



2009 ANNUAL REPORT
ABORIGINAL HEALING FOUNDATION





The 2009 Annual Report of The Aboriginal Healing Foundation

Helping Aboriginal People Heal Themselves From the Legacy of Residential Schools

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A MESSAGE FROM THE AHF BOARD OF DIRECTORS



Welcome to our 2010 Annual Report. This was a year of great anticipation, as we awaited the decision from Government concerning the future of the Aboriginal Healing Foundation. As you doubtless know, the March 2010 Federal budget formalized Canada's decision to cease funding for the AHF. And so, in this fiscal year (April 1, 2009 – March 31, 2010) funding came to an end for 134 AHF Contribution Agreements with community healing projects.

Although we had prepared for this possibility and understood that continuation of our funding was not guaranteed, the decision came as a shock. Evaluations of the Aboriginal Healing Foundation and the projects it supports have been very positive. A recent study, "Evaluation of Community-Based Healing Initiatives Supported Through the Aboriginal Healing Foundation," undertaken by DPRA Canada in association with T.K. Gussman Associates on behalf of Indian and Northern Affairs Canada, recommended that

The Government of Canada should consider continued support for the Aboriginal Healing Foundation, at least until the Settlement Agreement compensation processes and commemorative initiatives are completed.

This latest (December 2009) evaluation concluded that "a number of indicators provide evidence that AHF healing programs at the community level are effective in facilitating healing at the individual level, and are beginning to show healing at the family and community level" and noted "other indicators of the growth of community capacity reported by AHF projects are increased volunteerism and the growth of informal helping networks; Impacts of the programs are reported as positive by the vast majority of respondents, with results ranging from increased self-esteem and pride; achievement of higher education and employment; to prevention of suicides."

Nevertheless the funds allocated in the 2007 Indian Residential School Settlement Agreement (IRSSA) will represent the final Government commitment of resources

to the Aboriginal Healing Foundation. We will complete the remainder of our mandate and close in September of 2012. In the time remaining a core group of staff will execute a winding-down strategy which includes the remainder of our research agenda, the monitoring of twelve regional healing centres (funded by the AHF to September 2012), the preparation of reports, and the disposition of assets. After fourteen years of existence, the Aboriginal Healing Foundation will cease to be.

This Annual Report has been prepared, not to look to the future, but to capture the past year. Although you will find information in this document concerning our prospects, the 2010 Aboriginal Healing Foundation Corporate Plan contains more detail about the winding-down and closure of our organization in the next two years. We recommend that readers consult this publication, available free of charge from the AHF office and website (www.ahf.ca). In the meantime, this Annual Report will provide a summary of recent developments related to our mandate, as well as background information and accounts of our work, structure, mandate, and finances. As always, we hope this report is of use and value, and we encourage you to contact us with your questions, comments, or suggestions.

In closing, due acknowledgement must be given to the many individuals who participated in and sustained the work of healing supported by the Aboriginal Healing Foundation. In many dozens of Aboriginal communities we have had the honour of working in a partnership that in some cases has spanned over a decade. It is with a mixture of respect, joy, sorrow, and hope that we consider the closing of this chapter of our lives. However, we believe the healing journey will continue and that the end of one chapter is the beginning of another. The healing movement preceded the Aboriginal Healing Foundation, and due to the courage, resilience, and determination of Aboriginal people, it will go on afterward

- In the spirit of healing and peace, Board of Directors.

A MAP OF INDIAN RESIDENTIAL SCHOOLS IN CANADA



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, updated March 31, 2008.

EVALUATING THE EFFECTIVENESS OF AHF PROGRAMS



The Aboriginal Healing Foundation and its programs have undergone a number of evaluations over the past twelve years. The following summary is drawn from the December 2009 document, "Evaluation of Community-Based Healing Initiatives Supported Through the Aboriginal Healing Foundation," undertaken by DPRA Canada (www.dpra.com) in association with T.K Gussman Associates on behalf of Indian and Northern Affairs Canada.

Executive Summary

Introduction

The following report presents the findings of an evaluation undertaken by DPRA Canada in association with T.K. Gussman Associates, on behalf of Indian and Northern Affairs Canada, of the community-based initiatives of the Aboriginal Healing Foundation (AHF) for the period April 2007 to May 2009.

The AHF, begun in 1998 in response to recommendations arising from the Royal Commission on Aboriginal Peoples and the Government's subsequent Action Plan, "Gathering Strength", has had the principal objective of healing Aboriginal individuals, families and communities of the effects of abuses and cultural losses suffered as a result of attendance at Indian Residential Schools (IRS). Over the ten year period, the Government of Canada (GOC) has contributed \$515 million to the AHF to support this objective. The last contribution was in the form of an additional \$125 million in funding that arose from the Indian Residential Schools Settlement Agreement (IRSSA) and covers the period from 2007-2009.

The model followed by the AHF has been to fund community-driven and culturally-based projects that use a variety of healing methods and models, in response to community needs. The evaluation is part of the terms of the IRSSA and the Funding Agreement between the AHF and the GOC, which outlines the Minister's right to conduct a program evaluation.

The primary objective of the evaluation has been to assess the effectiveness, impacts, cost-effectiveness and continued relevance of the healing initiatives and

programs undertaken by the AHF under the Settlement Agreement for the period under review, and provide evidence that will support the Government's decision-making regarding whether and to what extent funding should continue beyond the current end date of March 2010 for some projects and March 2012 for others (the 11 healing centres currently funded).

