

Survivors
healing
community
forgiveness
Journey



**The Indian Residential Schools
Resolution Health Support Program**

Strategic Advocacy Roadmap

identity trauma



resilience
hope
culture
colonization

September 15, 2023



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The Indian Residential Schools Resolution Health Support Program *Strategic Advocacy Roadmap*

1. EXECUTIVE SUMMARY

The Indian Residential School Resolution Health Support Program (IRS RHSP), funded by the First Nations and Inuit Health Branch (FNIHB) within Indigenous Services Canada (ISC), provides mental health and emotional supports to eligible former Indian Residential School students and their families. Between 2011 and 2018, “almost 900,000 survivors and families reached out for cultural and emotional supports, with 65,000 survivors and their families participating in almost 500,000 counselling sessions” (AFN, 2020). Services offered includes access to cultural and emotional support services, professional counseling, and assistance with cost of transportation to services. The IRS RHSP workforce has also been relied upon to support clients with trauma related to the child welfare system, Sixties Scoop, Indian Day Schools (IDS), and Missing and Murdered Indigenous Women and Girls (First Peoples Wellness Circle, 2021).

Numerous studies and reports have shown the importance of the IRS RHSP for the ongoing healing and wellbeing for Indigenous peoples in Canada. Despite this, the federal government has resisted in making this program permanent. In response, the Assembly of First Nations (AFN) Chiefs in Assembly passed Resolution #24/2021 *Call for the Permanency of the Indian Residential School Resolution Support Program*. The mandate calls on the federal government to permanently fund and support the IRS RHSP, survivors, their families, and IRS RHSP support workers. As the national advocacy organization representing First Nations in Canada, AFN has facilitated and coordinated national and regional discussion and dialogue regarding IRS RHSP improvements, innovations, and permanency.

This document, *The Strategic Advocacy Roadmap on the Indian Residential School Resolution Health Support Program*, serves as a tool to advance the IRS RHSP using years of insight generated through policy and advocacy work. The roadmap identifies five stops:

- (1) Uncovering colonialism in the IRS RHSP
- (2) Culturally rooted framework in a continuum of care
- (3) Supporting the workforce
- (4) First Nations monitoring and evaluations, and
- (5) An advocacy and media toolkit

Each stop provides background context into each theme and examples and activities to support and advance the IRS RHSP. In addition, the integration of the First Nations Mental Wellness Continuum Framework (FNMWCF) will provide a First Nations focused revision of the IRS RHSP program that includes the FNMWCF, addresses funding formulas and models, supported activities such as land-based healing, wholistic team-based structures, capacity building for workforces and communities, as well as opportunities for self-care using the principles of honour and respect.

The IRS RHSP is a fundamentally important program in supporting the mental wellness of First Nation individuals, families, communities, and Nations, and is an important effort to heal from the traumas of colonization. Beyond permanency, First Nations have identified opportunities for program improvement and a shift from the government system currently in place. What has emerged is the broad sketches of vision of a comprehensive and permanent program that is, from its foundation, rooted in First Nations ways of understanding, being, and doing. This program must be made permanent to ensure stability and continued healing for future generations.



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2. BACKGROUND

2.1 PROGRAM BACKGROUND

The Indian Residential Schools Resolution Health Support Program (IRS RHSP), funded by the First Nations and Inuit Health Branch (FNIHB) within Indigenous Services Canada (ISC), provides mental health and emotional supports to eligible former Indian Residential School students and their families. The support is offered before, during and after their participation in Settlement Agreement processes. Services offered include:

- Access to cultural and emotional support services;
- Professional counselling services for individuals and families; and,
- Assistance with the cost of transportation to access counselling services and Elders.

Cultural supports are provided by Elders or Traditional Healers and are called Cultural Support Providers (CSWs). Emotional support services are provided by Resolution Health Support Workers (RHSWs). CSW and RHSWs are generally delivered by First Nations organizations through contribution agreements with ISC. Professional counselling services and medical transportation tend to be provided via regional ISC offices.

