



the Aboriginal Healing Foundation

Summary Points of the AHF Final Report



Overview of the Aboriginal Healing Foundation's Final Report



Published in January 2006, the Final Report of the Aboriginal Healing Foundation comprises three volumes. The report records information and accomplishments related to healing in general and to the work of the AHF.

Volume I – *A Healing Journey: Reclaiming Wellness*

Places the work of the AHF in the wider Aboriginal healing movement, summarizes what the AHF has learned from research and evaluation, and recommends upon the future healing needs of residential school Survivors and their families.

Volume II – *Measuring Progress: Program Evaluation*

Synthesizes the data collected through the 3 national survey (2000, 2002, 2004), 5 focus groups, 13 case studies, 1,479 individual participant questionnaires (IPQs), and file review of 36 AHF-funded projects.

Volume III – *Promising Healing Practices in Aboriginal Communities*

Reports on AHF-funded programs with practices and interventions that are working well for Aboriginal communities or communities of interest based on questionnaires, file review, survey data and focus groups.

The Past



Between 1800s-1990s, over 130 government-funded church-run industrial schools, boarding schools and northern hostels operated in Canada for Aboriginal children.

Many First Nations, Métis and Inuit children attending residential schools suffered physical, sexual and other abuses (i.e., loss of childhood, family, community, language and culture).

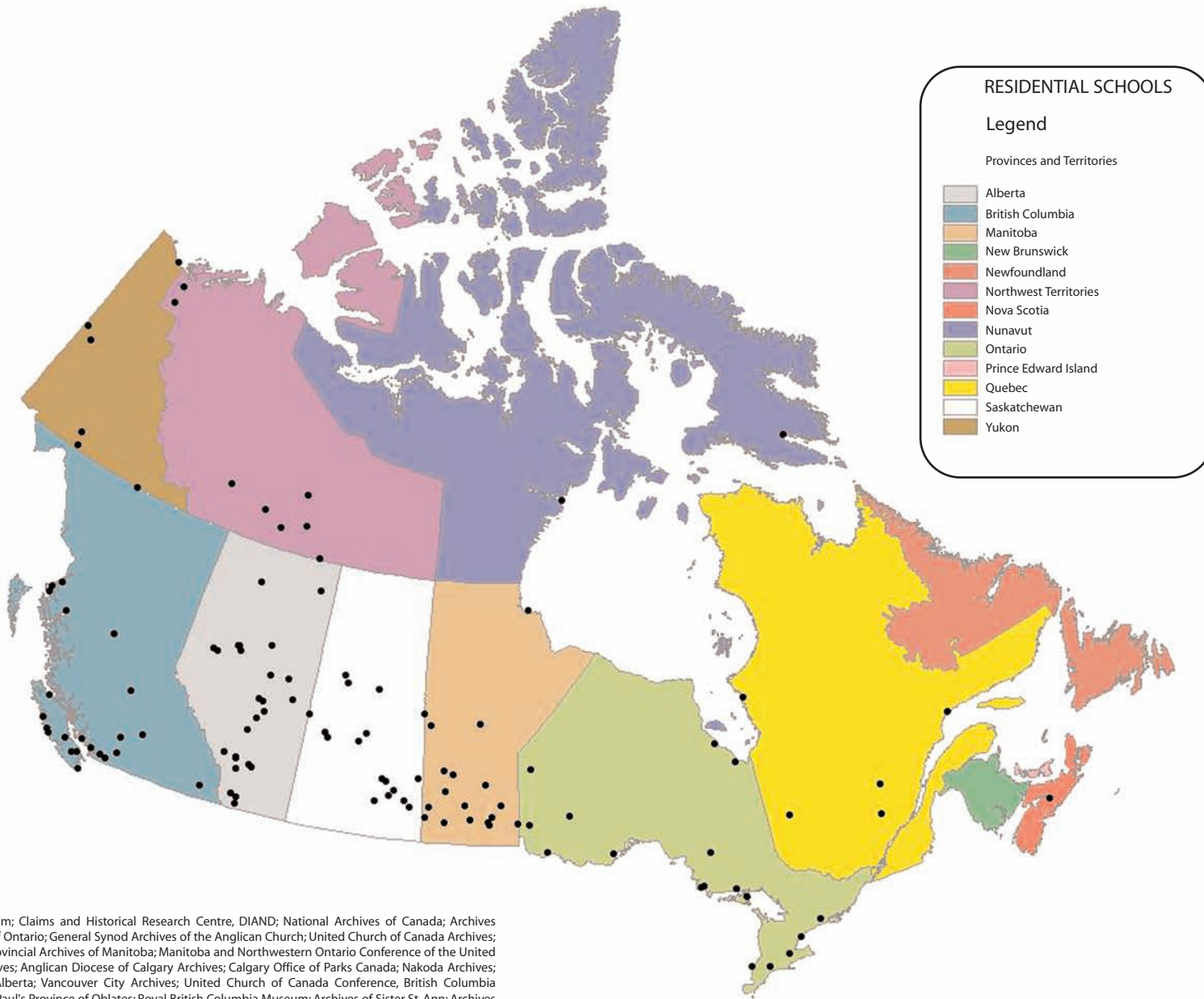
In 1996, the report of the Royal Commission on Aboriginal Peoples stressed the urgency of addressing the impacts of residential schools.