Methodology

The evaluation took place over a very condensed time period between June and September of 2009. The methodology pursued a number of lines of evidence, as follows:

- + Review of 108 documents and literature sources;
- + Review of Administrative files (Annual and quarterly reports for 07/08 and 08/09 for a sample of 29 AHF-funded projects (including the eight case study projects));
- + 35 Key informant interviews of individuals from the following groups: AHF; relevant government departments; Aboriginal organizations; project directors from AHF-funded projects outside the case study sample; and subject experts from across Canada; and
- + Eight Community case studies conducted on-site at locations across Canada. During the case studies, a total of 145 interviews were conducted with participants and key stakeholders.

Highlights of Evaluation Findings

Program Effectiveness:

There is almost unanimous agreement among those canvassed that the AHF has been very successful at both achieving its objectives and in governance and fiscal management.

A number of indicator measures provide evidence that AHF healing programs at the community level are effective in facilitating healing at the individual level, and are beginning to show healing at the family and

community level. AHF research has shown that it takes approximately ten years of continuous healing efforts before a community is securely established in healing from IRS trauma.

Program enrolment is growing at an average of 40 percent in the projects reviewed, and case study sites report growing enrolments and increased demand for healing services. Project data show that enrolments include increasing ratios of historically hard-to-reach groups such as youth and men.

Although evidence points to increasing momentum in individual and community healing, it also shows that in relation to the existing and growing need, the healing “has just begun”. For Inuit projects in particular, the healing process has been delayed due to the later start of AHF projects for Inuit.

The majority of projects note they are not sustainable without AHF funding, although efforts are being made in some cases to secure funding from other sources; however, as there are no other agencies with a matching mandate, funding partners are difficult to find.

Program Impacts:

Impacts of the programs are reported as positive by the vast majority of respondents, with individual impacts ranging from improved family relationships, increased self-esteem and pride; achievement of higher education and employment; to prevention of suicides.

Reported community impacts are growth in social capital indicators such as volunteerism, informal caring networks, and cultural events. One of the notable impacts reported by case study communities is that the “silence” and shame surrounding IRS abuses are being broken, creating the climate for ongoing healing. Projects report that capacity for healing has been built in communities and between communities; an example of such inter-community capacity growth is the sharing of best practices that has occurred between communities in both formal and informal ways, supported by the AHF and undertaken by projects on their own.

Impacts of the GOC Apology and Settlement Agreement: Although reaction to the GOC Apology was mixed, the evaluation found that the majority of respondents felt it

played a major role in creating awareness of IRS issues in the general public, and for many former IRS students and their families, provided the acknowledgement and validation of their suffering they had been looking for. The Common Experience Payment and Independent Assessment Process are increasing the need for healing by “opening up” the issue for many Survivors for the first time. AHF projects and Survivor Societies are seeing a significant increase in demand for services in relation to these processes.

Continued Relevance of AHF Healing Programs:

Project reports show that healing program reporters identify an array of negative social indicators and challenges to healing that persist in their communities. Evaluation evidence from case studies shows that almost 90 percent of respondents estimate that “more than 50 percent” of their community members need healing from the effects of IRS. The estimated high level of need, together with the growing program enrolments and the anticipation that the Settlement Agreement processes will continue for at least another three years, support the argument for the continued relevance of AHF healing programs. The evaluation results strongly support the case for continued need for these programs, due to the complex needs and longterm nature of the healing process.

Given the Settlement Agreement commitment by the GOC, and keeping in mind the assessments of the number of Survivors and intergenerationally impacted who are anticipated to need support; and the fact that Health Canada support programs are designed to provide specific services that are complementary but different to those of the AHF; and the reported numbers of Survivors seeking help from AHF and Survivor Societies, the logical course of action for the future would seem to be continuation of support for the AHF. This support is needed at least until the Settlement Agreement compensation processes and commemorative initiatives are completed, and ideally, beyond, until indicators of community healing are much more firmly established and Aboriginal people and communities either no longer need such supports, or are able to achieve healing from IRS effects through other means. Expert key interviewees note that there is presently no equivalent alternative that could achieve the desired outcomes with the rate of success the AHF has achieved.

Recommendations

It is recommended that:

1. The Government of Canada should consider continued support for the Aboriginal Healing Foundation, at least until the Settlement Agreement compensation processes and commemorative initiatives are completed.
2. The Government of Canada explore options with the Aboriginal Healing Foundation to determine how best to maximize any additional resources, should they become available, in order to be better able to meet the healing needs of Aboriginal Canadians.
3. The Government of Canada undertake a study, in partnership with the Aboriginal Healing Foundation, research organizations, and stakeholders, to determine the healing needs of Aboriginal Canadians post Indian Residential Schools Settlement Agreement and determine whether funding should be continued and, if so, to what extent, and what role, if any, the Government of Canada should play.
4. The Government of Canada implements, in the funding agreement with the Aboriginal Healing Foundation, a requirement to collect data to help determine cost effectiveness of community-based healing projects supported by the Foundation. They should also examine the possibility of a mandate to conduct strategic research and evaluation activities; however, this enhanced mandate should not detract from funding that would normally flow to community-based projects.

1.0 Introduction

Indian Residential Schools (IRS) officially operated in Canada from 1892 to 1996, either entirely government-administered, or through funding arrangements between the Government of Canada (GOC) and the major Christian churches of the period. Thousands of Aboriginal people who attended these schools have reported that physical, emotional, and sexual abuses were widespread in the school system. The equally powerful cause of trauma reported by former students, their families, and their descendants is the loss of culture and language, and the lifelong effects on people who, as children, were institutionalized in settings alien to them, away from their families and social networks.

