional and cultural ways among most clients, however, it is challenging for many workers to find enough safe and knowledgeable resource people to whom they can refer their clients. Some workers have the ability to conduct and lead ceremonies or interpret dreams.

Participants stated repeatedly that there are people knowledgeable about traditions but added that there are also those who cannot be trusted because they may not have the required skills or may even be abusers. The implication is that traditional healing service providers must be very carefully selected and monitored. This is yet another role that IRS RHSP workers need to fulfill: to help ensure that clients are safe with all Western and traditional providers.



Connecting survivors within their community to foster healing

An important part of service provision is the IRS RHSP worker's ability to connect community members for healing.

Some of the things we have access to are so simple, but powerful. If you are able to connect simple things like feeling the warmth of the sun is love, the air that we breathe... It is a miracle that people come through the door after all that has happened to them. People resonate with the culture—they are drawn to it. Often they have not experienced culture until they come to the healing programs.

Activities that are offered are diverse and tailored to each community.

The Elders put on a gathering with youth and Elders. I am a day school survivor, we are learning from the IRS survivors and vice versa. We have a calendar in place, we did a collage and a lot of the stories came out; we can learn from and teach each other.



Focus Group Findings

Other community activities include:

Land-based activities

Land-based activities are offered by many workers as an important part of their approach to helping their clients in their healing journey.

Traditional and land-based therapy is the only way to go.

Knowledge carriers are required to support IRS RHSP workers in their role of helping clients access these traditional ways of healing.

Arts and craft activities

Many workers offer arts and craft activities that are healing for the clients and allow them time to socialize with other survivors. This can allow survivors to share their perspectives and their journey without needing to speak about it.

Art is very helpful. People felt it was so nice and so relaxing; but organizations often do not understand that the art is healing.

This statement again underscores how instrumental RHSWs have been in the development of supportive programs as they know by experience what clients need and experience as healing.

Support for remote communities

Support for remote communities where very few services may be available is an important aspect of the work for some workers. In this work, it is important to support the local culture and the community's agency in leading their own healing.

Children were always silenced in IRS; they were told they would go to hell if they talked about what was going on in the school. When you provide services in a community you have to make sure you encourage their voice. You have to ask them what they need.

One worker experienced her work as follows.

I am always on the road, and I have two suitcases ready so I can jump on a plane. For a worker it is important to understand and acknowledge the hurt in each community. We need to be at the level of the people in each community. And each community is different.

There are never enough healing supports, especially in the remote communities where there are not enough staff to provide support. Many communities have lost lots of young people, some have lost 30 in the past couple of years. We provide all kinds of support when people pass away and deal with a lot of trauma. We do one-on-one language teaching in the community. I always still check my emails even when I am away or off, because there may be people who I have to follow up with.

Another worker shared that the work can be very difficult and it is hard to balance personal health and wellness.

When you get back to the office, your paperwork is piled high and no time in lieu [is offered] before going out again. As co-workers we get testy at times because we have been too tired and sore.

Extra demands on experienced workers and language speakers

Special demands are emerging for fluent language speakers and cultural knowledge carriers among the IRS RHSP workforce.

Participants shared many instances where it was important to have IRS RHSP workers who are fluent in the local ancestral language in order to adequately support IRS survivors. These kinds of workers are particularly sought after when events trigger IRS survivors, for example, during the COVID-19 pandemic as survivors were isolated and reminded of their IRS experience. Similarly, the recent compensation applications required IRS survivors to recount and therefore relive IRS abuses they had experienced.

Such events have led to a great demand for support workers who are fluent language speakers. The need for language speakers was especially critical during the completion of compensation applications. Similarly, cultural knowledge carriers are in increasingly high demand to support healing as survivors are living through triggering events. Both of these areas of high demand will be explored further in the section below.

Demands for language speakers during compensation applications

Many respondents spoke about the need to support clients in their compensation applications, because the applications were very difficult to understand. They often required speakers fluent in the ancestral language to support the survivor.

Translating into the language is difficult; it is taking people to a very painful place. When I translate, you have to have the smudge going, you have to make sure the building allows that.

The application process was extremely triggering for many survivors as well as for the workers themselves, who often are survivors. They experienced vicarious trauma from hearing their clients' stories and helping them through these difficult times.

When you work in this area, it is hard for people to fill out the forms. You need to work with the spirit, be gentle and try not to hurt... we don't know where people are coming from.

The process of completing the forms was often a multi-day process that required a deep commitment from the IRS RHSP worker.



Focus Group Findings

At first, I was reluctant to go to places. We would have to have tea, let them start where they are comfortable, but I cannot write it all down, I'd make it into a visit, then I'd write it down in a draft format and read it back to people. They would often remember more at that time.

Support for the application process took an extraordinary toll on the workers, who at times even supported family members.

I did about a dozen of these things... especially my brother and sisters tell me their stories. I felt weak listening to all these stories. I could not do anymore. Many of our people took the \$10,000 compensation right away.

As described above, many survivors took the lowest level of compensation because they were emotionally unable to relive the detailed abuse histories required for a higher level of compensation.



Demands for traditional knowledge carriers

The demands on those who hold traditional and ceremonial knowledge in the IRS RHSP workforce are perhaps the most extreme.

I have accepted that I am a healer and an educator, but I am 77 years old... They ask me, "Can you stay on as long as you can?" But I say others need to step up!

Participants in all focus groups shared that the demand for healing services and healing ceremonies is much higher than can be met by the IRS RHSP workforce or even by current knowledge carriers outside of the workforce.

Impact of unmarked graves on the IRS RHSP

The impact of the news of the unmarked graves was immediate and severe.

The announcements of unmarked graves and undocumented deaths was another layer—but like a tsunami wave—of trauma as the specificity of Canada and the Church's sustained genocide campaign through their IRS system sunk in. The immediate question was, "Are any of those kids from [our community]?" Thus, the critical importance of securing a comprehensive and exhaustive list of children from [our community] who attended an IRS.

Many requests for support were expressed at the community level related to the discovery of unmarked graves. Requests ranged from individual support to broader community support for cultural events, such as sacred fires, community activities at local churches, creating memorials of children's shoes and other items and support for people who were gathering at IRS sites, community drop-ins and so forth.

Workers told many different stories of how they had to respond to the unmarked graves in their community and with their clients. Often workers were involved in responding with a community healing event.

A lot of the survivors said it brought them back to their experiences and opened up the old wounds. We were called on to do ceremonies at churches to release the spirits of those who didn't return.



The grave site uncovering brought up many other things for survivors within their lives. Many felt the need to come together and be present, not necessarily saying anything, but just being there for each other.

The work in response to the unmarked graves is, however, not contained to the community. In fact, workers received diverse requests and were seeing a large increase in calls from mainstream organizations, as well as requests to support the ground penetrating radar (GPR) teams and other communities.

In some instances, training was provided to other communities to run their own GPR by workers from communities where unmarked graves had already been found. In these cases, workers were involved with ceremonies, such as offering feasts for the spirits of the children who were malnourished while they attended the schools.



Focus Group Findings

There are many other protocols to consider as the graves are located. Support is needed not just for those who are found, but also for those who are living near the grave sites.

In those instances when graves are located, we again heard of workers being “on call 24/7 and when finished we were still on call.”

It validates the truth, what people have always known... but also shows the need to provide emotional support as people are re-triggered and impacted by the discovery of the graves. We conducted circles to have people find some kind of relief as that work continues.

It is important to note that the process of locating graves is not complete in most areas and regions. It is important to work on more clearly identifying the role of IRS RHSP workers in this process as this work will likely continue for many years.

I wish there was a clear role... we are excluded even though we have worked in that area for a long time. We should have an office with the interlocutor, not just handing out the phone number.

Recognizing that workers are also impacted by current events

Finally, it is important to acknowledge that workers also need support, not only because of the unmarked graves, but also because of their work more generally, which is demanding. There is a high risk of burnout as long as support services for workers are not increased.

We are all survivors and we do our own healing. We need time to set aside for all workers to do their healing. We need retreats for RHWs so we can heal together.

Many workers find it helpful to have an Elder to check in with for their ongoing support and for feedback. One worker shared this perspective.

The work never ends. It is difficult it is to be a survivor plus a worker: I get triggered, I put things away for so long but then some days I get triggered.



The uncovering of the graves has especially impacted the workers as many are dealing with the same issues that the community is dealing with daily.

It is also important to note that the discoveries of the graves have also impacted the workers as well. It is often forgotten that they are also affected in the same way that the clients are affected.

The workers require wellness support. The health system must become proactive about the workers' needs as many work long hours and are exposed to vicarious trauma while still dealing with their own trauma related to current events.

Emerging issues and gaps addressed by the IRS RHSP

There are many other emerging issues that have an impact on the IRS RHSP workforce. This section describes the most frequently mentioned issues.

Emergencies due to the climate crisis

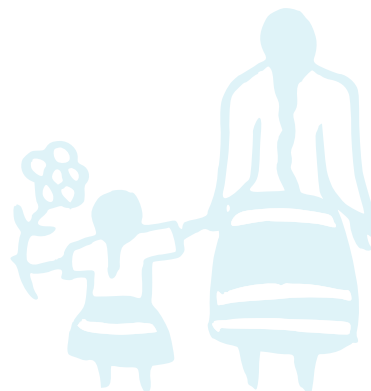
A new type of issue workers described was the need to respond to calls for support for individuals and communities affected by flooding, forest fires and emergency evacuations of whole communities. In one example, a whole community had been destroyed by fire.

Currently, the work is mostly reacting to fires in this area. One community has been 85% burned, so that is overshadowing. We had a lot of work as many of them came here for evacuation. We offered our support; we supplied them with colouring books for kids and gift cards, along with our phone numbers.

Many more communities will be at risk of the impact of the climate crisis in the coming years and the devastating effects of losing communities to fire or flooding. Even in instances when communities are evacuated and later able to return, the disruption of the community can have many lasting impacts.

Some people stayed who were from other communities and were relocated due to the fires. There are now more homeless because there are more benefits here.

Most of the people who stay behind and are homeless have been impacted by IRS, either personally or intergenerationally. Many are also dealing with addiction.



Focus Group Findings

Networking with internal and external services

Many participants reported having received requests from local universities, schools of nursing, doctors and even dentists for education and awareness training in historical trauma and providing trauma-informed care.

While it is a positive that universities and health providers are seeking to learn about culturally safe care and ways to build resilience, such solicitation increases the workload of the IRS RHSP workers significantly and requires careful preparation and attention.

Student-on-student violence

One of the issues that is very difficult to address and navigate is that part of the IRS experience in which abuses may have occurred between community members, including between students or between students and adults.

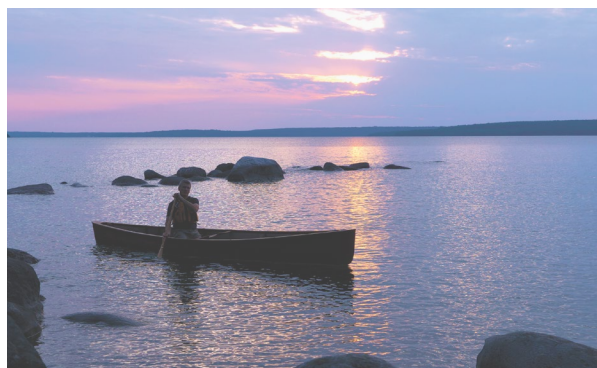
This has led to instances in which some of the clients being served by the program may have been involved in “student-on-student violence” and may have perpetrated abuse against fellow students or community members. So, situations can arise in which a survivor is also a perpetrator, and this can be very difficult for other survivors attending a community activity, for example. In these cases, the worker may have to provide services to both individuals in the community, which can be difficult to balance. In these cases, having different workers is an urgent need because “the harms and hurts are ever present when the perpetrator is in the community.”

Need to integrate RHSWs in client case conferencing

Participants also stressed that as part of the process of creating services, planners and funders relies on information that was relayed by survivors to “Canada” at TRC events. However, these stories represent a overly simplified and “sanitized” version of the events because survivors were often hesitant to have their stories of abuse told to the public. Much was not recorded.

There can be a big gap between what people at the grassroots level know is needed and what is being implemented. IRS RHSP workers need to be asked what is working and what is not working, because they know, based on their experience working with survivors.

IRS RHSP workers have a lot of this knowledge and understanding from working at the grassroots with clients. Involving these workers in care planning would be very beneficial for their clients. However, it is all too often other service providers with less understanding of clients’ needs who decide which services clients receive.



Grief

Grief is not new: it continues to be a top issue that comes up when working with survivors. IRS RHSP workers experienced an increased demand for support services for the grief and loss triggered by the discoveries of the unmarked graves. This experience triggered many people who had previously been doing well, and this demand in turn extended to workers who themselves needed self-care and support.

Grieving is a big issue... there is "grieving upon grieving upon grieving."



During the pandemic there were deaths, but there was no ability to grieve properly.

Addressing grief requires working through the trauma with the survivor and with their descendants, who are also deeply affected.

In many cases, family members of IRS survivors have been learning more about IRS due to the recent events. This causes family members to grieve, as they begin to understand why their survivor parent or relative may have been acting in a way that was hurtful to them. The grief is multi generational.

Gaps in mental health services

There are still many gaps in the mental health system, but the extent of the gaps varies from area to area. For example, not every community has access to a full spectrum of mental health services and some have no access to culturally safe services. Trying to find a balance between the right kind of trauma-based services when there are few available is essential, but it is often very difficult. IRS RHSP workers support clients who are not receiving the services that they truly need.

Financial counselling support

IRS RHSP workers observed financial gaps even when survivors received compensation. At times, the compensation may represent the first time that the survivor has had access to a sum of money. Services are needed to support people in financial planning and in sound management of their money.

What happens when people get compensation and then secondary things happen that are negative? How do we deal with this? There is so much lateral violence coming out of the compensation as others in the survivor's environment may try to get their compensation money. Services are not in place to deal with this!

For some family members who are struggling with addictions, the windfall simply gives them access more of the harmful substances they are addicted to.



Focus Group Findings

Other emerging needs

The needs in this report are described as “the tip of the iceberg” according to focus group participants, who are anticipating an even greater demand as more needs come to the fore. One participant described these emerging issues as follows.

I anticipate a demand for support services for the survivors of Indian hospitals, Indian boarding homes and Indian Band reparation; the latter is to reverse cultural and language loss initiated by Canada and the churches through their heinous assimilation policy now known as genocide.





Summary of Main Recommendations from Survey Results



Summary of Main Recommendations from Survey Results

More types of clients

Clients are impacted by multiple colonial systems, including IRS, Indian day schools, MMIWG trauma, the Sixties Scoop, the child welfare system, Indian hospitals, TB sanatoriums and Indian boarding home experiences.

Trauma experienced today also arises as people experience homelessness or a transience, grief and anger arising from the discoveries of the unmarked graves as well as sexual abuse. This trauma is compounded by grief and loss due to opioid overdoses, suicides and the impacts of the COVID-19 restrictions on mental wellness.

Not surprisingly, respondents noted that, over the last two years, their client caseload has increased significantly. Anecdotally, a survey respondent shared that although the IRS RHSP workforce has somehow navigated the many additional pressures of recent years, this newly required effort is not sustainable over the long term:

Individuals from all levels of the IRS RHSP have done an amazing job in transitioning from the original purpose of the Program to incorporating many additional sectors under this one umbrella. RHSWs and CSWs with expertise in certain areas would allow service providers a chance to focus on specific service areas without having to be experts in everything. For example, the needs for claimants of the lawsuits are not the same as those affected by MMIWG. Juggling so many

items leads to workers needing much general information, which may take away from specialized service areas. More workers, with specific skill sets for individual programming would go a long way to reducing worker burnout and the ability to better support people with specific needs.

Recommendation

The survey affirmed that funding is insufficient to meet both the increase in and breadth of service demands; the resulting unrealistic workloads lead to staff burnout and challenges in retention and recruitment.

There needs to be more work around burnout. There needs to be more cultural support workers in each of the communities.

Inadequate funding has severely impacted program delivery and client outcomes. Accordingly, there is a need not only to address this gap in funding, in order to meet increased service demands, but also to support an overall increase in funding to all Contribution Agreement holders.



Summary of Main Recommendations from Survey Results

Ground-penetrating radar searches

IRS RHSP workers have also been called upon to support survivors, families and communities as community-led processes are undertaken to uncover burial sites using ground-penetrating radar (GPR) technology. This involves supporting communities as they locate burial sites, conduct school-specific research on the children who died at the residential school and identify its burial places. The workers also provide support throughout community-led processes to identify, commemorate, and remember the children, and repatriate their remains, often within spiritual and ceremonial protocols.

Among the IRS RHSP workforce, there is high anxiety about the fallout from these processes and the work of assisting individuals, families and communities through their recovery.

As the grounds and territories of communities are being awakened and as communities are awaiting the findings and results, this does bring high anxiety to both GPR teams and members. So far, working in the community assisting the cultural supports doesn't allow for full-time one-on-ones with clients.



Recommendation

Ensure that the IRS RHSP workforce is adequately recognized and compensated for this additional work from the \$320 million Indigenous Services Canada (ISC) funding envelope, which has been devised to provide essential mental health, cultural and emotional support for such work. Provide ample time and resources for appropriate self-care plans for RHWs and CSWs.

Areas in which need has expanded

Services for IRS survivors that need to be enhanced to meet current needs include: service delivery in the local ancestral language (80.00%), traditional counselling (70.00%) and land-based healing (70.00%). Additionally, survey respondents also mentioned that clients need better access to clinical addictions support services (64.71%).

Much of the current need for emotional support still includes all aspects of IRSSA processes, forms, etc. (77.78%), dealing with grief and loss (72.22%), providing family support services (66.67%) and supportive social visits (61.11%).

Continue to build capacity in the areas mentioned, with a specific focus on traditional languages, culture and practices, including land-based healing. Service demands in this area continue to expand while the available cohort of knowledgeable cultural service providers continues to diminish. A formal focus on building this capacity is needed to sustain the current workforce.

This sentiment is highlighted in the following survey respondent's comments:

There is a great need for this area to expand. As mentioned, the amount of pain and suffering is extremely disproportionate to the amount of healing available. It would be amazing to tap into mentorship programs that support the development of more cultural healers. Also, we are in need of more RHSWs to ensure that staff do not burn out, can lead quality lives outside of their work, and can have inter-office time in between outreach work. Resources, commitment, and time is needed for staff to rejuvenate, work together, and learn from one another. Field trips to pick and harvest medicine would be a wonderful way to support this initiative. Learning on the land together with our Elders would be ideal to nourish ourselves wholistically.



Ongoing and unmet needs over the next five years

Ongoing needs over the next five years are mostly training-related and include most commonly recognizing and responding to complex, layered trauma (85.00%) and mentoring new CSWs (75.00%).

Unmet training needs include: working with LGBTQ2S individuals and families (81.25%); working with specific age categories (e.g., children and youth) (75.00%); working with those affected by sexual trauma (68.75%); and working with clients with different forms of brain injury (related to addictions, birth or violence) (68.75%).

