

# A Good WALK

Policy that Builds Long  
Term Practices

## Acknowledgements

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### CUAI



*Layout and Design* ✨  
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## BACKGROUND

### Calgary Urban Aboriginal Initiative

The Calgary Urban Aboriginal Initiative (CUAI) is a partnership initiative that aims to support and enhance work across and between eight Domain groups by engaging a broad base of stakeholders to effect real and sustainable advances for urban Aboriginal people in Calgary. It is not a service delivery agency, government department, funding body, or a not-for-profit. The CUAI is a true collaboration between the various providers, funders and stakeholders with a mandate to bring together and facilitate Domain-specific forums in order to develop concrete, actionable and practical solutions to issues facing Aboriginal Calgarians. Detailed information on the CUAI Domains, partners and structure may be found in the Appendices.

It is at the recommendation of the Funders Domain that the CUAI has developed this position paper. Since 2006, the CUAI has hosted this Domain who functions with the following goals:

- To promote community support and awareness of resource opportunities and barriers as they relate to programs and services for Aboriginal people
- Enhance service delivery in the community
- Increase accessibility of funding opportunities for urban Aboriginal programming

Over time, the Domain has witnessed directly the disadvantage to programs as funders move from multi-year funding to yearly project funding, though observations substantiated through discussions and need assessment sessions hosted

by the CUAI. Organizations who struggle to diversify their funding sources typically experience huge swings in revenue. This volatility undermines the organization's stability and capacity to provide consistent, quality programs or services, to develop an effective strategy plan, and to retain invested, experienced staff, conditions that negatively impact program quality and client wellbeing.

Intergenerational trauma (IT) and its negative impact on the Aboriginal community are undeniable. In order to make effective and long-term changes in relation to IT, organizations require the stability of at least three to five years of sustainable and confirmed funding. Long term, sustainable support translates to long term, effective and positive impact on the social issues associated with IT.



## CUAI Strategy framework in relation to this position paper

**GOAL:** To effect policy change at government, ministerial and upper management level so Aboriginal programs in Calgary will have access to long-term, sustainable funding. This will create greater stability and increased capacity for these programs resulting in a larger impact for their clients.

year <b>1</b>	Focus on background research; gather information about current funding processes and policies; develop a network of funders working in or with a vested interest in this area; the CUI will work with one funder as a potential model for future expansion of efforts.
year <b>2</b>	Build upon Year 1 with development of recommendations for change and coordination of discussion and dialogue with those in positions of influence or change within the relevant system(s).
year <b>3-6</b>	Focus on evaluation changes in funding structures by both funder(s) and program(s) impacted by funding changes.

## IDENTIFICATION OF THE POLICY ISSUE

Canadian social policy has been instrumental in creating institutions to assimilate Aboriginal people and society, resulting in a collision of doctrines that have disrupted the physical, mental, emotional, and spiritual wellbeing of individuals and communities for generations.<sup>1</sup> The impact of intergenerational trauma (IT) and the effectiveness of subsequent culturally and socially relevant programs developed as a result is a core issue facing the Aboriginal community. The intensity and scope of IT on individuals is often underestimated, poorly understood and seldom recognized as the root of most social challenges facing Aboriginal people. IT is fundamentally generational in nature, and in order to effect real and measurable change, responses by government, funders and service providers require models and strategies that focus on longer-term supports and commitments than presently subscribed.

Over the last decade, there has been a marked shift away from the provision of core funding to annual and/or project-based supports among funders. Core funding can be defined as financial support that covers basic core operational and administrative costs of an organization including salaries, facilities, equipment, communications, and direct expenses of daily operations. This policy shift has occurred as departments and funding agencies attempt to streamline their resources in response to steadily decreasing allocations from federal and/or provincial reserves. This move drastically and critically affects the overall success and effectiveness among programs and services, especially those directed towards Aboriginal peoples.

The systematic move away from core funding occurring at essentially the same time that the impact of IT is finally being recognized compromises any real long-term positive impact programming may have on Aboriginal individuals, and serves only to perpetuate a model of short-term gain that focuses more on financial accountability and less on measurable change of the core issue.

Governments and funders typically operate from an investment vs. return model. Addressing the long-term impact of IT requires a paradigm shift at the ministerial and upper level management structures that recognizes any real return on monies invested requires moving the focus from simply “cost” to “social value.”<sup>iii</sup> To date, work within the Aboriginal community around IT has been piecemeal, slow, negligible in some respects, and not addressing the core issues. It is not necessarily that the need for long-term approaches is not understood, but rather that upper-level policy structures such as project-based and short-term funding approaches have seriously limited real impact programs and service providers are able to offer. The fundamental approach of providing short-term funding to deal with long-term, intergenerational issues simply does not work. **In order to achieve sustainable positive impact on IT, organizations require a long-term strategy supported through relevant policy developed with, and between, government and community.** Specifically:

- Government, funding and board policy must make healing and IT a priority issue in order to effect real change
- Through changes in policy, funders must make available long-term and sustainable supports in order to effect real change in the long-term

Agency investments that integrate relevant healing practices are identified as a way to appropriately support Aboriginal individuals to move towards healing and wellbeing. Community empowerment is seen as both an outcome and a process. As an outcome, it is claimed that results are not generally seen immediately and it is suggested that doing so takes years. Healing practices that facilitate Indigenous identity for Aboriginal people must include measures and approaches that increase the “staying power.” Ideally, programming should be offered or implemented based on their long-term effects of Identity building and maintenance, rather than short-term results.

**It is important to note that, although this policy issue focuses on the urban Aboriginal population, it is developed within the context of the larger Aboriginal experience.**

The vast majority of current funding structures emphasize accountability and outcomes based on fulfillment of activities and financial reporting as indicative of success. This approach forces an organization to focus more on meeting reporting requirements rather than developing sustainable and long-term programming that positively affects issues such as intergenerational trauma. The move towards annual and project-based funding further supports a cycle of perpetual reporting and dependency, rather than creating an opportunity to effectively mitigate the issues at-hand.

## UNDERSTANDING THE IMPACT OF INTERGENERATIONAL TRAUMA ON ABORIGINAL PEOPLE

Aboriginal people have experienced a different history than that of mainstream Canadians, a fact often overlooked, little known or ignored by the majority of program funders and service providers. This disregard is not inherently intentional, but rather reflects the social, cultural, political and economic chasms that have existed between Aboriginal and non-Aboriginal people since the time of contact. Too often, Aboriginal professionals who work with non-Aboriginal people have heard the expression “I simply did not know.” The realities of Aboriginal history in Canada have been largely excluded from educational institutions to a degree that even Aboriginal people themselves are unaware of the challenges faced by parents, grandparents, extended family members and ancestors.

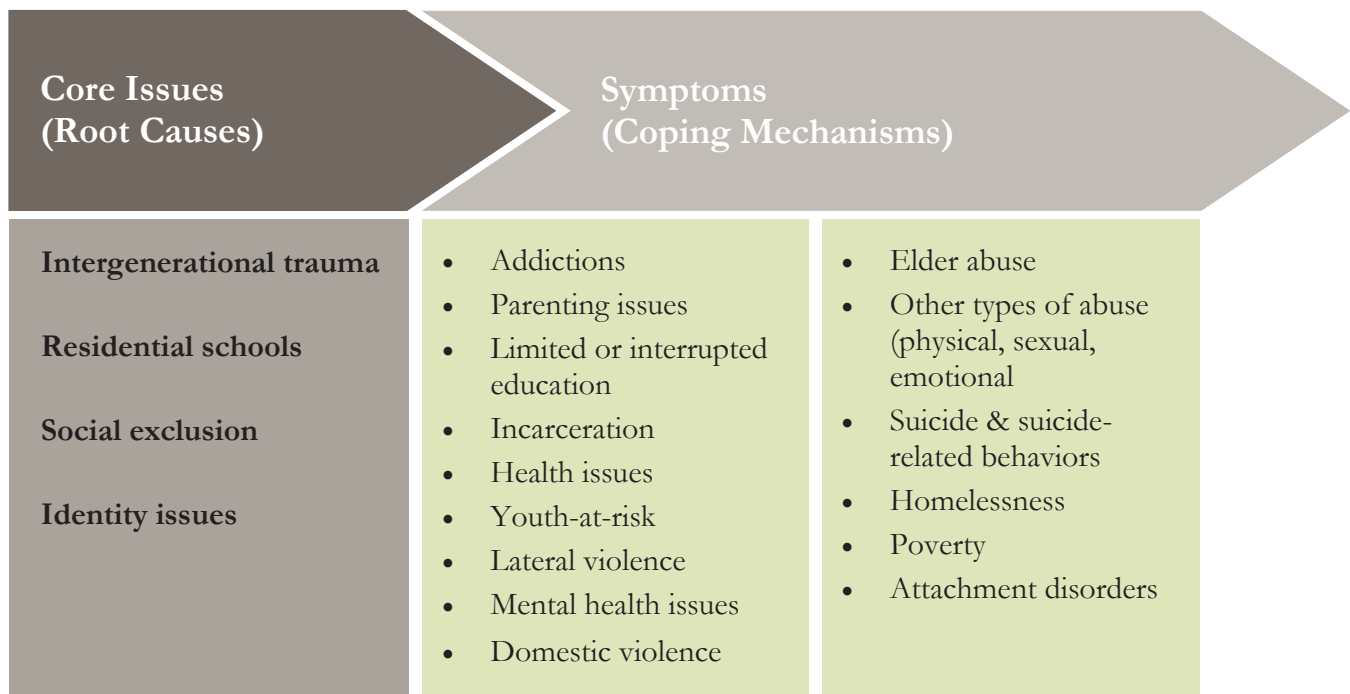
This different history is reflected in the experiences of the pre-reservation era, reservation-era, residential schools, “sixties scoop” and the child welfare system. It is crucial to be aware of the cumulative impact of these experiences, and how these events have entrenched the effects of IT into the Aboriginal community.

In addition to recognizing the relevance of historical experiences, all sectors of government, service agencies, institutions and/or individuals who work with Aboriginal people must have a deep understanding of what creates and defines trauma, its pervasive and generational impact on the Aboriginal community, and how it must be mediated in order to be effective. Recent work around trauma, brain development and addiction suggests a strong correlation between trauma and long-term impact on developmental experiences of children and adults. Trauma continues to be a lived experience for Aboriginal people.<sup>iii</sup>

Individual, family and communal responses to trauma and adjunct coping mechanisms typically present themselves as IT symptoms. These negative socio-psychological impacts are around what many social agencies, service providers and funders currently develop their criteria and programming. However, in order to offer more effective services to Aboriginal people, it is crucial to understand the core issues—root causes—of IT.



Core issues and symptoms include (but not limited to):



The Family & Community Support Services Calgary (FCSS Calgary) Aboriginal brief (2013) outlines succinctly the historic experiences that have contributed to IT in the Aboriginal community. FCSS Calgary has adopted the following definition of IT:

A collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events (2013, p. 5)

IT is cumulative in nature and insidious in how it affects virtually every aspect of an individual, family, or community's existence. Learned behaviors and patterns of dysfunction transmitted from one generation to the next become "normalized," and if not recognized, makes it difficult to move away from the negative impacts.



The mechanisms of colonialism—residential schools, childcare systems, land disposessions, assimilative policies—have all contributed to widespread IT, resulting in a critical imbalance within individuals, families and communities. These imbalances are typically referred to as “presenting problems” or “issues.” When programs, services and practitioners continue to apply approaches to practice that exclude the broader socio-political histories, issues and realities of Aboriginal people, it perpetuates a tendency to pathologize, diminish and problematize the individual, family and community. The challenges facing the Aboriginal community as a result of IT must be mitigated by integrating Western practices with Indigenous epistemologies and healing practices in order to be effective. The systemic tendency among organizations to emphasize Western psychotherapies and processes is simply not working, and very often results in the marginalization and client-ization of individuals and families.<sup>iv</sup>

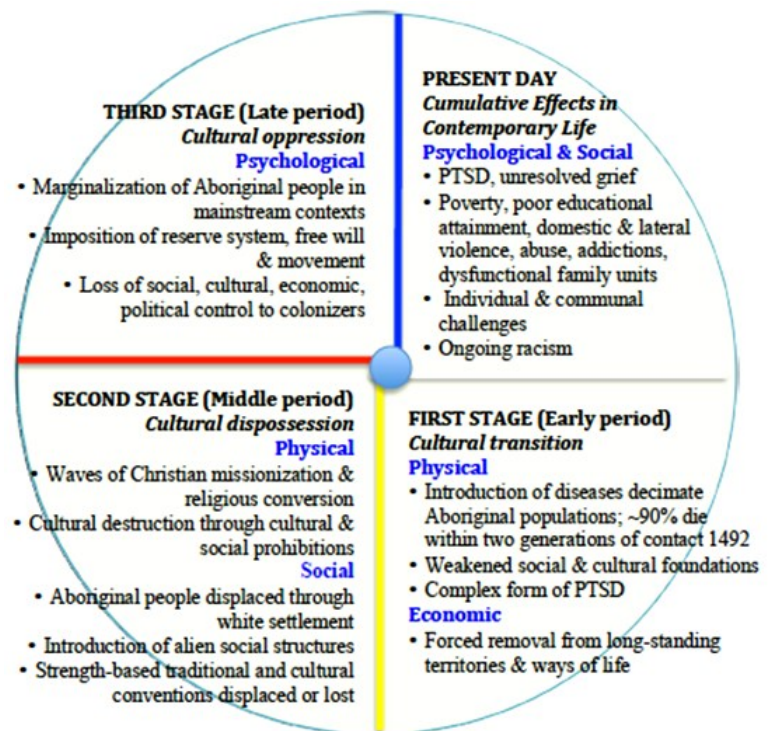
## Story of Aboriginal Peoples: Critical Periods Contributing to Intergenerational Trauma

Understanding the impact of IT on Aboriginal people requires knowledge of key events and mechanisms that have occurred throughout history brought about by the impositions of colonialism. Historical trauma and the colonial process are extensive and multi-layered in their influence. For our purposes, the way in which colonization has historically impacted the psycho-social, economic and physical lives of Aboriginal people, interactions from which IT is a result, are identified:<sup>v</sup>

### FIRST STAGES (Early Period)

#### Culture contact and genocidal disease

The cultural and social effects of IT started within the first years of sustained contact with Europeans in the seventeenth century; however, effects were felt much earlier. In 1539, when the first Spanish conquistador, Hernando de Soto, explored from present-day Mississippi River to Florida, he documented Aboriginal communities with populations of 70,000+ people. This early contact brought the first waves of pandemic and regional epidemics to Native peoples.



