Final Report
Of a Survey to Assess the Feasibility of a Residential Addictions Treatment Facility for Aboriginal Women and Their Children in the City of Ottawa

Produced for Minwaashin Lodge/Aboriginal Women's Support Centre, Ottawa, ON

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July 2008

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Executive Summary

Addictive behaviours and violence against Aboriginal women are two of the most urgent, widespread and preventable social problems facing Aboriginal families and communities today. Isolation, marginalization and prejudice contribute to and significantly worsen the impact of these social problems. It is now widely understood that higher rates of violence and addictions are rooted in the devastating long term impacts of policies such as residential schooling.

This report describes the results of a survey to assess the feasibility a 24/7 residential treatment facility for Aboriginal women and their children in the City of Ottawa. Despite the well-known prevalence of addictive behaviours, the greatly increased risk of violence faced by Aboriginal women and disproportionately higher numbers of Aboriginal children in the care of the Children's Aid, no such treatment facility presently exists in the Province of Ontario[1].

Minwaashin Lodge, which carried out the study, has a long-held, proven track record in delivering quality, culture-based services to Inuit, Métis and First Nation women in the City of Ottawa.

The feasibility study was approved in March 2008 by the 7-member agencies of the Ottawa Aboriginal Coalition (OAC). Funding was allocated from the Urban Aboriginal Strategy (UAS) and the research was conducted from March to May with the final report produced in July 2008.

Thirty-one stakeholders from six key Ottawa services including the Children's Aid Society of Ottawa, Ottawa Police Services, Inner City Health Services, the Royal Ottawa Hospital, Mamisarvik National Inuit Addictions Treatment Centre and Minwaashin Lodge participated in the feasibility study through key informant interviews and focus groups. They contributed a wealth of expertise based on many years of direct experience; this study could not have been completed without their help. **Participants were unanimous in support of a residential treatment facility specific to the needs of Aboriginal women and their children in Ottawa.**

As well as stakeholder feedback, the methodology for the study involved a literature search and summary of internal data gathered from Minwaashin Lodge client files. Taken together the research results amply support development of a 24/7 treatment facility able to accommodate the recovery needs of 30 Aboriginal women and 75 children annually.

> "When you take away the kids you take away a major source of love, so you will also be preventing addiction in the next generation because children need to stay attached to the people who are important to them in order to prevent the next generation of addicts."
>
> *Feasibility Survey Participant*

[1] The only gender specific service is a residential facility serving Aboriginal female youth ages 12 to 17 for recovery from solvent abuse is located in Muncey, Ontario (ConnexOntario Database, July 2008).

Addictions Treatment Facility for Aboriginal Women and Their Children Feasibility Study Final Report

Context

According to recent reports, alcohol and drug abuse remain the most prevalent types of addictive behaviours in Aboriginal communities (Lane et al., 2002; NNAPF, 2000 as cited in Chansonneuve, 2007). Alcohol and drug abuse are associated with a range of serious physical and mental health problems.

Impacts of Addictive Behaviours on Women

Research on physical health impacts unique to gender show[2]:

- Women are affected more severely and in a shorter time by intensive substance abuse relative to men, i.e. women reach higher peak blood alcohol levels from equal amounts per pound of body weight and the average duration of excessive drinking before first signs of liver disorders, hypertension, obesity, anemia, malnutrition, gastrointestinal hemorrhage and ulcers is much shorter for women.
- Other effects include risk of HIV, osteoporosis and coronary disease[3].
- Substance abuse effects women's reproductive functioning through impacts on the menstrual cycle, early pregnancy, fetal development, childbirth, menopause and sexual responsiveness.

Impacts on mental health and functioning include depression, anxiety, suicidal ideation, reduced school/work performance, risky sexual practices, revictimization and violence.

- Between the ages of 25 and 44 Aboriginal women are **five times more likely to die as a result of violence** than non-Aboriginal women.

Aboriginal Women in the City of Ottawa

There are high levels of migration between the City of Ottawa and Aboriginal people from ten First Nation communities within a 2-hour drive of the capital. As well, there is a rapidly growing population drawn from other parts of Ontario and the rest of Canada of Aboriginal people seeking employment and training or health care (Urban Aboriginal Task Force, 2007:23).

According to staff of Minwaashin Lodge, many Aboriginal women accessing their services have left their reserves to

> "No question - the City of Ottawa needs a treatment centre for Aboriginal women with children; there is no place to take abused Aboriginal women with addictions."
>
> *Survey Participant, Police Services*

[2] As cited in Currie (2001:11)
[3] Rates of infection for Aboriginal women 15.9% versus 7% of non-Aboriginal women (NWAC, 2002)

escape abusive relationships or poor economic prospects, arriving in the city without money or contacts. Instead of their vision for a new start in life, they often experience culture shock, isolation and loneliness. A recent report affirms that, "experiences of neglect, violence and abuse among women contribute to their likelihood of developing problems with alcohol use (cited in Health Canada, 2006:16).

Although addictive behaviours are ways of coping that seem to offer at least in the short term, a place of belonging with others in similar circumstances, the long term consequences are unspeakably tragic and far reaching.

> "Aboriginal agencies in the Ottawa region have noticed an increase in the levels of substance abuse and use. More highly addictive drug use such as Crystal Meth and Crack Cocaine is affecting the Aboriginal populations with respect to education, housing, health and employment."
>
> Human Resources and Social Development Canada, 2007

Impacts on Children and Youth

Addictive behaviours are directly related to the disproportionate number of Aboriginal children in the care of the Children's Aid due to abuse and/or neglect (one in ten Aboriginal children compared to one in 200 in the general population). Aboriginal children and youth are also at higher risk of substance abusing behaviours.

- 1 in 5 Aboriginal youth report having used solvents; of these, 1 in 3 was under the age of 15; over half began using solvents before the age of 11.[4]
- Aboriginal youth are at two to six times greater risk for every alcohol-related problem than their non-Aboriginal counterparts.
- Aboriginal youth are more likely to use all types of illicit drugs than non-Aboriginal youth.
- Aboriginal youth begin using substances (tobacco, solvents, alcohol and cannabis) at a much younger age than non-Aboriginal youth[5].
- Alcohol and drugs are a major factor in the early sexual practices of Aboriginal youth, and high rate of teen pregnancy.[6]
- The rate of incarceration for Aboriginal youth in 2000 was 64.5 per 10,000 population compared to 8.2 per 10,000 population for non-Aboriginal youth. Of these:
- 1 in 6 were suspected or confirmed with FASD; and

[4] Scott, 1997 quoted in A Statistical Profile on the Health of First Nations in Canada, 2004.