2.2 PROGRAM REACH

Between 2011 and 2018, “almost 900,000 Survivors and families reached out for cultural and emotional support 5.8 million times, and more than 65,000 Survivors and families participated in almost 500,000 counselling sessions across Canada” (AFN, 2020).

Beyond strictly responding to Indian Residential Schools, the IRS RHSP workforce has also been relied upon to support Indigenous people through trauma rooted in the child welfare system, the Sixties Scoop, Indian Day Schools (IDS), and Missing and Murdered Indigenous Women and Girls (MMIWG) (First Peoples Wellness Circle, 2021). Further, many clients face multiple and intersecting sources of trauma, reflecting the systemic nature of colonialism.

2.3 PROGRAM NEEDS

Numerous studies and reports, including the federal government’s own program evaluations, have documented the importance of the IRS RHSP for the ongoing healing and wellbeing of Indigenous people in Canada. Despite this, the federal government has thus far resisted making the program permanent. In response, the Assembly of First Nations (AFN) Chiefs in Assembly passed *Resolution 24/2021 Call for the Permanency of the Indian Residential School Resolution Health Support Program*. Specifically, the resolution:

1. Directs the AFN to call on the federal government to affirm its commitment to reconciliation by establishing a permanent and enhanced version of the IRS RHSP. The permanent IRS RHSP would focus on enhanced capacity, sustainable funding, and resources, ensuring its ability to meet the complex needs of IRS Survivors and their families, including the provision of appropriate healing supports to address the ongoing effects of intergenerational trauma.
2. Directs the AFN to call on the federal government to continually assess and document the roles of the IRS RHSP Cultural Support workers to ensure they are supported through the IRS Survivors healing journeys to prevent burnout, compassion fatigue, and high turnover rates.
3. Directs the AFN to call upon the federal government to ensure the work towards a permanent vision for the IRS RHSP retains its distinct focus on serving IRS-related needs and that the newly enhanced program maintains its mandate to support IRS Survivors and their families.



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2.4 PROJECT BACKGROUND

As the national advocacy organization representing First Nations in Canada, the AFN is ideally positioned to advocate for IRS RHSP program improvements, innovations, and permanency. This often includes “the facilitation and coordination of national and regional discussions and dialogue, advocacy efforts and campaigns, legal and policy analysis, [and] communicating with governments” (AFN, 2022).

This document, the *Strategic Advocacy Roadmap on the Indian Residential School Resolution Health Support Program*, will bring together years of insights generated through the remarkable policy and advocacy work from multiple partnering organizations into a comprehensive advocacy roadmap. Each ‘stop’ on the roadmap represents an activity or product that will serve as a tool to advance the IRS RHSP. For each stop on the roadmap, we will provide some background context and a high-level overview of how the advocacy product may look and accomplish.

3. STOPS ON THE ROADMAP



3.1 UNCOVERING COLONIALISM IN THE IRS RHSP

3.1.1 Context

The AFN’s 2020 *The Indian Residential School Resolution Health Support Program Continuation Report* identified the need for a new program “framework of healing and wellness based on culture and on the strengths of community development, ownership, and capacity building (embedded in community)”. Through dialogue with experts, including the AFN Mental Wellness Committee (MWC), we heard that reimagining the program framework first requires revealing the colonialism embedded within the current model.

3.1.2 Product Overview

The impact of historical and ongoing colonialism on the foundations of First Nations ways of being have been profound, including the intentional and unintentional undermining of traditional social, economic, spiritual, familial, and governance systems. This created and is maintained by unequal relationships of power between First Nations and non-Indigenous cultures. Current government programs, constructed primarily by non-Indigenous people within rigid governmental budgeting and program/policy development processes, necessarily reflect these Western worldviews and thus maintain the colonizer/colonized relationship. These power dynamics are both visible and invisible.