The legacy of this trauma has reverberated through Aboriginal communities until the present. By one estimate, there are approximately 86,000 of these Survivors still living in Canada. The Royal Commission on Aboriginal Peoples recommended that Canada take action to address these impacts on individuals, families and communities, and the GOC's "Gathering Strength – Canada's Aboriginal Action Plan", recommends "a healing strategy to address the healing needs of Aboriginal People affected by the Legacy of IRS, including the intergenerational impacts"

1.1 Program Description

The federal government provided a \$350 million grant in 1998 for community-based healing of residential school trauma, and on March 31, 1998, the Aboriginal Healing Foundation (AHF) was created, with a ten year mandate. Before the end of the initial ten year funding period, the federal government subsequently provided an additional \$40 million for 2005-2007. Since 1998, the GOC has contributed \$515 million to the AHF to support the objective of addressing the healing needs of Aboriginal People affected by Residential Schools.

As part of the Indian Residential Schools Settlement Agreement (IRSSA) reached through a judicial process involving a number of parties, the GOC provided an additional \$125 million endowment, to apply to the AHF for the period from April 1, 2007, to March 31, 2012. The AHF applied this \$125 million to existing AHF projects. The \$125 million has extended funding for existing projects for three years (ending March 31, 2010) and for eleven healing centers for four and a half years (ending March 31, 2012). The funding allocation and the time frame between April 1, 2007, and May 2009 are the focus of this evaluation.

The Foundation, which is an Aboriginal-operated, not-for-profit corporation, operates independently of government, and has administered the fund in accordance with a Funding Agreement between the Foundation and the GOC. The intention from the outset has been that the AHF not duplicate existing services provided "by or within funding from federal, provincial or territorial governments."

The AHF governance structure includes a Board of

Directors whose responsibilities include final approval for the funding of healing projects, and an Executive Director that oversees the day to day management of the foundation. The AHF has been noted for excellence in governance and management.

The long term goal of the AHF has been to break the cycle of physical and sexual abuse that is a consequence of the legacy, and to create sustainable well-being for individuals and communities. The objective of the AHF is to address “the healing needs of Aboriginal People affected by the Legacy of Indian Residential Schools, including the intergenerational impacts, by supporting holistic and community-based healing to address needs of individuals, families and communities, including Communities of Interest”. The activities and outputs of the AHF have included conferences and gatherings, training, research, the production of historical materials, and the promotion of awareness and understanding of the needs and issues surrounding residential school trauma and its legacy.

Community-based projects funded by the AHF were designed in and by communities to address the healing needs as understood by community members at the time; as a result, there is a range of healing approaches and modes used, within eight broad categories of eligible projects established by the AHF: (the last two of the list applied in the start-up phase):

- + Those providing direct healing services;
- + Those focused primarily on prevention of the effects of abuse, and awareness of the Legacy;
- + Those that conduct Gatherings and conferences;
- + Those that honour history by a variety of means, including memorials;
- + Those focused primarily on training for potential healers and building capacity for the healing process;
- + Those focused on knowledge-building, including through research and capacity building;
- + Those focused on assessing the healing needs of the community (needs assessment); and
- + Those that address project design and set-up.

The AHF model has emphasized a wholistic, community-based approach that emphasizes training and capacity building in healing; and reliance not only on “professional” healers, but healers with lived experience and cultural knowledge. One of the conclusions reached

by AHF after several years of research, is that “culture is good medicine”.

Projects are monitored by the AHF on the extent of their achievement of the following measures, intended to support the achievement of the overall program objective:

- + Promotion of linkages to other government health and social services programs;
- + Focus on early detection and prevention of the intergenerational impacts of physical and sexual abuse;
- + Recognition of special needs, including those of the elderly, youth and women; and
- + Promotion of capacity-building for communities to address their long-term healing needs.

Demand for AHF-funded projects in Aboriginal communities has been high; the AHF has received over \$1.3 billion in funding requests since its inception, far outstripping the \$515 million funding allocation. In 2001, there were 310 AHF-funded community projects, serving over 1,500 individual communities and approximately 60,000 individual participants.

Currently, there are just over 140 contribution agreements for AHF projects distributed across the provinces and territories. Those projects that were funded under the 2007 endowment (i.e. 2007-2010 or 2012) are projects that have demonstrated ongoing success.

3.2.1 Program Impacts

Case study interviews provided the following information on the reported impacts of healing projects; these were reported by program participants, staff/healers, community leaders, and frontline workers in communities and partner agencies.

- + Learning to take action and responsibility for one’s own health and healing was the most often cited impact by program participants;
- + Increased community capacity for healing as indicated by increased awareness; decrease in anger and resistance to healing initiatives; “healing” is now an acknowledged and better understood concept. Interviewees who were family members of Survivors noted that, by learning the history of IRS and its impacts, they for the first time understood the Survivors in their family. Increased awareness was the second most-often mentioned impact

of healing programs by program participants in case study interviews, and this was linked to changed attitudes towards family members (particularly Survivors);

- + Increase in cultural knowledge, decreased shame in Aboriginal identity and increased pride and celebration of culture. Many respondents cited the learning or re-connection with their culture as the key to a recovered sense of self and one's place in the world, from which a number of positive actions could flow;
- + Increased pride and self-esteem has led to achievements in education and work life for many participants;
- + Reported healing of trauma and negative emotions and the acquisition of "tools" for continuance of self-care in this area; one mental health expert's description of this approach was to say that "healing is a key precondition for people [who have been institutionalized and therefore dependent] to find their pathway to self-care";
- + Reported decrease in sense of isolation through realization and sharing of many similar stories of IRS effects; programs seen as a "safe place" to disclose experiences and begin healing;
- + Reported increase in intrapersonal/informal community supports as knowledge of impacts spreads in communities (i.e. an increase in social support and social cohesion, an aspect of social capital);
- + Reported improved family relationships as a result of control of negative emotions and heightened empathy resulting from increased knowledge of IRS effects;
- + Reuniting of mothers and children taken into care after mothers completed healing programs;
- + Less tolerance for sexual abuse at the community level, attributed to increased disclosures and heightened sense of personal pride and autonomy ("empowerment");
- + Reported increase in connections between Elders and youth, particularly those intergenerationally impacted;
- + Many respondents noted the program enabled them to live life more fully; the comment often made was "this program saved my life!"
- + The beginning of hope for positive change; and
- + In many cases, increased cooperation between social/health agencies indicated by crossreferrals, shared training, shared resources.