Approximately a century later when the British arrived, moving from the east coast to the Mississippi, there were virtually no Aboriginal cities left. What they encountered were survivors of large-scale population losses brought about by disease and contagion. Over the next four hundred years, this scenario was repeated time and again throughout all regions of Native North America, experiences that marked the beginnings of IT and drastic changes that negatively impacted the psychological, spiritual, social, political and economic wellbeing of Aboriginal communities.<sup>vi</sup>

From 1500 to 1900, the Aboriginal populations declined by approximately 72%, largely attributed to introduction of infectious disease including smallpox, measles, and influenza. Aboriginal people lacked the same immune patterns as Europeans who had adapted to these diseases through generations of exposure. Dr. Little Bear explains this succinctly:

*Because we, as Native people, lived so closely with the animals for so long, we became resistant to parasites. However, when the [newcomers] arrived, we were not resistant to the viruses they brought, as were Europeans. This is one of the reasons why we fell as we did.<sup>vii</sup>*

Among those communities infected, large numbers of people fell ill or died, leaving no one to care for the young, elderly or already infirm. Traditional medicines had no effect on these newly introduced diseases, and there was no concept of quarantine. Socially, as the hunter-gatherers in the household also became infected, many communities faced catastrophic famine. Spiritually, as traditional ceremony and healers failed to save loved ones, members started to

question the foundational belief in medicine people and spiritual beliefs that underscored cultural constructs. People were unable to understand or process the trauma of loss and grief that was happening around them, on the scale and rate it was occurring.<sup>viii</sup>

## SECOND STAGE (Middle Period)

### Treaty making, Indian Act and the reserve system<sup>ix x xi</sup>

In the very simplest terms, treaties are legal agreements made between Aboriginal peoples and the British Crown, or subsequent Dominion of Canada or Government of Canada. Each treaty lays out rights, responsibilities and expectations of each signer and refers to areas such as land transfers, territory, governance, health, medicine, hunting rights, environment, natural resources, education, movement, location, etc. Treaties are public documents that have had the greatest impact on the social, political, economic, cultural, religious and basic human rights of Aboriginal people. Not all Aboriginal people were signatories: the Northwest Coast nations (until recently), the Métis and the Inuit did not sign treaties.<sup>xii</sup>

Collectively, all “Aboriginal” people—by constitutional definition is First Nations, Inuit, or Métis—experienced essentially the same type of colonial tactics, inequalities, marginalization, discrimination, stereotypes, attitudes, etc., from outside systems.

The making of treaties ushered in the so-called “reservation-era” through the creation of reserves and introduction of the Indian Act in 1876. The reservation era is the time period from approximately 1880 to 1960, although First Nation reserves still continue to function under the mandate and administration of the federal government via the Indian Act. The reserve-system was essentially government-sanctioned displacement of Aboriginal people. The Indian Act was, and is, the primary piece of legislation designed to assimilate and dispossess Aboriginal people who fall under its jurisdiction, inherently paternalistic in its application and limiting in its framework.<sup>xiii</sup> It is a state-constructed racial category that is administered on no other segment of the Canadian population, an Act that, until 1960, excluded Aboriginal people from the right to vote without conditions, ultimately affecting any type of decision-making regarding their own communities and lives. The Indian Act defined the following areas (but not limited to):

- 1876 Indian Act—First Nations officially become “wards” of the federal government, and not equal citizens within Canada
- The Indian Act governed virtually every aspect of Native life, including (but not limited to):
  - \* Introduction of Chief and Council system, Indian Agents; move away from hereditary chiefs and communal consensus
  - \* Federal government sole discretion to overturn band councils
  - \* Prohibition of traditional ceremonies
  - \* Restriction of where and when we could hunt, trap and fish
  - \* How much food rations we were to receive

- \* Access and type of health, medical or emergency care available, especially in times of epidemic
- \* Who and when we could visit, and maintain ties with Permission to leave the reserve (free movement)
- \* Where geographic boundaries lay; where a community was to be located
- \* How much “Indian blood” we had to have to be considered “Indian”
- \* What happened if a man or woman married a non-Native person
- \* Illegal to possess alcohol or patronize pool halls
- \* Type of “employment” a Native person could hold, if any
- \* Illegal to sell produce or livestock produced on the reserve
- \* Prohibition of land ownership
- \* Mandatory attendance at residential school

### **Impact on Aboriginal people<sup>xiv</sup>**

Colonial agents insisted that the prime motivation for establishing the reserve system was to encourage Aboriginal people to adopt a modern agricultural lifestyle, and move away from the nomadic, migratory existence that had supported families for millennia. The reserve system, and the Indian Act, removed the sense of personal and communal control; it divided up lands and people; families and clans that had the right to hunt and knowledge of seasonal territories were arbitrarily thrown together, or separated. This disrupted established social and kinship networks that impacted long-standing cultural, social and economic protocols. European-style housing was imposed through the Indian Act, modeled for the European “nuclear”

family with no understanding of how the larger Indian “family” functioned. After the disruption of traditional networks, marginalization from the capitalist economy, discriminatory legislation that outlawed economic independence and severely limited the ability to fish and hunt, many Aboriginal families suddenly found themselves unable to sustain themselves or their families, leading to a rapid increase of poverty on reserves. Whole communities became dependent on food rations and government aid distributed at the discretion of the government.

More insidiously, men lost their traditional roles as protector, provider, leaders and hunters, leading to a deep-seated sense of powerlessness, pain and anger. As a result of, and provided limited options by the Indian Act, many dealt with frustrations through alcohol, violence, abuse, control and intimidation of loved ones, abandonment of family and responsibility, lack of honesty. Women lost their traditional roles as educators, healer, nurturer, and head of the home; many became victims of abuse and abandonment at the hands of male relatives, husbands and fathers. A sense of hopelessness contributed to an increase in substance abuse, suicide, and poor parenting. Trying to protect themselves and their children, as well as coping with the trauma of physical, emotional or sexual abuse, many women and their children lived in conditions of extreme poverty and economic challenges not tolerated within mainstream society.<sup>xv</sup>

### **THIRD STAGE (Late Period)**

#### **Indian Residential Schools (IRS) system<sup>xvi xvii</sup>**

The Indian residential school system has left a deep scar on the social, cultural, and psychological wellbeing of Aboriginal populations. Even if the person did not attend residential school, individuals and communities

continue to be affected through dysfunctional behaviours passed down from siblings parents and/or grandparents who did attend. The destructive legacy wrought by the IRS system is complex in its entirety, and requires ongoing, comprehensive interventions and approaches.<sup>xviii</sup>

In order to educate the children properly, we must separate them from their families. Some people may say that this is hard but if we want to civilize them we must do that.

*Hector Langevin  
Public Works Minister of Canada, 1883<sup>xix</sup>*

The two primary objectives of the residential schools system were to remove and isolate children from the influence of their homes, families, traditions and cultures, and to assimilate them into the dominant culture. These objectives were based on the assumption Aboriginal cultures and spiritual beliefs were inferior and unequal...today, we recognize that this policy of assimilation was wrong, has caused great harm, and has no place in our country...The legacy of Indian Residential Schools has contributed to social problems that continue to exist in many communities today.

*Prime Minister Stephen Harper  
Official Apology, June 11, 2008<sup>xx</sup>*

In 1912, the Archbishop of St. Boniface advocated that Aboriginal children must be placed in residential schools at the age of six, since they had to be “caught young to be saved from what is on the whole the degenerating influence of their home environment.”<sup>xxi</sup> Both church and government had commitment to civilizing Aboriginal children through the residential school and an emphasis on separating the child from their culture, imposing a new set of values and beliefs, provision of a basic elementary education, and implantation of a European industrial work discipline.

## The collision of learning systems: tradition (Aboriginal) vs. western (residential school) methods<sup>xxii</sup>

<b>Traditional</b>	<b>Western</b>
Highly developed system (recognizes interconnectedness between societal structures)	Conscious separation of home and school life
Duty/responsibility of parents/Elders/ community members to teach	Dislocation of children from culture and community
Grandmothers played major roles	Educated by non-Native nuns, teachers; institutional backgrounds
Active participation in the daily activities of adults (taught social, economic, spiritual, and historical impact and context)	Institutional belief that education “civilized” the Aboriginal child
Natural process of learning occurring while doing everyday activities	Residential school two primary purposes: <ul style="list-style-type: none"> <li>• Separation of children from families in order to educate and civilize</li> <li>• Belief Aboriginal culture not worth preserving; assimilation</li> </ul>
Ensured cultural continuity and survival of mental, spiritual, emotional and physical well-being	Geared towards displacement and elimination of Aboriginal culture
Taught respect through observation and practice; learn first by observing, later by doing (looking, listening, and learning)	Child separated from their siblings and friends into age groups
Emphasis on sharing	Act of separation; confusion for both children and parents in regards to their roles, feelings of powerlessness
Informal, experiential process	Forcibly divided youth from Elders; loss of communication in regards to language, teachings, respect and pride
Learning and communicating for living and survival	Children forbidden to speak their Native language; only allowed to speak English and/or French, were severely punished if disobeying); loss of languages and communication

<b>Traditional</b>	<b>Western</b>
Life values learned through extended family	Children taught to be ashamed of their languages and culture, taught their culture was inferior to European; every aspect of school enforced the superiority of Europeans and discounted all aspects of Aboriginal practices and worldviews
Children were full-fledged contributing members of household	Taught reading, writing, arithmetic, geometry, British history and geography; taught their Aboriginal teachings and worldviews invalid
Positive learning	Negative and forceful teaching tactics; institutional learning
Significance of home life to education; behaviour shaped by positive actions and activities at home	Assigned and addressed as either a number or given a Christian name; loss of Aboriginal name and identity
Deeply ingrained spirituality through everyday living	Forced observances to Christianity; rigid segregation between staff and students
Discipline administered on family/communal-basis (i.e. change in attitude towards individual/discussion, if necessary; not physical punishment)	Corporal punishment; shaming, humiliation; deprivation tactics; substandard food (food insecurity)

Between 1831 and 1996, residential schools were operated first by government officials, then by religious orders (Roman Catholic, Presbyterian, Anglican, United) in partnership with the federal government. Schools existed in nearly every province and territory in Canada. In 1920, it became mandatory under the Indian Act for Aboriginal children between the ages of 7 to 15 to attend residential school. Children as young as four years of age attended. Parents who resisted or failed to do so were subject to tactics such as limited food rations or imprisonment.<sup>xxiii</sup>

Survivors recall the following experiences, and formal policies instituted by school administration:

- Prohibition from speaking Native language and practicing culture
- Prohibited interaction with siblings
- Segregation of boys and girls
- Indoctrination to Christian doctrine
- Neglect and suffering
- Sexual, mental, and physical abuse from church officials, teachers, other students
- Extreme discipline

- Survival mentality
- Parents often discouraged from visiting or bringing children home for vacation
- Many students did not return home for long periods of time (some for years); when they did, they were strangers in their own communities
- Broad occurrences of disease, hunger, chronic illness
- Overcrowding, poor sanitation
- Bondage and confinement, forced labour
- Use of students in medical experiments
- Illness, disease, and high mortality rates
- Lower standards of education among residential schools; for example, in 1950, 40+% of “teaching” staff had no training; in 1930, only 3 out of 100 students advanced through grade six
- Isolation, extreme loneliness; lack of affection or sympathy demonstrated
- Inadequate food, hunger, substandard diets

Residential schools had an impact on the child, parents and community from the first day a child was enrolled.<sup>xxiv</sup> Aboriginal societies had long-established traditions of childrearing, teachings and parent responsibilities that were drawn upon in times of trauma. As successive generations of Aboriginal children—later becoming parents themselves—attended and were subsequently stripped of cultural strengths and resources through institutional learning, the impact of residential schools became greater. Upon leaving school, children found they fit neither in the Aboriginal world, nor in mainstream society.