Administrative needs include: system navigation with other mental health programs and sectors, such as women's groups, homeless shelters, child and family services, social services, education, policing (84.21%); and coordination, partnership and relationship-building with other mental health providers across various sectors, (universities and colleges, government departments, etc.) (73.68%).

In terms of crisis response needs, respondents identified the need for: Indigenous models for crisis debriefing, stabilization, aftercare or other (80.00%); a need for supportive debriefing (70.00%); access to language speakers to support crisis response in the ancestral language (60.00%); and; crisis line development or enhancements (55.00%).

Finally, 9 in 10 survey respondents (90.00%) identified a need for strategic planning, such as in-person meetings to discuss a 5–10 year strategy for the IRS RHSP program.



Summary of Main Recommendations from Survey Results

Recommendation

Create and provide the necessary training resources, capacity building and worker development programs needed to respond to emerging pressures. Collaboratively plan for the IRS RHSP's ongoing development and cover organizational coordination and collaboration costs.

Commit funding within the program structure and administration to support integration and coordination within the wider continuum of services as well as integration with Mental Wellness Teams (MWTs) and crisis teams. Make formal links at funding and policy levels to underwrite such integration.

Ensure ample resources for the development of identified training and capacity building so that the workforce is well-equipped to respond to the wider scope of client needs identified. Ensure that there are explicit self-care planning and employee assistance program (EAP) supports for the IRS RHSP workforce.



Funding to support a stable, long-term program

Survey respondents were adamant that the IRS RSHP must transition to a longer-term funding envelope: this would recognize the tremendous needs identified, which continue to emerge and evolve over time.

Because year-to-year this particular program is waiting to see if funding is available for following fiscal year...



Although some service areas have been granted multiyear funding plans, this still causes concerns for long-term sustainability of programs. People are tired of getting familiar with a program just to have it shut down as funding is no longer available. If a program is "evergreen," yearly funding requests shouldn't be necessary to continue the programs.

Short-term funding agreements introduce instability and administrative burden as they require frequent renegotiation between communities and the government. The ever-present "raincloud" that looms at the end of a program is a further threat to the well-being of all IRS survivors and their families.

Recommendation

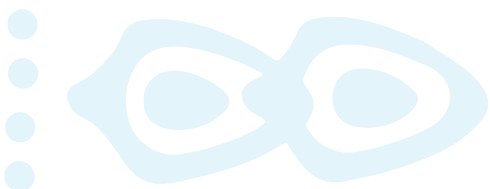
This worker's own words best describe the need for funding stability.

Core funding is needed. Core funding provides not only sustainable funding but also the ability for long-term planning for building community capacity to include the extensive range of services and staffing that our people need. Funding needs to be sustainable and long term to support stable programming, employment, and service delivery.

The IRS RHSP workforce has continually been the default mental wellness support response to any and all arising trauma, including MMIWG, IDS and child welfare, among other issues. In light of this, a survey respondent shared that:

There is a need for an understanding from the government that the intergenerational trauma response will require many years, even decades, to address the long-term effects of colonial violence.

Beyond the risk of the existing program leaving clients without critically needed services, there is the ongoing risk to employee recruitment and retention:



Currently, funding for the Expanded Trauma-Informed Health and Cultural Support Program is approved year-over-year. Due to the lack of sustainable funding (e.g., 10-year approval or longer), IRS Contribution Agreement holders are unable to conduct long-term planning. This has resulted in precarious employment for IRS RHSP workers, as they are unsure if the program will be renewed next year. This has added to the already colossal level of stress the workers are under with regards to the Settlement Agreement and the increasing number of clients.

Traditional and cultural strengths-based program focus

One of the key strengths of the IRS RHSP is their commitment to provide access to cultural, land-based and traditional healing approaches for IRS survivors and their families. Yet, however cherished, these program resources are finite and fragile as knowledge carriers, Elders, ceremonialists and healers pass on without having transmitted this knowledge to the next generation. There needs to be a formal commitment to reinvigorate and restore this knowledge in communities, through community development, and in the workforce, through adequately funded learning and mentoring programs.



Summary of Main Recommendations from Survey Results

Many communities do not have traditional healers or someone who can set up and run sweat lodges... and these cannot be sustained throughout the year. Additional funding would be beneficial to make these a reality in all communities.



To have any long-term support in communities, such as sweat lodges or ceremonial grounds, [we need] funding to support those that run it inclusive of supplies. Greater funding with commitment to keep funding going for a substantial amount of time would be beneficial. Land-based healing is really needed.

Recommendation

Enhance and formalize an explicit focus on embedding and re-instituting traditional and cultural approaches throughout the program (not just for CSWs). Build the necessary pathways for traditional capacity building and mentorship of knowledgeable cultural support workers.

Many of these recommendations are reaffirmed and echoed by focus group respondents. We turn our attention now to the key findings of the focus groups and the resulting recommendations.





Summary of Main Recommendations from Focus Groups



Summary of Main Recommendations from Focus Groups

Integration with other mental wellness programming

The IRS RHSP is an important program that provides IRS survivors with culturally safe and appropriate mental wellness supports. The IRS RHSP workforce comprises individuals with an essential mix of education, experience and knowledge of this trauma, and IRS history and impacts.

IRS RHSP workers often work closely with other mental health workers in their local area to provide a specialized layer of support to First Nations members. Many are part of their local crisis team and network frequently with other organizations. They expressed the need to “speak in unity” and collaborate more formally, as many mental health funding streams seem to operate in silos.

It was noted that the IRS RHSP works closely in alliance and partnership with other organizations like Friendship Centres and other agencies to better serve survivors and those affected intergenerationally.

However, though the IRS RHSP workforce embodies an understanding of local history, dynamics and community knowledge, this rich knowledge is often overlooked in many cases when support is coming from clinicians outside of the community.

Workers expressed the wish to have external clinicians and providers collaborate more closely with them in supporting their community members. Further, they identified a need to monitor and evaluate such collaboration when outside counselors are involved.

Recommendation

Establish mechanisms, such as networking opportunities and inclusion in the circle of care, that allow IRS RHSP workers to work alongside other clinicians and mental wellness service providers. Facilitate the development of collaborative pathways and establish metrics to monitor the effectiveness of collaboration, with a particular focus on how well IRS RHSP workers are integrated in team approaches, such as within crisis teams, mental wellness teams and other federally and provincially funded mental wellness programming.

Traditional healing alongside mainstream approaches

Another area in which the IRS RHSP workforce wished to see enhancement was in the appreciation and inclusion of a “two-eyed seeing” approach, which is needed to support the integration of traditional and Western approaches to healing.

They wished to see greater acceptance of traditional healing within the medical system, as they perceive a persistent gap with a systemic bias against traditional healing. More work needs to be done so that traditional healing is recognized as a legitimate approach and to ensure greater understanding and acceptance within the health system.

In the same vein, it is important to ensure that individuals understand the value of their community’s own traditional healing approaches. Capacity is also a concern as there are not a lot of workers who can engage in ceremony and provide teachings and educational awareness.



Summary of Main Recommendations from Focus Groups

Some programs are trying to establish mentorship opportunities and identify people who can embrace traditional ways while working within mainstream clinical approaches. More challenging is the ability to identify local knowledge carriers, Elders, ceremonialists and traditional practitioners. In the words of one participant:

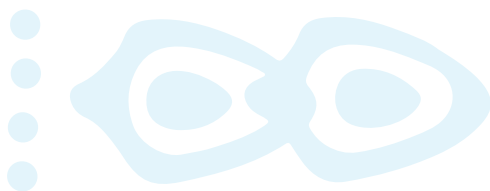
We need healers, singers, dancers, knowledge keepers. These people are hard to find.

Recommendation

Ensure the IRS RHSP continues to provide options so that individuals can seek healing through mainstream approaches as well as an integrated medical model and traditional healing approaches.

To build this capacity within the program, clear policy statements which describe this integrated approach are needed from funders and sponsoring organizations.

There is also a need for inter professional learning and capacity building as well as pathways and opportunities to learn about and engage in ceremony and traditional healing approaches. Furthermore, policy development to support the provision of these services and to enable them to work alongside each other should be developed.



Workforce development needs

Program workers bring a wide range of knowledge and skills

IRS RHSP workers must be conversant in many different approaches to respond to the needs of clients. The IRS RHSP is serving people impacted by a range of trauma experiences. Often workers wear “all hats” and serve everyone, including survivors and families of IRS, MMIWG, etc. while offering both traditional and Western services and/or making referrals to those with the right expertise or knowledge.

Accordingly, there is a need to know a wide range of cultural approaches as well as mainstream approaches. Furthermore, each client presents unique needs and so workers have to be generalists and/or know of many different healing modalities and therapeutic approaches to help “meet the client where they are at.”

Cultural and land-based healing

One of the key areas in which additional capacity building and development is needed is within traditional and cultural approaches. It was noted that the population of CSWs and resource people who have this knowledge are approaching retirement. Additionally, many workers who may have lived experience using cultural and land-based healing approaches themselves wish to explore and learn how to use these techniques to support others. Continual learning and exploration of cultural strengths-based approaches, such as land-based healing, ceremonies, traditions and teachings are needed, they affirmed.

[We need] land-based and cultural training alongside Western types of training.

Though there is a strong interest in traditional and cultural ways, it is challenging to find safe and knowledgeable resource people, they noted.

I want to learn as much as I can because I am reclaiming and re-learning my culture.

I bring in whoever I can to help. The parents and grandparents are maybe not in a good place, so I am bringing in [other] people, grandmas from wherever... I do research about their teachings and bring them in to teach our young. Often the teachings are identical, just the language is different, I bring in the elderly women who have the rites of passage. Many have not taught our people... many of our Elders who had the teachings [said that] if you have been taught something, you've got to share it, that is the teaching from the Creator.

A number of other aspects of this important capacity building were touched on, notably a need for strengths-based approaches, training and tools to help assist survivors in moving beyond healing to thriving.

[We need] training on healing, wellness and moving beyond including tools for survivors, family of survivors and First Nations communities.

A need for a framework for grief and loss which integrates culture and ceremony and provides teaching for workers so that they can help individuals “take their spirit back” was also mentioned.

For people who have lost their spirit, there are ceremonial ways to bring this back, different ways to use cedar, to use our medicines.

Recommendation

Embed a two-eyed-seeing approach in the IRS RHSP's provision of care and support. Provide opportunities and pathways to support lifelong learning about cultural and strengths-based approaches. Formalize a mentorship program to assist committed learners to take on the obligations of cultural teaching and ceremonial or traditional practices. Work with local knowledge holders to develop resources that reflect and retain local traditional knowledge and practice for future workforce development.



Summary of Main Recommendations from Focus Groups

Self-care for the IRS RHSP workforce

One of the most compelling needs expressed by the IRS RHSP workforce was the need for self-care for those who are doing this complex, critical work. Mental health days, opportunities to debrief, cultural support from Elders and traditional healers, as well as supervisor and mental wellness retreats were all mentioned as important self-care needs.

We need IRS RHSP cultural support and wellness retreats to work on ourselves, to be gentle with ourselves and to open up and release what we felt during the IAP [Independent Assessment Process].



[We] need to be supported and have people the workers can call on; we need to have opportunity to release.

Recommendation

Build self-care strategies as an essential component of workforce retention and development and ensure that employees have protected time to attend to self-care. Planning for self-care should include evaluation of risk around workload and anticipated triggers and stressors and assessment of work/life balance. Self-care plans should incorporate cultural strengths-based approaches and be customized according to anticipated needs. Setting goals, identifying needed supports and resources, and implementing organization-wide and individual plans of action are essential steps to formalized self-care.

Mental health and complex trauma

Specific areas in which focus group respondents highlighted a desire to develop further expertise included:

- Impact of IRS history and intergenerational trauma
- Understanding complex trauma
- Training regarding ambiguous loss (e.g., when one can't find closure in the case of MMIWG, when the loss is never resolved and goes on for years and years)
- One-to-one counselling skills, skills for trauma-informed care (ensure a common understanding, use with caution)
- Dealing with anxiety and depression
- Emotional intelligence training (through Thunderbird Partnership Foundation)

If we understand our own emotions, we can be more grounded and effective in the care we offer.

Recommendation

Develop informational resources and/or source expertise for in-service training for the IRS RHSP workforce. Provide opportunities to access training and information related to these topics and ensure that these resources are built into new worker onboarding.

Unique/specialized topics

IRS RHSP workers encounter a diversity of clients with a corresponding wide range of needs. Some of the areas in which they expressed a desire to build their knowledge and skills included the following areas:

- Tapping technique training for PTSD, anxiety, depression
- Training to understand and address gender-based violence
- Training in embracing and working with the two spirit community

Holding them up as community members as they were in the past.

- Working with LGBTQ2S

Most don't feel safe in accessing services.

Broader considerations in capacity building

Orientation tools and resources are also needed to help on board new employees and to support established employees in creating boundaries when they themselves are impacted or are also survivors of IRS.

When we started, there was no standardized training and many of us are survivors. Where do you end and where does the job begin?

More generally, it was noted that training is needed to build skill sets, such as for communications and the use of new virtual technologies.

A resource list for healing and recovery for all First Nations communities would also be beneficial.

Lastly, the respondents noted that ample, protected time is needed to accomplish this training and to attend to necessary self-care.

Recommendation

Curate resources that respond to unique and specialized needs, such as working with LGBTQ2S and men. Provide opportunities to learn about other innovative techniques and complementary and alternative medicines. Develop an onboarding resource including an inventory or resource list for healing and recovery.



Summary of Main Recommendations from Focus Groups

Mentoring the next generation of cultural support workers (CSWs)

Cultural support workers (CSWs) are often the holders of stories and teachings, the protectors of sacred knowledge, the providers of medicines, and the carriers of knowledge of their community's traditional practice and ceremonies. Many grew up speaking their ancestral language, learning and living off the land. Many are also Elders and have survived IRS, IDS and the Sixties Scoop. They are also aging. Some, sadly, have passed on, taking with them the knowledge of their ancestors and leaving their communities bereft.

The following quotes illustrate the deep concern that participants shared about the aging workforce of CSWs and traditional knowledge holders.

There is a growing demand, but few of us have this knowledge and we are aging out of being able to do this.



Just recently I had a male co-worker come to me with material in our sacred colours. He asked if I would be his teacher and help him to learn how to do cedar brushing. I told him I would accept as I have been watching him. He made himself humble and does not have attitude, otherwise I wouldn't have accepted the colours. So, I have been teaching him whenever we get together.

The IRS RHSP workforce has recognized a pressing need to take action to build capacity in cultural and traditional approaches to healing. Most are learning on the job or bring gifts and knowledge from their own lived experience or previous work experiences. At the same time, participants noted a need for training to build up those who have these gifts and interests using adult education principles. There is a need to explore some kind of structured approach or framework for teaching. Some are starting to set up programs where people can come learn and pick up tools through experiential learning, mentoring and training alongside Elders and knowledge holders.

More opportunities for younger people could involve not just the training but structured pathways for mentoring people in this work. Such mentorship is needed for young people to “walk with them over time,” as this was how traditional teaching happened—through one-on-one connection with the Elder or cultural teacher. In this manner, “the new generation of workers are mentored or can shadow other workers in the workplace” and be supported as they acquire and practice their teachings and skills.

Recommendation

Create a long-term “transfer of knowledge” and mentoring program with appropriate traditional protocols and policy supports backed by the necessary financial supports for both the experienced worker or knowledge holder and learner. These three items (traditional protocol, organizational policy and funding) are needed so that a dedicated focus can be maintained in building the skills and knowledge needed to provide traditional healing. Such a program would be uniquely customized to each organization's communities and tribal ways and would draw on experienced CSWs.

Customized cultural training

As noted previously, cultural training that is specific to communities and/or regions must be developed. The training must include mentorship and any external knowledge holders/healers must be vetted to ensure that they are safe to work with vulnerable clients.

We need to train the young ones up to do cultural and traditional work. That is really important for the next generation.

Cultural teachings in each region are all different. We need to look at these different cultural traditions and languages and bring in more Elders and knowledge holders. We need more refresher training and workshops. This was done at beginning during the IAP [Independent Assessment Process] but now it is needed for all new staff.

As described earlier, a formalized approach to mentorship (suitably funded) that supports people who wish to learn about cultural ways, languages and teachings is needed.

Respondents noted that there is a strong interest in traditional and cultural ways, but it is challenging to find safe and knowledgeable resource people.

Not all priests were good people and not all traditional pipe carriers are good people.

The implication is that traditional healing service providers should be carefully selected and monitored.

Finally, it was noted that the sharing of traditional and cultural knowledge is best done in the ancestral language, as this is where the original teachings, perspectives and worldviews of the people resides.

We do weekly sweat lodge ceremonies... we are constantly searching to recruit younger community members to lead or conduct sweat lodge but they are hesitant... "Do I get paid?" "Do I get an honorarium?" "Is there a place for me at the health centre once I am trained?" "I don't know how to do it..." They want to sing, dance and perform ceremonies. They want to know how to do it, but we can't describe it in English. This is a frustrating impediment to appropriately imparting this knowledge as it should be done in the [ancestral] language... we need support to be able to do this.

This participant quote also illustrates another important aspect of building capacity, which is ensuring that the training is amply resourced.

Financial support for program development in order to compensate the learner and the additional time commitment of the experienced teacher is needed.



Summary of Main Recommendations from Focus Groups

People want to learn, but there is so much to learn, and things need to be set up in a more formal way to be able to learn more of the different ceremonies and teachings. How can one free up sufficient time? It is a big commitment to learn traditional ways. How can workers be supported in their learning? Perhaps some could be focused on learning while still being paid at their job over a long period of time (e.g., one year). It is difficult to learn on your own time or instead of working if you have to support a family.



You have to have a lot of passion to learn about traditions and different people may have different gifts. They should be supported to explore this.

These quotes underscore the need to ensure that a program is formally structured with ample time and financial support for the learner and the teacher. A recommendation along these lines is proposed in the next section.



Future program direction

Stable, long-term funding for a comprehensive approach to service provision

One of the themes which resonated through all focus group discussions was the absolute imperative that the IRS RHSP be funded as a comprehensive, long-term program with adequate funding to meet the wide breadth of client needs. These needs have multiplied beyond the original program's intended recipients. New and recurring triggering developments as well as the burgeoning recognition of the historical and intergenerational trauma related to the IRS system are precipitating many mental wellness and substance use issues in communities.

We make do with what we have, but we need a comprehensive strategy. The government already knows what we need.



This program is about trying to break the cycle. It will take time and it needs to be comprehensive.

One respondent also noted that “sunsetting the program is not an option; generational healing is needed into the future.” The provision of long-term, stable funding to address growing service demands reverberated across many of the discussions.

It is a lifelong thing to heal from the IRS and it is ongoing. This will be a priority for a long time.



Funding needs to be permanent so that workers can be trained and retained.

Furthermore, it was noted that funding needs to move away from siloed and piecemeal envelopes to sustainable funding that is unified and integrated with the broader mental health service continuum.

Everything in programming is still provided by piecemeal allocation. It is up to us to design our healing in our own ways; the priorities will change over time.

This shift would be in keeping with the First Nations Mental Wellness Continuum Framework. The Framework helps communities take the lead in designing their own mental wellness programming matched to their needs and priorities and is a cultural strengths-based approach.