On 7 January 1998, then Minister of Indian Affairs and Northern Development Honourable Jane Stewart issued a 'Statement of Reconciliation' and unveiled Gathering Strength-Canada's Aboriginal Action Plan.

The federal government announced a one-time grant of \$350 million for community-based healing of the physical and sexual abuses that occurred in residential schools.

On March 31, 1998, the Aboriginal Healing Foundation was created. It was given a ten year mandate: one year to set-up; 4 years to disburse the \$350-million healing fund on a multi-year basis, and 5 years to monitor and evaluate the projects.

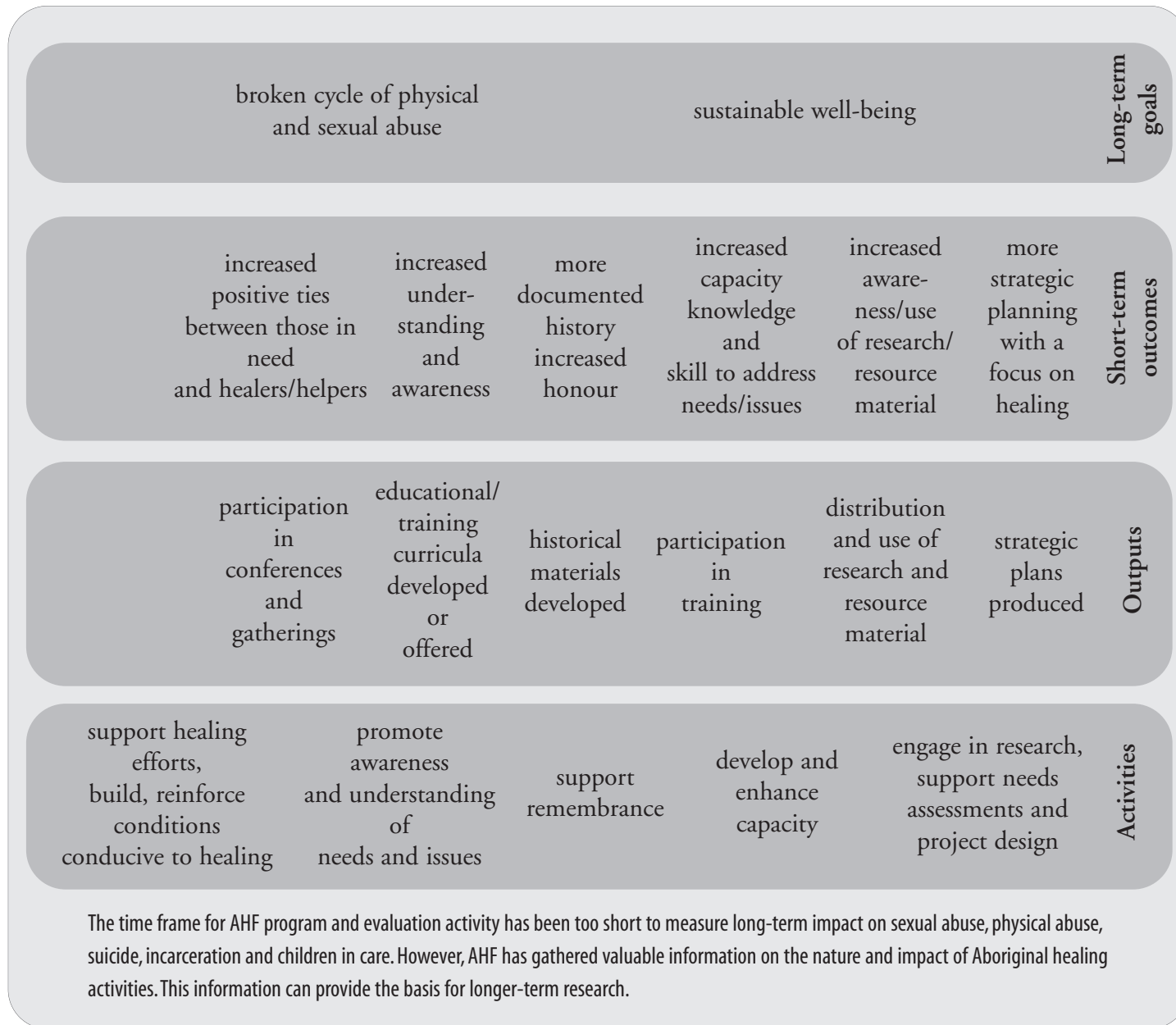
Residential School Map



Sources: McCord Museum; Claims and Historical Research Centre, DIAND; National Archives of Canada; Archives Deschâtelets; Archives of Ontario; General Synod Archives of the Anglican Church; United Church of Canada Archives; University of Victoria; Provincial Archives of Manitoba; Manitoba and Northwestern Ontario Conference of the United Church of Canada Archives; Anglican Diocese of Calgary Archives; Calgary Office of Parks Canada; Nakoda Archives; Provincial Archives of Alberta; Vancouver City Archives; United Church of Canada Conference, British Columbia Archives; Archives of St. Paul's Province of Oblates; Royal British Columbia Museum; Archives of Sister St. Ann; Archives of Yukon; Social Sciences and Humanities Research Council of Canada; and Algoma University College, Sault Ste. Marie.

Disclaimer: This document is under development. The information contained herein is subject to change without prior notice. Produced: April 2001, Kathy Kettler, Aboriginal Healing Foundation.