Parents who lost their child(ren) to the system found their role in life greatly diminished; children returned but lost their connection or respect for family traditions. Communities were traumatized as children were taken, some families losing children forever but never informed, some children never returning. Children were separated from parents, community, language, culture and spirituality. A legacy of anger towards parents frequently resulted, as children felt betrayed and confused about who and what they should turn to, and where they now walked in the world. The schools lacked the resources and capacity to provide affection; many children lost the ability to show love or affection to those around them, a legacy they passed onto their own children.

Even if an individual did not attend residential school, s/he felt the impact:

*We didn't really escape it either as it visited us every day of our childhood through the replaying over and over of our parent's childhood trauma and grief which they never had the opportunity to resolve in their lifetimes.<sup>xxv</sup>*

Unresolved trauma amplifies itself and frequently causes unpredictable behaviors, ultimately affecting all aspects of the individual and community (spiritual, emotional, mental, physical). The impact of IRS cascaded through generations, manifested in the high rates of poverty, family violence, addictions, family/community breakdown, sexual abuse, prostitution, homelessness, incarceration, suicide and ideation, poor health, FASD and early death.<sup>xxvi</sup> The complex depth and impact on the Aboriginal community of the Indian residential school system is currently being revealed through the Truth and Reconciliation Commission of Canada, appointed by the federal government as part of the IRS Settlement Agreement between various Churches, the Assembly of First Nations (AFN), other Aboriginal organizations and the Government of Canada.<sup>xxvii</sup> It is estimated there are approximately 86,000 survivors of residential schools alive today, with nearly 25% of the one million-plus Aboriginal population still directly impacted generationally.<sup>xxviii</sup>

### **Child welfare system**

Compulsory residential school education began to be phased out in the 1950s as the federal government felt Aboriginal children could be better educated in the public school system. However, residential schools persisted as a type of boarding school for children whose families were deemed unsuitable to care for their own children. Arising from this was also an attitude that Aboriginal parents were inherently deficient in their abilities to parent or raise their own children appropriately, ironically as a result of the impacts of IT and earlier generations who attended residential school. In the 1960s, social workers were not required nor expected to possess an understanding of traditional ways of childrearing or parenting, resulting in the cultural and social clashes between workers and families. As a result, beginning in the 1960s and continuing into the mid-1980s, thousands of Aboriginal children were apprehended by the child welfare system and placed in homes across Canada, United States, and United Kingdom. In many instances, children were taken from their homes and communities without the consent or knowledge of their families and/or communities. It was not until 1980 that social workers were required to notify the band council if a child was removed from the community.<sup>xxix xxx</sup>

Approximately 70% of children were adopted into non-Aboriginal homes, and by the 1970's, one in three Aboriginal children were taken away from families and communities through adoption or fostering. Although never a formal program or policy, this large-scale movement of Aboriginal children into care became known as the "sixties scoop."<sup>xxxi</sup> Not only were the children affected, the families and communities of children removed also experienced the trauma of loss, of not knowing where or how their child(ren) were doing, inability to stop removals and inability to locate those removed.<sup>xxxii</sup>

Many individuals were placed in one or more homes or institutionalized care throughout their formative years, some being moved every few months or so. Once in the system, many of these children faced isolation, discrimination, physical, sexual and/or mental abuse resulting in a multitude of psychological, emotional and mental afflictions, including but not limited to: loss of identity and security, attachment disorders, inability to trust, poor social skills, poor self esteem, discomfort with physical appearance or racial heritage, limited coping skills, trust issues.



As children grew into adulthood, they carried with them the scars of involvement manifested in disproportionately high rates of suicide and/or suicide ideation, substance abuse issues and addictions, transient lifestyles, high rates of incarceration, homelessness, high rates of poverty, anger management, relationship difficulties. Their experiences directly affected their ability to parent their own children, passing on dysfunctional and learned behaviours, perpetuating again the effects of IT.

### **PRESENT DAY (Cumulative effects)**

Trauma exacts an enormous psychological and physical toll on those affected, with consequences typically endured for decades. Responses to personal and/or collective trauma are never identical, although subsequent symptoms and conditions may be similar.<sup>xxxiii</sup> This is apparent in the overwhelming effects of IT exhibited today throughout the Aboriginal community as a result of the various systems discussed. Sustained and cumulative trauma profoundly modifies social dynamics, processes, structures and functionality at the individual, family, community, and nation level.<sup>xxxiv</sup> The majority of the mental health conditions Aboriginal people are afflicted with are a direct result of long term social and public policies. In contemporary terms, IT underscores many of the problems facing Aboriginal people. IT in the Aboriginal community has essentially been “inscribed” on the individual and entrenched into ongoing social relations, roles, practices and institutions. Individual trauma and IT is part of larger formations that have profound effects of the social and cultural spectrum.<sup>xxxv</sup>

### **What Is Trauma?**

Those who have experienced hardship and suffering often experience lasting trauma from the experience. Traumatic events can fundamentally change not only a victims' way of life, but also their psychological outlook. Man-made trauma (i.e. terrorism, war), as opposed to that experienced through natural disaster, is often more difficult with which to deal because, frequently, the perpetrator(s) or circumstance still lives within the environment or in close proximity to the victim(s). However unconscious, this provides a constant reminder of the past as well as, real or imagined, the threat of further incidents. Even if the immediate source of the trauma is removed, time does not necessarily heal all wounds. The survivor may, in fact, continue to suffer, to appear frozen in time.<sup>xxxvi</sup>

### **The Individual**

Relative to our discussion, residential schools inflicted a type of man-made trauma on those Aboriginal children forced to attend, consequences articulated and manifested through the prevalence of IT and normalization of the dysfunctional learned behaviours we see today in many communities. Persons who are unable to cope, or who have never been given the opportunity to deal, with extreme events frequently find the challenges of everyday life overwhelming, often finding it difficult to function normally within society. Trauma can elicit a range of responses from an individual.<sup>xxxvii</sup>

- **Cognitive responses**—memory difficulties, lack of concentration, poor judgment, inability to discriminate, inability to make choices

- **Emotional responses**—depression, withdrawal, excitability, intense fear, feelings of helplessness, loss of control, loss of connection and meaning, generalized anxiety, specific fears
- **Physical responses**—stomach pains, tightness of chest, headaches, perspiration, psychosomatic complaints
- **Behavioral responses**—irritability, startling easily, hyper-alertness, insomnia, communication difficulties, and drug, cigarette or alcohol abuse

If trauma or stress persists over an extended period of time—generational—biological systems and overall health becomes compromised. This culminates in increased vulnerability to physical and psychological pathology contributing or precipitating conditions such as heart disease, high blood pressure, stroke, diabetes, immunological-related illnesses, neurodegenerative disorders, and mental disorders (e.g. depression, PTSD). It is known that Aboriginal people are more likely to be afflicted by chronic physical health conditions; only 42% average compared to 61% of First Nations versus Canadians, respectively, report “good” health; life expectancy for an Aboriginal person is six to eight (6 to 8) years lower than that of the larger Canadian population.<sup>xxxviii</sup>

Children are especially susceptible to the effects of trauma, simply because they lack the emotional development and life experience to make sense of what is happening to them. This fact underscores why the effects of trauma experienced at residential schools was so devastating and long-standing. Residential school survivors transmit the effects of trauma to their own children. Children are susceptible to picking up attitudes from adults in their lives, thereby providing the opportunity for trauma to be transmitted across generations (IT).

## The Community

Trauma on the individual also has a dramatic influence on communities. For example, when trauma becomes prevalent, society can lose the sense of trust, a condition that articulates the nature of relationships between Aboriginal people and the larger society for more than a century. More insidiously, trauma has a way of spiraling out of control. Generational trauma or IT, such as that experienced through the mechanisms of colonialism, residential school and the child welfare system, creates massive trauma that, in turn, fuels further trauma inflicted by those initial victims, ensuring the continuance of dysfunctional behaviours and responses. Unresolved frustration and deep-seated anger supports the cycle of violence; shared trauma generates a feeling of solidarity but also creates an "us vs. them" mentality.

## Trauma Healing

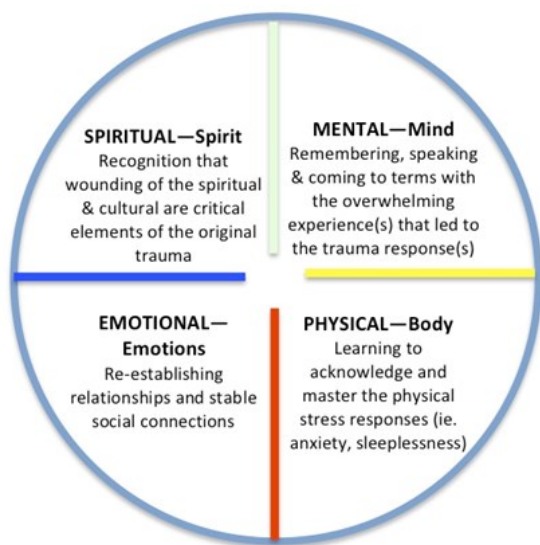
Healing can prevent future violence and facilitate reconciliation, encompassing the acts of acceptance, forgiveness, and the rebuilding of mutual trust. The ordinary response to trauma is to try and banish the incident(s) from memory; personal atrocities, however, refuse to be buried.<sup>xxxix</sup> Remembering and voicing the truth about terrible events are prerequisites both for the restoration of community and the healing of individual survivors. Psychological healing can only occur by helping the survivor to share their experience(s), to feel genuinely heard, and for every detail of the traumatic event to be re-experienced in a safe environment. This approach is utilized by the Truth and Reconciliation Commission in their work with survivors of the residential school era in Canada.

It must be understood that the experience of trauma cannot be erased. The goal of trauma healing is to acknowledge the experience and integrate it into a sort of personal or collective “rebirth.” As such, trauma healing can contribute to a program of social reconstruction. Trauma healing requires long-term sustainable support with a focus on the victim/survivor and community.<sup>xi</sup>

### Approaches to Trauma Healing

There are three stages of trauma that individuals move through as part of the healing process: Safety, Acknowledgement, and Reconnection. These processes have guided the creation of many trauma-based healing programs, including those that deal specifically with IT and Aboriginal people. The goal of trauma healing is to give victims a feeling that they have control over their lives again.<sup>xii</sup>

From an Aboriginal perspective, the four main aspects to trauma healing align with the four aspects of the Medicine Wheel that make up the “whole” individual: the Mental, Physical, Emotional, Spiritual.<sup>xiii</sup>



### Historical/cultural trauma experienced by the Aboriginal community<sup>xiii</sup>

“Historical/cultural trauma” (HTR) refers to the impact of cultural destruction upon generations of Aboriginal people. Understanding the purpose of culture is necessary when discussing the impact of cultural trauma. As diverse as Aboriginal populations are in Canada, “culture” can have different meanings for different groups. However, within every group, culture provides the following:

- A framework for organizing society
- A system of meaning to help explain life and experiences
- Instruction on how people are expected to interact with each other, such as how to raise children, how to solve conflict
- Teachings on how to manage many of life’s experiences, particularly those that are traumatic or terrifying

During times of great stress and social upheaval, people rely on their collective knowledge and cultural practices to help perceive, navigate and mediate what is happening around them, providing ways to cope effectively. Colonial attempts to destroy Aboriginal culture not only subjected people to consecutive and multiple traumas, the active destruction removed the individual and communal means to cope with these. The psychological effects from the attack and removal of long-standing Aboriginal traditions became internalized, as few socially acceptable means of expressing the cumulative effects of loss, grief and trauma within the new Western paradigm was available. Societal conditions, such as “lateral violence”—that is,

violence towards loved ones, family, friends, colleagues addictive and dysfunctional behaviors began to emerge in Aboriginal people.