The Indian Residential Schools Resolution Health Support Program Strategic Advocacy Roadmap

This advocacy product will map and describe sites within IRS RHSP policy and program delivery where colonialism is maintained and perpetuated. This product is primarily aimed at diagnosing the problems within the current program. This analysis will then feed into a subsequent project, which is to develop a framework for the program explicitly designed to challenge these previously embedded unequal relationships of power.

Potential areas for further investigation and guiding questions are reflected in the table below.

Partners		TPF, FPWC, MWC, FNIHB	
Theme	Sub-Area	General Comments	Areas of Discussion
Funding	Funding levels	<ul style="list-style-type: none"> Funding has been determined to be insufficient and has created untenable workloads, lead to staff burnout and challenges with recruitment and retention. Inadequate funding, combined with purported support for staff competency development, creates unrealistic expectations on program staff and creates tension between providers, clients, and leadership. 	<ul style="list-style-type: none"> How has inadequate funding impacted the delivery of the program, and client outcomes? What is the spending gap between First Nations and non-First Nations well ness programming?
	Funding formula	<ul style="list-style-type: none"> Funding formula is deficits-based and is not structured to generate individual, family, or community wellness. The IRS RHSP workforce has continually been relied upon to respond to emerging issues such as MMIWG, IDS, and child welfare, among others. 	<ul style="list-style-type: none"> How has the funding formula impacted program delivery? How are colonial worldviews limiting the program and its reach?
	Contribution agreement structure and management	<ul style="list-style-type: none"> Short term funding agreements requiring frequent renewals both at the community and federal level does not provide the stability required. 	<ul style="list-style-type: none"> How are power dynamics reflected in the funder/recipient relationship? Is First Nations self-determination possible within current funding regimes?



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Partners		TPF, FPWC, MWC, FNIHB	
Theme	Sub-Area	General Comments	Areas of Discussion
Performance Measurement	Capacity and support	<ul style="list-style-type: none"> Intersecting with the funding discussion above, there is increasing pressure to undertake more robust program evaluation and measurement. There is certainly value in evaluation; however, the IRS RHSP workforce is already profoundly under capacity. Measurement and evaluation require a very specific skillset. Despite government expectations, little capacity support is provided to nurture this skill. Reports evaluating components of the program have been completed, which have described some program successes and outcomes. 	<ul style="list-style-type: none"> What additional burden has measurement and evaluation placed on IRS RHSP staff? What value does the current evaluation processes bring to First Nations
	Western vs. First Nations metrics	<ul style="list-style-type: none"> Current metrics used to measure program outcomes are profoundly Western-centric and tend towards less meaningful indicators such as counting clients, etc. While this is useful to know, it is worth understanding what these metrics miss. 	<ul style="list-style-type: none"> What are the risks of 'telling the story' of IRS RHSP from a predominantly Western lens? How might this feed into colonial narratives?

3.2 IRS RHSP CULTURALLY ROOTED FRAMEWORK WITHIN A CONTINUUM OF CARE

3.2.1 Context

As noted previously, advocates and experts have called for a renewed program framework that is based on culture and the strengths of community development, ownership, and capacity building. Simultaneously, there have been calls to better situate the IRS RHSP within a larger continuum of care, reflecting the First Nations Mental Wellness Continuum Framework (FNMWCF).

Given the importance of developing a new framework for the IRS RHSP, community engagement will be fundamentally important. Adequate and meaningful engagement ensures the generation of a collaborative and culturally relevant framework rooted in the current on-the-ground context that is seen as legitimate by the Indigenous mental wellness workforce, and First Nations citizens and leaders alike. This legitimacy and credibility is fundamental to implementation success.



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3.2.2 Product Overview

Building off the insights identified within the IRS RHSP in the previous project, this product will seek to articulate key elements within a program framework that is culturally based, rooted in First Nations self-determination, and situated within the FNMWCF.

Potential areas for further investigation and guiding questions are reflected in the table below.