3.2.2 Impacts of the Settlement Agreement on Healing Needs

As the focus of this evaluation is on the funding arising from the Settlement Agreement, and the funding

period from its inception until the present, the impacts of this significant change in the context of Aboriginal healing from IRS was identified as an evaluation issue to investigate. The challenges to program administration and delivery attributed to the effects of the Settlement Agreement processes are discussed above; here we outline the most frequent responses to the question: "Since the Settlement Agreement has been in place, and compensation of various kinds has been offered, do you think this has had effects on the healing needs of communities, and if so, what would those effects be?"

The majority of respondents felt that the Government's formal apology had had a significant impact at the personal, community and national level. For some Survivors, this was the recognition and acknowledgement of their suffering that they had been awaiting for a long time; some reported that the heightened awareness caused by the Apology made them feel at last entitled to come forward for healing; the government Apology in a sense gave public authenticity to the private pain and shame many Survivors had endured for most of their lives. Some respondents, however, reported that the Apology had "opened up old wounds" that had been closed as a means of psychological survival.

From the perspective of AHF headquarters and project directors, one of the most significant impacts of the Settlement Agreement processes is the increase in demand for help from Survivors who are in the IAP process or contemplating doing so, or have had effects from the CEP payment, or are looking for information. Interviewees from Survivors' societies also noted very high level of demand for help and information from Survivors experiencing confusion or negative effects from the compensation processes.

A number of respondents commented that financial compensation cannot heal trauma, or that "no amount of money can undo the harm that was done". Some Survivors commented that they would prefer to have an apology from those who did the harm.

Overall, both positive and negative impacts of the Settlement Agreement were noted; however, more negative than positive outcomes were reported for the compensation processes (CEP and IAP). To summarize, impacts identified by respondents (including case study

interviewees) included the following:

Reported positive outcomes:

- + Improvement in material circumstances for those able to cope with the sudden change in circumstances;
- + Survivors feeling that their experience has been validated through public acknowledgement; and
- + Seeking of healing for the first time for many who had repressed/denied their abuse. Reported negative outcomes include:
 - + Increase in substance abuse and/or accidental death and suicide;
 - + Financial abuse of compensation recipients, particularly the elderly;
 - + Increase in negative feelings (anger, shame);
 - + “Outing” of Survivors to the community before they feel ready (i.e. by receiving a payment, status as Survivor becomes known);
 - + Those dealing with the effects for the first time (triggered by S.A. processes) exerting high pressure on the services of existing projects who have limited resources; and
 - + Victims of abuse report feeling re-victimized by the CEP and IAP process. Of particular note, a number of respondents reported being frustrated by having their attendance at IRS questioned; by lost files that delayed the process; or by having to re-tell the details of their abuse.

3.3 Relevance

The chief question that helps to determine the relevance of the program is whether the need for the program still exists. Accordingly, the evidence gathered to demonstrate relevance, documents community needs and, by implication, the demand for AHF healing programs in communities.

Background:

The AHF Final report identifies 36 months as the minimum time to move through needs identification, outreach and initiation of therapeutic healing (AHF Final Report 2006). AHF research/evaluations suggest that, to heal from residential school abuse, an Aboriginal community requires an average of ten years of ongoing healing support (AHF 2009-2014 Corporate Plan; DeGagné 2008). The AHF Final Report (Volume II,

2006) reported addictions, history of abuse as a victim, poverty, denial and grief as the most severe participant challenges (reported by over 50 percent of projects).

The current high demand for help and support reported by the AHF and Survivor Societies indicates that the level of need for mental health supports for Survivors in the Settlement Agreement processes is high. Health Canada’s IRS Resolution Health Support Program (RHSP) helps to meet this demand through the provision of mental health and emotional supports to former students and their families throughout all phases of the Settlement Agreement, including those eligible or currently resolving claims through the IAP, CEP recipients and those participating in the truth and reconciliation or commemorative initiatives. In anticipation of the Settlement Agreement’s implementation, the IRS RHSP was enhanced in November 2006 (\$94 million over six years). Notable changes include the expansion of the eligibility criteria to include approximately 80,000 former IRS students and the addition of cultural support providers. (Treasury Board of Canada 2006).

Of the 145 currently funded projects, 23 percent are sure they will not be able to continue once AHF funding ends, and 56 percent of projects are unsure of their future without AHF funding (AHF 2009-2014 Corporate Plan).

3.3.1 Is There a Continued Need For The Program?

Data from the sample of project files reviewed (n=29) indicate the number of “serious challenges” present in communities in which AHF funded projects are operating. The close links between these social determinants of health and an individual’s ability to heal are identified in the literature. It is notable that “unresolved grief” (often spoken of together with “loss”) is the second most frequently identified challenge in 2008/09 reports; this speaks to the level of psychological trauma that program reporters understand to be occurring in their communities.

Figure 23, below, illustrates the challenges identified by the sample of projects reviewed (n=29) for the period under review (2007-2009), showing that high levels of healing needs persist.

6.0 Conclusions

A number of indicators provide evidence that AHF healing programs at the community level are effective in facilitating healing at the individual level, and are beginning to show healing at the family and community level; one of the variables in this is the length of time programs have been in operation; for example, most Inuit programs had a later start than others.

A substantial increase (average 40 percent) in program enrolments (from project file review) and stated by case study interviewees, indicate an increasing need for programs; this is supported by AHF research on projected community healing needs.