As noted by Wesley-Esquimaux and Smolewski, historical/cultural trauma is a cluster of events that impact people and communities in many ways.<sup>xliv</sup>

*The historical trauma disrupts adaptive social and cultural patterns and transforms them into maladaptive ones that manifest themselves in symptoms. In short, historical trauma causes deep breakdowns in social functioning that may last for years, decades or even generations.*

The disconnection from culture meant that strength-based mechanisms were largely “forgotten”; all that was left were the effects of IT, generating behaviours and characteristics that have evolved into stereotypes of Aboriginal people. Generationally, as Aboriginal communities were unable to work through inflicted traumas because of cultural disruptions, people became caught in the second stage of grieving, somewhere between anger, depression, apathy and disorganization. Social disengagement became normal, and people became disconnected from their own culture, affecting identity and the psychological sense of place.<sup>xlv</sup>

### **Generational grief**

Symptomatic of the effects of IT is a phenomenon unique to the Aboriginal experience, this being “generational grief.” This is the continual transmission of unresolved grief, trauma and deep-seated emotions to successive generations (e.g. grief, chronic sadness, anger, alienation, etc.). When trauma is ignored or unresolved, or there is no support for dealing

with it, the psychological and physical behaviours manifested get passed from one generation to the next. Dysfunctional or learned behaviours become “normalized” and passed onto children. Unresolved grief, the unhealthy ways people use to protect themselves become passed on, without individuals even aware they are doing so.<sup>xlvi</sup>

### **Internalized Racism/Lateral Violence**

Internalized racism occurs when people targeted by racism are...coerced and pressured to agree with the distortions of racism...Racist attitudes are so pervasive and so damaging that each of us is forced at times to turn racism in upon ourselves and seemingly agree with some of the conditioning, internalizing the messages of racism. We have come to mistreat ourselves and other members of our group in the same ways that we have been mistreated as the targets of racism...[this type] of lateral violence is often described as ‘internalized colonialism’...it comes from being colonized, invaded. It comes from being told you are worthless for a long period of time. Naturally you don’t want to be at the bottom of the pecking order, so you turn on your own... When we are consistently oppressed we live with great fear and great anger and we often turn on those who are closest to us.<sup>xlvii xlviii xlix</sup>

Within the Aboriginal community, internalized racism manifests itself as lateral violence where the bullied becomes the bully; the oppressed becomes the oppressor. This happens when the racism and abuse becomes directed towards people of their own family, friends, community, culture, gender, sexuality, and/or profession.

Common forms of lateral violence and internalized racism are: backstabbing (complaining to peers but not talking with the individual); broken confidences; bullying; failure to respect privacy; imposing derogatory labels on a person; in-fighting (bickering, family feuds); malicious gossip; non-verbal innuendos; organizational conflict; physical violence; sabotage (deliberately setting up a negative situation); scape-goating; shaming; social exclusion; verbal affront (overt/covert or snide remarks, lack of openness, abrupt responses, etc.); withholding information; undermining activities (turning away, not being available, etc.); threatening; humiliating; offensive actions or actions.<sup>1,ii,iii</sup>

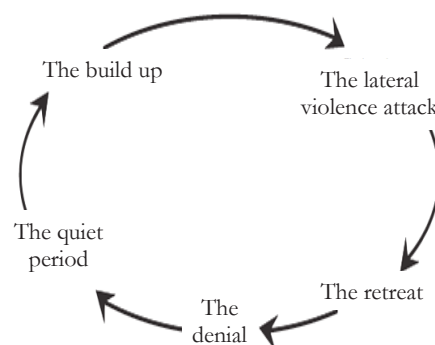
Internalized racism/lateral violence is a learned behavior as a result of colonialism. The factors of colonization created the conditions for internalized violence through the removal of power; dismemberment of traditional roles, structures and knowledge; undermining of basic human rights; creating conflict about personal and communal identity. Frustration and pent-up resentment about long-term injustices brought about by the Indian Act, residential schools, child welfare, and other systems have contributed to the development of conscious and unconscious actions. Government-sanctioned and systemic prohibitions negated the value of learning and practicing cultural and traditional teachings that instilled principles of respect, generosity, balance, and one-ness. The resulting internalized negative beliefs of inferiority fostered a sense that vertical anger and violence towards the colonizers would be risky or fruitless; as a result, it became safer to horizontally vent and attack those closest who do not hold the same power or authority as the colonizer, ultimately leading to pervasive individual and collective trauma.<sup>iii</sup>

On a physiological and psychological level, internalized racism and lateral violence can result in reduced mental wellness, poor self confidence, sleep disorders, poor self esteem, high blood pressure, eating disorders, anxiety/nervous disorders, low morale or self worth, disconnectedness, depression, dysfunctional relationships, self harm, abuse, suicidal and/or addictive behaviours, self hatred, etc.



Internalized racism/lateral violence becomes normalized when it is not challenged; ‘normalization’ in turn fuels the cycle of violence with consequences that can be immediate or latent. Effects typically last for years after the initial abuse and in the case of communal or collective trauma, becomes entrenched within attitudes, acceptance and expectations of behavior.

- 95% Aboriginal young people have witnessed violence and/or bullying at home
- 65% Aboriginal academics and professionals have experienced internalized racism/lateral violence in their workplace
- 95% of bullying that occurs is between Aboriginal people themselves



Source: Friday, Gargett, Kiss

## Symptomatic And Psychological Responses To Intergenerational Trauma

### Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is a term now familiar within the mainstream context. The unique psychological criteria necessary for a diagnosis of PTSD encapsulate the experiences of Aboriginal people. The PTSD framework is an important model to consider in assessing for, and potential responses to, current health inequalities existing within Aboriginal populations because it:<sup>lv</sup>

- Allows for the naming of externally imposed trauma in a socio-historical context for what has for too long been viewed as behaviors rooted in individual character flaws or cultural deficits
- Defines an individual’s behavior as a human response to an external traumatic event rather than a personal weakness, mental illness or pathology
- Connects the related high degree of emotional distress to associated increases in alcohol/addictions use (self-medicate)
- Is proven to be manifested in physical health problems including heart disease, stomach problems, thyroid/other hormonal functions, increased infections, immunological disorders, chronic pain syndrome, other forms of illness

PTSD is a syndrome that results from all types of extreme stressors. It is important to recognize that it is not only the event itself that causes characteristic symptoms of PTSD, but also the psychological atmosphere that exists within that society (culture) when the event occurs. How well that culture is able to respond (internal coping mechanisms) will perpetuate or enlarge PTSD symptoms. The relentless erosion of cultural and social foundations as a result of generational trauma continues to contribute to the social realities of present-day Aboriginal peoples.

Those with PTSD often feel humiliated, vulnerable, helpless, or not in control of their own lives. Post-traumatic stress commonly manifests itself in three ways:<sup>v</sup>

- Hyper-arousal arises from continual vigilance in hopes that the experience will not occur again
- The traumatic memory is omnipresent in the mind of the traumatized. The memory repeatedly occurs as a flashback, which can occur at any time, and the victim is unable to distinguish the memory from actually experiencing the event again
- Traumatized individuals appear to be indifferent in order to mask the feelings of vulnerability and helplessness, resulting in depressed ability to demonstrate positive emotions such as affection and happiness

On an individual level, PTSD produces long, enduring changes in personality and capacity for personal development. However, when an entire population experiences PTSD, as in the case of Aboriginal communities, the recurrent response behaviors become entrenched. Understanding this process, it is easier to understand how PTSD affects the ability of cultural sustainability and capacity for personal and community development. Understanding this process, it is easier to understand how PTSD affects the ability towards cultural sustainability and community development.<sup>vi</sup>

### **Historic trauma response**

Historical trauma (HTR) is the cumulative emotional and psychological wounds endured by Aboriginal people on a community level that causes deep breakdowns in social functioning, and spans generations. The influence and prevalence of long-term psychological responses and emotional impairment is significant in the transmission of historic trauma in the community. HTR is the behavioural and psychological responses formed in reaction to trauma wounds, with symptoms that include (but not limited to) elevated suicide rates, depression, self-destructive behaviours, substance abuse, fixation to trauma, psychosomatic symptoms with no medical basis, violent tendencies, anxiety, guilt chronic grief, inability to communicate feeling, sense of pain, anger, powerlessness.<sup>lvii</sup>

### **Post-traumatic stress response**

Post-traumatic stress response (PTSR) is a term that reframes PTSD symptoms by moving beyond the negative association of blaming the individual for affected emotional and mental distresses, and considers a realistic human response to trauma rooted in oppression and cultural domination, including cultural degeneration and loss. PTSR within Aboriginal communities arises from a multitude of individual and community trauma, compounded within and across generations (historical trauma), experiences so profound the ability to cope is affected. PTSR is characterized by intense and relentless effects on the mind, body, emotions and spirit, underscoring the relationship between mental wellness and physical health as being inseparable.<sup>lviii</sup>

## The difference between PTSD and HTR

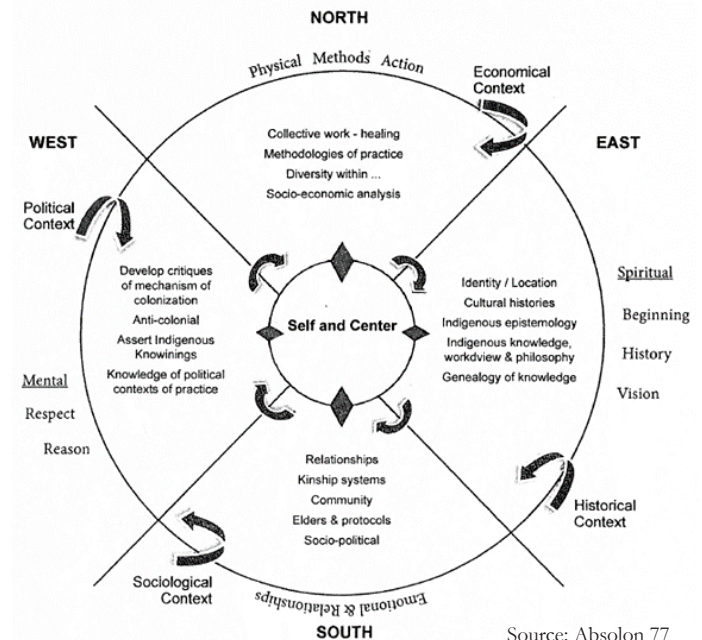
An important distinction must be made between PTSD and HTR in the context of the Aboriginal experience. PTSD happens around an event, with a beginning and an end. For Aboriginal people, the HTR has not ended: the negative effects of IT continue to be seen, felt and experienced in a contemporary context, manifested in the reality of social, political and economic conditions around which many social agencies are established.

*For Native people, the trauma continues. There hasn't been an end. It is seen the racism Native people face every day, and in the ignorance of the dominant society. It is especially seen in the school systems, the mental and chemical health systems, and in the lack of appropriate resources which are culturally meaningful.*<sup>ix</sup>

## Medicine Wheel Concept: Intergenerational Trauma Framed Through An Aboriginal Approach

For any funder, organization or service provider working with the Aboriginal community, understanding and responding to the full impact of IT must be integrated using a non-Western approach. The Medicine Wheel is a holistic concept and strategy that has been used thousands of years by Aboriginal populations, simple in design yet complex in its potential applications. Understanding Aboriginal holistic theory is whole, ecological, cyclical and relational. Each level of an individual is affected by historical, social, political and economic realities, and each person has a spiritual, emotional, mental and physical realm.

Each direction of the Medicine Wheel is not mutually exclusive; any movement or change in one area ultimately affects the whole, whether negatively or positively. This is true for an individual, family or community, Aboriginal or non-Aboriginal. Each direction/doorway does not exist in isolation; each makes up the collective whole. A holistic approach to programming means to honor and recognize the need for balance in each of the four directions, in programs, policy and practice:





- **Spiritual** - create programs that feed the spirit (e.g. use of traditional medicines, ceremony, and protocols)
- **Emotional** - address internalized feelings as a result of IT (e.g. inferiority, fear, shame, anger, pain, self hate)
- **Mental** - educate about the experiences and history of Aboriginal people in order to better understand how these experiences affect the mental wellbeing of individuals and community
- **Physical** - recognize and address the symptoms of IT (e.g. low self-esteem, family violence, addictions, poverty, etc.)