Partners		TPF, FPWC, MWC, FNIHB	
Theme	Sub-Area	General Comments	Areas of Discussion
Program Vision	Funding levels	<ul style="list-style-type: none"> There has been significant work identifying the First Nations' <i>vision</i> for the IRS RHSP and for First Nations mental wellness broadly. 	<ul style="list-style-type: none"> How can this vision form the foundation of the IRS RHSP Framework
Funding	Funding formulas models and agreement management	<ul style="list-style-type: none"> A program addressing the immediate traumas of IRS Survivors and their families by itself is inherently reactive. While Survivors must remain at the centre of the program, the funding formula should be built as a reflection of a central goal of "making First Nations whole." The FNMWCF makes a very clear and compelling case for supporting mental wellness through a continuum of available supports and services. This can only be achieved through flexible and comprehensive and long-term funding models reflective of the continuum, First Nations understandings of wellness, and the realities of First Nations communities. 	<ul style="list-style-type: none"> How would real need be measured? How do we determine costs associated with generating individual, family, and community wellness? What key features of funding agreements would support the more comprehensive, long-term and flexible programming described in the new framework. What kind of model would support IRS RHSP delivery within the context of health transformation?
Supported Activities	Cultural activities	<ul style="list-style-type: none"> While the IRS RHSP allows for cultural and emotional supports delivered by CSWs and RSHWs, the extent of culturally rooted activities remains limited. Cultural activities that should find program support include culture camps, traditional activities, language programs, land-based activities, etc. 	<ul style="list-style-type: none"> What are the barriers to inclusion of cultural activities within the program? What is a reasonable budget for meaningful cultural programs within a contribution agreement? How do we measure impact of cultural activities in a respectful and safe way?



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Partners TPF, FPWC, MWC, FNIHB			
Theme	Sub-Area	General Comments	Areas of Discussion
Supported Activities	Site-based programming	<ul style="list-style-type: none"> Family healing and/or treatment centres for rebuilding family skills and addressing family violence. 	<ul style="list-style-type: none"> How can IRS RHSP intersect with other related programs such as ISC's Family Violence Prevention program?
	Intergenerational learning and support	<ul style="list-style-type: none"> There is an identified need to support the transmission of cultural knowledge, including knowledge about traditional healing, on to younger generations. This transmission will support community wellness broadly, but also help develop future generations of IRS RHSP workforce. This could look like specific mentorship programs, and opportunistic events such as sharing circles. 	<ul style="list-style-type: none"> What kind of program component would support intergenerational cultural transmission? Are there best practices for existing programs that include an intergenerational component? What level of funding is required?
	Substance use and crisis response	<ul style="list-style-type: none"> Crisis response and substance use cannot be easily carved off from the delivery of support services for IRS Survivors and their families. As such, there is an identified need to include support for crisis response and substance use within the IRS RHSP framework. This includes creating funding and mechanisms to support the creation of 24/7 crisis response teams including both clinical and cultural streams. 	<ul style="list-style-type: none"> How can we account for substance use programming (either directly or coordinated with other programs such as NNADAP) within the framework?
Team Structure	Wrap around care and a life course approach	<ul style="list-style-type: none"> Some organizations have found success embedding the IRS RHSP within an integrated model of care that includes mental wellness teams. These sorts of best practices should be supported to expand. Currently, much of the IRS RHSP programming is client driven and responsive to their immediate needs. A more culturally rooted framework involves a wraparound care model that is team based and provides a proactive continuum of supports through life stages. 	<ul style="list-style-type: none"> What human resources and competencies should be included in the team model? What specific services are required to support people through life stages including children and youth?
	Traditional healing integration	<ul style="list-style-type: none"> The current program framework treats traditional healing as distinct from emotional and counselling supports. The new program framework should work to integrate the use of traditional healing within all program areas. 	<ul style="list-style-type: none"> How can traditional healing be woven into all program areas?



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3.3 MEASUREMENT, EVALUATION & MONITORING

3.3.1 Context

What gets measured and how it is measured profoundly impact what we know and the stories we tell about First Nations well-being. Measurement and evaluation methodologies are imbued with worldviews. In the case of the IRS RHSP, the methodologies currently used to measure the impact of the program are primarily Western-centric. For the IRS RHSP to be a site of decolonization, reclamation, and (re)building, the measurement and evaluation framework must be shifted to reflect First Nations ways of knowing, being, and doing.