More youth are being engaged now than in the past; this is seen as an indicator of growing community capacity. Other indicators of the growth of community capacity reported by AHF projects are increased volunteerism and the growth of informal helping networks;

Impacts of the programs are reported as positive by the vast majority of respondents, with results ranging from increased self-esteem and pride; achievement of higher education and employment; to prevention of suicides.

It was noted by many that one of the most profound impacts of the healing programs (and the Apology) is that the “silence” and shame surrounding IRS abuses are being broken, creating the climate for healing; because this is just starting to happen in some communities, the healing trajectory will be longer than first anticipated.

The majority response is that the healing is gaining momentum, but that in relation to the existing and growing need, the healing “has just begun”; project reports and interview results indicate a high level of continued need for healing according to an array of negative social indicators attributed to IRS trauma.

The CEP, IAP and TRC are increasing the need for healing by “opening up” the issue for many Survivors for the first time, and as these processes will be ongoing for at least three years, the healing supports will be needed across the board; including a combination of professional mental health supports as well as community based healing programs.

Programs have been challenged over the long term by uncertainty regarding committed funding; shortages of

trained/qualified staff; lack of resources for necessary follow-up care; and barriers to access such as childcare and transportation costs.

The majority of projects note they are not sustainable without AHF funding, although efforts are being made in some cases to secure funding from other sources.

Respondents note that there are few if any viable alternatives to achieve the positive healing outcomes the AHF has been able to achieve with such a degree of success.

Given the Settlement Agreement commitment by the GOC, and keeping in mind the assessments of the number of Survivors and intergenerationally impacted who are anticipated to need support; and the fact that Health Canada support programs are designed to provide specific services that are complementary but different to those of the AHF; and the reported numbers of Survivors seeking help from AHF and Survivor Societies, the logical course of action for the future would seem to be continuation of support for the AHF, at least until the Settlement Agreement compensation processes and commemorative initiatives are completed.

Expert key interviewees note that there is no equivalent alternative that could achieve the desired outcomes with the rate of success the AHF has achieved.

7.0 Recommendations

It is recommended that:

1. The Government of Canada should consider continued support for the Aboriginal Healing Foundation, at least until the Settlement Agreement compensation processes and commemorative initiatives are completed.
2. The Government of Canada explore options with the Aboriginal Healing Foundation to determine how best to maximize any additional resources, should they become available, in order to be better able to meet the healing needs of Aboriginal Canadians.
3. The Government of Canada undertake a study, in partnership with the Aboriginal Healing Foundation, research organizations, and stakeholders, to determine the healing needs of Aboriginal Canadians post Indian Residential

Schools Settlement Agreement and determine whether funding should be continued and, if so, to what extent, and what role, if any, the Government of Canada should play.

4. The Government of Canada implements, in the funding agreement with the Aboriginal Healing Foundation, a requirement to collect data to help determine cost effectiveness of Community-based healing projects supported by the Foundation. They should also examine the possibility of a mandate to conduct strategic research and evaluation activities; however, this enhanced mandate should not detract from funding that would normally flow to community-based projects.



Federal Budget 2010: Implications and Options for Survivors and Their Families

This material is provided for information purposes. The Aboriginal Healing Foundation does not administer these programs and services. Questions concerning Government programs and services may be directed to the appropriate department. Contact information is provided at the end of this section.

[The following is excerpted from "Canada's Economic Action Plan Year 2," Budget 2010, tabled in the House of Commons by the Honourable James M. Flaherty, P.C., M.P., on March 4, 2010.

See <http://www.budget.gc.ca/2010/index.html>.

References to the Indian Residential School System in Canada's Federal Budget 2010:

• Providing \$199 million to meet higher than expected funding needs in support of the settlement agreement with former students of the Indian residential school system. (Budget 2010, page 125).

Addressing the Legacy of Residential Schools

• In 2005, an historic and unprecedented settlement agreement was reached between the Government of Canada and religious and Aboriginal organizations to address the legacy of Indian residential schools. Budget 2006 provided support for the Indian Residential Schools Settlement Agreement, including payments to former students. Funding needs under the agreement have exceeded expectations. Recognizing this, Budget 2010 commits an additional \$199 million over the next two years to ensure that necessary mental health and emotional support services continue to be provided to former students and their families, and that payments to former students are made in a timely and effective manner. (Budget 2010, page 131).

• Addressing the legacy of residential schools \$93M (2010-2011) \$106M (2011-2012) Total: \$199M (Budget 2010, page 137)

According to the Government of Canada, the \$199

million in the 2010 budget will be allocated as follows:

1. \$133 million to "top up" the Common Experience Payment (CEP) fund for former students.
2. \$66 million over two years for Health Canada's Indian Residential Schools Resolution Health Support Program

The following information concerns Government initiatives related to the Indian Residential School System.

What is the "Common Experience Payment" (CEP)?

The Common Experience Payment (CEP) is a component of the Indian Residential Schools Settlement Agreement. The CEP recognizes the experience of residing at an Indian Residential School and its impacts.

Eligible applicants may receive \$10,000 for the first school year (or partial school year) of residence at one or more residential schools, plus an additional \$3,000 for each subsequent school year (or partial school year) of residence at one or more residential schools. Eligible recipients will receive a one-time payment of their full CEP entitlement.

See <http://www.servicecanada.gc.ca/eng/goc/cep/index.shtml>

What is the Indian Residential Schools Resolution Health Support Program?

The Indian Residential Schools (IRS) Resolution Health Support Program provides emotional health and wellness support to former IRS students and their families, regardless of status and place of residence, who are eligible for the Common Experience Payment (CEP) and/or resolving an IRS claim through the Alternative Dispute Resolution (ADR) process, Independent Assessment Process (IAP) or litigation.