The *Eastern door* (Spring) is Spiritual, beginning and history. In the context of IT, spirituality must be considered within healing practices and processes. For service providers, spirituality entails awareness and understanding of Aboriginal epistemology and respect for the sacred elements of culture. In order to make an impact on the cumulative effects of IT, Aboriginal epistemologies, methodologies and practice must form the foundation (framework) from which services and programs are developed, and from which funders create criteria. Integration and understanding of the following is necessary:

- Spirituality is connected to healing; beginning and rebirth
  - \* Inclusion and respectful acknowledgement of Spirit
- Identity; establish your location and position yourself within your practice as such
  - \* This can be achieved simply by sharing who you are, where you come from, your nation or clan, community, profession,

motives or intentions; this makes you accountable to yourself, others and the spirit world

- Recognize the legitimacy of Aboriginal epistemologies, worldviews and knowledge
- Identity: understand the diversity within families, individuals & communities
  - \* Acknowledgement of genealogy; cultural histories
- Develop a knowledge set about the history and mechanisms of colonization
  - \* Understand that Aboriginal peoples have a culture history that predates colonization
  - \* Understand the impact that oppressive policies have had on Aboriginal spirituality, culture, education, economics, health, mental wellness, governance, political structures, emotional and physical wellbeing

The *Southern door* (Summer) acknowledges the Emotional aspects of the whole where relationships and sociological contexts are understood. It addresses issues of relationships, protocols, accountability, reciprocity, and community. Nurturing good relationships, in any area, is integral to living in a good way. In social work practice, the type of relationship an individual has with self and community cannot be underestimated; defining what constitutes self, family, and community to an individual is critical. Aboriginal methods that foster good relationships and collaborative processes include storytelling, sharing and teaching circles, community participation, role modeling, traditional teachings. At the funder and programming level, it is necessary to develop a critical understanding of the sociological context

and conditions as a result of IT, and the impact it has on Emotional wellbeing (e.g. family violence, addictions, depression, grief and loss, disempowerment, suicide, etc.). Relationships in the Emotional context encompass the following:

- Attends to relationships; renewal
- Understanding and recognition of the diversity of relationships in the Aboriginal community
- Understands kinship systems as extending beyond blood relatives
  - \* Aboriginal people have a tendency to “adopt” people into clan and kinship systems
  - \* Inclusion of extended family helps to promote healing practices
- Identification and role of community strengths and resources
  - \* Collaboration with community to foster healing relationships
- Use of Aboriginal methods to support healthy relationship-building
- Acknowledgment and integration of Elders and protocols into criteria and services
- Contextualization of IT issues within a socio-political analysis
  - \* Critical understand of socio-political histories

The *Western doorway* (Autumn) acknowledges the Mental aspects where mental strength, reason and respect are addressed. Respect is a core principle of Aboriginal methodology, and draws on the teachings and knowledge of ancestors and culture. The Aboriginal worldview teaches the person to see themselves humbly as part of a

larger web, or circle of life. It recognizes the interdependence of relationships as contributing to a healthy whole, to become conscious that a single act or choice has the potential to affect all else within the circle. Integration of ancestor teachings and culture provide coping skills which helps to facilitate healing. Recovery of traditional knowledge is deeply intertwined with the process of decolonization, on a personal and communal level. Asserting Aboriginal knowledge is an effective tool for recovery from IT, and is a holistic value that can be applied to all levels of practice. At the funder and service provider level, an understanding of the politics behind colonization is requisite; a political analysis provides the pragmatic “why” and “how” conditions in the Aboriginal community have resulted. Teaching this within programs assists the removal of blame that occurs in many communities and families.

- Respect and reason strengthen mental wellness
- Recognition of ancestor teachings that validate identity; traditional and cultural knowledge as effective tools towards IT
  - \* Asserts and respects Aboriginal knowledge, theories and ways of knowing
  - \* Acknowledge natural cycles of life and death, and interdependence of all aspects
- Critical analysis of the politics behind colonial practices; helps to develop anti-colonial practices and importance of Aboriginal methodologies

The *Northern doorway* (Winter) acknowledges the Physical aspects address teachings of healing, practice and action. When the other three directions of the Medicine Wheel are in place, the teachings of the northern door are realized; that is, physical action and psychological action—progress and healing—can occur. Aboriginal methodology encourages collective processes to educate and counter the feelings of disconnection, marginalization and isolation that colonialism and IT have created; this includes participation in talking circles and circle processes. Over time, the act of gathering, sharing, listening and conversing are effective tools for fostering relationships, learning and healing. At the funder and provider level, recognizing the diversity that exists within the Aboriginal community should influence decisions towards criteria or programming content (e.g. not all Aboriginal people aspire to be traditional; Christianity is deeply entrenched in some communities; many Aboriginal people walk between traditional and mainstream societies; recognition of cultural backgrounds and subsequent beliefs).

- Recognizes the healing in being and doing; promotes action and movement
  - \* Acknowledges the value of Aboriginal collective processes
- Addresses methodologies of practices from Aboriginal frameworks (e.g. sharing, teaching circles, ceremonies, use of nature, process-oriented action)
- Healing as a restoration of balance using tools such as the Medicine Wheel
- Recognition of the diversity that exists within the Aboriginal community
  - \* Encourages a socio-economic analysis to contemporary conditions

The *Center* is where the fire of life, or Self, of a being exists, where all four doorways intersect and are interrelated. It is harmony and balance, the cumulative aspects of Self: spirit, heart, mind and body; the Medicine Wheel of Spiritual, Emotional, Mental and Physical. Drawing on the Medicine Wheel as a framework for services and development, especially in relation to healing IT, practitioners become better equipped to assist an Aboriginal individual as a whole being.

### Comparative example of Aboriginal vs. clinical approaches

In the Western clinical context, healing is a process that takes time and commitment typically accomplished in a counseling environment on an individual basis. In an Aboriginal context, healing is accomplished through shared experiences and common history, an approach that guides the current Truth and Reconciliation Commission mandated by the Government of Canada.<sup>ix</sup>

<b>Healing from trauma: Aboriginal and Clinical approaches/processes:<sup>ix</sup></b>	
<b>Aboriginal (healing circles) Communal shared experiences</b>	<b>Clinical Individual counseling</b>
<b>1<sup>st</sup> stage:</b> Safety established through ritual	<b>1<sup>st</sup> stage:</b> Establishing safety
<b>2<sup>nd</sup> stage:</b> Shared stories and memories	<b>2<sup>nd</sup> stage:</b> Remembrance and mourning
<b>3<sup>rd</sup> stage:</b> Reconnection	<b>3<sup>rd</sup> stage:</b> Reconnection with ordinary life

## CURRENT POLICY: SYSTEMS THAT AFFECT INTERGENERATIONAL TRAUMA

Knowledge about the overall health and wellbeing of Aboriginal peoples has been largely individualized and examined outside of a historical and political context. Inequalities must be made a political/policy issue in order to reform current funding structures, policies, and inadequate structural supports (i.e. housing, environment, health, etc.) in order to change the status quo. Despite extensive documentation, statistics, facts and figures that reveal the range of social afflictions inside Aboriginal urban, rural, settlement and reserve communities, comparatively little weight and attention has been given to understanding the root source of these problems.

Gross social, economic and health inequalities exist between Aboriginal and mainstream populations. Statistics Canada 2001 Community Health Survey identified that the severe disparities cannot be accounted for simply in terms of individual poverty or health-risk behaviors; rather, the legacy of historical stressors previously outlined, IT and post-traumatic stress responses (PTSR) experienced by the community, as a whole, are underlying factors.<sup>lxvii</sup>

The enduring legacy of colonization, loss of culture and IT are identified as critical issues for Aboriginal people. Economically, the majority of Aboriginal individuals, families and communities live well below the poverty line, have high levels of unemployment, lower-than-average high school completion, and inadequate housing.

The legacy of IT on Aboriginal people is apparent in the following, though not exhaustive, statistics:<sup>lxviii lxiv lxv lxvi</sup>

- Life expectancy is lower; illness is more common
- Water and sanitation systems in Aboriginal communities are more often inadequate
- Unemployment on-reserve is twice than national average
- 54% of Aboriginal people had annual incomes less than \$10,000, compared to 34% of general population
- Approximately 33% of all Aboriginal people live on social assistance, with some communities as high as 80%
- Nearly 50% of Aboriginal children live in poverty, with rates reaching 64% in Manitoba and Saskatchewan
- Aboriginal children are more likely to grow up in communities with disproportionately high rates of domestic violence; 9 out of 10 most violent communities in Canada (including mainstream populations) are Aboriginal, as is 92% of Canada's 100 poorest communities
- Most families live in overcrowded housing and lack access to clean drinking water; food security is an issue for almost 50% of reserve residents
- Aboriginal youth are seven times more likely to be victims of homicide; five times more likely to commit suicide; twice as likely to die an alcohol-related death than non-Aboriginal counterparts

- One in three young offenders are Aboriginal; a First Nations youth has a higher probability to end up in jail than to graduate high school
- Infant mortality among the Aboriginal population is double the Canadian average
- Aboriginal girls are at a greater risk than non-Aboriginal counterparts of sexual assault, violence and teen pregnancy
- Number of Aboriginal children in the child welfare system now exceeds the number taken at the height of the residential school era. Aboriginal children are ten times more likely to be placed in foster care than non-Native children
- Across Canada, approximately 50% of children in care are Aboriginal; in provinces such as Alberta, it is as high as 65%
- Approximately 36% of First Nations youth completed high school, compared to 72% among mainstream populations
- Only 4% of First Nations people (on-reserve) have a university degree, compared to 23% of overall Canadian population

Unresolved jurisdictional accountabilities and systemic disparities in access to appropriate child safety is illustrated by the fate of Aboriginal children. A sad example is Jordan River Anderson of Norway House Cree Nation, a chronically ill and disabled child, who died far away from his family during the course of arguments between the federal and provincial governments over jurisdiction and who was responsible for the cost of his ongoing home health care. Consequently, Jordan died in-care as bureaucrats became more invested in cost analysis than the provision of appropriate

services. In honour of Jordan, the “Jordan’s Principle” was established with the goal of ensuring equitable access to government services for First Nations children. Jordan’s Principle is consistent with government obligations set out in the United Nations Convention on the Rights of the Child, the Charter of Rights and Freedoms and many federal, provincial and territorial child focused statutes. While Jordan’s Principle arose from a jurisdictional conflict over on-reserve health care costs, the principle is relevant and required with respect to ensuring timely and equitable access to health care for all Aboriginal people. To date, no provincial/territorial government has fully implemented Jordan’s Principle.

Examples of better policy/practice(s) in addressing IT: Kahkiyaw and Ontario Trillium Foundation-Mamow Sha-way-gi-kay-win North South Partnership

#### 1. **Kahkiyaw: Innovation in Aboriginal Outcomes-Based Service Delivery (OBSD)**<sup>lxvii</sup>

Kahkiyaw Ayisiyinowak Ka Wahkohtot  
*“All people, especially traditional peoples, are related”*

#### **Overarching Philosophy**

A culturally driven, family centred, and community supported outcomes-based delivery model for Aboriginal children, family, and youth that aims to achieve individual, family, and community balance through miyo wicehtowin or the good relationships that are at the core of the Medicine Wheel.

Kahkiyaw is a major step forward in the evolution of children’s services in Alberta. Bent Arrow Traditional Healing Society (Bent Arrow), Boyle Street Community Services (Boyle Street),

and the Edmonton & Area Child & Family Services Authority (CFSA) have partnered to create and implement Kahkiyaw, a comprehensive Outcomes Based Service Delivery (OBSD) model described as a “shared responsibility” for service delivery. Although a similar trailblazing model for non-Aboriginal children, youth, and families has been operational since 2009, Kahkiyaw is the first that focuses specifically on urban Aboriginal children, youth, and families in Alberta.

### **Shared Responsibility**

Stakeholders in children’s services have been working together for years to ensure that urban Aboriginal children, youth, and families receive culturally appropriate and quality services. The relationships that formed led to many success stories for Aboriginal children, youth, and families involved with CFSA or “in care” in Edmonton. Kahkiyaw takes these relationships to the next level in a unique tripartite partnership that seeks to reduce the number of Aboriginal children and youth in care in Alberta. All decision-making is shared by the three parties.

### **A Comprehensive Model**

Prior to Kahkiyaw, good work was being done in a piecemeal manner. Kahkiyaw brings these approaches together to be more efficient and effective in service delivery. It enhances methods already being used in children’s services that are evidence based, community supported, culturally driven, and family centered. Kahkiyaw also includes new approaches that fill gaps and are changing the nature of service delivery. OBSD, for instance, allows for creativity and flexibility in how funding is used. As a phase-in model, Kahkiyaw is also monitored closely to adjust it if needed.

### **Approach with Families**

Under Kahkiyaw, children, youth, and families requiring support and empowerment are not passive recipients of services. Instead, they are active members of a Family Wellness Team consisting of their community – kin, Elders, role models, neighbours, schools, professionals, and community agencies. The team uses a continuum of innovative western and traditional cultural approaches in efforts to achieve the individual, family, and community balance needed for family reunification and/or safe, healthy, permanent care. These approaches are called Family Wellness Services.

### **Services**

Working with Central Neighbourhood Centre for Children, Youth and Families (NCCYF), Kahkiyaw staff administer Family Wellness Services such as: cultural connection, lodge keeping, family wellness circles, family wellness plans, family success plans, strength-based family assessments, referrals to community resources, advocacy, mediation, cultural services, kin and significant other searches, and life skills.

### **Partners**

#### ***Bent Arrow Traditional Healing Society (Edmonton)***

Bent Arrow Traditional Healing Society (Bent Arrow) is a non-profit organization that provides unique programs and services to Edmonton’s urban Aboriginal population. Bent Arrow was created in 1994 when the need for programming for Aboriginal children and families based in traditional Indigenous values and teachings were identified. Today, Bent Arrow’s mission remains to “build on the strengths of Aboriginal children, youth, and their families to enable them to develop spiritually,

emotionally, physically, and mentally so they can walk proudly in both the Aboriginal and non-Aboriginal communities.” The organization prides itself on building relationships of trust by working closely with its partners and offering culturally based and face-to-face programming to anyone.