3.3.2 Product Overview

This product will build off the findings related to performance measurement within 2.1 *Decolonizing the IRS RHSP*. This work will include:

- Developing key performance indicators (KPIs) to measure program performance that are culturally relevant and strengths-based;
- Identifying best practices for supporting and building capacity in the collection, use, and reporting of data and KPIs in a way which tells the story of community wellness and program impact from a First Nations perspective while also satisfying federal requirements;
- Include measurement and evaluation as a funded program component so that IRS RHSP staff are not expected to undertake this work without support, on top of their overburdened workloads.

3.3.3 Partners

This work may include engaging with, or partnering with a number of groups including FNIGC,

3.4 SUPPORTING THE IRS RHSP WORKFORCE

3.4.1 Context

Numerous reports and studies have laid bare the profound challenges faced by the IRS RHSP workforce (First Peoples Wellness Circle, 2021; AFN, 2020). These challenges include, but are not limited to:

- High demands with inadequate funding to grow workforce. These increasing demands include work on MMIWG, Indian Day Schools, the Sixties Scoop, and the COVID-19 pandemic, among others;
- Lack of adequate respect and acknowledgement of the expertise of Resolution Health Support Workers and Cultural Support Workers; and,
- Isolation and lack of access to networks of support, best practices, and capacity development;
- Lack of opportunities for employee wellness and self-care such as debriefing and other practices to ensure the safety and wellbeing of the carers.



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3.4.2 Product Overview

This stop on the strategic roadway will focus on generating an information package that includes information on the funding and policy requirements to support the development of a suite of tools that better support the IRS RHSP workforce.

Potential areas for further investigation and guiding questions are reflected in the table below.

Partners			
TPF, FPWC, MWC			
Theme	Sub-Area	General Comments	Areas of Discussion
Capacity Building	Formal Service Provider Network	<ul style="list-style-type: none"> Some communities and regions have built very strong networks in support of the IRS RHSP workforce, while other areas struggle without the capacity to undertake this work. Given the emotional, physical, mental, and spiritual demands placed on the workforce there is a clear need to ensure supports are available for all RHSP staff across the country. There has also been an identified need to generate mentorship opportunities to support staff development and self-care. This is especially acute for staff who are working with small teams and in isolated/remote areas. 	<ul style="list-style-type: none"> What is the vision and mission for the network? Who would be the appropriate organization to host and administer the service provider network? What are the start-up and ongoing costs? What would the first 3-5 years look like for the network? How can the network support the development of partnerships including with municipalities, mainstream health providers, regional and urban Indigenous organizations, and the post-secondary sector, among others?
	Conferences	<ul style="list-style-type: none"> Conferences are an important opportunity for the RHSP workforce to come together to build relationships, enhance skills, learn about best practices, and be amongst colleagues who share their challenges, experiences, and triumphs. 	<ul style="list-style-type: none"> Develop a high-level proposal for an annual IRS RHSP conference that includes costing and roles/responsibilities
	Workforce Training Opportunities	<ul style="list-style-type: none"> There is an identified need for additional training opportunities to support and strengthen the RHSP workforce. Specific topics identified include: <ul style="list-style-type: none"> Dealing with grief, trauma, and de-escalation; Addressing childhood sexual abuse; Understanding and servicing the needs of specific populations including 2SLGBTQIA, people experiencing homelessness and substance use, people involved in the child welfare and justice systems. 	