[5] Janet Currie (2001). Best Practices: Treatment and Rehabilitation for Youth with Substance Abuse Problems. Ottawa, ON: Minister of Public Works and Government Services Canada.

[6] Anderson, Kim (2002). Tenuous Connections: Urban Aboriginal Youth Sexual Health and Pregnancy. Toronto, ON: Ontario Federation of Indian Friendship Centres (OFIFC).

- 8 in 10 had a substance abuse problem.

The Sex Trade

According to a national consultation project conducted by *Save the Children Canada*[7] Aboriginal children as young as nine years of age are involved in the sex trade and, in some communities, 90% of the sex trade is Aboriginal.

- In a Vancouver survey, almost 60% of sex trade workers said they continued working in the trade to support a drug habit; in this same study, 30% of those surveyed were Aboriginal women[8].
- A review of Minwaashin Lodge client files over a two year period indicates that 51 self identify involvement in the sex trade.

A recent survey conducted by the *Canadian National Coalition of Experiential Women* identified addiction is a key issue of concern for sex workers across Canada. Recommendations include removing barriers to accessing treatment through a new approach that provides a specialized addiction treatment model[9] aligned with the unique needs of sex workers.

An Intergenerational Cycle

Although not all Survivors of residential schools suffer from PTSD[10] and addictive behaviours, study after study consistently links disproportionately higher levels of addiction and violence in the Aboriginal population with the intergenerational impacts of residential school abuse and unresolved trauma (RCAP 1996; Fournier and Crey 1997; Tait 2003; Wesley-Esquimaux and Smolewski 2004; Chansonneuve 2007). It is now well established that unhealed trauma undermines both self and relational capacity, contributing to an intergenerational cycle of abuse, trauma, and addictive behaviours.

Profile of Minwaashin Lodge, Aboriginal Women's Support Centre

Mandate

Established in Ottawa in 1994, the mandate of Minwaashin Lodge, Aboriginal Women's Support Centre is to:

- promote the empowerment and well-being of abused Aboriginal women and children by offering culturally appropriate services,
- bridge the gaps in service between Aboriginal organizations and/or clients and mainstream services, and

[7] "Sacred Lives: Canadian Aboriginal Children and Youth Speak Out about Sexual Exploitation (2000)
[8] International, Stolen Sisters: Discrimination and Violence against Indigenous women in Canada (2004)
[9] This model is currently being piloted in British Columbia through the Crossroads Treatment Centre in Kelowna and through PEERS in Victoria.
[10] Post-traumatic stress disorder

- network and form partnerships among both Aboriginal and mainstream organizations and groups toward ending violence against women and children.

Minwaashin recognizes that prevention of violence in Aboriginal families is inextricably linked to the restoration of strong, vibrant, self-sufficient communities. Women are the foundation of Aboriginal community life; when women are strong, families and nations are strong. Therefore Minwaashin Lodge is also a place for celebration of the role of Aboriginal women and the revitalization of cultural teachings.

Mission

The mission of Minwaashin Lodge is to provide prevention and intervention services and programs for grandmothers, women, children and youth who are survivors of family violence and the residential school system, including those impacted by intergenerational effects. A full range of violence prevention and intervention programs and services is provided in the context of reclaiming the wisdom of Inuit, Métis and First Nation cultural teachings. Over 1,500 people are served annually through the following core programs.

- Oshki Kizis Lodge, a 24/7 safe, welcoming shelter for abused/at risk women and their children
- 24-hour telephone crisis line
- Confidential counseling, information, advocacy and referral (individual and group)
- Trauma recovery program (individual and group)
- Mental health counselling (individual and group)
- Addictions recovery and support (day programs)
- Wisdom Keeper's program for women 50+
- Sacred Child program for preschoolers and their families including a CAS approved culture-based parenting skills program
- Spirit Movers and Fire Keepers programs for youth
- Two-Spirit information, advocacy and peer support program
- Housing outreach and support to prevent homelessness
- Employment preparation, training and support for women
- Public and professional education/training about Aboriginal culture, history and customs.

24/7 Residential Shelter for Abused Women and Their Children

Oshki Kizis Lodge is the shelter operation of Minwaashin Lodge providing19-bed safe accommodation for First Nations, Inuit, and Métis women & children fleeing abuse and culturally appropriate services to foster healing.

Oshki Kizis programming includes: support, advocacy, counselling, referrals, court accompaniment, traditional teachings, Elders, crafts, community support, transitional support, educational services, crisis intervention, child & youth advocacy, 24-hour residential support, and hospital visits. As well, residents are bridged to housing, financial, legal and medical resources in the community.

Youth Programming

Off-site cultural programming for Aboriginal youth is outreached locally through the Ottawa Technical Learning Centre, Robert Smart Detention Centre and the William E. Hay Centre on a weekly basis.

On-site programming for youth includes the *Inuit, Métis and First Nation Youth Leadership* project bringing youth from three sites in the Province of Ontario together to Ottawa for skills training. Since it began in 2006 the project has reached over 200 youth who have created 3 rap songs, an on-line 'zine' and a music video promoting healthy equal relationships and an end to the cycle of violence.

Cultural Reclamation

Occupying a sacred place at the very heart of Minwaashin Lodge, Aboriginal Women's Support Centre is the Healing Lodge. Through the Lodge, clients and community members reclaim and revitalize their Aboriginal identity as taught by their Elders and through their traditional healing practices. Cultural programming is provided on an individual, group and community basis and includes seasonal ceremonies, workshops and traditional teachings for people at all stages of the life cycle.

Cultural Education and Professional Development

As well, cultural training is provided provincially and locally for teachers, educators, universities/colleges and service providers including the privately run Beacon Home group home with 85% of its residents from Northern Ontario First Nation communities.

A Proven Track Record in Community Partnerships and Linkages

Minwaashin Lodge has actively promoted and sustained numerous community partnerships to enhance services for Aboriginal people in Ottawa. Examples.