The AHF Logic Model



The Present



Approximately 86,000* Survivors are alive today:

- First Nations –80%**
- Métis – 9%**
- Inuit – 5%**
- non-status – 6%**

Approximately 287,350* intergenerationally impacted (on- and off- reserve):

- Total conservative estimate = 373,350
- Estimated 204,564*** participants in AHF-funded healing projects
- Only 33% engaged in prior healing activity
- 49,095*** participants in AHF-funded training projects

* Extrapolated figures based on information from the Indian Residential Schools Resolution Canada's analysis of Aboriginal Peoples Survey 1991

** Extrapolated figures from Indian Residential Schools (IRS) Data Project (1998) prepared by DIAND IRS Data Task Group.

*** Extrapolated figures based on information from 2000, 2002 and 2004 AHF surveys.

Impact of AHF funding:

Thirty-six months is a minimum time to move through needs identification, outreach & initiation of therapeutic healing.

Less than 1/3 of all projects received AHF funding for thirty-six months or longer.

Estimated 204,564* participants (55% of total target population of Survivors and intergenerationally impacted) received healing services.

56% of AHF-funded projects could not meet healing needs and 36% maintain a waiting list.

An estimated \$140,855,595* would be required to address project needs, including associated costs.

AHF-funded projects identify 75,636* (37%) individuals having special needs (i.e., severe trauma including alcohol abuse, suicidal behaviour, etc.).