### ***Boyle Street Community Services***

Boyle Street Community Services’ mission is to “build and provide community support for people with multiple barriers to community inclusion.” Founded in 1971 with the support of the Aboriginal and non-Aboriginal communities, Boyle Street started as a street-front agency called the “Co-op” in Edmonton’s inner city. Since then, through assertive outreach, client-centered case management, and hands-on problem solving, Boyle Street has helped many marginalized and high-risk people meet basic needs, develop skills, and engage with the community.

### ***Edmonton & Area Child & Family Services Authority***

Edmonton and Area Child and Family Services Authority (CFSA) is one of 10 Regional Authorities that works on behalf of the Ministry of Alberta Human Services and in partnership with the communities served, to plan and deliver a range of services to children, youth and families in the greater Edmonton area and surrounding counties of Leduc, Parkland, Strathcona, Sturgeon and East Yellowhead. Focus is on:

- Prevention: promoting the development and well-being of children, youth and families
- Preservation and Protection: keeping

children, youth and families safe and protected

- Partnerships: promoting healthy communities for children, youth and families

## **2. Ontario Trillium Foundation and Mamow Sha-way-gi-kay-win: Meeting and progress in a First Nations context<sup>bviii</sup>**

The North South Partnership for Children, or Mamow Sha-way-gi-kay-win, in northern Ontario is an intermediary organization established to bridge the gap between the resources of southern Ontario non-profits and northern First Nations communities who experience ongoing social issues, third-world living conditions and exceptionally high rates of youth suicide arising as a result of IT. It does this by taking the time to build relationships through visiting, discussion and protocol, an important cultural requirement frequently minimized by outside agencies.

By accepting an invitation to visit, the Ontario Trillium Foundation (OTF) learned how some of its criteria and processes inadvertently created barriers for applications to the least healthy and vibrant communities, a situation the Foundation was able to address fairly quickly once it understood the problem. This meeting eventually led to OTF investing into Mamow Sha-way-gi-kay-win’s “made-in-the-North strategy” which was designed to move beyond some of the wounds of the residential school experience. However, upon seeing firsthand and recognizing the reality of social conditions in Aboriginal communities from IT, OTF realized that even if they invested their entire granting budget into these communities, it would not enable the shift that was required. To change a landscape requires many players.

The OTF identified that conditions in Aboriginal communities are the result of layer upon layer of IT issues that go back so far, they exceed the life span of a generation of funders. Public policy has been nowhere near to getting it right, but culturally appropriate and socially relevant solutions are starting to appear. Bottom-up funding of First Nations and organizations working in partnerships are emerging.

From a policy perspective, some of these initiatives are beginning to indicate where the best opportunities for top-down investment lie. Multiple funders are pooling resources, not by policy or design, but to the extent that their systems allow them to move towards opportunities created by others. Funders are moving towards relationship building, learning together, and collaborating to find emergent and promising solutions to address conditions in Aboriginal communities.

Organizations such as Right to Play, Save the Children Canada, UNICEF, Motivate Canada, the Red Cross and others, have come to know First Nations leaders and have heard what they need. Funded projects include camps on the land to help with suicide prevention, housing to bring thousands of young foster children back to their own communities, and youth engagement and leadership and the recovery of tradition. The Foundation now funds on a more-than-per-capita basis to Aboriginal communities. The work is far from perfect. The administrative processes of many of these funding transactions are the result of a history of revision that reflects triumph, disaster, burnout, and evolution. Flexible and responsive capacity in funding processes is essential in landscape-changing work—there are simply too many moving parts to completely

predict how things will go. Risk management processes help to recognize what kinds of risk are worth taking. After all, there is clear and evident risk from doing nothing.

## The Non-Profit/Voluntary Sector in Canada

It is the non-profit/voluntary sector that works primarily with the Aboriginal community, from front-line service provision to high-level policy applications. From an economic perspective, this sector contributes significantly to the overall Canadian economy; from a social policy perspective, non-profits have the greatest potential to influence and apply positive changes towards the impact of IT. **Any high-level discussion around policy changes and funding structures must involve the voluntary sector because, as many organizations operate in a front-line capacity and therefore close to the experience, represent the views of its clients (stakeholders), members and sources of support.**<sup>lxix</sup>

**FACT** The non-profit/voluntary sector in Canada is four times larger than the agricultural sector; twice the size of the mining and oil & gas extraction industry; eleven times larger than motor vehicle manufacturing<sup>lxx</sup>

**FACT** Revenues total \$112 billion and play a substantive role in the Canadian economy

**FACT** Canada has the 2nd largest non-profit/voluntary sector in the world

(Source: Imagine Canada 15)



Approximately 2 million people across Canada are employed in the non-profit-voluntary sector. The 1% of organizations that have revenues of \$10 million or more account for more than 59% of all revenues, 46% of paid staff, 20% of volunteer hours (2 billion volunteer hours total). Nearly two-thirds of organizations operate on annual revenues of less than \$100k. Organizations with larger revenues are generally more dependent on government funding (49%); those with smaller annual revenues depend more on earned income from non-governmental sources, gifts and donations.

A discussion on policy and operational capacity is found in the section ‘Reframing Funding: A Step Towards Decolonization for Policy Makers.’

### **Transition in the way organizations are funded, and fund**

The non-profit and voluntary sector has changed extensively in the last twenty years. Civic organizations are generating the most effective solutions to the most complex problems that affect communities, in part because of their capacity to work in partnership with others. Canada’s sector is the second largest in the world, and takes up the business of positive social impact in a way neither government or nor business can do. Over the last two decades, governments have funded non-profits as effective third-party service providers. Increasingly, public funders are also engaging sector organizations in public-private partnerships in order to leverage knowledge, increase capacity, attract corporate resources for collective impact or sustain public investment in services and innovation.<sup>lxvi</sup>

Conventional funding programs are shifting towards new tools of social investment, from supports for particular organizations to investment in initiatives that achieve specific

outcomes. This shift in turn requires new ways of assessing opportunity and measuring long-term social impact as opposed to simply short-term goals. The concept of social return—“social” referring to social, environmental and economic effectiveness—better captures the value of long-term benefits as a result of relevant policy and programming.<sup>lxvii</sup> The social return that the funder, organization, government and society at-large gains through long-term investment and relevant policy decisions is ultimately a reduction and positive impact on the social issues and conditions existing as a result of IT. More organizations increasingly draw from multiple funders for single initiatives, and support core operations from the administrative fee of a patchwork of project grants. This forces public funders to be able to respond to applicants faster and with more flexibility, while also being more predictable. However, many funders are narrowing the scope of their overall mandates, in turn limiting the types of programs and/or initiatives supported; for example, in the health field, there may be no support for recreation or sports-related activities, even though these activities promote good health. Non-profits who are less tied to single sources of funding become free to explore and innovate for public benefit, especially in terms of responding to IT and the Aboriginal community.<sup>lxviii</sup>

Social finance and private investment partnerships can work in combination with public funding by expanding financial opportunities, rather than replacing them. With this comes the opportunity for a wider range of public investment tools and increased ways to improve capital flow and leverage government investment. It removes organizational dependence on a single funder or government, and enables more targeted responses to identified needs and gaps.

### **Non-profits and Voluntary Sectors: Value of integration and collaboration**

The sector of non-profit organizations and charities in Canada number well over 161,000; it encompasses tens of thousands of organizations that range in size from entities with no paid staff and budgets under \$30k up to large, multi-jurisdictional megaliths with annual budgets of \$10+ million and hundreds of staff. The mission and intent of each organization is creatively diverse, with each having specific mandates and goal to respond to a demonstrated need. Despite this, there are three key factors common to each and every one:

- Regulatory status—majority as incorporated as not-for-profit; almost half are registered as charities
- All involve volunteers to various degrees (e.g. Board of Directors, myriad of active positions)
- All are engaged in work that seeks to provide a service, generate ideas, challenge status quo, address a social issue, assist individuals/families/community in need

Areas/industries where major sub-sectors of non-profit/voluntary sector operate:

- Arts and culture
- Sports and recreation
- Education and research
- Universities and colleges
- Environment
- Development and housing
- Law, advocacy and politics

- Grant-making, fundraising, volunteerism promotion
- International
- Religion
- Business and professional associations and unions
- Health
- Hospitals
- Social services

### **Fundamental systems change**

Although cohesive vision and networks are evident in sub-sectors such as health, social development, international aid, environment or the arts, most organizations operate largely on an individual basis, rarely collaboratively with another to achieve goals. Even in environments where collaboration is evident, ever more organizations are finding they need to provide services using an integrated approach in order to meet their mandates.

This is largely due to challenges in funding dependent on funder criteria and limitations, human/material/physical resources, staff retention, appropriate ongoing training/education, fixed costs that respond to for-profit agencies (e.g. lease, utilities), etc. Two “types” of entities operate within the voluntary/non-profit sector:

1. Those organizations working in a “front line” capacity—that is, actually delivering the service—and focused more on *why* they exist (e.g. cause or issue, problem to fix) and *how* they are going to achieve their goal(s).

2. Those organizations, such as United Way, community foundations, social planning councils, chambers of commerce, who carry mandates that include a larger systems-focus such as capacity-building, funding, leadership, training, processes, etc.

In order to affect a systems-change that increases the overall quality of life among individuals, families and communities, builds social capital, and engages/serve citizens, the challenge becomes how to connect these two seemingly disparate applications existing within one sector. This is crucial because the one cannot fulfill mandates without the other, and neither can fully contribute to the effectiveness of the “whole” system. Currently, there exist large funding structures that create a climate of competitiveness, perceived threat and esoteric sub-cultures between organizations that affects the potential for true interagency collaboration and integration of mandates to serve the “whole.” However, because the reality is that both funder agencies, such as United Way, and front-line organizations are inherently dependent on outside sponsorships themselves (e.g. government, corporate), the need to develop and work collaboratively in a way that demonstrates long-term tangible results becomes more apparent. To politicians, government, funders, corporations, philanthropists, decision-makers, a unified sector has more influence towards systems changes and IT.

### **Service Providers/Programming**

On another level, service providers who develop programs to Aboriginal clientele must integrate culturally and socially relevant responses to the unique challenges faced by Aboriginal participants in order to be effective.

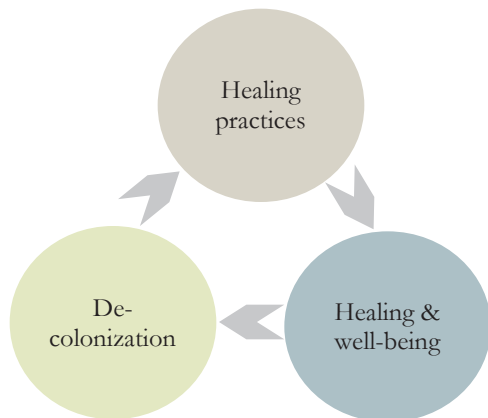
### **Interagency Collaboration**

Complex problems, such as addressing root causes, require collaboration and partnerships. Collaboration requires resources over and above those required for “approved” or front-line activities to cover networking, administration and coordination. For example, when funders or government consult with stakeholders, there is no money to support their time away from the work for which they are paid to do. Many non-profits struggle to cover the overhead or infrastructure required for their direct work, never mind collaboration. This weakens the incidence, effectiveness, durability and sustainability of interagency collaboration. A vicious cycle leaves non-profits so hungry for an infrastructure that supports their multiple goals that they find it a challenge to function as effectively as an “organization.” This cycle typically starts with funder unrealistic expectations about how much running a non-profit actually costs, resulting in many organizations misrepresenting their costs while sparing on vital systems.

### **Reframing Policy: A Step Towards Decolonization For Policy Makers**

To address IT and root cause issues facing Aboriginal people and communities, it is necessary for policy makers, funders, and not-for-profit boards to reframe their thinking, programming, and policies to support longer term and holistic/integrated services. FCSS Calgary uses the term “promising healing practices” in its newest research brief instead of the restrictive vernacular of “programs,” “activities,” “workshops,” “services” or similar.

This reframing encompasses the notion that Aboriginal participants are ultimately on a healing journey, consistent with the belief that a holistic approach to programming is more responsive to the complexities of IT than the conventional one-time cure or activity typically developed.<sup>lxiv</sup> Some Aboriginal practitioners assert that policy makers and service providers focus too much on “what” is being delivered as opposed to the more vital issue of “how” it is being delivered that ultimately compromises any long-term real effectiveness.<sup>lxv</sup> Ultimately a paradigm shift towards decolonizing systems and structures at all social policy levels has to occur.