Canada has resolved more than 6,500 IRS claims through the litigation and Alternative Dispute Resolution

processes as of September 3, 2007. Through this experience, Canada has learned that claimants often experience various emotional reactions when disclosing abuses suffered while attending Indian Residential Schools.

This has led the Government of Canada to develop the IRS Resolution Health Support Program to meet the emotional health and wellness needs of former IRS students and their families.

If you attended an Indian Residential School you may be eligible to access:

- Professional counselling
- Transportation to access counselling not available in the home community
- Transportation to access the services of an Elder not available in the home community
- Emotional Support services of a community-based Resolution Health Support Worker
- Cultural Support services of an Elder

Former IRS students and their families can access these services whether you are applying for the Common Experience Payment and/or resolving your claim through Alternative Dispute Resolution, Independent Assessment Process or through the courts. These services are available before, during and after the resolution process.

Health Canada's Indian Residential Schools Resolution Health Support program coordinates the following services for eligible claimants:

1. Professional counselling - based on receipt of a completed treatment plan including the number of counselling sessions recommended and cost, from a recognized Health Canada service provider and with approval from the First Nations and Inuit Health Branch (FNIHB).
2. Assistance with the cost of Transportation to access individual/limited family professional counselling and/or Elder services not available in the home community and approved by FNIHB.
3. Emotional support services are provided by individual Resolution Health Support Workers contracted by Aboriginal or affiliated organizations and

funded by FNIHB. The services of the support workers include, but aren't limited to, providing front-line safety support (at Alternative Dispute Resolution, Independent Assessment and court hearings) and coordination services directly to former IRS students and their families. These services are available before, during and after the Common Experience Payment process, Alternative Dispute Resolution, Independent Assessment Process, Truth and Reconciliation and Commemoration events.

4. Cultural support services will be provided by Elders who are contracted by Aboriginal or affiliated organizations funded by FNIHB. The services of the Elders will include, but aren't limited to, providing a variety of culturally appropriate supports (such as ceremonies, smudging and guidance) directly to former IRS students and their families. These services are available before, during and after the Common Experience Payment process, Alternative Dispute Resolution, Independent Assessment Process, Truth and Reconciliation and Commemoration events.

To access these services, please contact the IRS Regional Coordinator in your Province/Territory (see end of this section for contact details).

All former students, regardless of status or place of residence, are eligible to receive IRS Resolution Health Support services when:

1. receiving Common Experience Payments or Advance Payments, or
2. resolving an IRS claim through the Independent Assessment Process, Alternative Dispute Resolution or court process
3. participating in Truth and Reconciliation or Commemoration events.

When you call the Health Canada regional office, if you are told you are eligible to access services under the Indian Residential School Resolution Health Support Program, please have your counsellor or therapist submit a treatment plan, that includes the number of sessions and cost of treatment, that is developed based on an assessment of your needs, and obtain approval from Health Canada before treatment begins. To access transportation benefits, please provide trip details and obtain approval for coverage of transportation costs before your treatment and travel begins.

If your request for services is denied, you have the right to appeal the decision. There are three levels of appeal, each of which has to be initiated by you (not the provider). In each case, supporting information will be required and reviewed and the decision will be made based on your needs and Health Canada policy.

IRS Regional Coordinators / Indian Residential Schools Resolution Health Support Program Regional Offices

A Crisis Line is available to provide immediate emotional assistance and can be reached 24-hours a day, seven days a week: 1-866-925-4419

Contact information by province/territory from west to east:

British Columbia
5th Floor, Sinclair Centre
Federal Tower
757 Hastings Street West
Vancouver, British Columbia
V6C 3E6

Telephone (toll-free): 1-877-477-0775
Teletypewriter: 1-800-267-1245 (Health Canada)

Alberta
Suite 730, Canada Place
9700 Jasper Avenue
Edmonton, Alberta
T5J 4C3

Telephone (toll-free): 1-888-495-6588
Teletypewriter: 1-800-267-1245 (Health Canada)

Saskatchewan
18th Floor, 1920 Broad Street
Regina, Saskatchewan
S4P 3V2

Telephone (toll-free): 1-866-250-1529
Teletypewriter: 1-800-267-1245 (Health Canada)

Manitoba
3rd Floor, 391 York Avenue
Winnipeg, Manitoba
R3C 4W1

Telephone (toll-free): 1-866-818-3505
Teletypewriter: 1-800-267-1245 (Health Canada)

Ontario
3rd Floor, Emerald Plaza
1547 Merivale Road
Nepean, Ontario
K1A 0L3

Telephone (toll-free): 1-888-301-6426
Teletypewriter: 1-800-267-1245 (Health Canada)

Quebec
2nd Floor, Guy-Favreau Complex
East Tower
200 West René Lévesque Boulevard
Montreal, Quebec
H2Z 1X4

Telephone (toll-free): 1-877-583-2965
Teletypewriter: 1-800-267-1245 (Health Canada)

Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island
18th Floor, Maritime Centre
1505 Barrington Street
Halifax, Nova Scotia
B3J 3Y6

Telephone (toll-free): 1-866-414-8111
Teletypewriter: 1-800-267-1245 (Health Canada)

Yukon
Elijah Smith Building
Suite 100 - 300 Main Street
Whitehorse, Yukon
Y1A 2B5

Telephone (toll-free): 1-800-464-8106
Teletypewriter: 1-800-267-1245 (Health Canada)

Northwest Territories and Nunavut
14th Floor, 60 Queen Street
Ottawa, Ontario
K1A 0K9

Telephone (toll-free): 1-866-509-1769
Teletypewriter: 1-800-267-1245 (Health Canada)

Source: <http://www.hc-sc.gc.ca/fniah-spnia/services/in-diresident/irs-pi-eng.php>

For regular updates on all matters related to the Indian Residential School Settlement, you may consult <http://www.classactionservices.ca/irs/updates.htm> or phone 1-866-879-4913. An Information Line — 1-866-879-4914 — provides an automated message about the Indian Residential Settlement Agreement and is updated bi-weekly.