1. *Family Service Centre of Ottawa*: An 8-year on-going direct service partnership providing counseling programs on an individual and group basis;
2. *Ottawa Rape Crisis Centre*: A 5-year on-going direct service partnership offering sexual assault counseling and staff development.
3. *Youth Services Bureau of Ottawa*: An 8-year on-going direct service partnership offering teaching circles to client and staff, partnering on programs for street-involved and at-risk youth from diverse cultural and orientation backgrounds.
4. *Children's Aid Society and Catholic Family Services*: professional development training for staff in French and English around the impacts of residential schooling on Aboriginal people.
5. *Odawa Native Friendship Centre*: a 5-year on-going partnership to co-ordinate the Annual Children's Powwow; provide support to families and youth; and training education for child care providers of the Sweetgrass Homecare Family

Support Program.

6. *Wabano Centre for Aboriginal Health*: An 8-year on-going direct program service partnership, coordinating services to the Aboriginal community.
7. *Gignul Non-profit Housing Corporation*: A 10-year service partnership, providing housing priority to Aboriginal women and their children impacted by violence.
8. *Ottawa Carleton Detention Centre* ongoing visits, healing circles and cultural sensitization training to staff and residents.
9. *Canadian Mental Health Association*: a 3-year ongoing partnership to provide counseling /referral/placement for clients of Minwaashin Lodge with mental health needs.
10. *Tungasuvvingat Inuit*, a 2-year partnership to develop Inuit youth-driven peer education and violence prevention resources.
11. *Métis Nation of Ontario*: project partnership focused on a youth-driven violence prevention project with the *Sault Ste. Marie Historic Métis Council*.
12. *Inuit and Cree community of Kuuzarabbic*: designed and implemented a training and orientation plan for a newly opened shelter.
13. *Tungasuvvingat Inuit, Aboriginal Head Start, Inuit Head Start, and Children's Aid Society*: ongoing interagency case coordination and case management.

A Proven Track Record in Addiction, Trauma and Mental Health Service Delivery

In 1998, the Aboriginal Women's Support Centre was the first urban Centre in Canada to provide a residential trauma recovery program specifically for Aboriginal women who are Survivors of residential school abuse (this was well before the Aboriginal Healing Foundation was operational). Funding for the 1-week Grandmother's Healing Retreat was received from a private donor.

Although the Aboriginal Healing Foundation (AHF) was established in 1998 project funding did not become available until 1999-2000; the Aboriginal Women's Support Centre was the first urban agency in Eastern Ontario to receive funding through the AHF for a comprehensive trauma recovery and healing program which included addictions counselling. In its first two years of operation, the healing program served 835 clients.

Since that time the Aboriginal Women's Support Centre, Minwaashin Lodge has provided culture-based counselling for trauma/mental health and addictions recovery specific to the needs of urban Aboriginal women and their families.

Board of Directors and Staff of Minwaashin Lodge

Minwaashin Lodge employs a diverse, fully qualified, multi-nation staff including 40 full-time positions and the services of 15 volunteers. The Board of Directors is comprised of 8 long-standing, active community members drawn from legal, research, academic, housing, and executive government sectors.

Milestones in Meeting the Needs of Urban Aboriginal Women and Families in Ottawa

Year	Milestones
1992	The Aboriginal Women's Support Centre (AWSC) was formed, sponsored by Harmony House.
1993	Produced report titled "*A Community Needs Assessment: Aboriginal Women's Support Program*" recommending development of Aboriginal-specific services for abused women and their children in Ottawa.
1994	• AWSC was incorporated with its own Women's Council governing structure. • In a partnership with Heritage College, AWSC sponsored two *1-year Aboriginal Family Violence training programs* for counselors of shelters and support programs.
1995	The *Sacred Child* program was established to help women and their children understand and recover from the impacts of violence and abuse and strengthen parenting skills.
1996	AWSC was the lead agency developing a proposal for an Aboriginal-specific health centre in Ottawa which opened its doors as the *Wabano Centre for Aboriginal Health* in 1998.
1998	• The *Aboriginal-specific Employment Preparation and Training* program for abused women was funded through the OWD "Investing in Women's Futures. • The first annual *national Women's Gathering, Bringing the Medicine Back to Women* held at Victoria Island drew 350 participants from all cultural and spiritual traditions across Canada.
2000	A building was purchased through private donation to house *Oshki Kizis Lodge, a shelter for abused women and their children*.
2001	• Funding was received for a *comprehensive trauma recovery program* through the Aboriginal Healing Foundation. • AWSC hosted the *first 2-Spirit conference* in Eastern Ontario *'Returning to the Circle'*. • Oshki Kizis received funding through the *HRDC City of Ottawa Homelessness* initiative. • AWSC received the *Joan Gullen Award* for excellence in service to the community.
2003	• Minwaashin became the first Aboriginal service provider in Eastern Ontario to provide information, referral support and counselling for *Two-Spirit people* and their families. • In partnership with Amnesty International, Minwaashin hosted the national launch for the *Stolen Sisters* campaign to bring international awareness to the issue of missing and murdered Aboriginal women; also with the Native Women's Association of Canada for its national counterpart, the *Sisters in Spirit* campaign.
2006	• Minwaashin Lodge became an active member of the *Children's Aid Society, Aboriginal Liaison Group* and one of the key planners/organizers behind a groundbreaking community consultation drawing over 100 participants. • Produced the rap/music video *Love You Give* with input from over 100 Inuit, Métis and First Nation youth as a violence prevention peer education tool. The launch drew over 350 people to Confederation High School. • 90 service providers participated in focus groups for *The Report of a Community Consultation Process in Support of an* ***Action Plan*** *for Aboriginal Youth and Their Families in the City Of Ottawa.*
2007	• Developed a violence prevention website for Inuit, Métis and First Nation youth featuring *Love You Give* and 3 other new projects. • Distributed over 3,000 *Love You Give* peer education and violence prevention toolkits. • Oshki Kizis Lodge received core funding.
2008	• In March Minwaashin established a 12-member *Community Assisting Aboriginal Sex Trade Workers Committee* comprised of police, the John Howard and E. Fry Societies, Family Service Centre, Vanier Community Centre and the Canadian Association of Experiential Women.