* Extrapolated figures based on information from 2000, 2002 and 2004 AHF surveys.

What the projects tell us:

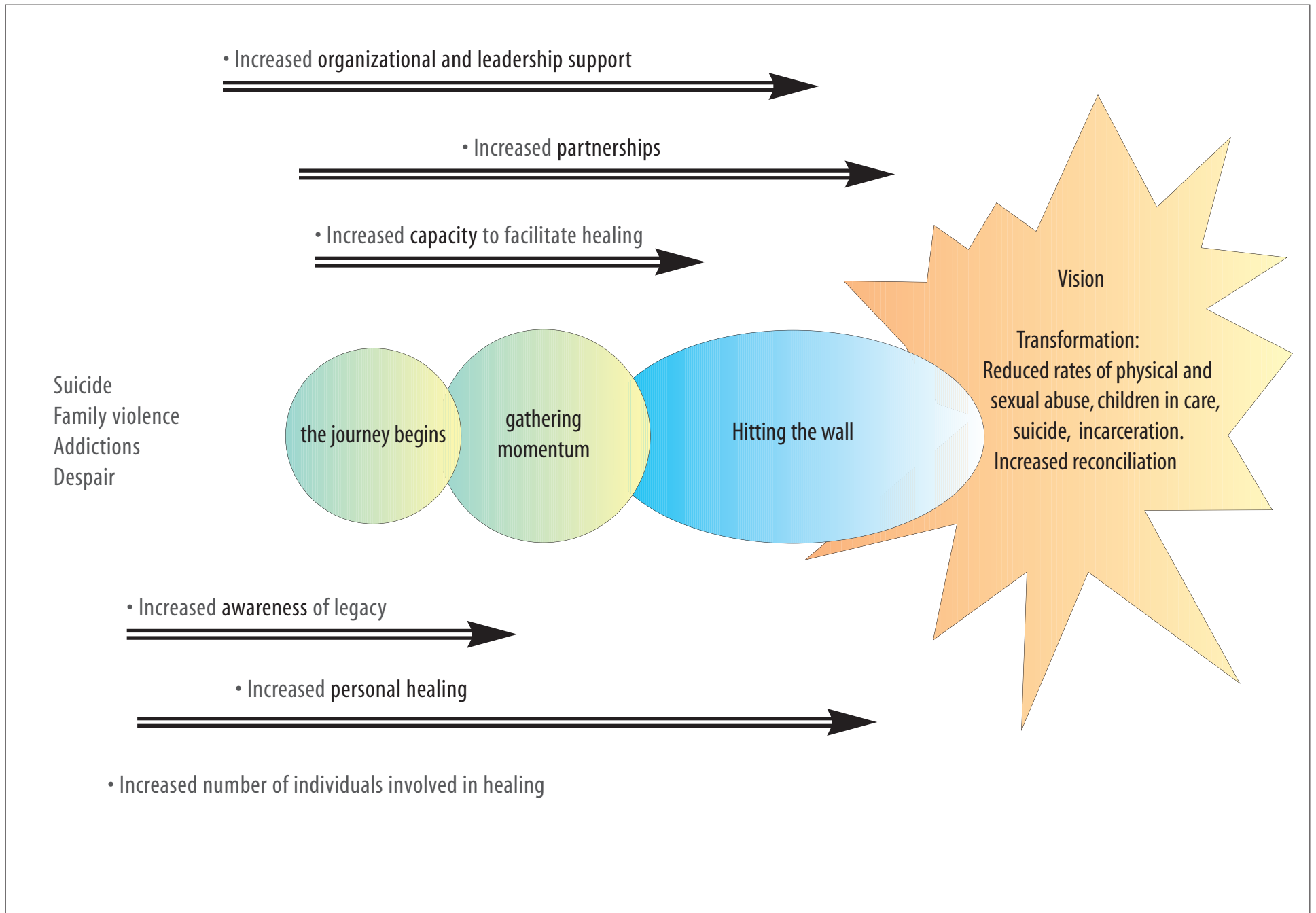
Healing is a long-term process.

Healing occurs in stages.