OUR REPORTING PRINCIPLES



Guided by the recommendations of Survivors attending the Residential School Healing Strategy, held in Squamish Territory in July, 1998, and by its Code of Conduct, the Aboriginal Healing Foundation has since the beginning sought transparency in all its practices.

AHF annual reporting follows four principles:

1. Clear context and strategies.
2. Meaningful performance expectations.
3. Performance accomplishments against expectations.
4. Fair and reliable performance information reported.

This report outlines how our results are related to our mandate, vision and mission, demonstrates how our management strategies and practices are aligned with our objectives and illustrates how the AHF departments are working together to achieve shared results.

The framework provided by these principles will enable AHF stakeholders to obtain a portrait of the Foundation's

accomplishments against defined objectives and strategies, as well as Foundation efforts, capabilities and intent. The objectives, strategies, results and prospects in this annual report also allow the Foundation to fulfill in an efficient manner its own policy regarding the content of its annual reports, which must include:

“...a statement of the Foundation's objectives for that year and a statement on the extent to which the Foundation met those objectives, and a statement of the Foundation's objectives for the next year and for the foreseeable future.”

[AHF Funding Agreement, Paragraph 10.05 (1) (c and d).]

Although many challenges have been met since 1998, the AHF is committed to surmounting the obstacles ahead with unwavering determination, and to pursuing the commitment to transparency and accountability it has pledged to Survivors and their descendants, to Aboriginal communities, and to Government.

STATEMENT OF OUR VISION, MISSION, AND VALUES



On March 31, 1998, the Aboriginal Healing Foundation was set up with a \$350 million fund from the Government of Canada, to be expended within an eleven-year time-frame. This one-time grant has enabled the Foundation to fund community healing projects and to cover expenses. The Foundation is an Aboriginal-run, not-for-profit corporation that is independent of governments and the representative Aboriginal organizations.

The Foundation's Board of Directors reflects Canada's diverse Aboriginal population. The Board's role is to help Aboriginal people help themselves by providing funds for healing projects, promoting knowledge about the issues and the need for healing, and gaining public support from Canadians.

Our vision is of all who are affected by the legacy of physical, sexual, mental, cultural, and spiritual abuses in the Indian residential schools having addressed, in a comprehensive and meaningful way, unresolved trauma, putting to an end the intergenerational cycles of abuse, achieving reconciliation in the full range of relationships, and enhancing their capacity as individuals, families, communities, nations, and peoples to sustain their well being.

Our mission is to provide resources which will promote reconciliation and encourage and support Aboriginal people and their communities in building and reinforcing sustainable healing processes that address the legacy of physical, sexual, mental, cultural, and spiritual abuses in the residential school system, including intergenerational impacts.

We see our role as facilitators in the healing process by helping Aboriginal people and their communities help themselves, by providing resources for healing initiatives, by promoting awareness of healing issues and needs, and by nurturing a broad, supportive public environment. We help Survivors in telling the truth of their experiences and being heard. We also work to engage Canadians in this healing process by encouraging them to walk with us on the path of reconciliation.

Ours is a holistic approach. Our goal is to help create, reinforce and sustain conditions conducive to healing, reconciliation, and self-determination. We are committed to addressing the legacy of abuse in all its forms and manifestations, direct, indirect and intergenerational, by building on the strengths and resilience of Aboriginal peoples.

SOME COMMON QUESTIONS ABOUT THE AHF



» What is the Aboriginal Healing Foundation?

An Aboriginal-managed, national, Ottawa-based, not-for-profit private corporation established March 31, 1998 and provided with a one-time grant of \$350 million dollars by the federal government of Canada as part of Gathering Strength — Canada's Aboriginal Action Plan. The Aboriginal Healing Foundation was given an eleven-year mandate, ending March 31, 2009, to encourage and support, through research and funding contributions, community-based Aboriginal directed healing initiatives which address the legacy of physical and sexual abuse suffered in Canada's Indian Residential School System, including inter-generational impacts.

» Why is the AHF necessary?

As a result of institutional abuses suffered in the past, Aboriginal people today suffer from the many effects of unresolved trauma, including but not limited to:

- * lateral violence (when an oppressed group turns on itself and begins to violate each other
- * suicide
- * depression
- * poverty
- * alcoholism
- * lack of parenting skills
- * lack of capacity to build and sustain healthy families and communities

Our vision is of a future when these effects have been meaningfully resolved and Aboriginal people have restored their wellbeing for themselves and for their descendants seven generations ahead.

» How is the AHF managed?

The Aboriginal Healing Foundation is governed by a Board of Directors made up of Aboriginal people from across The Members are appointed by Aboriginal political organizations, the federal government of Canada, and Aboriginal people at-large. The Board establish policy and give direction to staff. The Foundation is accountable

through its Funding Agreement with Canada and through its By-law. Guided by these arrangements, the Aboriginal Healing Foundation has committed its resources according to clear and transparent funding criteria established in consultation with Aboriginal people.

» Is there any funding available?

No. All of our funds have been committed by the AHF Board of Directors to community-based healing grants. Project details of every funding grant are available in the Funded Projects section or contact us for more details.

» What is the "Indian Residential School Settlement Agreement"?

The Indian Residential School Settlement Agreement (IRSSA) is a comprehensive settlement package negotiated between the Government of Canada, the churches, lawyers representing Survivors, and the Assembly of First Nations. This package includes a cash payment for all former students of Indian residential schools, healing funds, a truth and reconciliation commission, and commemoration funding.