Recommendations from Recent Reports to Address Gaps in Services for Aboriginal Women with Addictions

Services aimed at stopping intergenerational patterns of addictive behaviours are urgently needed; a treatment facility that addresses the unique recovery needs and realities of urban Aboriginal women with children is a priority. The lack of such a service in Ottawa is directly linked to higher numbers of Aboriginal children in the care of the Children's Aid Society. According to frontline workers this has had devastating consequences for Aboriginal women who, after losing their children and subsequently their subsidized housing and welfare benefits, became enmeshed in the street/drug culture and sex trade.

At a national level, the Native Women's Association of Canada and Amnesty International have called attention to the tragic reality of Aboriginal women in Canada through their *Sisters in Spirit* and *Stolen Sisters* campaigns.

> "The social and economic marginalization of Indigenous women, along with a history of government policies that have torn apart Indigenous families and communities, have pushed a disproportionate number of Indigenous women into dangerous situations that include extreme poverty, homelessness and prostitution[11]."

The urgency of this situation challenges service providers to find ways to protect Aboriginal women and their children in ways that *strengthen women and the family* versus ways that *further revictimize Aboriginal women* and *disrupt Aboriginal families*.

A key strategy in stopping the victimization of Aboriginal women and the intergenerational cycle of abuse and addictions is *client-focused* service planning that takes into account *both* the children's absolute need for protection and safety *and* their mother's need for addictions recovery in a safe, supportive environment.

Two recent reports highlight the gaps in addictions and mental health services for Aboriginal people in Ottawa. The Community Plan developed for the Homelessness Partnering Strategy (HPS) by the Ottawa Aboriginal Coalition (October 2007) identified as its second priority for action the "critically high rates of addictions and mental illness" facing Aboriginal people who are homeless or at risk of homelessness in the city.

> "Our community agencies estimate that in excess of 90% of the HPS clients (and families) served by the HPS programs and services are afflicted with and or affected by addictions and mental health illnesses."
>
> Human Resources and Social Development Canada, 2007

The 'Ottawa Final Report' of the Urban Aboriginal Task Force identified a number of barriers to success for women in Ottawa including lack of treatment centres and detox

[11] Ibid.

beds and emerging addictions such as crystal meth. The report recommends "immediate" harm reduction programming for Aboriginal women and girls working in the sex trade as well as a "comprehensive urban Aboriginal women's strategy with the intent of coordinating existing social services and developing new programs and services that provide a continuum of care for all Aboriginal women in Ottawa" (Urban Aboriginal Task Force, 2007:97).

In recent years the number of Aboriginal people living off-reserve has increased substantially with over 50 percent of the population now living in urban centres. The *Urban Aboriginal Strategy* (UAS) is a $50 million, five-year initiative developed by the Government of Canada to respond to the needs of this population; one of three stated UAS priorities is "supporting Aboriginal women, children and families". Ottawa was officially designated a UAS site in October 2007.

Promising Practices: Culture-Based Intervention and Recovery

Although well-intentioned, mainstream interventions have proved unsuccessful in meeting the addictions recovery needs of Aboriginal communities. A core belief of an Aboriginal approach to addictions recovery is that 'culture is healing.' Best practice research reveals that a healthy cultural identity and cultural continuity of teachings and practices that promote healthy relationships are the foundation of effective addictions recovery services.

Aboriginal recovery models reflect a holistic, client-focused approach to health, addressing the mental, physical, emotional and spiritual aspects of well-being in the context of strengthening relational capacity. Families and communities have an integral role in sustaining the commitment to recovery over the long term.

"In a Saskatchewan study, treatment centre staff ranked "lost cultural identity" as the single most important factor for drug and alcohol abuse among First Nations people and Inuit. In Aboriginal tradition, the health and well-being of an individual flows largely from the health and social make-up of the community. This suggests that not only must substance abuse be understood in terms of social behaviour, but that its solutions lie in the actions of the community."

First Nations Inuit and Aboriginal Health Branch Website

In an Aboriginal treatment model, relations with culture, family and community are strengthened while also respecting the uniqueness of each individual's healing journey (NNAPF, 2000; Kirmayer et al. 2000; Lane et al., 2002; Chansonneuve, 2007).

Another crucial aspect of a holistic, culture-as-healing approach is fostering a therapeutic relationship with the natural world. In an Aboriginal worldview 'on-the-land' activities are inherently therapeutic and align well with addiction treatment goals. For example, sweat lodges, cedar baths, bush camps, smudging, Qulliq lighting and other ceremonies align with treatment goals such as reducing anxiety and building trust (Lane et al, 2002; Chansonneuve, 2007).

Mamisarvik National Inuit Treatment Centre, Ottawa, Ontario

Mamisarvik National Inuit Treatment Centre is an Inuit-specific dual diagnosis program in trauma and addictions in Ottawa operated by Tungasuvvingat Inuit. Comprised of a day program which opened in 2002 and a 12-bed, co-ed residence which opened in 2003, Mamisarvik provides treatment options along a full continuum of recovery services from detox to pretreatment, intensive treatment and continuing care. Mamisarvik uses a holistic, client-focused community healing approach that has proven highly successful with the Inuit population.

Feasibility Survey Methodology and Findings

This feasibility study was conducted in three stages:

1. a literature search,
2. internal data gathering from Minwaashin Lodge client files,
3. and key informant interviews/focus groups with 31 stakeholders drawn from primary service providers involved with the target group including the Ottawa Children's Aid Society, police, and mental health/addictions outreach workers and counsellors.

Findings

> "We are faced with insurmountable opportunities."
>
> *Buffy Ste. Marie*

Minwaashin Lodge Client Profile

A summary of data gathered by the program staff from 1,102 Minwaashin Lodge client files reveals the following profile.

Ancestry (n=1,012)

Reflecting urban population distributions the majority of clients are First Nation (44%, of which 86% are status and 14% are non status), followed by Métis (23%) and Inuit (15%). The remaining 18% are either of multiple origin (9%) or non-Aboriginal (9%).

Age

The majority of clients, just under 60% are age 35 or under (10% under age 16, 22% age 16 to 18 and 27% are age 19 to 35). Thirty-two percent are in the 36 to 45 age range and the remaining 9% are 46 and older.

Number and Age of Children (n=202)

Intake forms for many programs do not include questions about children. Of the 100 client files showing parental status the majority (73%) have two children or less, 25% have three to four children and 2% have more than four children. Four percent disclosed pregnancy at intake.