It was noted that the program name “Indian Residential School Resolution Health Support Program” belies the wide breadth of work that is actually undertaken by program workers. Further, the program serves more than just those who went to IRS, but also their families and extended relations, as well as numerous others impacted by IRS, the Sixties Scoop, MMIWG and many other related traumas. It was proposed that “individuals impacted by IRS” seems to be a more expansive term that would capture this magnified service demand.

It follows that the IRS RHSP workforce should be recognized and respected for the unique insight, knowledge, understanding and skills that allow them to accomplish the expanded scope of work they do.

Recommendation

Ensure stable, long-term, comprehensive funding for the IRS RHSP with ample program flexibility to allow programs to respond to emerging needs and priorities. Provide resources so that IRS RHSP can link with and collaborate within the broader structure of mental wellness programs. Afford ample resources to address self-care, capacity building, cultural support succession and mentoring programs as well as cultural resource and community development.



Summary of Main Recommendations from Focus Groups

A cultural strengths-based framework

An essential point about the program’s future direction, which resonated across several of the discussions, related to the need for the program to build upon culture as its core.

As a starting point, there is a need to explore various models for individual, family and community-wide healing. Program workers are recognizing that many individuals are seeking healing, cultural knowledge and cultural learning through IRS RHSP workers. This includes people who may not fit the strict criteria of being a family member of someone who went to IRS.

A community development approach is therefore needed alongside the supportive programs for IRS survivors and their families. Actively promoting the relevance and application of the traditional ways—ceremonies, medicines, teachings, etc. that are unique and were gifted to each people—is a key aspect of the program’s DNA. To ensure these gifts are there when clients and the community need them in the future, resources are needed to build more community-developed and culturally specific approaches. This may also entail being open to different ways of supporting survivors—cleansing, bringing back spirit, tapping and so forth— as well as healing workshops and camps on the land.



A big concern remains the potential loss of these cultural strengths and teachings. In order to preserve and pass on this knowledge over the long term, there is a need to generate legacy documents, videos and website content for the next generation of the workforce. A community-led process is needed to effectively gather and protect such knowledge, ensuring it is used for its intended purpose.

Recommendation

Work with communities to develop customized cultural frameworks for healing that include the necessary capacity-building, training and community-wide healing resources to supplement individual and family cultural supports. Recognize spiritual healing in all its forms and embed this approach in a wholistic model of healing. Create and mobilize cultural knowledge resources to preserve and promulgate traditional and cultural approaches to healing.

Other important future directions

Respondents described a number of other important areas that require careful attention now and into the future. These include:

- Urban individuals and groups
- LGBTQ2S community, as most don’t feel safe in accessing services
- Other sectors, such as education, hospitals, universities, media, justice, policing, prisons, shelters, leadership (Presently there are not enough workers to address this demand.)

- Communities undertaking ground penetrating radar (GPR) discovery work (Communities need support as they undertake this emotionally charged process. Programs are anticipating that pressure to support people will only increase as the GPR exploration, identification, repatriation and ceremonial support during commemoration of children recovered in graves is undertaken.)

Lastly a respondent noted that they wish to see universities educate teachers differently so that the school system changes over time: “I want to see the education system change, I want to see the history lessons change.”

Recommendation

Work within a community-based, participatory approach to engage with and customize approaches for specific segments of the population (e.g., LGBTQ2S, men, urban community, etc.). Ensure ample resources and workforce to support service demand with affiliated sectors and most importantly, to address the needs of communities undertaking the GPR and resultant processes.



Conclusion



Conclusion

The FPWC conducted this Formative Analysis in collaboration with a Working Group (WG) in order to identify emergent pressures on the IRS RHSP workforce and to document the rapidly expanding scope of their work as a result of current events.

Two major components comprised the focus of this analysis: a survey with administrators (CA holders) and a series of focus groups with the IRS RHSP workforce. This two-pronged, mixed-methods approach, coupled with ongoing collaboration with the WG, ensured that perspectives from coast to coast to coast were heard, considered and integrated into this report.

The survey was designed to collect data from within the IRS RHSP service delivery context reflective of the impacts of the grave site discoveries and other current events (i.e., COVID-19), which have affected IRS RHSP service demand. The focus group sessions with the frontline IRS RHSP workforce provided an opportunity for deeper dialogue on the issues identified in the survey.

The focus groups allowed for exploration of the impact of the grave site discoveries, COVID-19, the papal visit and the climate crisis on the work of IRS RHSP workers and the evolving needs of their clients. Perspectives on client needs, training and capacity challenges related to Indigenous knowledge, healing and medicines were gleaned from both the survey with managers as well as the conversations with frontline workers.

The strength and the significance of this report is anchored in the strong agreement between the information collected in the survey, the focus groups and the perspectives of the WG members. Despite the fact that Indigenous Peoples and the geographic areas they live in, are very diverse, the essence of the client stories and needs related to the IRS RHSP were generally consistent.

In this analysis we found that the complexity of trauma carried by clients and families that seek support from IRS RSHP workers is increasing from coast to coast to coast. The unique skill set of IRS RHSP workers is sought by more and more clients who are affected by IRS, personally or intergenerationally, as well as by those affected by other trauma, such as families of MMIWG, people impacted by the Sixties Scoop, Indian day schools, Indian hospitals, TB sanatoriums and those with boarding home experiences.

Current issues such as the climate crisis, flooding, fires, the recovery of unmarked graves and the papal visit are deeply affecting survivors, their families and communities. As a result, IRS RHSP workers are required to support an ever-increasing number of clients and families. Moreover, people at Indigenous and non-Indigenous organizations and institutions are seeking the knowledge of IRS RHSP workers in their own efforts to understand the impact of current events and to come to terms with reconciliation.



Conclusion

The recommendations of this report were verified by a number of means and reflect broad applicability. They include the need to acknowledge the expanded demand for IRS RHSP services and prioritizing long-term strategic planning, capacity enhancements and sustainability of the IRS RHSP.

Traditional knowledge and healing approaches and access to services in the ancestral languages should be enhanced within the program, in concert with culturally safe clinical mental health and addictions services.

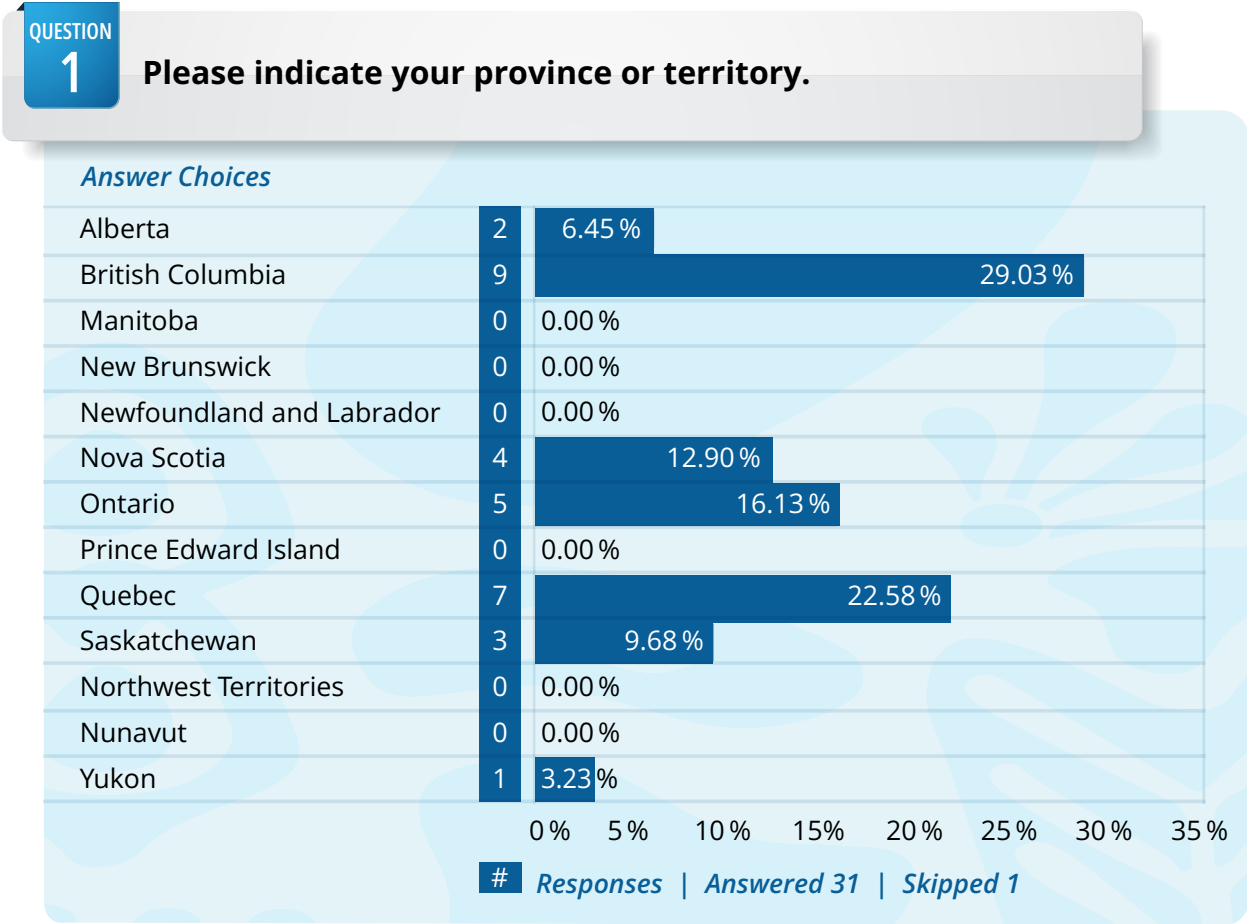
Finally, stable long-term funding is required to address the intergenerational harms caused by IRS experiences that have resulted in the varied and interconnected needs identified in this Formative Analysis.



Detailed Survey Results

Organizational profiles

Question 1 to Question 8 focused on a description of the organizations of the CA holders and the communities they serve. Detailed responses are presented below.



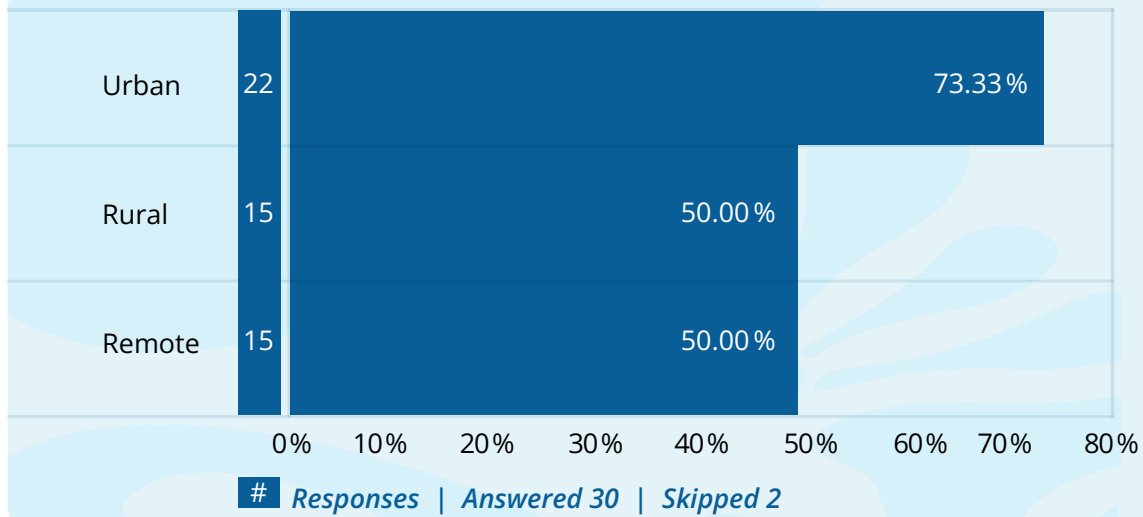
Participants were asked to identify their province. The largest number of survey respondents came from British Columbia (29.03%), Quebec (22.58%) and Ontario (16.13%), with a smaller number coming from Nova Scotia (12.90%), Saskatchewan (9.68%), Alberta (6.45%) and Yukon (3.23%).

QUESTION

2

Are you providing services in an urban, rural, or remote location?

Answer Choices

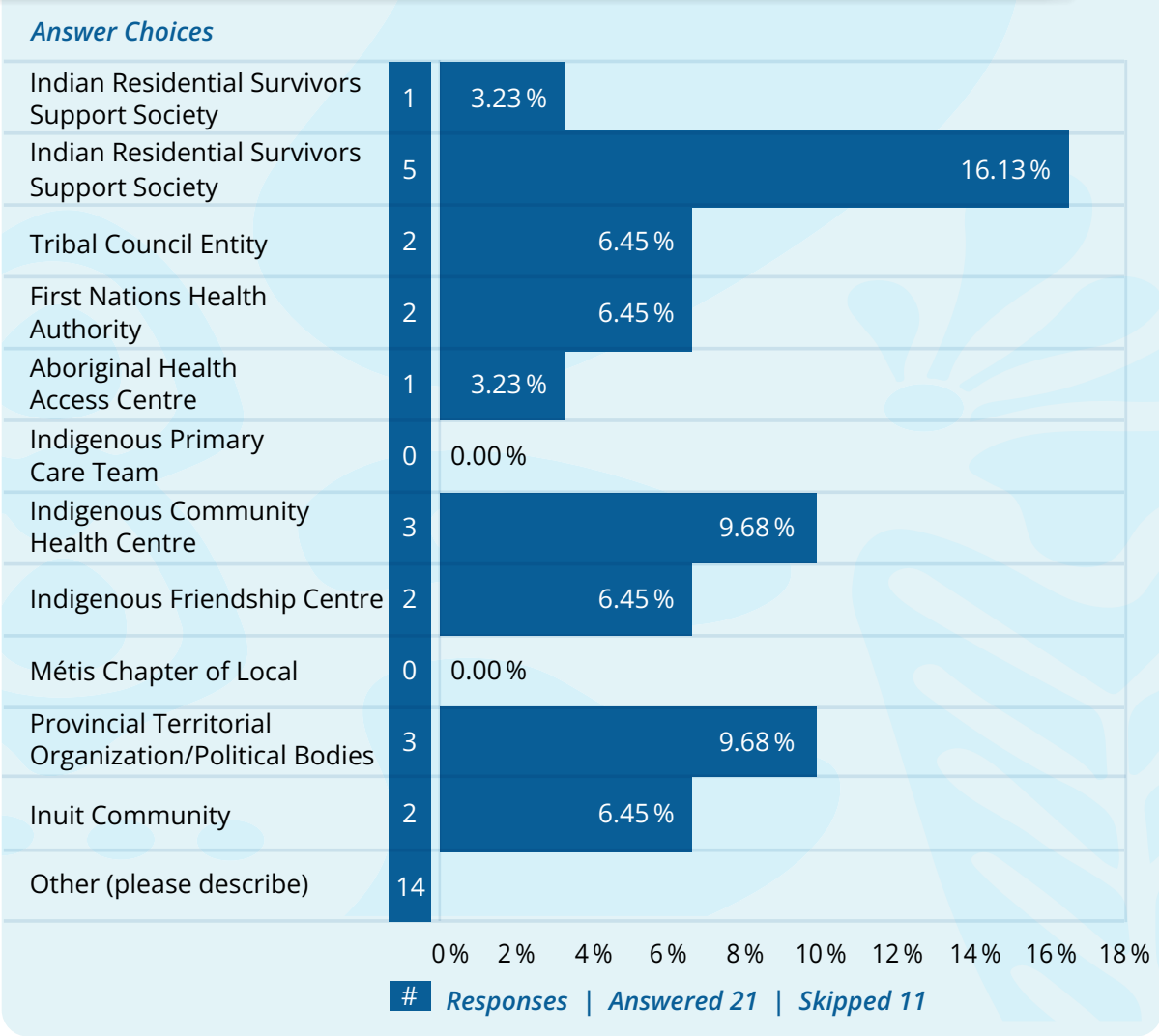


When asked about the geographic location of the services they offer, the majority of survey respondents said they provide services in urban locations (73.33%) in addition to their outreach services to rural and remote locations. Respondents also provide said they provide services in rural (50.00%) and remote (50.00%) locations.



Detailed Survey Results

QUESTION 3 What type of organization do you work for?



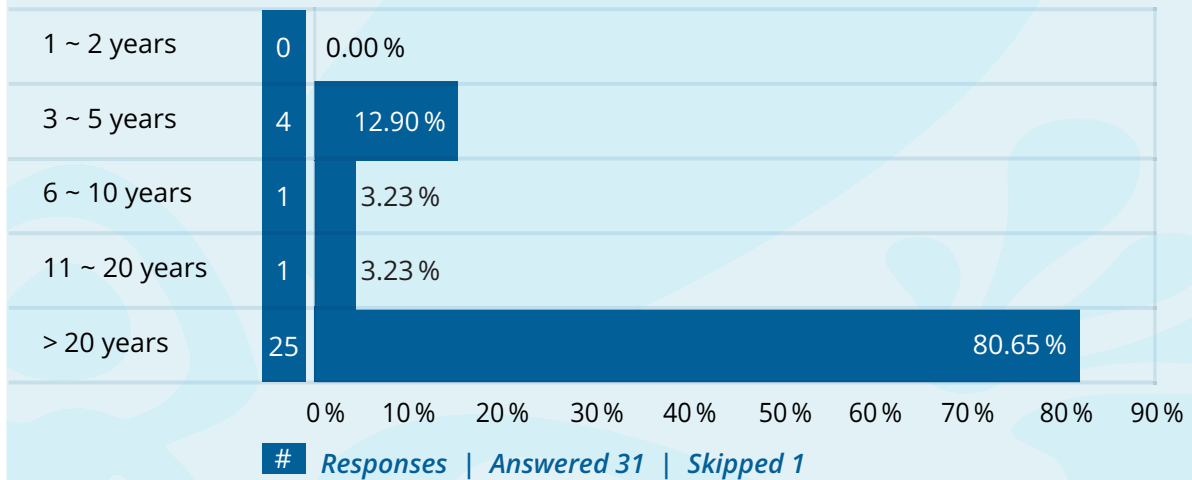
Survey respondents were asked about the types of organizations that administrate the Contribution Agreement. Their responses show that they work for First Nations health centres (16.13%), Aboriginal health access centres (9.68%) and provincial territorial organization/political bodies (9.68%).