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Partners			
TPF, FPWC, MWC, FNIHB			
Theme	Sub-Area	General Comments	Areas of Discussion
Capacity Building	RHSP Career Promotion	<ul style="list-style-type: none"> There are many programs who are challenged with workforce recruitment and retainment. One key solution is the proactive promotion of RHSP as a viable and important health career. A key aspect of ensuring program sustainability is ensuring ongoing capacity through succession planning. 	<ul style="list-style-type: none"> Create a proposed action plan for workforce recruitment, retainment, and succession planning to be implemented by multiple stakeholders at various levels.
Self-Care		<ul style="list-style-type: none"> The value and expertise from the RHSP workforce are rooted in their own lived experiences. This sometimes requires staff to address their own trauma and maintain self-care while faced with vicarious trauma. 	<ul style="list-style-type: none"> How can the network support employee wellness and self-care? What tools, resources and advocacy are required to ensure the wellbeing of the workforce?
Honour and Respect		<ul style="list-style-type: none"> We have heard from numerous people that the RHSPs and the CSWs do not feel fully respected for their expertise within the current program framework. 	<ul style="list-style-type: none"> How can stakeholders improve relationships with the workforce?

3.5 ADVOCACY AND MEDIA TOOLKIT FOR LEADERS

3.5.1 Context

As mentioned previously, as the national advocacy organization representing First Nations in Canada, the AFN is ideally positioned to advocate for IRS RHSP program improvements, innovations, and permanency. To support advocacy at the local, regional, and national level, leaders and their organizations must be supported through the provision of a suite of advocacy tools that quickly and clearly make the case for the IRS RHSP improvements identified through this Roadmap.

3.5.2 Product Overview

This stop on the roadmap is centrally focused on distilling the information generated in the previous projects into a set of strategic advocacy and media tools for leadership. Potential tools may include:

Key Messages	<p>Establishing sets of 'Key Messages' targeted towards specific audiences. These audiences may include:</p> <ul style="list-style-type: none"> Federal/provincial/territorial/municipal departments; Federal/provincial/territorial politicians, including Ministers; Indigenous and non-Indigenous service providers and organizations. <p>The Key Messages will:</p> <ul style="list-style-type: none"> Be clear, concise and include strong calls to action; Convey the importance of IRS RHSP and our proposed improvements; Be rooted in the principles of First Nations inherent and Treaty rights as well as UNDRIP and TRC commitments.
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Letter Templates	Establishing clear and concise 'asks' and amplifying these messages through a coordinated letter writing campaign. This will include generated template letters directed towards key decision-makers including the Prime Minister and the Minister of Indigenous Services Canada. These templates will reduce the burden on leaders and their staff and provide accurate and strategic messages.
Mapping Advocacy Opportunities	There are many opportunities throughout the year to amplify messages around the importance of First Nations mental wellness broadly, and the IRS RHSP in particular. This product will include a calendar that maps out advocacy opportunities. These may include key dates including Bell Let's Talk, Pink Shirt Day, National Day for Truth and Reconciliation, World Health Day, Mental Health Week, Elder Abuse Awareness Day, PTSD Awareness Day, World Suicide Prevention Day, to name a few.

3.5.3 Partners

The development and delivery of this product may include working with corporate partners such as Bell Let's Talk, media partners such as APTN and CBC Indigenous, and governmental partners including FNIHB.

CONCLUSION

The IRS RHSP is a fundamentally important program to support the mental wellness of First Nations individuals, families, communities, and Nations. It is one small effort towards addressing the damage that continues to be felt from the centuries of horrors that took place at Indian Residential Schools. The program must be made permanent to ensure stability and continued healing.

Beyond permanency, First Nations have long identified opportunities for program improvement and a move away from the challenging governmental barriers currently in place. What has emerged is the broad sketches of vision of a comprehensive and permanent program that is, from its foundation, rooted in First Nations ways of understanding, being, and doing. For it is through this remembering, rebuilding, and renewal that First Nations will emerge as victorious from a horrific system built to destroy those ways.

Based on years of insights generated through the remarkable policy and advocacy work from multiple partnering organizations, this *Strategic Advocacy Roadmap on the Indian Residential School Resolution Health Support Program* represents a comprehensive advocacy roadmap that details specific tools aimed at generating insights, energy, and the political will to advance an emerging First Nations generated vision of the future of the IRS RHSP.