The majority of the children are infants and preschoolers (58%, of which 30% are infants and 28% are preschoolers). Fifteen percent are elementary school age and the remaining 27% range in age from 16 to 29.

Custody of the Children

Twenty-eight percent of the children live with their single mothers, 14% live with their fathers, 6% live with both parents, 18% live with kin and 15% are in the care of the Children's Aid Society. The remaining 19% are youth living on their own or the data is unavailable.

Source of Income (n=920)

Just less than 60% of clients' source of income is derived from social assistance as follows:

- Ontario Works 44%
- Ontario Disability Support Program 15%

Fifteen percent received Employment Insurance benefits and 4.5% were employed. Just over 5% disclosed income from the sex trade and the source of income for 16% is unknown.

Level of Education (n=920)

As this information is not routinely gathered at intake for most programs the data is not significant enough to be relevant (for 86% of clients this information is unknown).

Violence and Addictive Behaviours (n=920)

Of the total sample, 52.8% are abused women, 64% are struggling with addictions, 10.7% are in conflict with the law, and 5.7% were incarcerated at the time of intake. Twenty-six percent of those over age18 sought shelter in the Oshki Kizis residence for abused women.

For those with addictive behaviours, the majority involve alcohol (58%) followed by crack (17%).

Stakeholder Survey Results

All 31 stakeholders who participated in the feasibility study were overwhelmingly supportive of a residential addictions treatment facility for Aboriginal women and their children. For reporting purposes stakeholder feedback from interviews and focus groups has been grouped into two sections: issues of concern and promising practices that in their experience, work well and show promise. Direct quotes are used.

The first key informant interview was with a representative of Tungasuvvingat Inuit's Mamisarvik National Inuit Treatment Centre. The discussion focused on what works best in culture-specific treatment as well as lessons learned about what could be done differently to improve the service model based on experience.

What Works Well:

The most important elements of the Mamisarvik model contributing to its success are:

- a dual treatment focus on trauma and addictions recovery that includes both historical and cultural trauma specific to the lived experience of Inuit;
- the majority of staff are Inuit; service is bilingual in English and Inuktitut;
- the health of clients is stabilized through the pretreatment program to ensure they have the capacity to complete intensive treatment; and
- staff is fully trained to work with the symptoms of withdrawal; 24-hour care is imperative.

Lessons Learned

In response to the question, 'What could be done differently to improve the treatment model based on Mamisarvik's experience so far?' the following needs were identified.

- A family component to bring them into the healing and recovery process.
- Youth-specific programming.
- Provide more than one group of 8 week intensive treatment at a time.
- A health partnership to provide basic medical care, "all the medical problems pop up after detox such as old infections and STDs."
- Mental health partnerships to provide prompt psychiatric assessment and consultation; time delays in assessment result in too many clients having to leave the program.

1. **Issues of Concern Identified by Other Stakeholders:**

Police Concerns

Police encounter Aboriginal women with addictions on a regular basis in the course of their work. Their feedback focused on the impacts on children as well as difficulties in dealing with and resolving important safety and justice issues due to addictive behaviours.

- "We see Aboriginal women with addictions on a regular basis" both in investigations and follow-up; of these, most are using crack and meth.
- "A lot of children are involved".
- Aboriginal women with addictions don't use the regular services because they know they can't meet expectations around the rules.

"The longer they stay sober, the better they can deal with the abuse issues or justice issues."
Survey Participant

Psychiatric and Street Outreach Concerns

Outreach concerns focused on the higher numbers of Aboriginal women in the street involved population and their greater vulnerability to violence, the intergenerational characteristics of addictive behaviours and the inability of existing services to meet the needs of this client group.

Inuit women are more victimized than other Aboriginal women and are over-represented in the sex trade; they seem quicker to get sucked into that vortex. The violence perpetrated against these women, especially sexual violence is shocking.
Survey Participant

- At services of 'last resort' there are a high level of Aboriginals – around 40% in a population of around 2 to 3%.
- The issue of Aboriginal women is more complicated due to the children and other risks than for a man.
- When infants are taken into care it interferes with attachment.
- Transitioning youth into the adult programs is a challenge; 5% of youth clients are Aboriginal.
- There are ongoing problems with police and the courts.
- Housing is a big issue; how do they hold onto their housing while in treatment – the City of Ottawa has a limit of 3 months through the ASI program but that timeline might have to be reviewed (also most people don't know about this program and they have to be transferred from the regular caseload to the ASI caseload; ODSP does not have this program[12]).
- Confidentiality issues impact the services these clients access, especially for Inuit; they want to be involved with their community when they're doing well.
- Current addiction programs are too short term; most of these women have chronic addictions and a 28 day program won't work; abstinence just sets them up for failure – the focus should be how best to cope with issues in their lives.
- As children many never lived in a family where someone worked, someone cooked, people ate together and people had fun without drugs or alcohol; they are much better able to cope when they are part of a community where they have responsibilities.

[12] This is significant as 15% of Minwaashin case files are ODSP recipients.

Child Protection Concerns

From a child protection perspective the most important issue to be resolved before proceeding with a proposal for an addictions treatment facility that accommodates women and their children is how child protection requirements will be met when the staff members are also the primary counsellor/service provider for both the parents and children.

Child protection workers identified the challenge of minimizing impacts of separation during a custodial parents' treatment and the importance of maintaining relations and the parental role during this crucial time. The need for education about the effects of addictive behaviour during pregnancy and on the mental and physical health of children was another priority.

- "The biggest challenge is minimizing trauma and attachment problems during separation while the mother is getting treatment and how to maintain relations in a meaningful way while retaining a clear parental role."
- There is a lack of basic information about the effects of these behaviours on health and nutrition, about prenatal impacts and the impacts on children.

Children's Aid focus group participants identified characteristics of the client group and child protection service limitations impacting capacity to provide the level of family and community support required.