QUESTION

4

My organization was established in the last:

Answer Choices

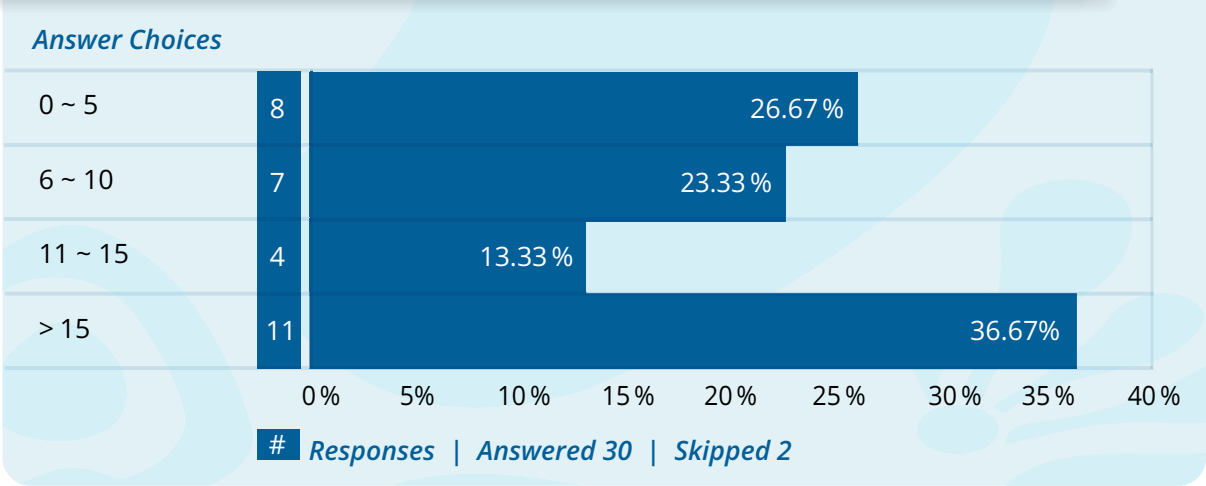


When asked when the organization they work at was established, the majority of survey respondents answered “more than 20 years ago” (80.65%). Others answered that their organization was established “3–5 years ago” (12.90%), “6–10 years ago” (3.23%) or “11–20 years ago” (3.23%).



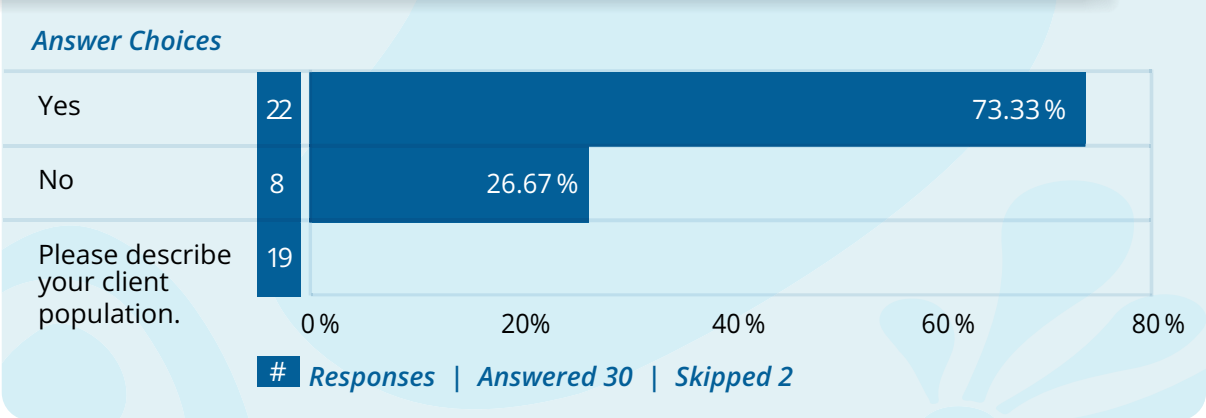
Detailed Survey Results

QUESTION 5 Does your organization serve more than one First Nations community or Inuit village? If so, how many?



When asked how many First Nations or Inuit communities were served by their organizations, 11 respondents answered “more than 15 communities” (36.67%), 8 answered “0–5 communities” (26.67%), 7 answered “6–10 communities” (23.33%) and 4 answered “11–15 communities” (13.33%).

QUESTION 6 Are you also serving a significant off-reserve or other population?

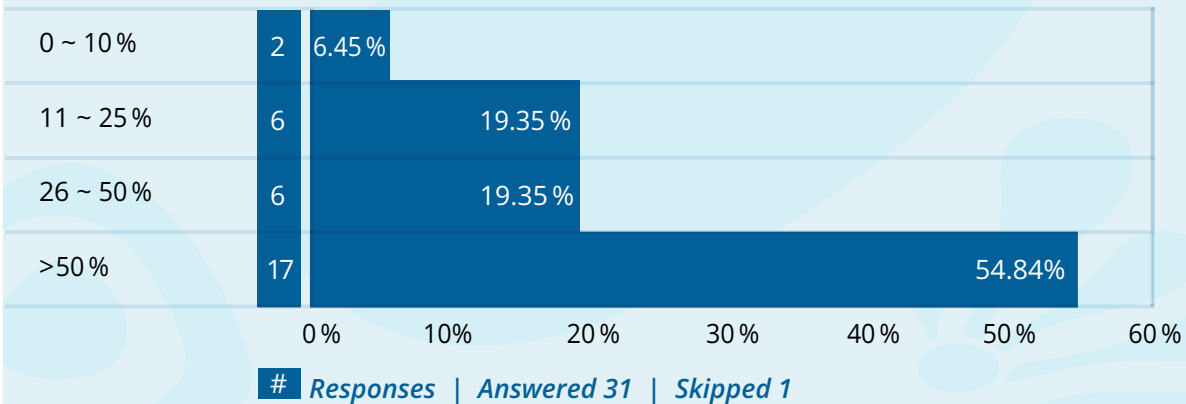


When survey respondents were asked if they serve a significant off-reserve or other population, the majority said “yes” (73.33%).

QUESTION 7

What proportion of your clients load does this group represent?

Answer Choices

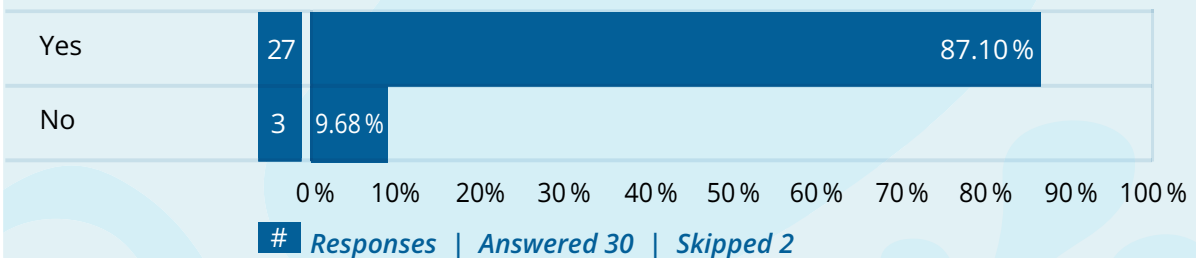


When survey respondents were asked what percentage their off-reserve population clients represent of their overall client load, 17 answered “more than 50%” (54.84%), 6 answered “26–50%” (19.35%), 6 answered “11–25%” (19.35%) and 2 answered “0–10%” (6.45%).

QUESTION 8

Do you have a crisis support line in your region?

Answer Choices



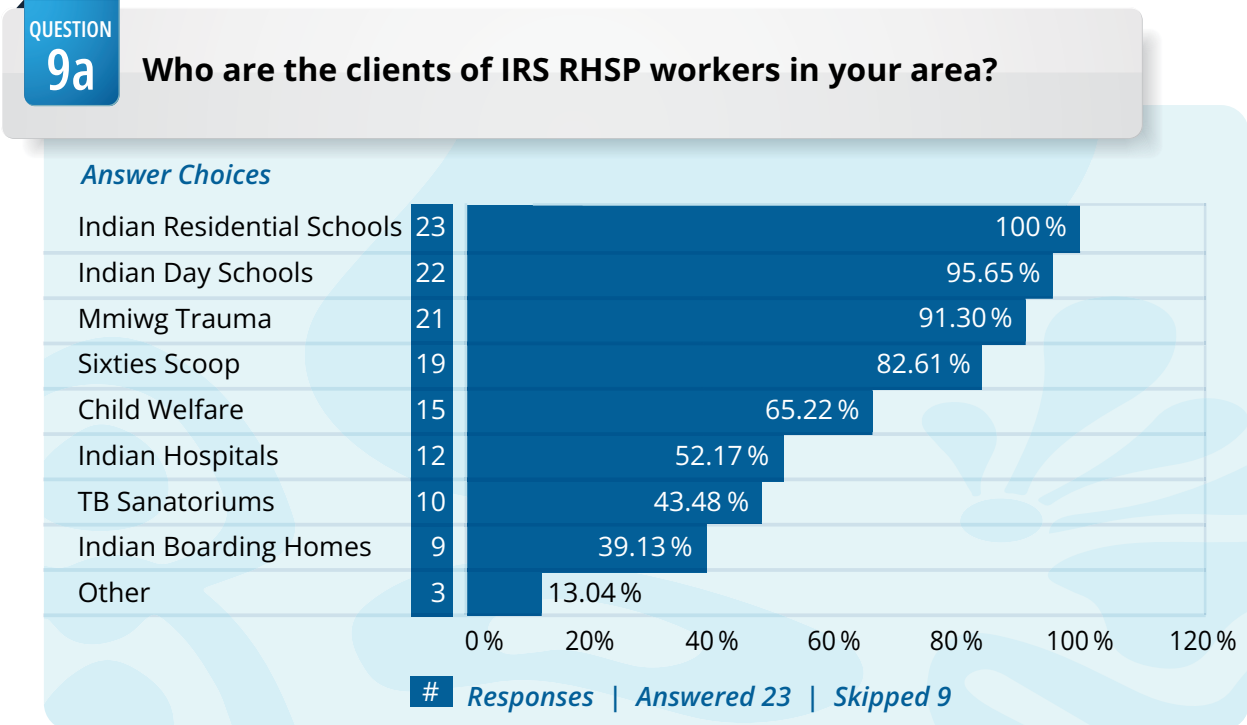
When survey respondents were asked if they have a crisis support line in their region, the majority answered “yes” (87.10%).



Detailed Survey Results

Description of client population and change over time

CA holders were asked a variety of questions to describe the range of clients they serve.



When asked which colonial events have impacted their clients, 23 answered “Indian residential schools” (100.00%), 22 answered “Indian day schools” (95.65%), 19 answered “MMIWG trauma” (91.30%), 15 answered “Sixties Scoop” (82.61%) and 12 answered “child welfare” (52.17%). The remaining options were answered by less than 50% of survey respondents.



QUESTION
9b

Please describe the impact of these settlements and experiences on your clients and work.

<i>Category</i>	<i>Response</i>
Long-term legacy of IRS attendance	<ul style="list-style-type: none">• Colonization promoted by the Canadian government via the IRS system has led to significant intergenerational trauma for First Nations, Métis and Inuit people. History indicates that once IRS policy was shutting down in the late 1960s and early 1970s, the Sixties Scoop and Indian day schools were then developed. Collectively, all of these institutions, which were vehicles for colonization, detrimentally affected all Indigenous nations. In recent times, the Pope's visit to Canada again triggered trauma from the past for Indigenous people, which significantly impacted our work in the IRS RHSP programs.• The majority of clientele are still challenged by the impacts of being a former student or patient of IRS or Indian hospitals. The intergenerational survivors are still challenged with the impacts of IRS and the loss of community structures as a result. All are survivors of trauma and at various stages of healing.• The Settlement Agreement has forced individuals to confront historic abuse. There has been a realization that the abuse was not normal. They were sexually abused, and abuses were systemic. The Settlement Agreement has increased later violence among survivors and their families.• The results have been mixed. There are those who have had access to healing and been able move forward. We are just starting projects now that help those affected by the Sixties Scoop. The reality is that there are more kids now in care than in the past. Many have struggled with intergenerational trauma.



Detailed Survey Results

Category	Response
<p>Effects of traumatic experiences</p>	<ul style="list-style-type: none"> • Most of these clients are dealing with emotional trauma, PTSD, addiction issues, homelessness, stress and anxiety. It is hard to deal with the clients sometimes because they are not consistent, they have nowhere to go, and they are homeless. Sometimes they come, they know I can help them when they really need the support and they know they are stuck in a cycle. I have been working with them for past four years. • Every time a client has to tell their story they are reliving their trauma or remembering trauma that has been blocked out for decades. In some instances there is relief because for years Elders have been telling the stories of the children who never made it home and other terrible experiences. More than ever there is cultural support required along with emotional support as some want to now share their stories. Many turned to drugs, violence, lateral-violence or isolation. Getting clients to talk about their experiences doesn't happen right away and some may never tell, but spending time with them and meeting them where they are is what's important. [We must] teach the skills of self-care and not self-blame too. Much training is still required on topics such as self-care, intergenerational trauma, lateral-violence, suicide prevention, grief training, mental wellness and breaking down barriers around speaking with therapists. • These settlements have been seen as triggering and causing clients to “relive” their childhood traumas in all aspects of abuse, neglect, colonization, segregation, etc. • Pain and suffering. The legacy of historical trauma that began with colonization has left our people suffering with addictions, poverty, third world living conditions, fragmented family systems (abuse, neglect, broken relationships, etc.), incarceration and the child welfare system. The people that we serve often have been struggling with the impacts of these experiences on their own when we first see them. The balance between complex trauma and healing is disproportionate—we need more Tsow-Tun Le Lums and Cultural Healers. After decades of relying on the Western model, our people are finally on the cusp of great healing with access to our Indigenous ceremonies, teachings and healing.



<i>Category</i>	<i>Response</i>
Need for more support and services for affected survivors and families	<ul style="list-style-type: none">• The various Settlement Agreement has increased the work of RHSWs and CSWs exponentially. Ultimately, this is unsustainable and is resulting in significant burnout in-regions. Funding has not kept pace with workload and, ultimately, this is a point of contention between the government and Alberta IRS Workers. However, Alberta IRS Workers continue to provide excellent mental wellness care to clients and report positively on the proliferation of mental wellness services.• Many instances where there is no sense of belonging and purpose. Intergenerational trauma is causing issues including addictions, prison, homelessness and abuse. Loss of culture is a major factor, as well as loss of traditions and language. Lack of parenting skills and community support has added to the levels of poverty and inability to provide suitable, safe environments for children.• We have seen a significant increase in the need for ongoing counselling support for survivors and their families. We have been called into communities to develop sharing circles and support groups. Staff are experiencing vicarious trauma due to the horrific stories shared by clients. There is a high need for increased staff support, debriefing, clinical supervision and counselling support for frontline workers (e.g., cultural workers, traditional practitioners, mental health and addictions counselors. We continue to see an increase of substance misuse (alcohol, opioid and illicit drugs) for individuals of all ages. An increase in senior substance misuse is rising as well, which may be attributed to being re-triggered by the discoveries of the IRS burial sites, etc.• Christian to culture/Spirituality; Struggle with belief, Intergenerational trauma• The people that we work with have suffered multi generational trauma and have used substances, gambling, sex, shopping, etc. to cope with the trauma. They suffer from high anxiety and depression. They can be easily triggered and feel they are unworthy and don't belong. Many are suicidal and have a difficult time, struggling with day-to-day activities. They are disconnected from family, land, culture, traditions and their language. There is tremendous grief and loss that is compounded from all that they have had to endure. They may have a difficult time learning and formal school can be a challenge.



Detailed Survey Results

<i>Category</i>	<i>Response</i>
Additional comments	<ul style="list-style-type: none">• I would say it has been hard for the survivors to relate their stories to people in filling out their forms. We just had a big family gathering attended by all nine First Nations from our second level support staff to bring some closure for the survivors. It was successful and well attended.• They become homeless and vulnerable, subject to mental health issues, institutionalized. For the youth, it involves loss of identity. They become displaced.• My clients are upset with the system.• In some cases, the compensation has been beneficial in order to buy possessions that were unavailable to those families. For other families, the compensation was overwhelming.• Mental health is one of the biggest problems. Grieving of family members losing a child through Department of Youth Protection (DYP).

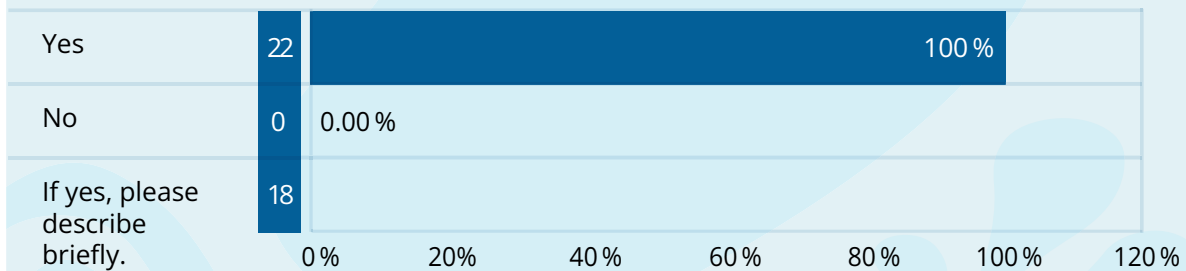
When asked to describe the impacts of the experiences and settlements (outlined in question 9a) on clients and work, the answers of survey respondents fell mainly within three categories: experiences from the IRS system, effects of traumatic experiences and a description of the client needs as a result of the impacts of colonization.



QUESTION
10

Some individuals have experienced more than one trauma (e.g., IRS and day school and MMIWG, or IRS and day school and child welfare). Is this the case for many of your clients?

Answer Choices



Responses | Answered 22 | Skipped 10

When asked if their clients have experienced more than one major trauma, 100% of respondents answered “yes.”

When asked to elaborate, participants explained that many clients carry multiple traumas and often intergenerationally. Respondents offered the following details:

- The IRS system, Indian day school and Sixties Scoop survivors suffer PTSD in all institutions or the foster care system.
- Many struggle from the impacts of being a former student at both facilities.
- The struggle is real. Individuals are living in community of trauma of acceptances within community and outside community. Medically, one of the community’s sore spots is being misdiagnosed or over-prescribed medication... For example, someone had a concussion but was not admitted to the hospital, but told to go home and monitor themselves and return if things got worse. Many individuals do not feel worthy and also don’t want to inconvenience workers like secretaries, nurses, or doctors. There are also concerns about privacy, confidentiality and power imbalances.
- Historical trauma is a ripple effect. There is a cohort generation of people that have attended IRS and day school. And often those who attended day school have also had childhood experiences with the child welfare system and MMIWG. Sadly, our people have become part of the very systems that have dismantled our Indigenous ways of being and knowing.