Impact of AHF-funded activities in the communities (e.g., level of understanding and awareness of the Legacy, level of team capacity, number of participants in healing):

- 20% of communities are just beginning their healing
- 65.9% of communities accomplished a few goals, but much work remaining
- 14.1% of communities accomplished many goals, but some work remaining

The Community Healing Journey



A Framework for Understanding Trauma and Healing Related to Residential School Abuse

The Need for Healing: Historic Trauma

Intergenerational impacts of the undermining of Aboriginal languages, cultures, spirituality, traditions, and belief systems; loss of family and community members through war and disease; loss of political autonomy, land and resources; loss of children to residential schools; widespread physical and sexual abuse of children in residential schools. At a macro level, these can be seen as root causes of the dismal social, economic, and health status of Aboriginal people.

Promising Healing Practices: Necessary Elements

Aboriginal Values / Worldviews

Programs reflect Aboriginal values of wholeness, balance, harmony, relationships, connection to the land and the environment, and a view of healing as a lifelong journey.

Personal and Cultural Safety

Establishing safety is a prerequisite to healing from trauma. This includes ensuring physical and emotional security and providing services in a setting that reflects participants' cultures and traditions.

Capacity to Heal

Promising healing practices are guided by skilled healers, therapists, Elders and volunteers who are non-judgmental, who know their own strengths and limitations, and who are well respected in the community.

The Three Pillars of Healing

Reclaiming History

Understanding and awareness of the intergenerational impacts of the residential school system; acknowledging Aboriginal history, and understanding current conditions in a historically accurate way. This allows personal trauma to be understood within a social context and reduces self-blame, denial, guilt and isolation; can be a catalyst for healing and can also lead to mourning what was lost – a recognized stage in the healing process.

Cultural Interventions

Recovery of cultural pride and identity; increased understanding of history, ceremonies, languages, traditions, etc. Also promotes healing (culture is good medicine) and a sense of belonging. Informal social activities (feasts, pow wows, cultural events) facilitate this sense of belonging.

Therapeutic Healing

A broad range of traditional and Western therapies and combinations that address individual trauma. The overall therapeutic approach is holistic and culturally relevant. The various approaches recognize that healing from severe trauma, especially sexual abuse, can be a long-term undertaking.

Environment

The conditions that influence both the need for healing and the success of the healing process, including individual experiences, strengths, resources, motivation and relationships within the family; community-level social, political and economic conditions; community culture, traditions, language, history, resources and governance; the degree of leadership support for healing, and community capacity and access to skilled healers and therapists.

What participants tell us:

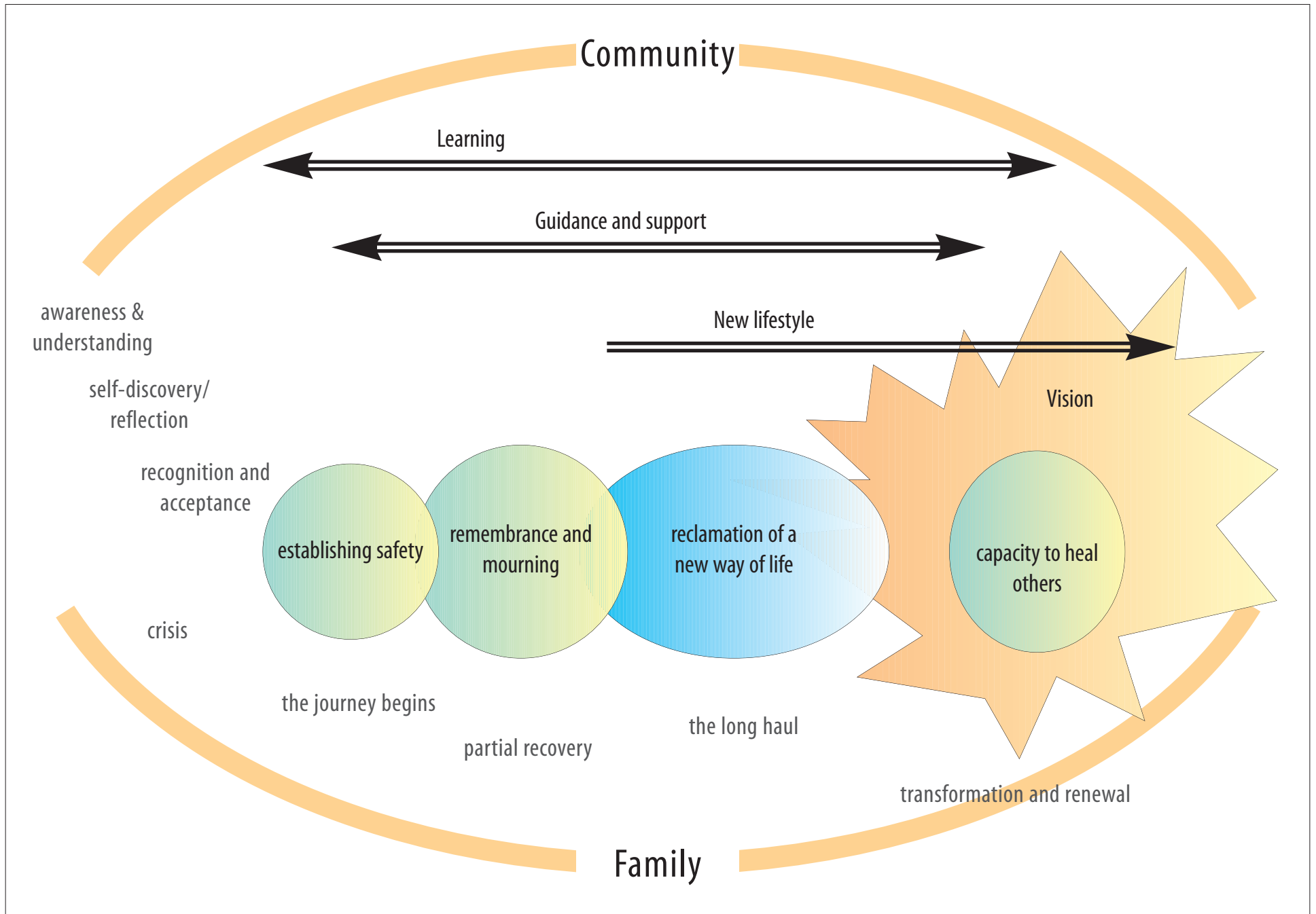
Fifty-seven percent tell us their goals changed over the course of attending AHF-funded activities. Four most commonly cited changes were:

- improved self-awareness
- relationships with others
- knowledge
- cultural reclamation