- "We see some patterns – primarily single parents in their mid to late twenties with abuse in their background either domestic violence or in the family of origin – and poverty, lack of appropriate housing; also a high rate of teen girl's involvement in street life and the sex trade."
- "Many don't come from this area – they're from northern Ontario and eastern Quebec, also Inuit – they are from small isolated communities and now in a big city with no preparation for the urban availability of drugs and alcohol."
- "The Inuit pattern tends to be binge drinking while for others it's crack cocaine and alcohol."
- There is a lack of community capacity building outside of CAS for extended family support that would provide alternative temporary placements to maintain children within their own community. (An example is Family Services 'Parenting Companion' program which provides Sunday/holiday shared meals and parenting relief.)
- There is also a need for ongoing support in order to transition successfully back into community life while remaining free of addiction; they need a safe community to transition into, like a second stage housing or housing cooperative.

2. Promising Practices: What Works Well

Participants in the feasibility study were asked, in their experience *what works well* in terms of providing effective support for Aboriginal women with children who are struggling with addictive behaviours.

What Works Well From a Police Perspective

- Joint partnerships – having that resource or contact and having it available 24/7.
- Follow-up that is intensive and ongoing.
- Skill building; teaching skill sets; skills in the trades are concrete ways of building self-esteem especially for young people.
- Mentors.
- Proper compensation for staff and staff training.
- Training for police officers; most patrol officers do not know about the residential school system and why people are reacting to them in that way.
- Partnerships for paid jobs for youth such as through COMPUCORE teach kids to dismantle and rebuild super computers; it just needs someone to sponsor it.
- Staff dynamics is huge; people need to look forward to coming into work and they need to have the interpersonal skills and patience required to keep the clients motivated and enjoying the living environment.

What Works Well From a Psychiatric and Street Outreach Perspective

> "There is convincing evidence that if you get young women at this critical period (pregnancy), life changing events can take place."
>
> *Survey Participant*

- "Pregnancy or immediately after is a critical time for intervention, a "golden opportunity" to engage women in self-care and harm reduction; women already see this as a time for change *if* they have support to be clean during this time."
- Grandmothers providing infant care while mothers are in treatment programming or supportive day counselling.
- Staff acting as labour coaches for women who do not have relatives in the area.
- The most successful intervention is about integrating back into 'real life' – meshing psychiatric intervention with the way you live your life. This requires:
    1. support from family
    2. support from other Aboriginal agencies
    3. nurses
    4. education about mental illness for those in conflict with the client, i.e. justice and probation workers.
- A big treatment issue is non-compliance around meds so the family needs to be involved and know how to help the client stay on the treatment plan.
- Community Treatment Orders are another way to ensure treatment is mandated and an Outreach Worker is attached.
- Early intervention and prevention for kids.

- Harm reduction.
- A residential environment reduces isolation for women *and* kids and it's a great opportunity to learn, observe and practice parenting skills.
- Physical and mental health is improved through nutrition and self-care and the vulnerability of Aboriginal women to victimization by men is reduced; it will also reduce homelessness.
- When they feel part of a community and that people love them versus professional boundaries; when you can make people feel special (not misusing power) and that they're fabulous.
- If people still have contact with their kids success is much better; if she can be supported to be organized around the needs of the kids, getting them to school, getting them fed and being involved with them in activities, that's what helps.
- Not having rigid parametres around length of treatment or '3 tries and you're out' – an approach to relapse that doesn't recreate the failed event but looks for supports and clues to be successful next time.
- Success is defined by longer and longer periods between relapse and episodes that are less intense with shorter duration.
- Working with them long enough to see the seasonal effects of mental illness and see them through various crises, walking them through that.

> "We have to help them hang onto hope when they've lost theirs; we have to feed the self-esteem of people who don't have any; help them see a life that's possible for them that includes being happy through activities outside of their addiction; helping them to create a vision for their lives."
> *Survey Participant*

What Works Well From a Child Protection Perspective

- Maintaining as much of the child's world as possible which may require volunteers for transportation to school and recreation.
- Giving it back to the community; making the connections with Aboriginal services and having their involvement.
- Our workers making connections with the clients in ways that matter to *them*, such as eating raw fish; it helps leave the job title behind and builds the relationship.
- Taking *more time*.
- Bridging parents to the fun things like apple picking.
- Having one designated liaison person per Aboriginal agency who can set things up both internally and between the CAS and their agency in support of clients.
- The Inuit approach to adoption; they are open to having a relationship with the adoptive family instead of seeing it as a threat.
- Using more child-friendly terms goes a long way in maintaining the parenting role during treatment, for example instead of using the term 'foster' parent, which has no relevance or meaning for children, use the term 'auntie' which promotes the sense of an extended family.
- The CAS *and* the community have to take ownership of safety for the children.

3. Recommendations from Stakeholders

> "This is an exciting opportunity."
> *Survey Participant*

Recommendations from stakeholders are grouped in the following categories of treatment services.

Treatment Centre Services

> "This is fantastic what you're doing."
> *Survey Participant*

- The detox service needs to focus on *everything* in terms of managed withdrawal from crack and cocaine to meth and alcohol.
- Re length of treatment, the longer the better – for the day program, at least one year.

Recommendations for Partnerships

> "There needs to be prompt psychiatric assessment for relapse; this is the drive behind the ROH Outreach Program. Currently Outreach Workers visit agencies .5 days per week to do mini-assessments and/or provide linkages to psychiatric out-patient services."
> *Survey Participant*

- Our outreach workers need to be connected to the treatment centre.
- A partnership with Children's Aid to deal with children's issues, specifically identifying who will step in when, if it's not going well in the treatment centre in terms of child protection. (Some policy/procedure examples are Youville where apprehensions are not permitted on site vs. Inuit Head Start which provided a team approach to apprehension in collaboration with the CAS.)
- It would be helpful to have access to a room in the treatment for police to take photos of abuse, do their reports, etc.
- Police and CAS workers would need a protocol agreement that the children would not be seized; this would also require education of officers and front line staff.
- A link to the mental health court for situations where conditions related to addictions are involved.
- Partnerships with Inuit, Métis and First Nation services to provide support programming for women on waiting lists for the treatment centre.

Programming for Residents

- Clients need a reasonable expectation for how (police) procedures will unfold; also timelines for the process of reporting leading to an arrest.
- There needs to be a family support component that includes extended family and that recognizes the role of the family as a support.
- Include a component for transitioning back into community life by providing ongoing options for day programming and week-end residential programs.