Detailed Survey Results

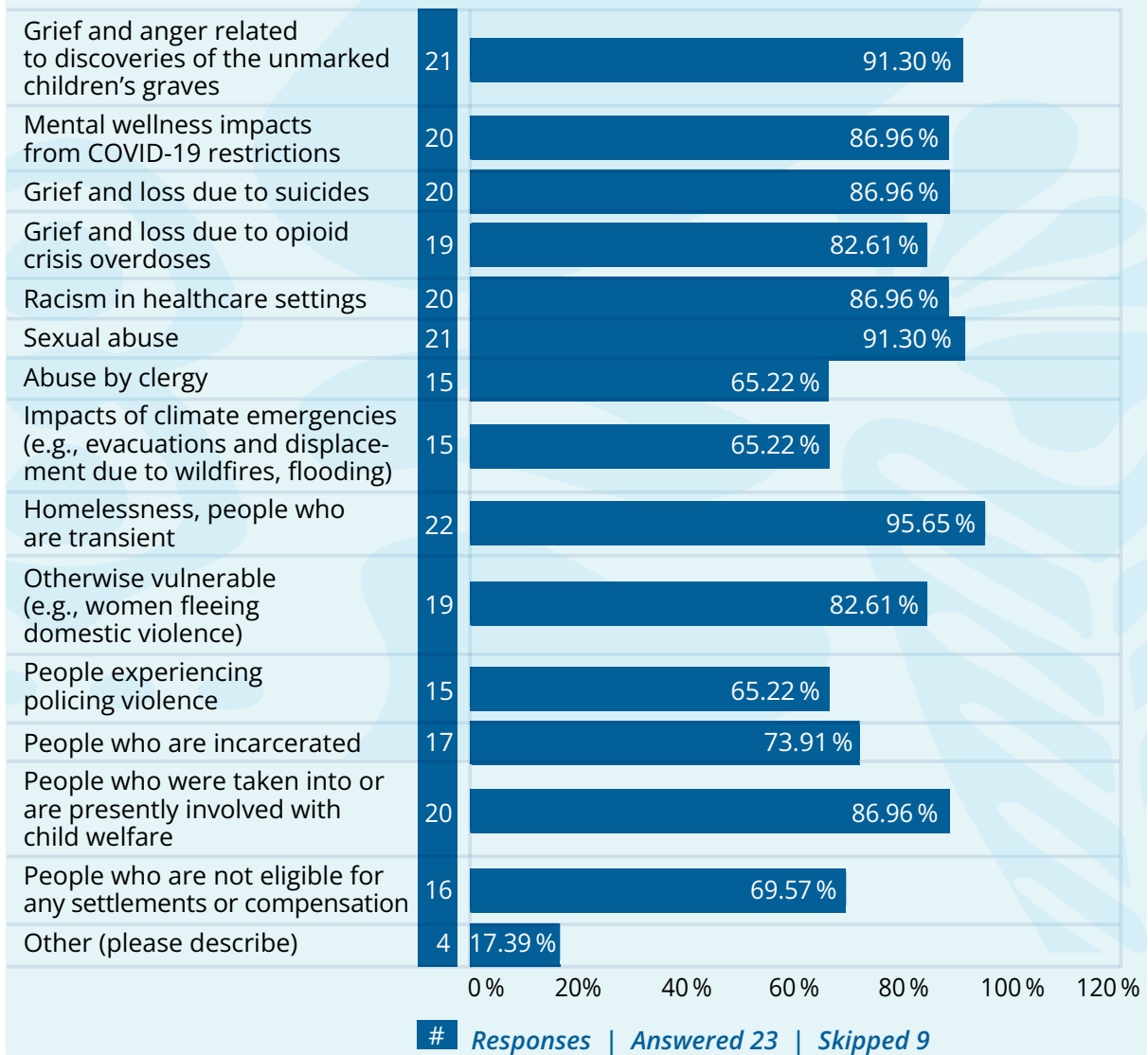
- Intergenerational trauma went through families who attended IRS and/or Indian day school or were affected by the Sixties Scoop and child welfare.
- The compounded trauma has been very difficult to cope with. The hurts and abuses are like layers and their effects are all compounding.
- As our population is not so big, many people are impacted by these traumas. as any people know each other's [traumas] even if they live in other communities or families, etc.
- It's difficult to use check boxes in a way because many of the clients suffer from intergenerational trauma, which contributes to many of the other challenges.
- Nearly 100% of our clients have been affected by multiple traumas.
- RHSWs and CSWs report that clients have numerous, compounding trauma associated with assimilation and colonization. This can oftentimes result in complex cases of overlapping mental illness. Additionally, a number of IRS RHSP workers have themselves reported having lived experiences intersecting multiple sites of colonialism (e.g., IRS, Day School, MMIWG, the Sixties Scoop, etc.). IRS RHSP workers continue to take the burden of trauma from clients, which oftentimes lead to feelings of burnout.
- Families are impacted by their missing relatives and need to find them to have closure.
- Individuals accessing the federally funded programs are often involved in child welfare programs and services, as well as survivors of MMIWG.
- Trauma for the clients and family members.
- The intergenerational impacts are predominant in the youth.
- This is the case with the majority of the clientele.
- Yes, this is the case for majority of the cases I worked.

Most of my clients have been impacted by multiple factors in both direct and indirect fashions. There are many who have been impacted by all of them at the same time. When I ask which of these things they have been impacted by, I often get told " all of the above."

QUESTION
11a

Many individuals are also experiencing current trauma. In your experience, which of the following issues impact your clients the most? (Please check all that apply.)

Answer Choices

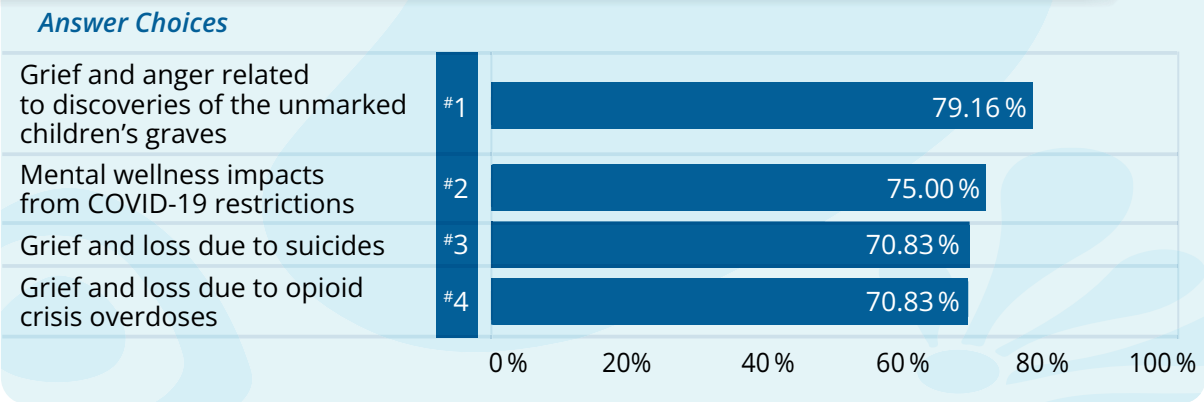


When asked about which sources of trauma are affecting their clients the most, most survey respondents selected most of the presented options. The most commonly selected sources of trauma were homelessness, transience (95.56%), grief and anger related to discoveries of the unmarked children's graves (91.30%) and sexual abuse (91.30%).



Detailed Survey Results

QUESTION 11b Based on your selections in 11a, please rank your top four.



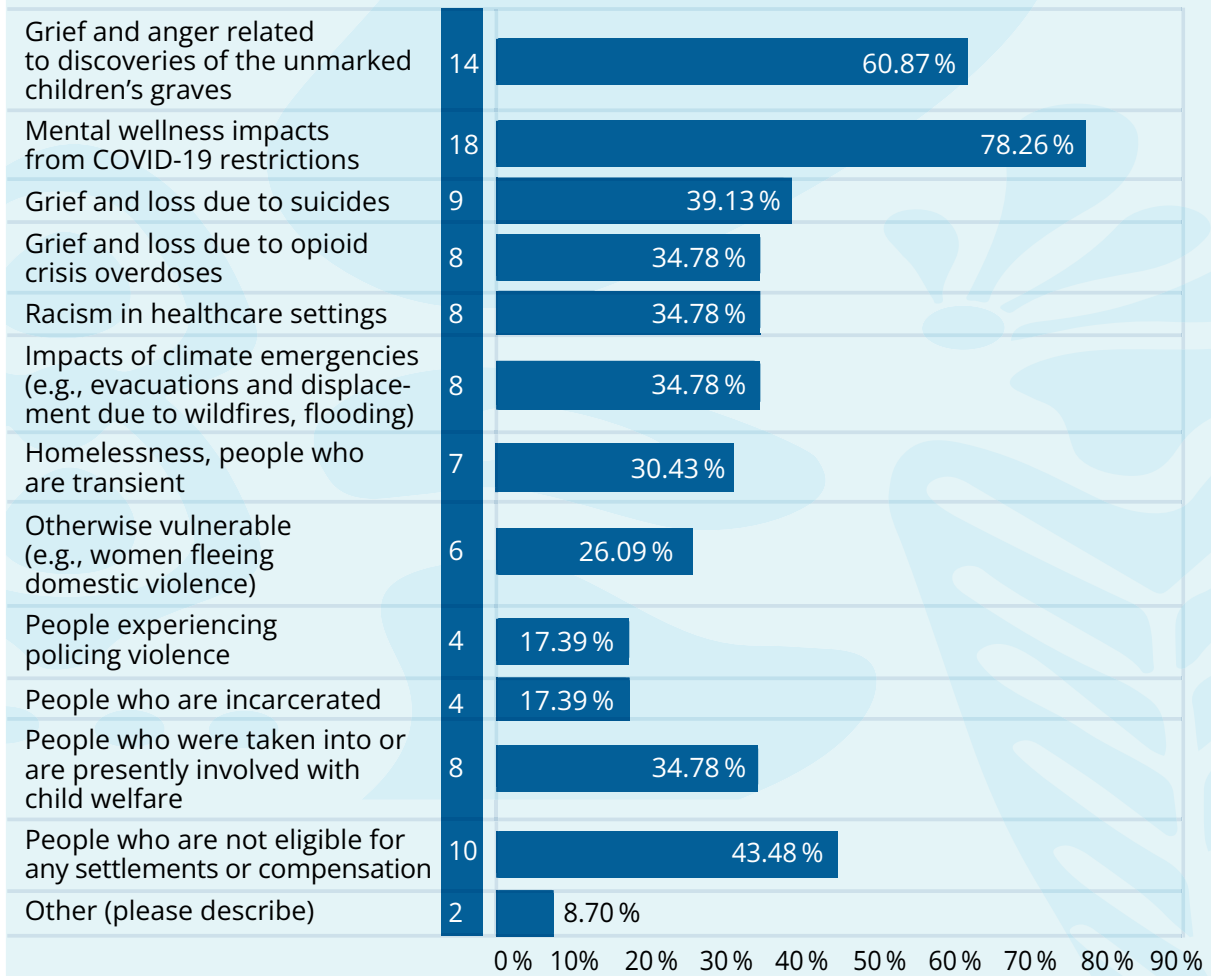
When asked to rank the four most prevalent sources of trauma among their clients, the most commonly selected options were these.



QUESTION
12

Which of these groups are new in relation to your original cohort of clients? (Please check all that you would consider new/emerging in the last two years.)

Answer Choices



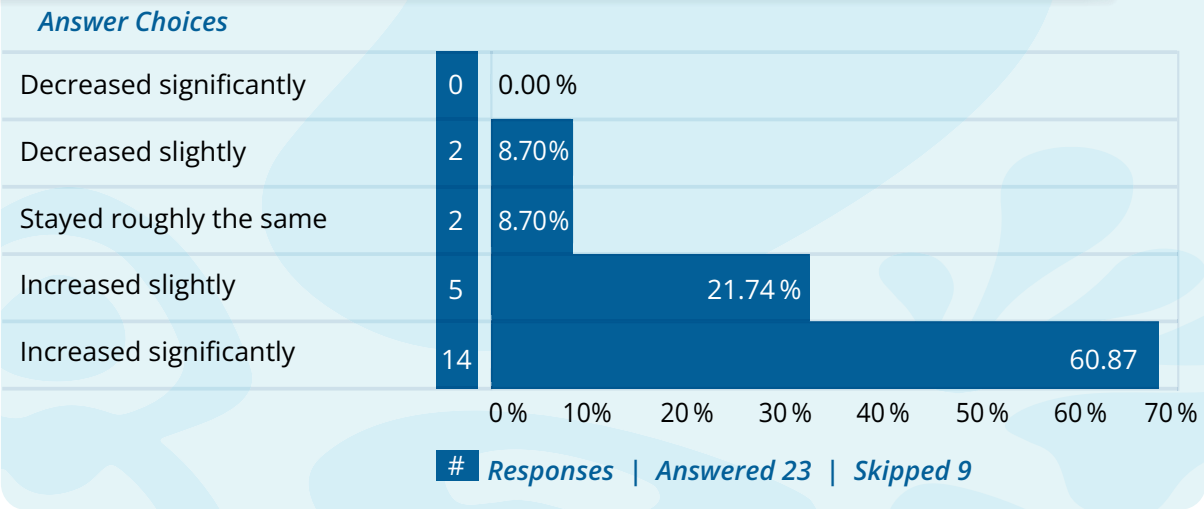
Responses | Answered 23 | Skipped 9

When survey respondents were asked which sources of trauma were new in relation to the current cohort of clients, mental wellness impacts from COVID-19 restrictions (78.26%) and grief and anger related to discoveries of unmarked children's graves (60.87%) were most selected. The remaining options were noted as new sources of trauma by less than 50% of survey respondents.



Detailed Survey Results

QUESTION 13a How has your client caseload changed over the last two years?



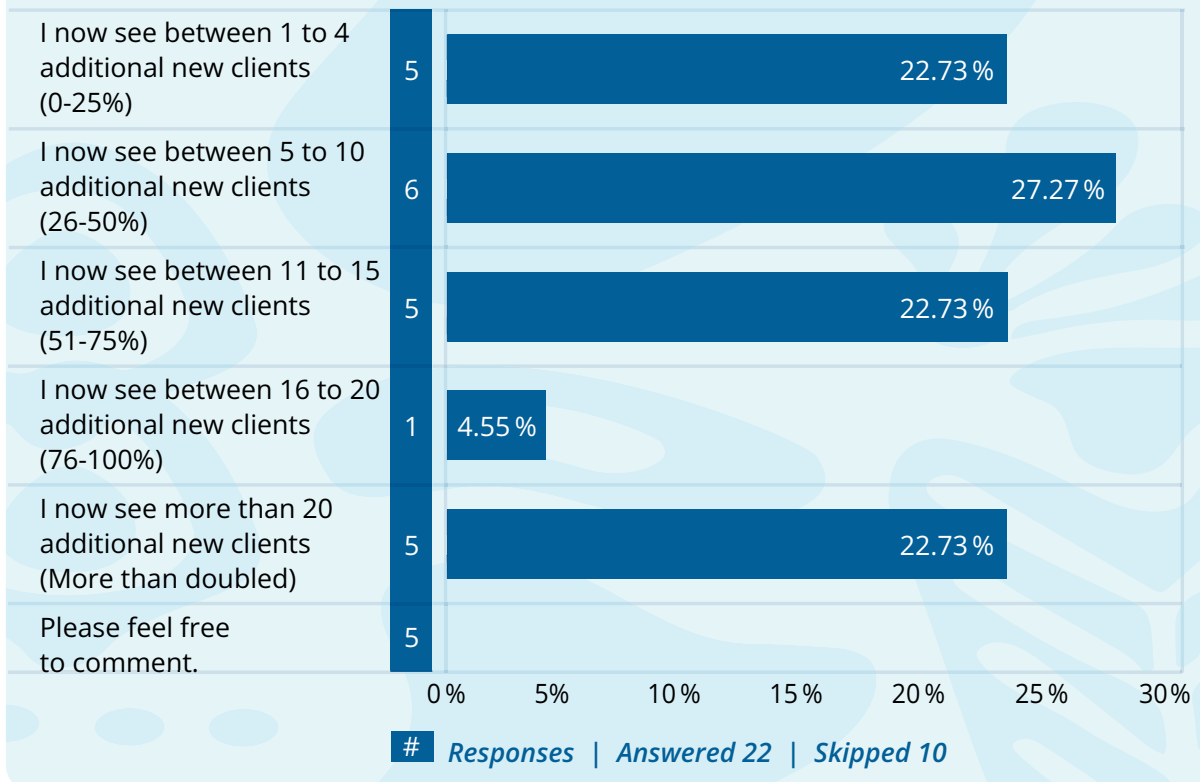
When asked how their client caseload has changed over the last two years, 14 respondents indicated that their client caseload has increased significantly (60.87%), 5 indicated that it increased slightly (21.74%), 2 indicated that it stayed roughly the same (8.70%), 2 indicated that it decreased slightly (8.70%) and no one indicated a significant decrease.



QUESTION
13b

If increased, please estimate by how much, using a hypothetical example of a worker who presently serves 20 clients.

Answer Choices

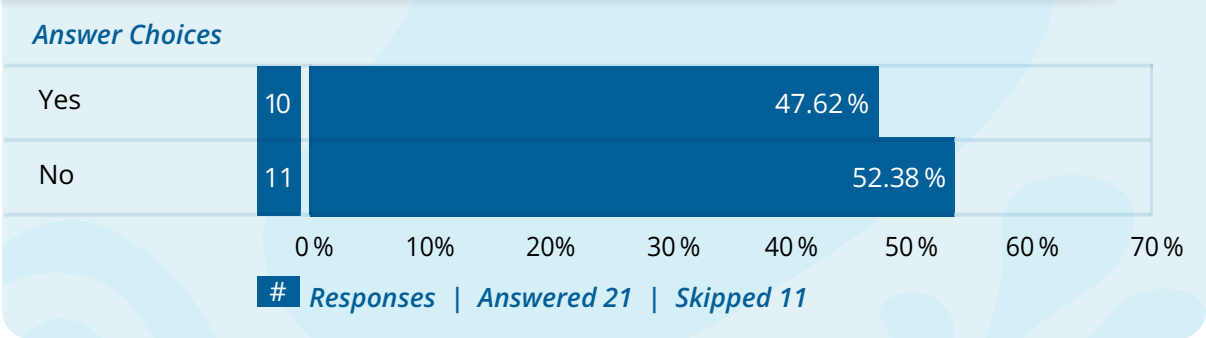


When survey respondents were asked to quantify the increase in additional new clients, five saw 20 additional new clients (22.73%), one saw 16–20 additional new clients (4.55%), five saw 11–15 additional new clients (22.73%), six saw 5–10 additional new clients (27.27%) and five saw 1–4 additional new clients (22.73%).



Detailed Survey Results

QUESTION 14 **If your client caseload has increased, were you able to add staff to the IRS RHSP or CSP roles?**



When asked if they were able to add staff to the IRS RHSP or CSP roles in response to increased client caseload, 10 respondents said “yes” (47.62%) and 11 said “no” (52.38%).

QUESTION 15 **If yes, how many Full-Time Equivalent (FTEs)?**

Category	Response
2	<ul style="list-style-type: none"> • Two • Two • Two • We are currently in the hiring process for 2 FTEs but needed to increase the on-call contracts for existing CSPs by \$8-10K to meet the increased demand for services.
4	<ul style="list-style-type: none"> • Four • Four are in part-time • Four new CSWs
3	<ul style="list-style-type: none"> • Three
1	<ul style="list-style-type: none"> • One

When asked if they were able to add any FTEs to the IRS RHSP or CSP roles in response to increased client caseload, four respondents said that they were able to add two FTEs (44.44%), three were able to add four FTEs (33.33%), one added three FTEs (11.11%) and one added one FTE (11.11%).

QUESTION
16

If no, and you were unable to increase your workforce, how are you accommodating the increased caseload?