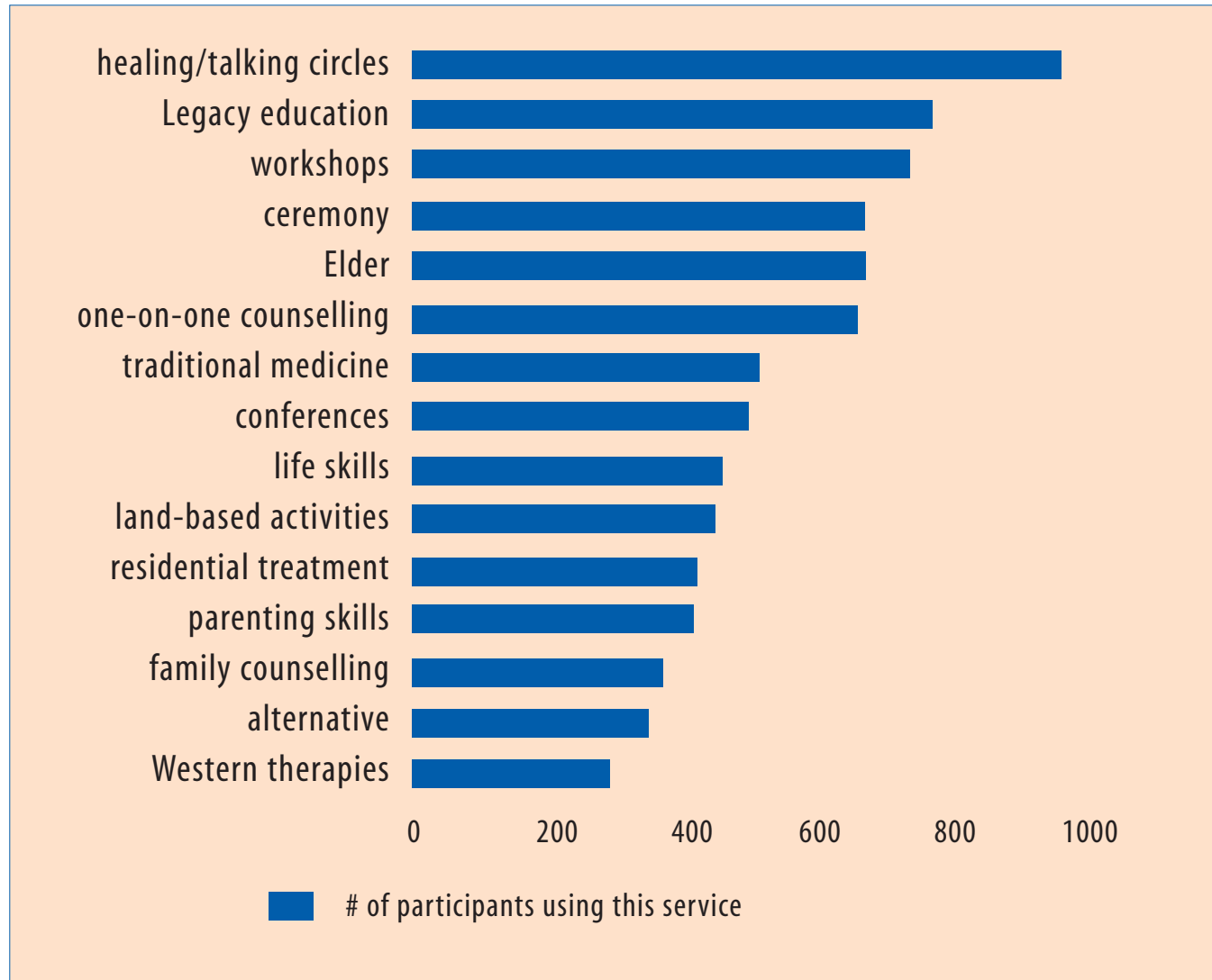
The majority felt better about themselves because:

- they found strength
- they improved their self-esteem
- they were able to work through their trauma

The Survivor's Healing Journey



Participation in Healing Activities



Effectiveness of Healing Activities



The Future



An average of 10 years is required for a community to:

- reach out
- dismantle denial
- create safety
- engage participants in therapeutic healing

Progress and duration of healing is affected by:

- level of community awareness
- readiness to heal in individuals
- availability of organizational infrastructure
- access to skilled personnel

Responses to surveys indicate healing goals are achieved best through:

- services by Aboriginal practitioners
- longer involvement in counselling and therapeutic activities

AHF-funded projects play a pivotal role in:

- partnering with community and service agencies
- identifying and filling gaps in services
- engaging Survivors and those intergenerationally impacted by the legacy of residential schools

Between 1877-1965, an estimated \$1,504,225,122* was spent by the federal government to maintain residential schools.

By applying the Law Commission of Canada's economic model (2003) on the annual cost of child abuse, Survivors of residential school and those intergenerationally impacted cost Canadian society \$440 million per year (i.e., costs of incarceration, social services, special education and health).

A study of Hollow Water's Community Holistic Circle Healing (CHCH) indicates that funding of healing as an alternative to incarceration is cost-effective and lowers recidivism rates (for every \$2 spent on the CHCH program, federal and provincial governments save \$6-\$16 in incarceration costs)

* Figure based on analysis from 1877-1965 INAC records, and extrapolations were made for the period 1877-1909 as no annual breakdowns were available for this period.

To receive Research reports, Annual Reports, Corporate Plans, additional copies of this presentation, or for more information:

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