- The 'Step-Down' model is a day program with a range of components to choose from: trauma recovery, aftercare, follow-up, ongoing peer-led support groups.
- Night time is the highest risk for relapse so aftercare/relapse prevention should include options such as emergency "sleepovers'. This would also be a way of framing the experience positively and reducing children's anxiety.
- A 24-hour emergency phone line for relapse prevention.

"Hardcore women might join a day program or stabilization program if it will give them access to their kids, if they were offered *some* option."
Survey Participant

Programming for Children and Youth

- Children will require day care, transportation to school, on-site tutors and independent learning, pre/post natal care; CAS already pays for this if they go into foster care so this type of funding should be available for children and youth in the treatment centre residence[13].
- A school liaison program to provide tutoring including during summer.
- A program for children to help them understand relapse of their parent and a safety plan for the child if relapse occurs that promotes child safety.

Specialized Training for Service Providers and Treatment Centre Staff

- Serena Hewitt, Aboriginal Nurse from the US does training with medical teams and is on an Intensive Assessment Evaluation Unit with the ROH.
- There is a potential role for CAS to offer the same type of in-service training that is provided to foster parents.
- It would help to have a meeting with Elders and psychiatric workers so that an integrated approach could be developed out of an understanding of cultural differences related to how mental illness is viewed.
- There should be a joint treatment centre/CAS staff training plan to prepare for the service so everyone is on the same page re objectives, policy, procedure and approach.

Some Suggestions from Key Informants for Location of an Addictions Treatment Facility

- The old Ottawa High School at Slater and Bay Streets.
- Meadow Creek is going to be vacant and it's in a good location not too far from the city centre.

[13] Note: CAS covers the costs of transportation for children in care; an option for covering the transportation costs of children in a non-CAS residential facility should be explored through CAS 'Admission Prevention" funds.

Summary of Recommendations

Recommendation # 1: that Minwaashin Lodge develop a proposal for a 24/7 residential treatment centre for Aboriginal women and their children.

The recommendation for a 24/7 residential treatment facility to accommodate Aboriginal women with children is based on unanimous agreement from all 31 stakeholders who participated in the feasibility study.

The vision of a 24/7 addictions treatment centre is to provide a safe, respectful and caring environment where Aboriginal women and their children together:

- are safe from further harm, whether from an abusive partner or others involved in the drug/street culture; and
- from that place of safety, take the steps to recover from addictive behaviours and their impacts; and
- receive ongoing support for successful transition into community life.

Recommendation #2: the first priority target group for a residential addictions treatment facility should be women at risk of losing custody of their children (including pregnant women) and/or women whose children are in care due to addictive behaviours with a view to early reunification and permanency.

Women without children or whose children are grown should be accommodated as space is available.

Recommendation #3: treatment centre capacity should accommodate a minimum of 30 beds for 10 women and 20 of their children.

Data gathered from Minwaashin Lodge client records indicates a high percentage of clients accessing their services would benefit from a residential treatment centre that could accommodate women and their children.

A residential addictions treatment centre should have the capacity to provide supportive accommodation for an average of three months for a minimum of 30 Aboriginal women age 16 and over and 75 of their children annually for a total of 105.

Based on existing caseload data, Minwaashin Lodge is ideally suited to provide this service both from an in-house referral perspective and for their capacity to bridge clients to their own existing trauma recovery, mental health/addictions, counseling, parenting, youth, and employment programs as ongoing adjunct supports.

Minwaashin Lodge has a proven record in building and sustaining a client-focused, collaborative approach to service planning and delivery in partnership with numerous Aboriginal and non-Aboriginal service providers.

Recommendation #4: the treatment centre service model should be developed in accordance with recommendations put forward by stakeholders/local experts who participated in this feasibility study.

The components of the treatment centre service model should reflect a comprehensive, culture-based, holistic continuum of care from entry to assessment and diagnosis, case planning/management, detoxification, treatment and relapse prevention and aftercare and referral/bridging to a range of ongoing in-house and community resources.

Programming should include development of treatment plans specific to the needs of: sex trade workers and pregnant women as well as the needs of infants, children and youth.

Community linkages should be established with the Royal Ottawa Hospital and community based health services to ensure structured residential medical/psychiatric treatment services are provided for women with concurrent disorders.

Addictions recovery in an Aboriginal context includes:

1. an environment that promotes pride in identity and ancestry;
2. access to a full range of treatment services above as well as to culture-based supports for parenting, education, employment and housing aligned with their needs;
3. a specialized treatment model for sex trade workers; and
4. a strong network of peer, kin and community supports to help children and youth recover from the effects of parental addiction with key roles for grandmothers and Elders.

Recommendation #5: staff qualifications and training should align with all service requirements including detox (Levels 1 and 2 of managed withdrawal), assessment, pretreatment, treatment and continuing care.

Recommendation #6: physical features of the facility as a priority should include adequate green space and a gymnasium for the children and youth while still anchored within the community of Ottawa.

Recommendation #7: principles for financing and estimated costs of a residential treatment facility.

The plan for financing the facility should address three implementation phases:

1. Phase I: a pilot phase to test the efficacy of the service model and adjust for changes as a result of lessons learned.
2. Phase II: a medium term service plan of approximately three to five years during which an evaluation plan can be conducted to assess rate of success, rate of recidivism, best practices etc.
3. Phase III: a longer term service plan beyond the five years that takes into account recommendations of the Phase II implementation evaluation report.

Based on 30 beds, of which 10 are for women and 20 are for their children, and using as a guide the costs of shelter beds at $35,000.00 per, the estimated cost for the residential service annually is $1,050,000.00. At 105 clients annually, the cost per unit for the residential service is $10,000.00.

There is no question that investing in services to prevent children from being taken into the care of the CAS and that promote early reunification for children who are taken into care will significantly reduce costs later on[14].

Important Note: the number of clients served annually will increase as women complete their treatment cycles and continue on with aftercare/relapse prevention. Based on recommendations from key informants it is estimated that approximately 35% or 10 women annually will require 2 to 3 years ongoing relapse prevention support.

Recommendation #8: structure and governance of the residential facility should be under the management of Minwaashin Lodge Aboriginal Women's Support Centre.

Minwaashin Lodge is a long established, respected service provider with a proven record of accountability in governance, management, service provision and community collaboration. The success of their programs and services which includes a residential emergency shelter for abused women and their children has inspired the confidence of funding bodies as well as the urban Aboriginal community.