<i>Category</i>	<i>Response</i>
Working overtime	<ul style="list-style-type: none"> • Overtime • Working to find a balance but also working overtime to meet the needs • According to discussions with multiple Alberta IRS RHSP workers, the current workload is unsustainable in the medium- to long-term. Funding has not increased to match the increase in caseload and it is resulting in significant stress. Numerous IRS RHSP workers have admitted to working unreported overtime.
Increased funding needed	<ul style="list-style-type: none"> • Funding not enough. • As a new employee, what I have observed is that the Tsoow-Tun Le Lum Society is using community events to support the healing of larger populations. For example, I spent one week with two cultural healers at a trauma and recovery workshop. That week we supported the healing of over 70 people. Although this is effective, there are smaller groups that need to be served to avoid families falling through the gaps. An influx of resources is needed to support the prevention of burnout and improve the range of consistent available services. • Our counselling team (not funded by IRS RHSP) provides ongoing 1:1 groups, counselling and counselling support for frontline workers. One counsellor is dedicated to staff/frontline workers.
New events/ programs accessed	<ul style="list-style-type: none"> • • We received new IRS RHSP funding for two Full-Time Equivalents which develop groups/circles training for frontline workers and support (e.g., stress management, self-care, mindfulness strategies) for frontline workers within our First Nations partner communities. • Just see them on day-to-day basis.



Detailed Survey Results

<i>Category</i>	<i>Response</i>
Relying on other programs to help fill gaps	<ul style="list-style-type: none">• In the RHSW position, we support our Cultural Support team by taking some of their workload (clients) to ensure we serve the community we are placed in effectively.• Yes, we now have Mi'kmaw Support Workers who handle Federal Indian Day School caseloads and are able to help with IRS as many are affected by more than one trauma as noted above.• TEAMWORK.• We are presently in the hiring process for another Day Counsellor and an IRS RHSP role.• All the workers cover frontline, support and services and support all people that are dealing with all class action across Canada.



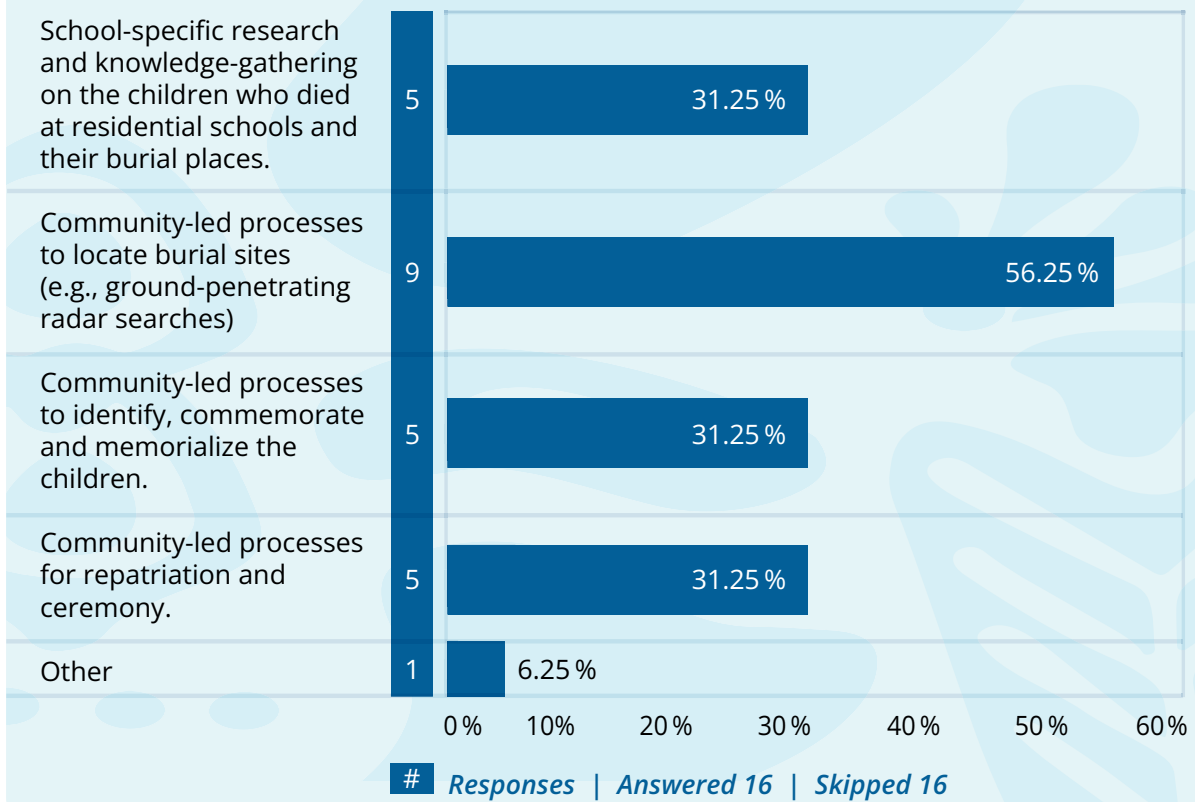
Support for community-led grave site discovery processes

In this section, the CA holders provided information about the role of the RHSWs in the grave site discovery process.

QUESTION
20

Recently, funding was announced for community-led processes to research, locate, identify and commemorate IRS burial sites. Are IRS RHSP workers currently providing support for any of the following processes? (Please indicate those that apply in your area.)

Answer Choices



When asked which (if any) processes are being supported as part of an initiative to research, locate, identify and commemorate IRS burial sites, nine respondents answered “community-led processes to locate burial sites” (56.25%), five answered “school-specific research and knowledge-gathering on the children who died at residential schools and their burial places” (31.25%), five answered “community-led processes to identify, commemorate and memorialize the children” (31.25%) and five answered “community-led processes for repatriation and ceremony” (31.25%).



Detailed Survey Results

QUESTION
21

Please explain the impact of providing support in processes to research, locate, identify and commemorate IRS burial sites on the workforce in your area.

When asked about the impact of providing support in processes to research, locate, identify and commemorate IRS burial sites on the workforce, survey respondents talked about processing unresolved grief, creating support systems within the workforce and other notable topics. Respondents commented as follows.

I find that working in the communities where the burial sites are, there is significant supports needed for the GPR team and the community members as this has set off triggers, anxiety, grief and loss.

- At this time, Tsow-Tun Le Lum provides support to organizations and Nations that are undertaking the processes to find unmarked graves. We provide cultural support and healing to their ground crews, community members and staff members that serve their Nations.
- Our team works tirelessly when requests come in to support communities embarking upon work at sites of former residential schools. We are also aware of the impact on our team as some of our health and cultural supports are former students. This has not detoured our team or hindered services in any way. We've created a more intense support system for our HCS team members, checking in and giving them time and space to process if needed.
- We just support IRS survivors with sharing circles, attend knowledge exchange and host Orange Shirt Day.

- Not enough discussion has occurred in the Alberta region to fulsomely answer this question.
- It would help RHSWs to be able to know the locations, etc. and how to best work to support clients who will in turn receive the news. We have to be prepared in the case that something is found or if something isn't found; both are instrumental in delivering news to survivors or descendants. We can prepare to let them know that if something isn't found, we still believe them and their stories; there is truth to everything... their truth.
- Currently, the health and cultural support workers have been dealing directly with survivors and their family members, not necessarily those doing the research.
- Currently in development/planning with partner communities. Not directly involved as funding was provided to another agency/community.

It has increased the triggered new trauma related to IRS among existing clients. It has also created a new client base by impacting the younger generations who may not have been aware of the depth of the damage done by residential schools. It has also impacted non-Native individuals who had limited knowledge of the residential school era and the government's responsibilities in addressing these. People are shocked, dismayed and feel helpless as they do not know what to do to help Indigenous family and friends.

- We have been asked to provide cultural support for the preparation meetings and the gatherings held at three sites on Vancouver Island and have supported two communities off-island. We have a team of 5 RHSWs and between 20-25 CSWs.
- It's a validation process but also brings in the unresolved grief to deal with.

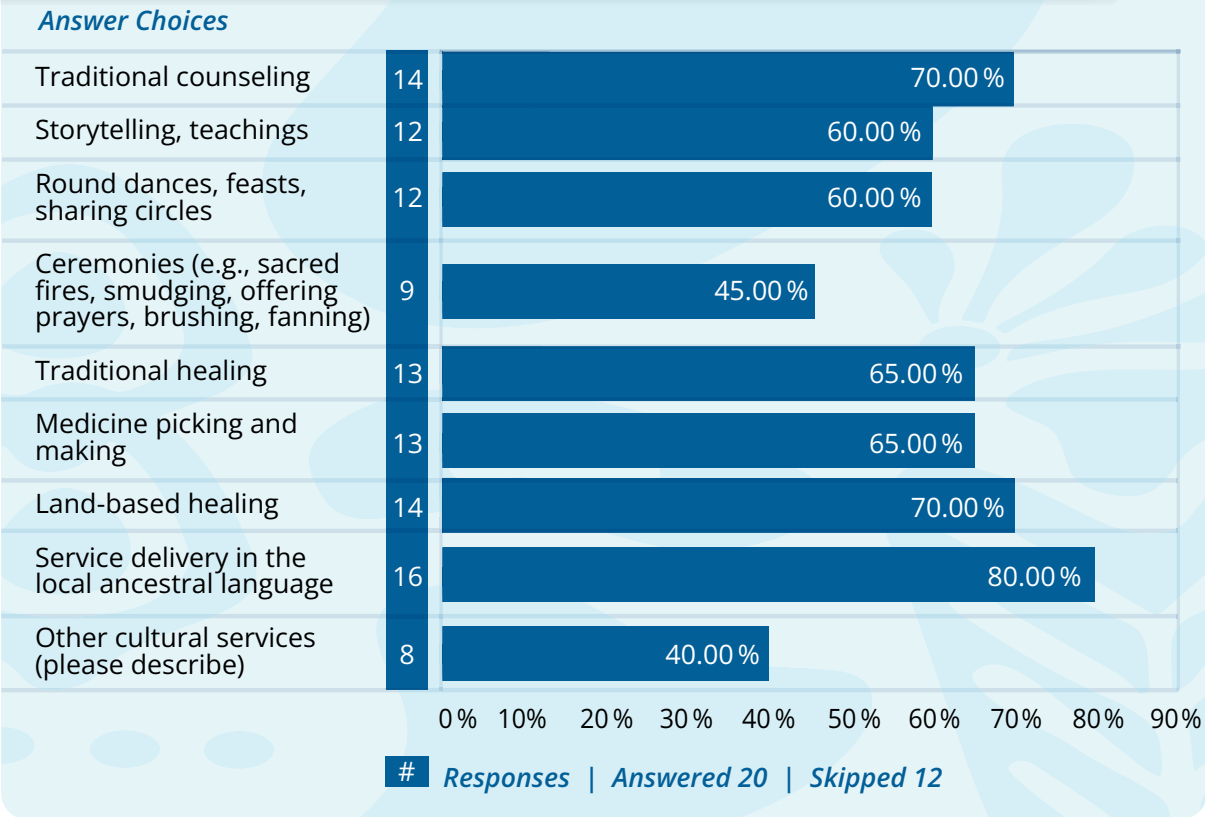


Detailed Survey Results

Current services and areas of expanded need

In this section, CA holders provided perspectives on the need for expanded services.

QUESTION 22 We understand IRS RHSP workers and CSP workers provide a wide range of supports to survivors. From the following list, in which areas do you have additional specific needs for enhanced services that you are currently not able to meet?



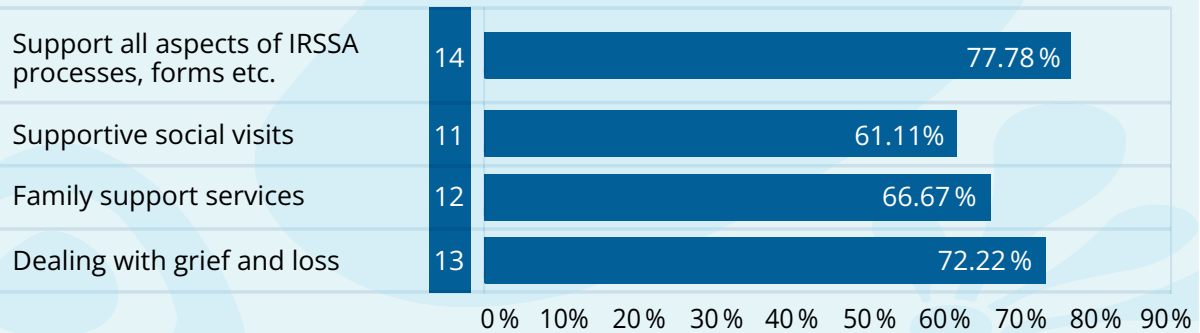
When asked about which services for IRS survivors needed to be enhanced to meet current needs, the most commonly selected services were “service delivery in the local ancestral language” (80.00%), “traditional counselling” (70.00%) and “land-based healing” (70.00%).

QUESTION

23

Emotional support needs

Answer Choices



Responses | Answered 18 | Skipped 14

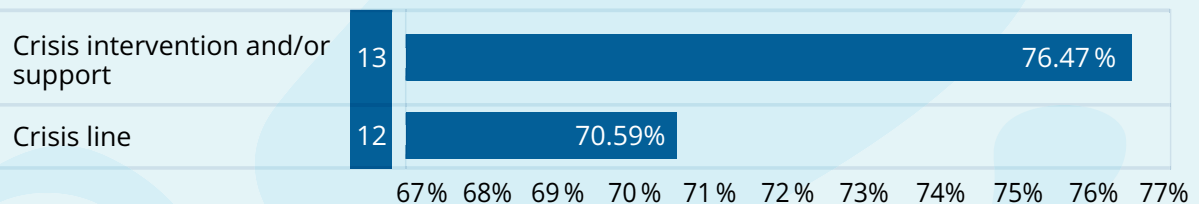
When asked about current emotional support needs for clients, 14 respondents answered “support with all aspects of IRSSA processes, forms, etc.” (77.78%), 13 answered “dealing with grief and loss” (72.22%), 12 answered “family support services” (66.67%) and 11 answered “supportive social visits” (61.11%).

QUESTION

24

Crisis support needs

Answer Choices



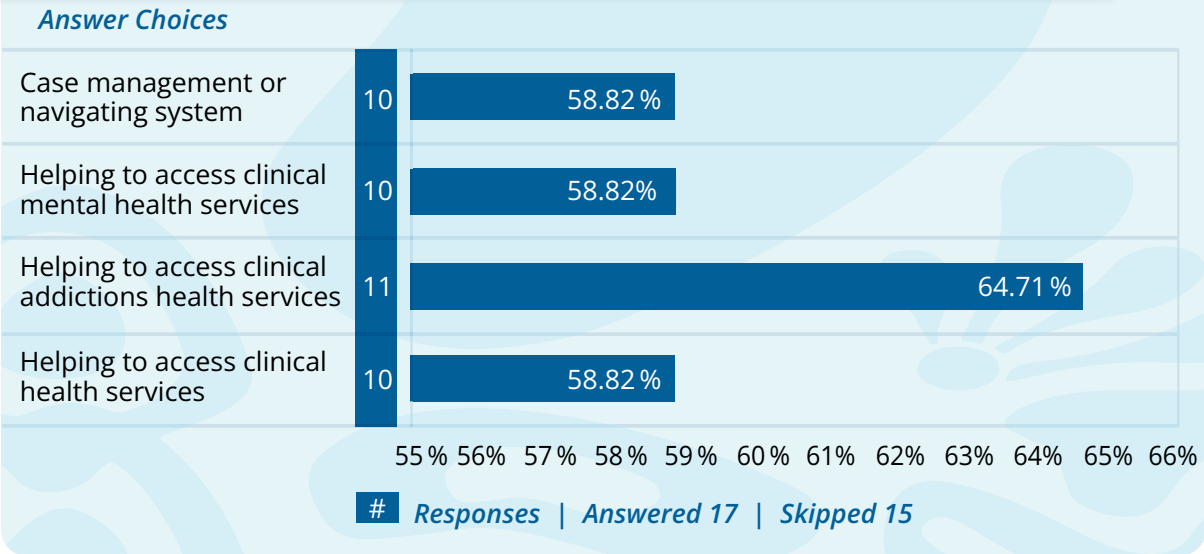
Responses | Answered 17 | Skipped 15

When asked about crisis support needs in their community, 13 survey respondents answered “crisis intervention and/or support” (76.47%) and 12 answered “crisis line” (70.59%).



Detailed Survey Results

QUESTION 25 Case management, access to other service needs



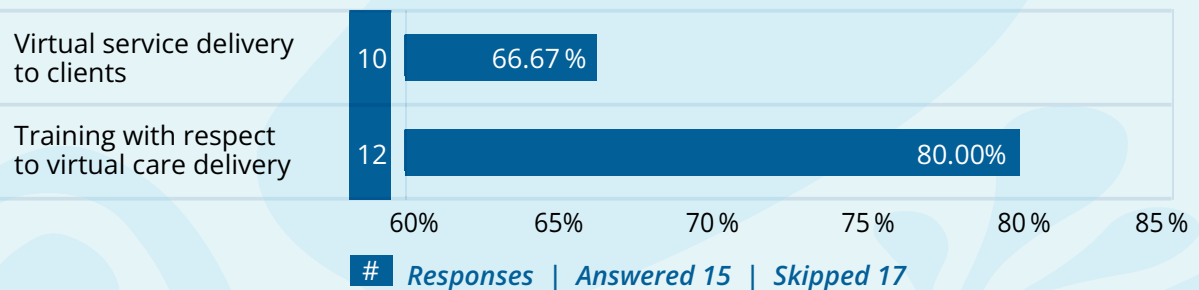
When asked about current service needs, the most commonly selected answer was “helping to access clinical addictions health services” (64.71%). The remaining answered were all selected by 58.82% of respondents.



QUESTION
26

Addressing needs during COVID-19

Answer Choices



When asked about the needs they experienced as they addressed concerns during COVID-19, 12 survey respondents answered “training with respect to virtual care delivery” (80.00%) and 10 answered “virtual service delivery to clients” (66.67%).

QUESTION
27

Other service needs

When asked about other service needs, one respondent answered.

- We would like a building where we could deliver cultural services, healing circles, etc. to individuals, families, or community groups.



Detailed Survey Results

QUESTION
28

If you are currently observing additional pressures on IRS RHSP workers that are not being met with current funding agreements, please describe the long-term funding and service needs in your own words.