### What is 'colonization'?

Colonization is a form of invasion, dispossession and subjugation of a people; it refers to the political, social, economic, and cultural oppression of one people over another. The colonizer/colonized relationship is, by nature, an unequal one that benefits the colonizer at the expense of the colonized. In Canada, colonization began as geographical, political, and economic intrusions in the form of trade, agricultural, urban and industrial encroachments between European and Aboriginal nations. The result was the dispossession of vast amounts of resources and land from the original inhabitants, most through government-sanctioned policies. For example, First Nations lost up to 98% of

their original lands through various legal means such as treaties and the Indian Act. Métis peoples lost some 83% of their Red River lots through the Scrip program. The long-term result was institutionalized inequality and the beginnings of IT.<sup>lxvi</sup> Institutions such as the reserve system, residential schools and child welfare system are processes of structural colonization directed through formal policy and legislation. Over time, as these structures have remained largely unchallenged, they have become more deeply entrenched within our social systems, ultimately serving as key components in the development and perpetuation of IT. It is important to understand these “processes” of colonization in order to understand its pervasiveness and continuity. From a social policy perspective, questions that must be considered should include:

- What would a de-colonized approach look like?
- How are Aboriginal worldviews and models integrated into services provided to Aboriginal people?
- How can policy guide programs to develop delivery models that promote Aboriginal ways of knowing and methods?

Simply stated, IT among Aboriginal people is a result of long-standing colonization.

Revitalization of languages is an essential component of decolonization. While programming may not necessarily be fluent in an Aboriginal language, an understanding of the meaning, impact, and specific terms relevant to the profession/area and the clients is critical.

For example, a common English phrase “what is your name?” actually asks “who are you connected to?” in an Aboriginal language. The appropriate response is to share your family connections/ relationships and community connections, an act that reinforces identity and instills a sense of belonging, factors known to contribute to wellbeing and resiliency. Most Aboriginal people order their understanding of the world through their connections to familial relationships, or the concept of relatedness. Practices carried out in institutions such as residential schools and child welfare systems, including the separation of genders, has been systemic assault on Aboriginal structures at the personal and collective levels.

### **Making Policy**

Policy makers influence funding mandates, terms and conditions to ensure long term healing support is available. Service providers can then design programs that acknowledge the types of interventions where individuals responding to multiple issues as a result of IT are better equipped to develop criteria, services and programs with positive long-term impacts. Investment by policy makers in funding frameworks and policies for resource allocation that can adopt models of Aboriginal healing practices—and are therefore more culturally responsive—ensures greater success rates and larger social return-on-investments. Aboriginal people need to be involved in the development of policy and programs to establish appropriate and relevant cultural responsiveness in all aspects. Culturally relevant programs and services must be intended to rebuild lives, not simply meet evaluation and reporting requirements.

Funders who have policy mandates that allow for the development of criteria for programs that

support Aboriginal-specific or targeted initiatives must reflect the unique challenges faced by Aboriginal participants. This includes program mechanisms, developed content, delivery process, lengths of program support, reporting requirements, outcome measures, and evaluation criteria. On the ground, funders and service providers must understand how Aboriginal programming is different than other delivery models in order to be successful. Pinnow (2013) states that,

Programming models that take into account the role that intergenerational trauma and residential schools have played in the lives of Aboriginal people in contemporary times can be referred to as “healing practices”. The need to intentionally understand the meaning or impacts of these healing practices on program participants through the use of culturally-appropriate indicators, sets Aboriginal programming approaches apart from programming for other populations. A key point is that the impacts of colonization on Aboriginal people in Canada, including individual and collective responses to cumulative historical and present-day traumas, need to be kept top of mind and intentional in planning programming with and for Aboriginal people.

### **Organizational Capacity**

Some funders have expressed that long-term, sustainable funding may pose at elevated risk if an organization lacks the capacity to respond to inherent changes that occurs over time. Both the funder and the program addressing IT over the long-term must be flexible enough in its applications and management to integrate and

change appropriate programming to meet the evolving needs of clients, new information and research, and the issues presented from year to year.

Limitations of Aboriginal organizations, or organizations working with Aboriginal people, is organizational<sup>lxxxvii</sup> and/or community<sup>lxxxviii</sup> capacity. Capacity at the organizational level ultimately affects whether a worthwhile project can sustain itself in the long-term. This is important in being able to effectively address large-scale, long-term issues such as IT. This means greater support towards capacity building within the organization must be invested by the funder; accessed by the organization; or alternately, a committed collaborative approach among funder agencies must be developed to respond to a long term program that effectively addresses the diversity of IT.

Having a systems perspective—that is, making sense of the whole, the interdependence of elements within that system, and strategic interventions to affect systems levels changes—has led to greater emphasis among funders for broad-based strategies, and more support for development networks that underscore collaborative management. The literature highlights the importance of integrating local traditions and practices to sustain training and technology at the community level.<sup>lxxxix</sup>

## Concluding Remarks

Historical social policies have impacted generations of Aboriginal peoples. The legacy of IT has left many individuals dependent on social institutions or unable to function fully within society. Rather than pathologizing the individual or community, as is often done, policy must be developed with a greater emphasis on the

integration of Western approaches into Aboriginal worldviews, rather than the other way around. It can be said that, when the policy makers and organizations fully understand the needs of the client, development, criteria, funding length, and content becomes more collective in nature, and more feasible in an economic and human context. Recognizing and working with fundamental differences between Aboriginal worldviews and Western approaches at the policy level is crucial if IT is to be addressed effectively.

### Advocating for policy work

Working in partnership to influence policy involves changing individual and institutional attitudes, behaviours and working cultures, aspects that involve long-term, sustained commitments from the top on down. Many departments and funders are aware of the need to engage in policy work; however, many have yet to make the actual commitment of resources and dedicated capacity to create the organizational and operational structures required for sustained policy-oriented activities. In relation to affecting IT, this is the first aspect that needs to be resolved before addressing changes at the organizational level. Dialogue around policy between government, Aboriginal peoples, and the voluntary sector is essential to ensure that policies developed benefit from the sector's and Aboriginal experience, expertise, knowledge and ideas.

**In a more specific context, both those organizations and funders working with Aboriginal populations simply have been unable to resolve the range of complex needs arising from IT.** Many are unaware or fail to recognize the all-encompassing nature of trauma and the impact it has on the success and effectiveness of programming, criteria, and end-evaluations.



Part of this is because sectors have been using approaches largely based on Western methodologies, failing to develop services and criteria relevant to the population being served.

A healing framework, developed within the political, social and value context of Aboriginal people, is necessary to address IT in the long-term. Healing leads to decreases in the social afflictions manifested by IT, such as addictions, self-harm, abuse of others, violence, dysfunctional and criminalized behaviours, lower socio-economic status, etc. This requires a fundamental systemic and paradigm shift from a focus simply on short-term outcomes as indicators of success, towards the long-term, more intangible elements of social integration, mental/physical health, and cultural wellbeing as feasible goals.

Policy development takes place within political processes that reflect values and interests of government decision-makers, and politically-based dynamics within the voluntary sector and associated networks. Policy dialogue is becoming increasingly sophisticated with government taking a more “whole-of-government” approach.

Relationship-building between government and organizations is an important element of building policy influence. Not only does an organization working with the complex issue of IT require adequate funding for programming, it also requires capacity and competency to do the necessary policy work that responds to an ever-changing environment.<sup>xxx</sup> IT is not simple in nature, nor will it quickly be resolved through a single workshop or program. Generational impacts carry the need for generational programming that allows the individual to recognize, heal and grow from transmitted behaviors and coping skills. Understanding and responding appropriately to the impacts of IT means aligning policy that more effectively addresses individual and collective needs of Aboriginal people, giving practitioners and service providers the opportunity and mandate to deliver programming with greater success.

## RECOMMENDATIONS

### 1. **Formal commitment of stakeholders at the executive level towards changing policy**

Many departments and funders are aware of the need to engage in policy work; however, many have yet to make the actual commitment of resources and dedicated capacity to create the organizational and operational structures required for sustained policy-oriented activities, more specifically in the areas affecting urban Aboriginal populations.

### 2. **Formal recognition of the effects of intergenerational trauma among Aboriginal people as a valid response to historical experiences**

All levels of government, funders, organizations, and service providers must recognize the effects of intergenerational trauma as the primary contributor to the current state of conditions among Aboriginal people, and apply this recognition to policy, funding frames, criteria and programming that intentionally move away from short-term, annual supports to long-term, sustainable or multi-year funding.

### 3. **Inclusion of Aboriginal people as stakeholders in high-level policy dialogue, process and development affecting the urban Aboriginal community**

Aboriginal people, with relevant backgrounds, must be included in any high-level policy dialogue, process and development as full participants, and not simply in an advisory capacity. Provincial government must engage with urban Aboriginal communities and those organizations working with urban Aboriginal

populations to establish relevant priorities, resource and funding allocations and action to address critical inequalities in all economic and social conditions as a result of intergenerational trauma.

### 4. **Required education at all levels focusing on intergenerational trauma, and relevance to urban Aboriginal programs and services**

Mandatory education around understanding the effects of intergenerational trauma for all levels of, but not limited to, policy-makers, funders, service providers, and practitioners who work directly or indirectly with urban Aboriginal peoples. Formal recognition of the link between historical and intergenerational trauma and existing social, economic and health inequalities.

### 5. **Aboriginal frameworks included as part of policy and funding structures**

Policy provisions that make culturally appropriate mechanisms and approaches mandatory as part of any funded programs, drawing on a holistic, culturally appropriate paradigm.

### 6. **Engage in self-assessment, in collaboration with Aboriginal input, of existing policy affecting urban Aboriginal populations**

Policy-makers and funders complete a self-assessment or review of existing policy and criteria in areas that directly impact urban Aboriginal individuals or community. Social and health policy must focus on three interlinked objectives: 1) solving urgent health and social problems; 2) promote human capacity building; 3) informing mainstream organizations of responsibilities to urban Aboriginal people.



## APPENDICES

### Calgary Urban Aboriginal Initiative (CUAI)—Background

The CUIAI partners and domain participants include the following:

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#### CUAI CORE GROUPS:

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City of Calgary Youth Employment Centre, NationImagination, CRIEC, Calgary Police Service Recruitment, Maxxam, SAIT Chinook Lodge, Mount Royal University including Health Services, University of Calgary Aboriginal Centre, Bow Valley College Aboriginal Centre, Bridges Social Development, Nexen, Alberta Health Services, Sunrise Native Addictions Services Society, Urban Society for Aboriginal Youth, Aboriginal Standing Committee on Housing and Homelessness, Calgary Police Services Diversity Unit, Native Counseling Services, Office of the Child and Youth Advocate, Alberta Human Rights Commission, Elizabeth Fry Society, Calgary John Howard Society, City of Calgary Youth Probation, Discovery House, Correction Services Canada, Calgary Young Offenders Centre, Aboriginal Affairs and Northern Development Canada, Service Canada, Calgary Foundation, Calgary Learns, Education Matters, City of Calgary Family and Community Support Services, United Way, Canadian Heritage, Aboriginal Relations, Boys and Girls Club of Calgary Aboriginal Services, Red Cross Calgary Office, YMCA Aboriginal Department, Aspen Family, St. Mary's University, HIV Community Link, Distress Centre

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#### CUAI COMMITTEE:

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Aboriginal Affairs and Northern Development Canada, Aboriginal Relations, City of Calgary, Enviros Wilderness School Association, Alberta Health Services, TransCanada, City of Calgary Youth Employment Centre, MRU, United Way of Calgary and Area, Calgary Foundation, MRU Health Services, Discovery House, ASCHH Liaison, Community Elder, Boys and Girls Club, 2 community members at large seats: one Aboriginal youth representative, one Elder seat (rotation); Seats for one—Treaty Seven Management Corporation, one—Métis Nation Alberta, and one—Chamber of Commerce Aboriginal Opportunities Committee

#### CUAI Domain groups

The eight Domain groups are in the areas of Education, Employment, Health, Housing, Human Rights, Justice, Services and Funders. It is through the Domain groups that the CUIAI maintains its connection with the Aboriginal community, and engages the participation of experts in areas of critical concern. Groups are comprised of community members, agency staff, industry experts and other stakeholders. Participation is free and open to all, with the exception of the Funders Domain that restricts membership to funders with an interest in urban Aboriginal program support.

### **Collaborative Granting Cycle**

In 2002, the CUIAI, in partnership with the Government of Canada's Urban Aboriginal Strategy, developed the Collaborative Granting Process (CGP) and has a proven track record of funding projects that address high-priority needs and service gaps identified by the Aboriginal community through leveraging dollars and creating funding partnerships.<sup>xxxxi</sup>

### **Funders Domain**

It is at the recommendation of the Funders Domain that the CUIAI has developed this position paper. Since 2006, the CUIAI has hosted the Funders Domain who functions with the following goals:

- To promote community support and awareness of resource opportunities and barriers as they relate to programs and services for Aboriginal people
- Enhance service delivery in the community
- Increase accessibility of funding opportunities for urban Aboriginal programming

Over time, the Domain has witnessed directly the disadvantage to programs as funders move from multi-year funding to yearly project funding, observations substantiated through discussions and need assessment sessions hosted by the CUIAI. Organizations that struggle to diversify their funding sources typically experience huge swings in revenue. This volatility undermines the organization's stability and capacity to provide consistent, quality programs or services, to develop an effective strategy plan, and to retain invested, experienced staff, conditions that negatively impact program quality and client wellbeing.