The six year success of Tungasuvvingat Inuit as delivery agent for the Mamisarvik Inuit Treatment Centre is further evidence that addictions treatment services are best managed by long established Aboriginal agencies that have earned the respect of the communities they serve.

Next Steps Toward Implementation

The next steps toward implementation of the Minwaashin Lodge vision for a residential addictions treatment facility serving Aboriginal women and their children are as follows.

1. Subsequent to approval by the Minwaashin Lodge Board of Directors, the final report of the feasibility study will be forwarded to members of the Ottawa Aboriginal Coalition, potential funders and key stakeholders.
2. The report will be accompanied by a request for approval in principle to proceed with the proposal development phase.
3. A summary of the feasibility report will be made available to interested parties upon request.

With respect, this report is dedicated to the memory of Kelly Morrisseau.

[14] The approximate average annual cost of a child in care of the CAS is $22,892.73 (Flynn, 2006); these costs cannot be compared as the treatment bed estimate excludes food, clothing and comfort allowance.

Appendix A

List of Feasibility Survey Participants: 31 Key Informants and Focus Group Participants

Minwaashin Lodge extends heartfelt appreciation to the following organizations and individuals for contributing their time and expertise to this feasibility study.

Children's Aid Society of Ottawa

1. Jacquie Woodward, Director, Child and Youth in Care Services
2. Ginny McGregor, Social Worker, Child and Youth in Care Team
3. Elaine Uy, Child and Youth in Care Services, Placement Team
4. Andrée Guillemette, Supervisor in Francophone Child Protection Services
5. Dianne Ciravolo, Adoption worker in Child and Youth Services.
6. Louise Tremblay, Protection Services, Francophone pod

Ottawa Police Service

7. John Medeiros, Staff Sergeant
8. Peter Gauthier, Staff Sergeant, Drug Section
9. Peter Jupp, Case Manager, Partner Assault Unit
10. Donna Watson-Elliott, Manager Victim Crisis Unit
11. Stephanie Gilbeault, Diversity Unit
12. Khoa Hoang, Patrol Services (Shadowing Diversity Unit)

Inner City Health Services

13. Wendy Muckle

Royal Ottawa Hospital

14. Wendy Nuttall, Addiction Counsellor
15. Audrey Starkes, Social Worker

Mamisarvik National Inuit Addictions Treatment Centre

16. Pam Stellick, Director of Counselling Services

Minwaashin Lodge/Aboriginal Women's Support Centre

17. Irene Compton, Employment and Culture Program
18. Deena Fontaine, Employment and Culture Program Assistant
19. Elaine Kicknosway, Sacred Child Program
20. Ida Meekis, Youth Program
21. Mary Daoust, Sexual Abuse/Trauma Counsellor
22. Janelle Comtois, Youth Counsellor
23. Donna Chief, Substance Abuse Counsellor
24. Rebekka Wallace, Mental Health Counsellor
25. Wanda Seguin, 2 Spirit Program Coordinator
26. Tina Vincent, Program Coordinator, Oshki Kizis Lodge
27. Diane Wolfe, Family / Transitional Support Worker, Oshki Kizis Lodge

28. Shar Chowdhury, Transitional Support Worker, Oshki Kizis Lodge
29. Mary Longboat, Oshki Kizis Lodge Residential Support Worker
30. Mary Montgomery, Oshki Kizis Lodge Director
31. Ida Kakekagumick, Administrative Assistant, Minwaashin Lodge

Appendix B

The following chart of potential funding sources for components of a residential treatment centre for Aboriginal women and their children is derived in part from the Aboriginal Healing Foundation publication, 'A Directory of Funding Sources for Healing Activities' (2004).

Funding Source	Program Priority
F.K. Morrow Foundation 3377 Bayview Avenue, North York ON M2M 3S4 416.229.2009	Canada-wide grants for operating funds, program funding and special projects.
The Molson Donations Fund National Committee, 22 Carlington Drive Toronto ON M9W 5E4 416.679.1786	Women's health, substance abuse and addictions research, First Nations people and youth for program funding, matching funds and special interest projects.
The Laidlaw Foundation 365 Bloor Street East, Toronto ON M4W 3L4 416.964.3614 mail@laidlawfdn.org www.laidlawfdn.org	Projects that promote health, culture and social issues and children.
The Lawson Foundation 252 Pall Mall Street, London ON N6A 5P6 www.lawson.on.ca	Health and substance abuse.
McLean Foundation 2 St. Clair Ave. W. Suite 1008, Toronto ON M4V 1L5 416.964.6802 info@mcleanfoundation.on.ca www.mcleanfoundaton.on.ca	Special interest projects, matching funds related to health.
The Altamira Foundation 130 King Street W., Suite 900, Toronto ON M5X 1K9 www.altamira.com	Child-abuse prevention programs.
Royal Bank Foundation – RBC Financial Group ON Regional Office 20 King St. W., 11th Floor, Toronto ON M5H 1C4 www.rbc.com/community/donations/index.html	Health and social services to enhance quality of life.
Community Foundation of Ottawa 75 Albert St. Suite 301, Ottawa ON K1P 5E7 613.236.1616 info@communityfoundationottawa.ca www.comunityfoundationottawa.ca	Seeding, nurturing, supporting and strengthening the community in the social services and health area.
Health Canada, Division of Childhood and Adolescence 1909C2 Tunney's Pasture, Ottawa ON K1A 1B4 613.952.1220 DCA_public_inquiries@hc-sc.gc.ca www.hc-sc.gc.ca/dca-dea/main_e.html	Programs funded are healthy babies, parenting, mental health, child development and solvent abuse.
Health Canada, First Nations and Inuit Health Branch Tunney's Pasture, Ottawa ON K1A 1B4 613.948.6364 fnihb-dgspni@hc-sc.gc.ca	Substance abuse, addictions and mental health programming.
Ontario Ministry of Health and Long Term Care, East Region	Mental health and addictions

10 Rideau St. 8th Floor, Ottawa K1N 9J1 613.569.5602	
Ontario Ministry of Health and Long Term Care Health Integration Network 613.747.6784	Mental health and addictions funding allocations
Ontario Ministry of Health and Long Term Care Centre for Addiction and Mental Health 1.800.463.6273	Mental health and addictions research and information clearing house

Appendix C

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