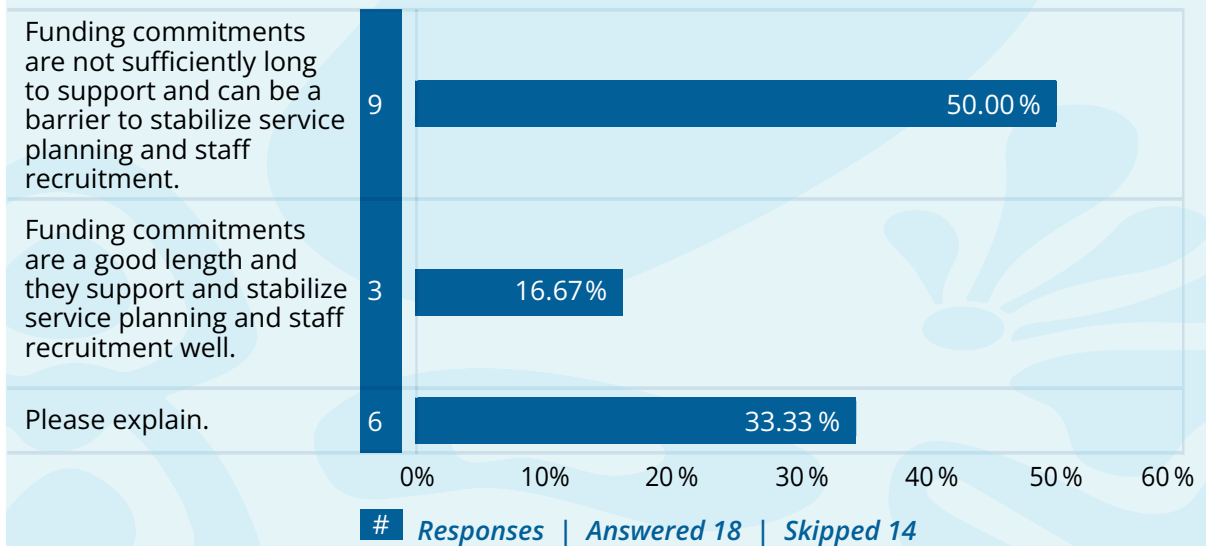
When asked about pressures on IRS RHSP workers not met with current funding, survey respondents talked about flexibility in funding, more cultural programs for community members and other topics. Their comments are provided below.

- As community grounds/territories are being awakened and are awaiting the findings and results, this does bring high anxiety to both GPR teams and community members. So far, working in the community assisting the Cultural Supports doesn't allow the full-time for one person to person.
- Create a health support worker position.
- More hands-on reaching out to the IRS survivors.
- Currently, funding for the Expanded Trauma-Informed Health and Cultural Support Program is approved year over year. Due to the lack of sustainable funding (e.g., 10-year approval or longer), IRS Contribution Agreement holders are unable to conduct long-term planning. This has resulted in precarious employment for IRS RHSP workers, as they are unsure if the program will be renewed next year. This has added to the already colossal level of stress the workers are under with regards to the Settlement Agreement and the increasing number of clients.
- Many communities do not have traditional healers or someone who can set up and run sweat lodges, and so these cannot be sustained throughout the year. Additional funding would be beneficial to make these realities in all communities.
- Flexibility in the funding to offer case management services.
- Multi-year flexible funding is needed. There needs to be stability in the funding so that we can plan more easily. We also need more funding to maintain new hires as some of the new funding is for only one year.
- Currently we have funding for two more years.
- The people need Anishnabemowiiin speakers more than ever because more people are resorting back to their own language.

QUESTION
29

Based on your experience, are current funding commitments of sufficient length to support meaningful service planning and staff recruitment and retention?

Answer Choices



When asked if current funding commitments are sufficiently long to support services and staff recruitment, 9 survey respondents answered “no” (50.00%) and 3 answered “yes” (16.67%).

Respondents offered the following elaborations.

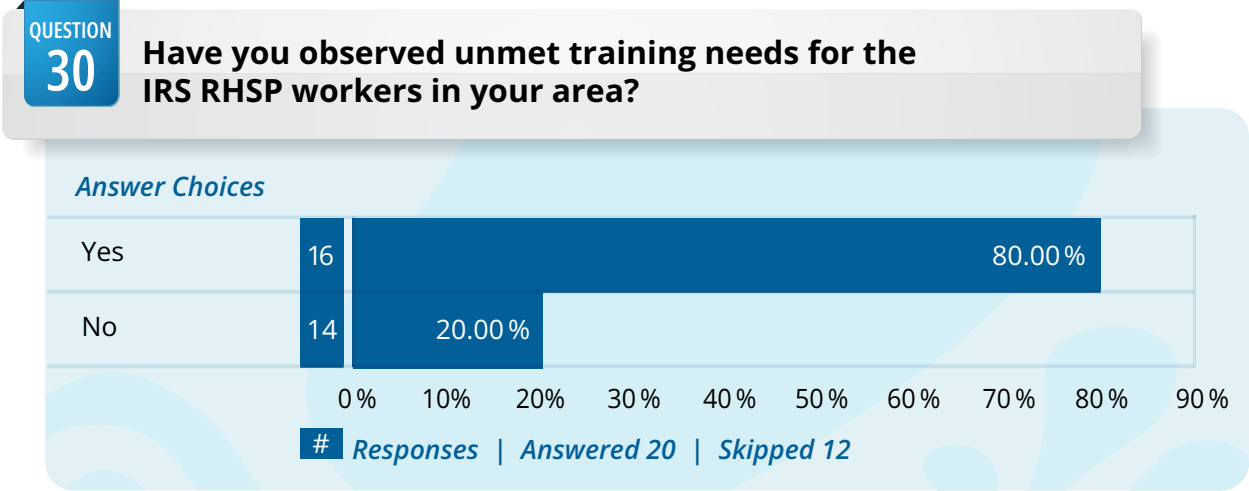
- Core funding is needed. Core funding provides not only sustainable funding but also the ability for long-term planning for building community capacity for the extensive range of services and staffing that our people need.
- To have any long-term support in a community such as sweat lodges, ceremonial grounds, funds to support those that run it inclusive of supplies, a larger sum of monies with commitment to keep funding going for a substantial amount of time would be beneficial. Land-based healing is really needed.
- Year to year, these particular programs are waiting to see if funding is available for following fiscal year.
- Although some service areas have been granted multi-year funding plans, this still causes concerns for long-term sustainability with programs. People are tired of getting familiar with a program just to have it shut down as funding is no longer available. If a program is “evergreen,” yearly funding requests shouldn’t be necessary to continue the programs.



Detailed Survey Results

Training needs

CA holders described training needs in this section.



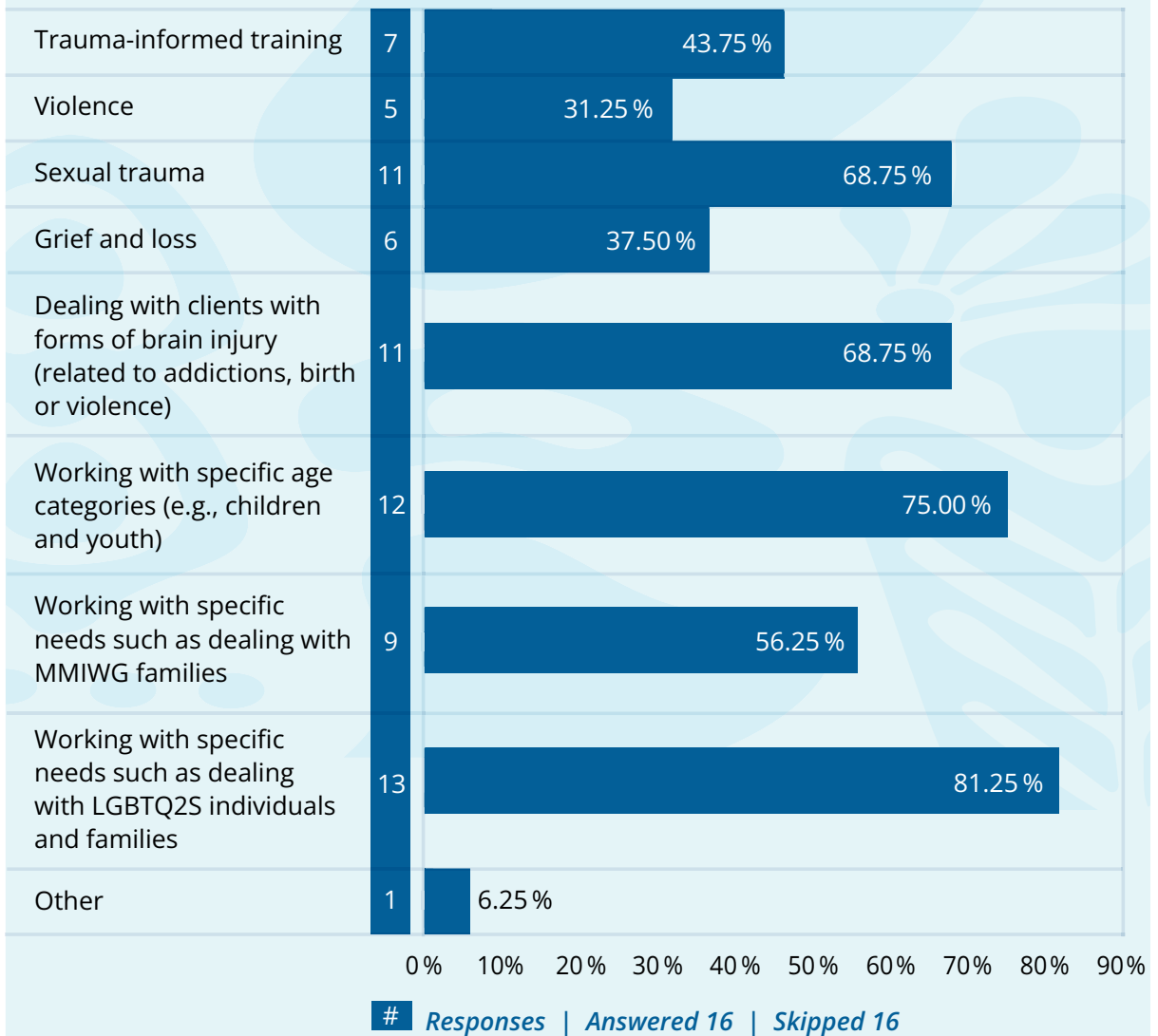
When survey respondents were asked about observing unmet training needs for the IRS RHSP workers in their area, 16 answered “yes” (80.00%) and 4 answered “no” (20.00%).



QUESTION
31

If yes, are the specific training needs in the following areas?

Answer Choices



When survey respondents were asked about the specific unmet training needs in their area, the most commonly selected answered were as follows: 13 answered “working with specific needs such as dealing with LGBTQ2S individuals and families” (81.25%), 12 answered “working with specific age categories (e.g., children and youth)” (75.00%), 11 answered “sexual trauma” (68.75%) and 11 answered “dealing with clients with forms of brain injury (related to addictions, birth or violence)” (68.75%)

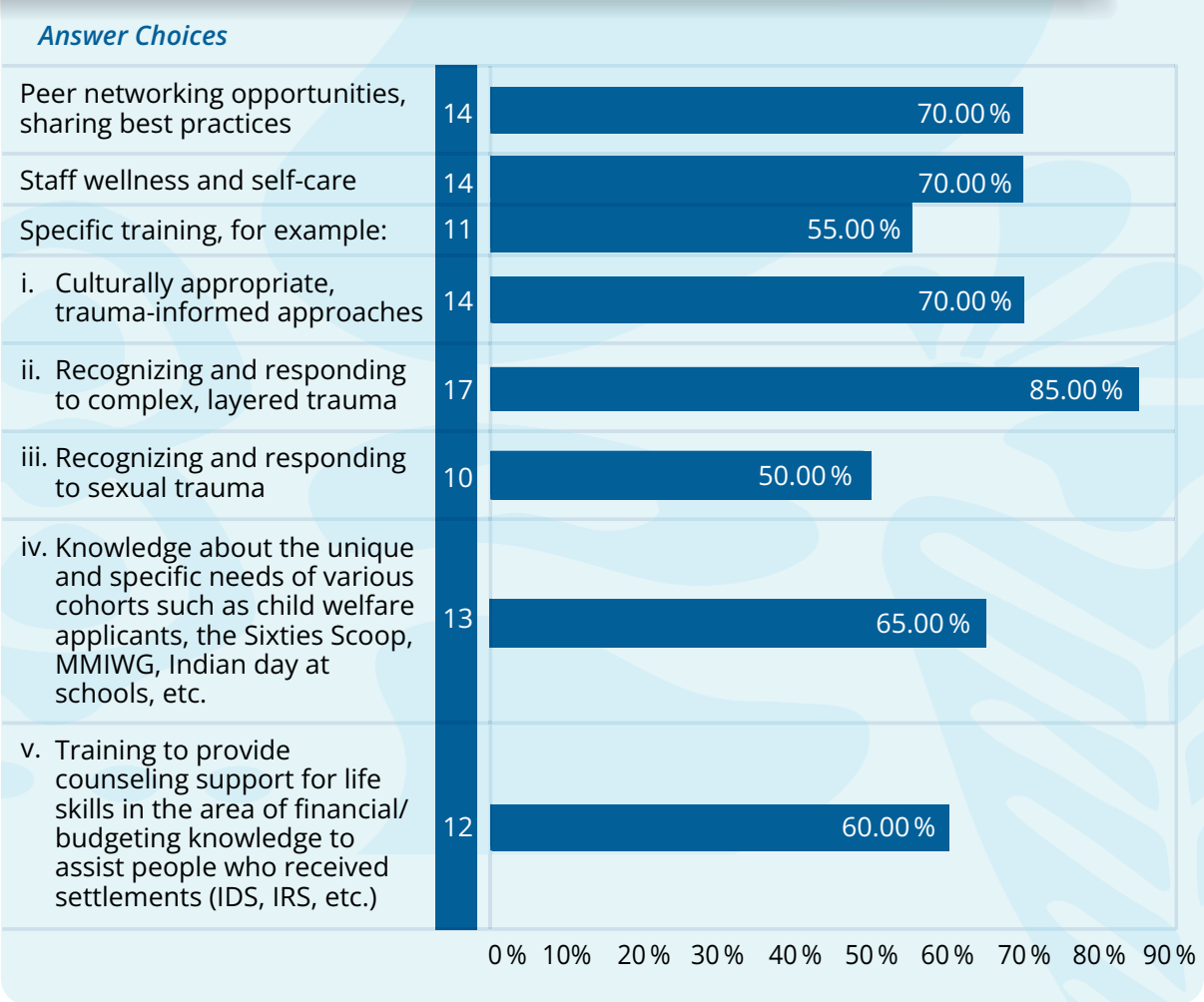


Detailed Survey Results

Additional program needs

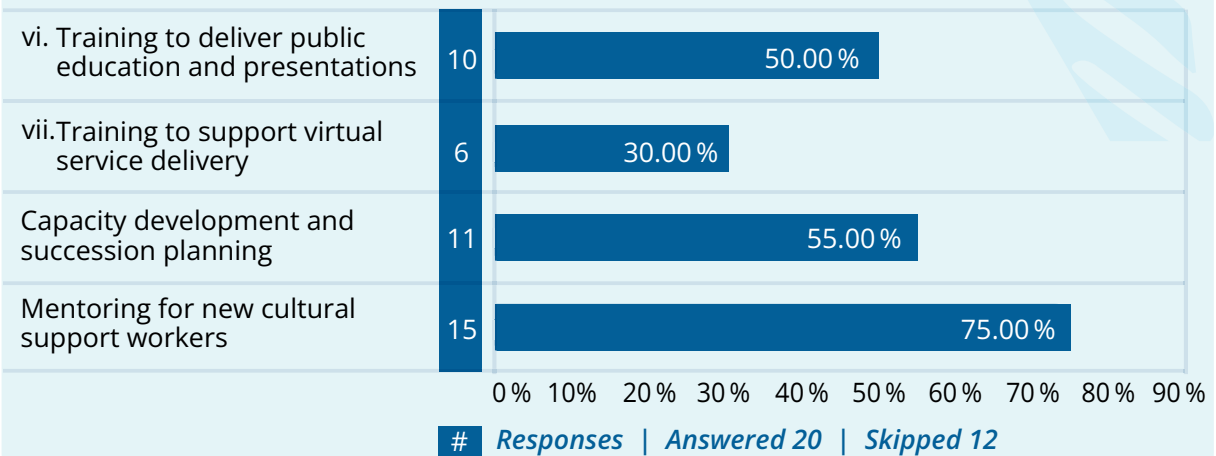
CA holders described training needs in this section.

QUESTION 32 **What would you say are ongoing needs over the next five years for services in general from the IRS RHSP workers under the current conditions?**



Question 32, cont.

Answer Choices



When survey respondents were asked about ongoing needs over the next five years, the most commonly selected answers were as follows: 17 answered that ongoing needs included “recognizing and responding to complex, layered trauma” (85.00%) and 15 answered “mentoring for new cultural support workers” (75.00%). With the exception of “training to support virtual service delivery,” all other options were selected by at least 50% of respondents. See Table 32 and Figure 32 below.