IT and its negative impact on the Aboriginal community are undeniable. In order to make effective and long-term changes in relation to IT, organizations require the stability of at least three to five years of sustainable and confirmed funding. When organizations have access to longer term funding, staff turnover is reduced and client service is enhanced as clients build a trusting relationship with staff, in turn increasing client success rates.

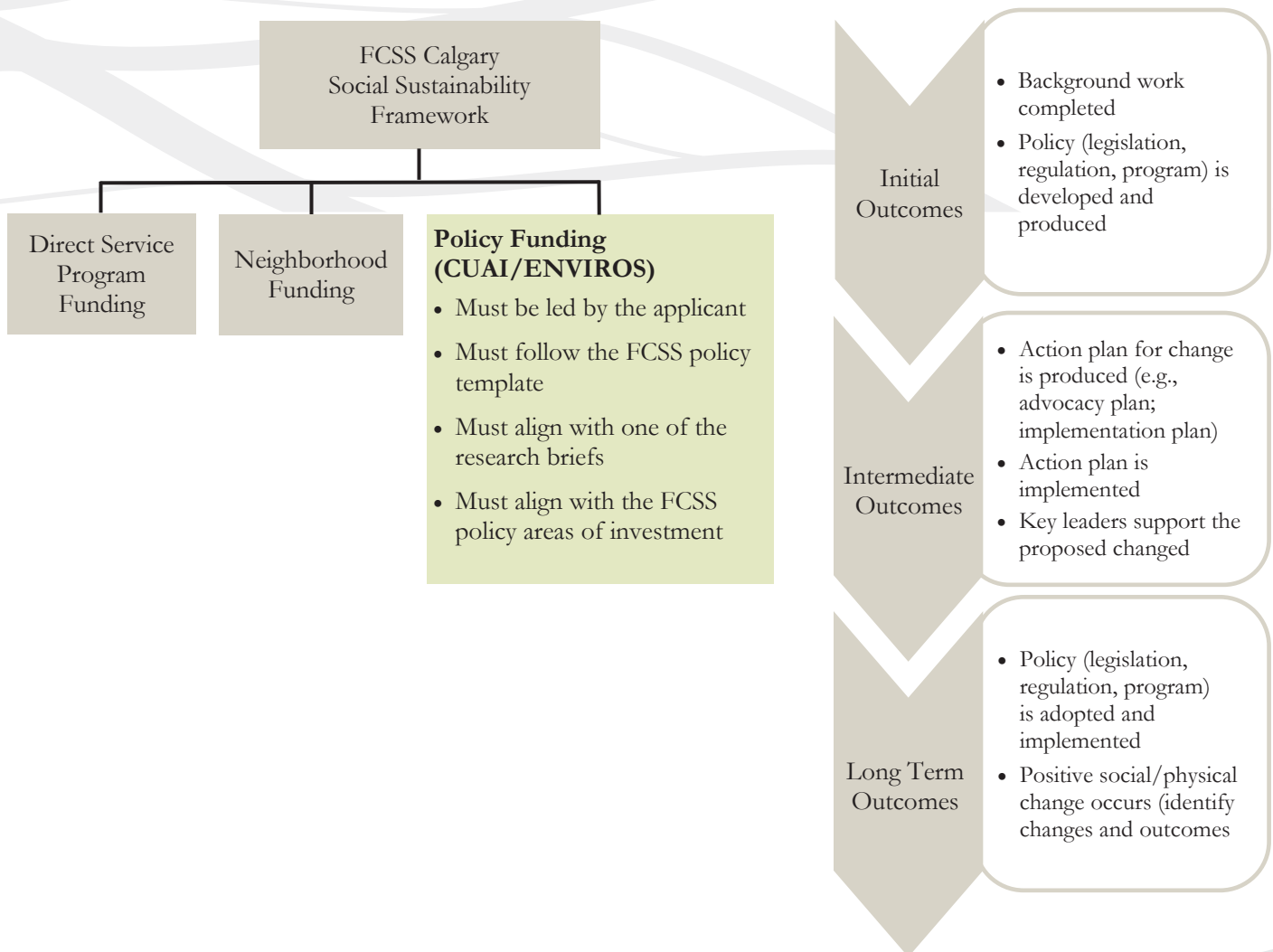
### **CUIAI's formal working relationships**

The CUIAI is funded by Aboriginal Affairs and Northern Development Canada (AANDC), the Government of Alberta Aboriginal Relations (AR), and the City of Calgary Family and Community Support Services (FCSS). The Enviro Wilderness School Association functions as the CUIAI fiscal agent; the City of Calgary is a core partner and provides office space for operations.

In 2002, the Enviro Wilderness School Association was approached by the CUIAI to enter into an agreement to formally act as the staffing fiscal agent for the CUIAI employees. This Agreement has been in place since then. In 2014, Enviro became the financial and administrative agent for CUIAI. This long-standing relationship has provided the CUIAI with the necessary stability and support in order to effectively fulfill its mandate.



### CUAI/Enviros IT funding work rooted within the FCSS Policy Framework



## Definitions

**Annual funding**—financial support provided on a yearly basis only; a new application for further funding is required each year.

**Core funding**—general operating support, is funding directed to an organization's operations as a whole rather than to particular projects (project support). If an organization has separate programs, departments, or divisions (for example, schools within a university), support for a particular program, or program support, is tantamount to core support. Core support may be used not only for the delivery of services or other activities directly in pursuit of the organization's mission, but also for administrative and fundraising expenses (overhead). [https://www.independentsector.org/building\\_value\\_together](https://www.independentsector.org/building_value_together)

**Decreasing funding**—financial support provided over an established granting period (i.e. 3-years) with allocations decreasing on an annual basis usually with the intention that the organization will locate alternate sustainable sources.

**Multi-year funding**—financial support extending beyond one year; may require submission of annual request for continuing support even though funder approval has been tentatively given for the anticipated multi-year grant period. [http://www.manchester.edu/OCA/Advancement/files/grant\\_writers\\_glossary.htm](http://www.manchester.edu/OCA/Advancement/files/grant_writers_glossary.htm)

**Project funding**—supports for an initiative or program that is normally short-term, and has a beginning and a completion date. **Pilot or innovation funding**—relatively restricted financial support; project-specific financial support for new projects to test whether the project will work as intended; not intended as long-term, sustainable funding; support is provided for an established time period (i.e. 3- years) then organization must locate or transition into alternate funding sources.<sup>lxxxii</sup>

**Sustainable funding**—long term financial support that helps provide stability to the organization; organizations typically build a range of income sources so should one funding source disappear or is threatened, it does not limit overall operations or viability of organization; working with resources already within the organization (i.e. human resources, volunteers, students, employees, product, return on investments)<sup>lxxxiii lxxxiv</sup>

### Typical types of funding most NGO/Non-profit organizations receive

	<b>Unrestricted</b>		
<b>Short term</b>	General fundraising	Core/annual financing	<b>Long term</b>
	Project funding	Program funding	
	<b>Restricted</b>		

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## Endnotes

<sup>i</sup>Menzies 63.

<sup>ii</sup>SROI Canada.

<sup>iii</sup>Bodor, Makokis, Friesen 60.

<sup>iv</sup>Absolon 80.

<sup>v</sup>Ibid 74.

<sup>vi</sup>Little Bear.

<sup>vii</sup>Ibid.

<sup>viii</sup>Pinnow 2013a 6.

<sup>ix</sup>Canadiana.

<sup>x</sup>Aboriginal Affairs and Northern Development Canada 2014a.

<sup>xi</sup>Centre for Suicide Prevention 25.

<sup>xii</sup>The first treaty was signed pre-Confederation in 1764; the last of the numbered treaties in 1923; modern-day treaties signed between 1973 to 1998.

<sup>xiii</sup>Hurley.

<sup>xiv</sup>Indigenous Foundations.

<sup>xv</sup>Wesley-Esquimaux 54.

<sup>xvi</sup>The work and mandate of the Truth and Reconciliation Commission of Canada (TRC) is revealing the true legacy of residential schools on Aboriginal communities. The TRC's over-arching mission is to inform Canadians about the history of IRS and the impact the system has had on Aboriginal peoples, and to guide a process of national reconciliation. Truth and Reconciliation Commission 92.

<sup>xvii</sup>Indigenous Foundations.

<sup>xviii</sup>Waldram 3.

<sup>xix</sup>Truth and Reconciliation Commission 2.

<sup>xx</sup>Prime Minister of Canada.

<sup>xxi</sup>Truth and Reconciliation Commission 10.

<sup>xxii</sup>Neegan 4-8.

<sup>xxiii</sup>Legacy of Hope 2.

<sup>xxiv</sup>Ibid 87. Throughout the IRS system's history, many bureaucrats, church leaders, and staff consistently drew attention to the system's failings to the federal government and churches. Despite this, residential schools continued to operate until 1996.

<sup>xxv</sup>Truth and Reconciliation Commission 88.

<sup>xxvi</sup>Ibid 87.

- xxvii Government of Canada, 2010.
- xxviii Priday, Gargett, Kiss 58.
- xxix Sinclair 1.
- xxx Indigenous Foundations n.d.
- xxxi Sinclair 3.
- xxxii Aboriginal Affairs and Northern Development 2010.
- xxxiii Bombay, Matheson, Anisman 6.
- xxxiv Ibid 23.
- xxxv Menzies 64-69.
- xxxvi Brahms.
- xxxvii Ibid 2-3.
- xxxviii Bombay, Matheson, Anisman 8.
- xxxix Wesley-Esquimaux 78.
- xl Brahm 3.
- xli Ibid.
- xlii Mitchell & Maracle.19.
- xliii Wesley-Esquimaux & Smolewski 54-65.
- xliv Ibid.
- xlvi Ibid 53.
- xlvi Ibid 54.
- xlvii FNESC.
- xlviii Priday, Gargett, Kiss 54.
- xlix Korff 3.
- <sup>1</sup>Native Women's Association of Canada
- <sup>2</sup>Korff
- <sup>3</sup>Work Force Advocacy.
- <sup>4</sup>Priday, Gargett, Kiss 59.
- <sup>5</sup>Mitchell & Maracle 17.
- <sup>6</sup>Brahms 2.
- <sup>7</sup>Mitchell & Maracle
- <sup>8</sup>Wesley-Esquimaux & Smolewski 54.
- <sup>9</sup>Mitchell & Maracle 15-21.
- <sup>10</sup>Wesley-Esquimaux 55.

<sup>lx</sup>Truth and Reconciliation Commission 2014.

<sup>lxi</sup>Lederman 79.

<sup>lxii</sup>Mitchell & Maracle 2, 21.

<sup>lxiii</sup>McMahon & Gillis 17-19.

<sup>lxiv</sup>Aboriginal Affairs and Northern Development Canada 2010.

<sup>lxv</sup>Statistics Canada 24-25.

<sup>lxvi</sup>Assembly of First Nations 2-3.

<sup>lxvii</sup>Bent Arrow Traditional Healing Society.

<sup>lxviii</sup>Struthers 43.

<sup>lxix</sup>Canadian Council for International Cooperation A 3-33.

<sup>lxx</sup>Imagine Canada 15.

<sup>lxxi</sup>Struthers 42.

<sup>lxxii</sup>Volunteer Canada 2.1.

<sup>lxxiii</sup>Struthers 6-7, 42.

<sup>lxxiv</sup>Pinnow 3.

<sup>lxxv</sup>Bodor, Makokis, Friesen 55.

<sup>lxxvi</sup>LaRocque.

<sup>lxxvii</sup>Organizational capacity being administrative operations, program functioning, and external relationships (board governance), including: vision and planning, financial management, fundraising, human resources, public relations, community outreach, partnerships, service delivery, evaluation

<sup>lxxviii</sup>Community capacity is the ability to: foster and sustain leaders from within the community; build connections and partner with non-community members; negotiate and facilitate support; work collaboratively (e.g. facilitate group discussion, negotiate and mediate conflict, build consensus). Cooper, Merrill. 2007. Pathways to Change: Facilitating the Full Civic Engagement of Diversity Groups in Canadian Society. (Calgary, Alberta, Canada: Government of Alberta).

<sup>lxxix</sup>Canadian Hunger Foundation 5.

<sup>lxxx</sup>Canadian Council for International Co-operation, ii.

<sup>lxxxi</sup>Calgary Urban Aboriginal Initiative 3.

<sup>lxxxii</sup>BC Council for International Cooperation.

<sup>lxxxiii</sup>Mordaunt and Reid 8.

<sup>lxxxiv</sup>Voluntary Action Westminister.