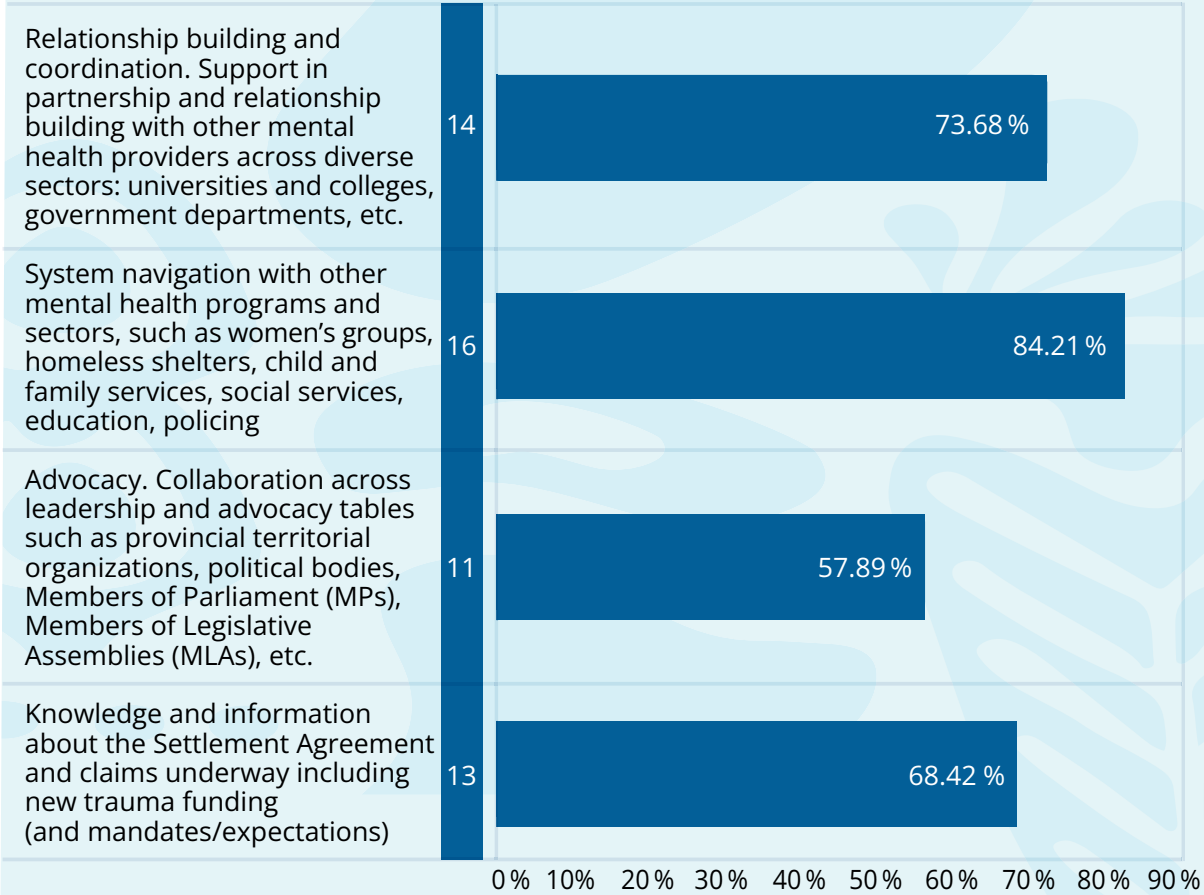


Detailed Survey Results

QUESTION
33

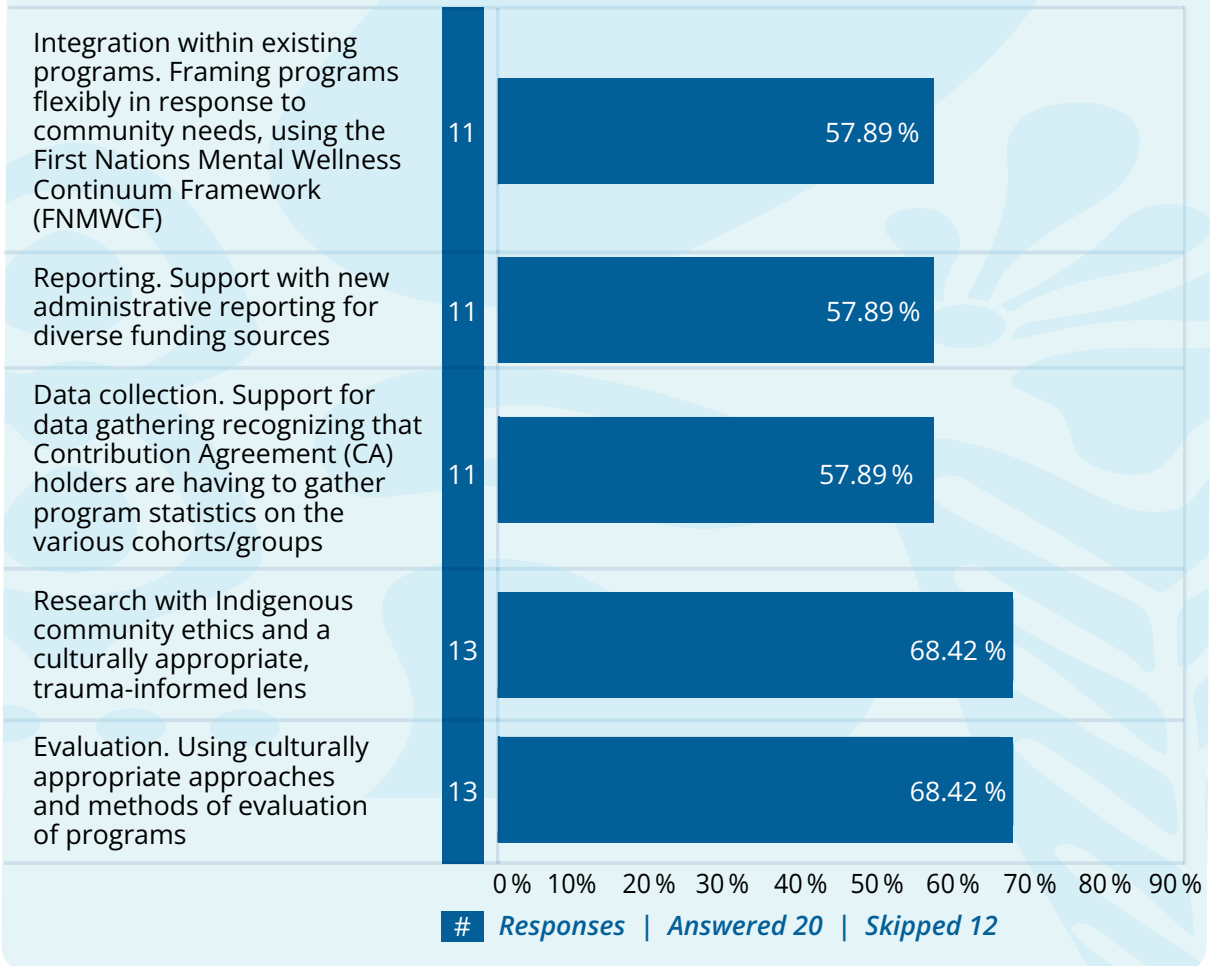
Administrative needs

Answer Choices



Question 33, cont.

Answer Choices

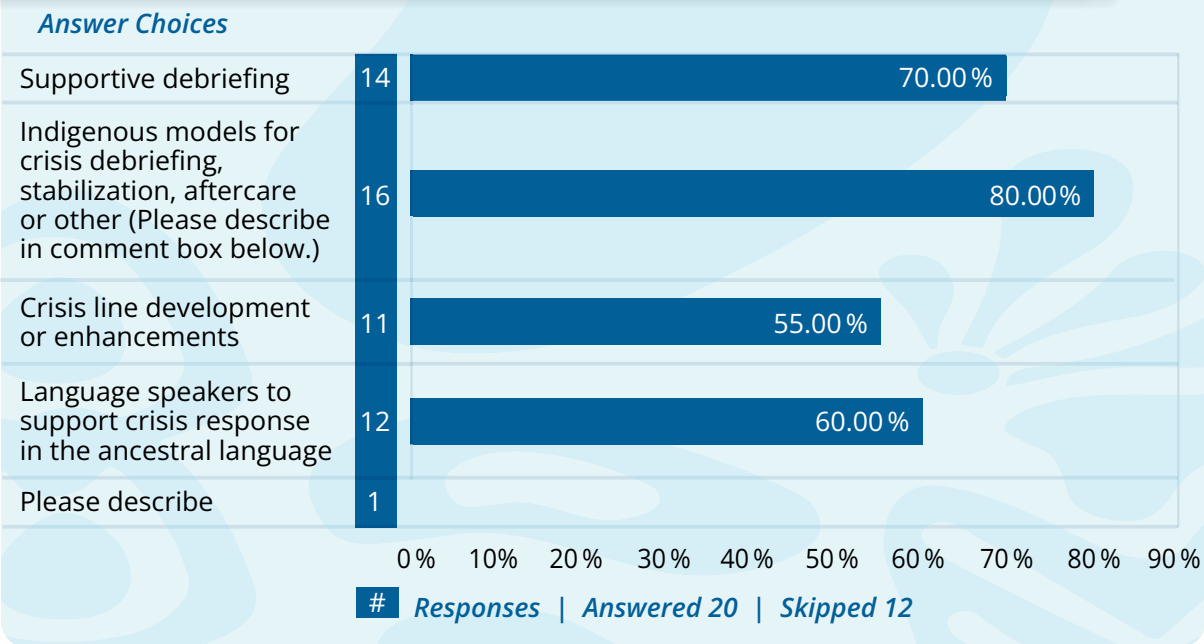


When survey respondents were asked about their current administrative needs, the most commonly selected answers were as follows: 16 answered “system navigation with other mental health programs and sectors, such as women’s groups, homeless shelters, child and family services, social services, education, policing” (84.21%) and 14 answered “relationship building and coordination” (73.68%). All other options were selected by at least 50% of respondents.



Detailed Survey Results

QUESTION 34 **Crisis-related needs**



When survey respondents were asked about their current administrative needs, the most commonly selected answers were as follows: 16 answered “system navigation with other mental health programs and sectors, such as women’s groups, homeless shelters, child and family services, social services, education, policing” (84.21%) and 14 answered “relationship building and coordination” (73.68%). All other options were selected by at least 50% of respondents.



Final Thoughts

When survey respondents were asked if they had any final thoughts to share about how the IRS RHSP workforce should be supported and grown, eight answered and their answers are listed below.

QUESTION
35

Do you have any additional recommendations as to how to support the growth and development of the IRS RHSP workforce?

Answers

- Create suitable locations in communities for cultural support decolonization workshops.
- There is a great need for this area to expand. As mentioned, the amount of pain and suffering is extremely disproportionate to the amount of healing available. It would be amazing to tap into mentorship programs that support the development of more cultural healers. Also, we are in need of more RHWs to ensure that staff do not burn out, can lead quality lives outside of their work and can have inter-office time in between outreach work. Resources, commitment and time are needed for staff to rejuvenate, work together and learn from one another. Field trips to pick and harvest medicine would be a wonderful way to support this initiative. Learning on the land together with our Elders would be ideal to nourish ourselves holistically.
- There is a need for understanding from the government that the intergenerational trauma response will require many years, even decades, to address the long-term effects of colonial violence.
- The name was changed from “resolution health support” to “trauma-informed emotional/cultural support” because of land-based being added to their file.
- Individuals from all levels of the IRS RHSP have done an amazing job in transitioning from the original purpose of the program to incorporating many additional sectors under this one umbrella. RHWs and CSWs with expertise in certain areas would allow service providers a chance to focus on specific service areas without having to be experts in everything. For example, the needs for claimants of the lawsuits are not the same as those affected by MMIWG. Juggling so many items leads to the workers needing much general information, which may take away from specialized service areas. More workers, with specific skill sets for individual programming would go a long way to reducing worker burnout and the ability to better support people with specific needs.



Detailed Survey Results

Question 35, cont.

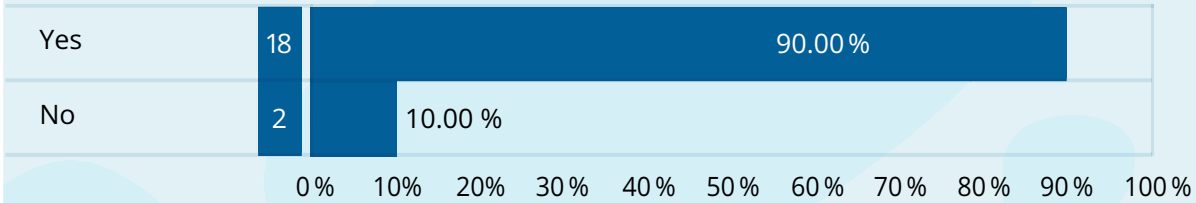
Answers

- There needs to be more work around burnout. There needs to be more cultural support workers in each of the communities.
- This survey took longer than I anticipated. However, the questions are thought-provoking. I am way better at talking than at writing down my thoughts. I am grateful for all of the work that has gone into this process, and I raise my hands to all of you!
- Do not put deadlines on servicing and supporting our people. Respect the fact everyone is unique and has their own journey to follow.

QUESTION 36

Would you be interested in an in-person meeting once COVID-19 travel restrictions lift to outline priorities that would inform a 5-10-year strategy for the IRS RHSP program?

Answer Choices

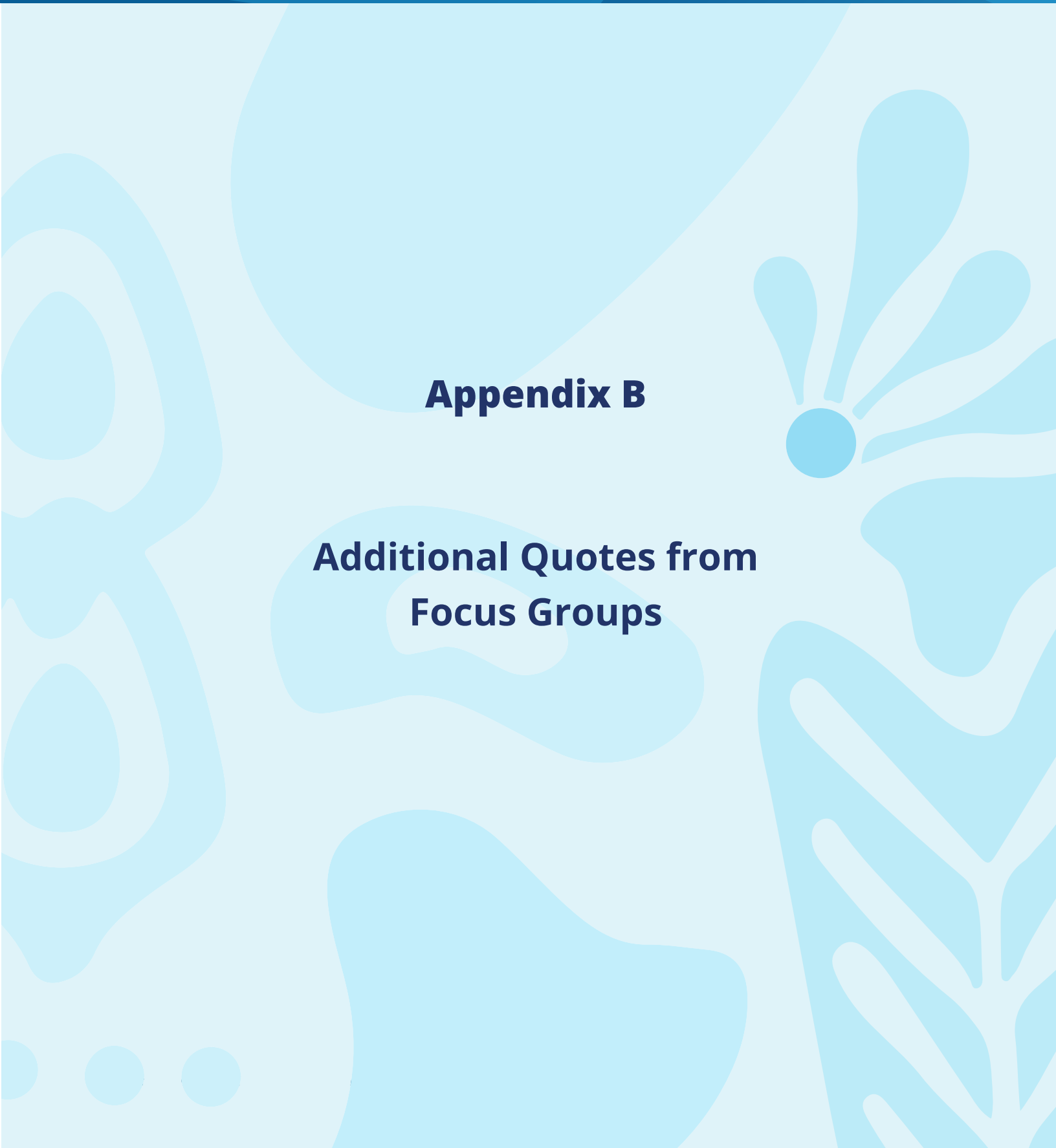


Responses | Answered 20 | Skipped 12



Appendix B

Additional Quotes from Focus Groups



Additional Quotes from Focus Groups

Overview of Focus of the Work

[In our area,] RHSWs were all on call for crisis response team with all First Nations communities and non-First Nations communities in BC.

Two-spirited support workers are often a safety net which can include even just being there and support, counselling, talking one-on-one with people.

Supporting as needed; going to hospitals for spiritual intervention work, family intervention with adult children...usually sharing circles and teaching people how to communicate with each other in a healthy way, having a neutral person to support.

Diverse Clients and Support Seekers

My mom and dad did not attend any of the residential schools, but we also feel we need to attend your events and ceremonies.

Complex trauma issues and support overlaps with a lot of different agencies... youth protection, youth in care. We use a traditional care model to keep them in Cree homes. There is a youth treatment program for kids who are trying to get off drugs, and the adult program has been around for 30 years. Drugs and alcohol are a symptomatic behaviour. When IRS issues came up, we worked on an approach for how to deal with that trauma. We deal with substance abuse and trauma... it is an annual program. We are planning a seasonal spring and fall hunting, harvesting...

Complexities of IRS RHSP Work

Workers are being called on 24/7.

A) Support through tradition and ceremony

Among the Cree, spirituality is very strong. IRS healing is a spiritual journey. The ceremony sends them home, but currently they are in a place in limbo. Cultural support is really needed to help people go through that level of pain and trauma; trauma that stays in the body... it has to be released.

B) Connecting survivors within their community to foster healing

Commemorative activities in the community, honoring parents, a monthly calendar asking the survivors what they want to do... they are in charge, that is important.

Welcome home ceremonies. This ceremony involves birthdays being acknowledged in the community for the Elders who had all of their birthdays missed while at IRS.

Any activities on the land are very helpful.

C) Support for remote communities

"We are visitors in your area, can you tell me what to do and how to do things in your area?" Ask Elders how they want the work done in their area.



Additional Quotes from Focus Groups

Extra Demands on experienced workers and language speakers

C) Support for remote communities, continued

Traveling from one community to the next sometimes I don't reach home before I am sent out again. I am home long enough to do laundry and then gone the next morning.

We are leaving our families for long periods of time. My sister passed away before I got home by two hours.

Many miles we put on our cars, driving tired. Sometimes no lunch.

A) Demands for language speakers during compassion applications

There was a hurdle to get them completed. Some people did not have transportation, some would take a lesser level [of compensation] because it would take a long time to complete.

The applications were very difficult to understand, trying to figure them out and translating them in two languages that was difficult. Some days I was doing 12 applications on a single day.

**Extra Demands
on experienced
workers and
language
speakers,
continued**

My home always had clients here (during the time when applications were completed). People would come and I would help with the paperwork for the compensation. At the hearing stage I had to prepare them. I was dipping into my retirement funds to help them.

Some people opened up when [the application] was done in their home, they are often closed up when you sit in an office. They need to be in their environment. I told them, "It is okay if you swear."

B) Demands for traditional knowledge carriers

There is a silence and a void where people are not always stepping up to lead from a traditional perspective, or work on traditional healing. Because they say that they do not know as much as the Elders, but they need to stand up and learn. They can do it. They say they are not trained in the ceremonies, but you learn only when you step up and do it.

**Impact of
Unmarked Graves
on the IRS RHSP**

We were asked to light a sacred fire and survivors requested many ceremonies; the health centre offered specific mental health services; the ceremonies and getting together with other survivors was keeping them going. Often it is just about being together.



Additional Quotes from Focus Groups

Impact of Unmarked Graves on the IRS RHSP, continued

In our community we put a tent up in front of the health centre building, and started to offer “toast and tea” for those who wanted to drop in. That is still going on and needed as of today!

Many people showed up at the river at the site of the IRS; workers had to support people at the site as well as during walks and at the community level.

Some churches tried to do the right thing, but they were not sensitive enough, so people got even more triggered.

Recognizing that workers are also impacted by current events

The workers themselves, they need to be looked after, after the healing work. “When you are heavy, go to the mountain, brush off with cedar and stand in the moss... It is really healing.”

Workforce Development Needs

A) *Self-care for the IRS RHSP Workforce*

We need more mental health days.

We need to have training to look after ourselves.

We need to do more work on the wellness of workers.

**Workforce
Development
Needs, continued**

Our workers need help too – can we brush you, can we help you... we need to listen, and see, and hear when people need help (CSWs carry so much from hearing these stories), self-care is necessary, mental health days... to have co-workers speak up for you and recognize when you need help.

**Future Program
Direction**

A) *Stable, long-term funding for a comprehensive approach to service provision*

There should be enough funding for the next 20 years.



Indian Residential School Resolution Health
Support Program (IRS RHSP): Formative Analysis

Final Report
August 2024



**FIRST PEOPLES
WELLNESS CIRCLE**