For more details, please visit Residential School Settlement or phone 1-866-879-4913.

Please note that this is a Government of Canada initiative. The Indian Residential Settlement Agreement (i.e. the Common Experience Payment, Commemoration Initiatives, and the Truth and Reconciliation Commission — see http://residentialschoolsettlement.ca/english_index.html) is not a program of the Aboriginal Healing Foundation.

» Is the Foundation closing its doors?

Yes. The Aboriginal Healing Foundation's mandate runs to September 2012. Government has indicated that there will be no additional funds committed to the Aboriginal Healing Foundation. As a result, 135 projects no longer receive funding from the AHF as of April 1, 2010, and many have had to close. However, from

now until the end of our mandate, we will continue to fund twelve regional healing centres, and we will publish research and fulfill our obligations as an organization, as indicated in our winding-down strategy (see the 2010 AHF Corporate Plan).

» What are “Adobe Acrobat Reader PDF Files”?

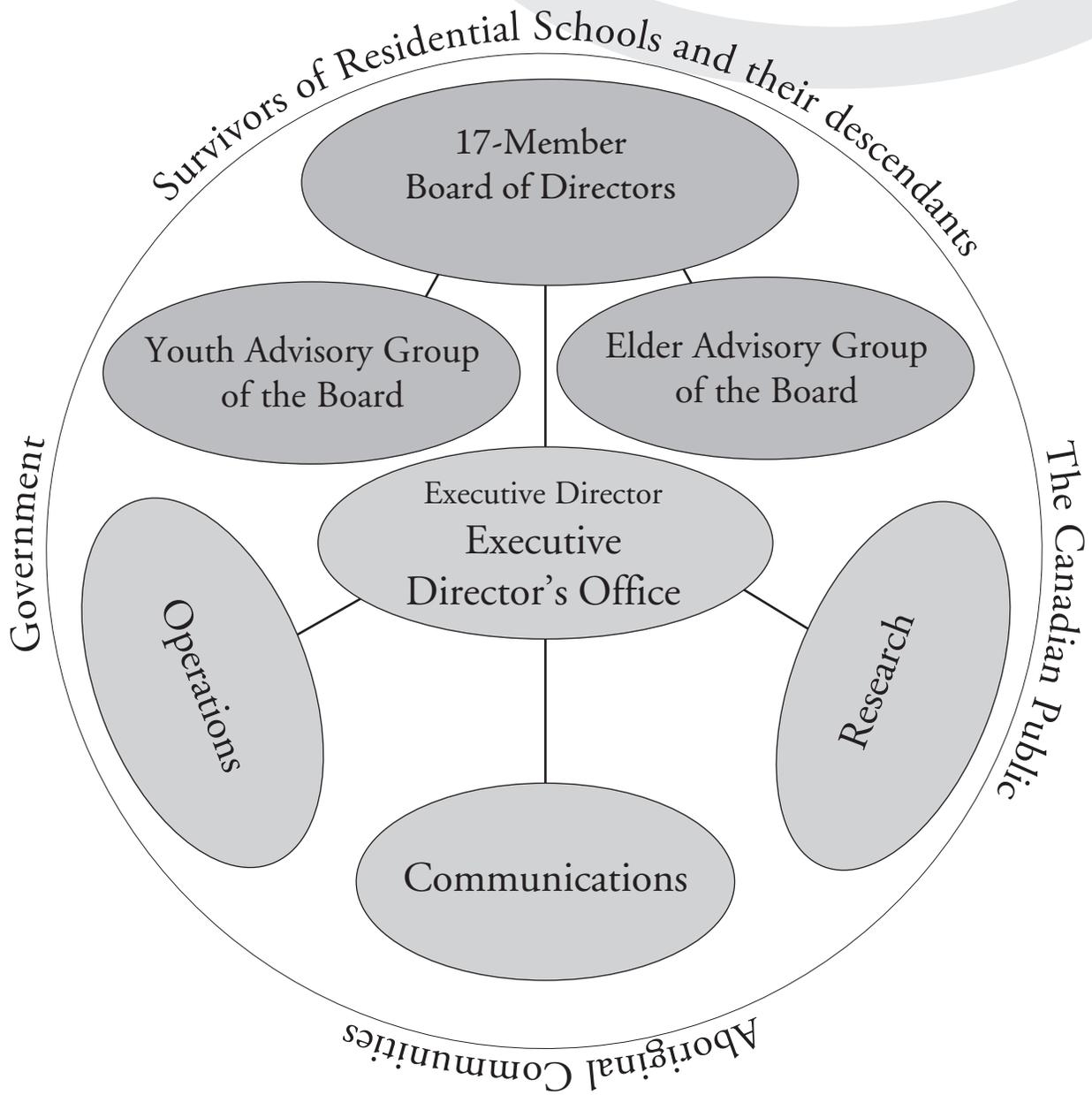
PDF, or “portable document format,” is a type of computer file designed to maintain the look and printability of the original document — including the layout, fonts, colours, and pictures. Documents converted into PDF are on average 50% smaller than the original document, reducing the amount of time it takes to download and open them. Also, PDF eliminates the need for you to have the many different software programs used to make publications. All you need is the free Adobe Acrobat Reader software to open a PDF file. You can download the software at <http://get.adobe.com/reader/>

» How can I get more information?

For more information please contact The Aboriginal Healing Foundation at:

Suite 801-75 Albert Street
Ottawa, Ontario, K1P 5E7
Toll-free: 1-888-725-8886
In Ottawa: (613) 237-4441
Fax: (613) 237-4442
Internet: <http://www.ahf.ca>

AHF PROFILE



AHF LANDMARKS



In the wake of the Oka conflict, the Federal Government of Brian Mulroney appointed the Royal Commission on Aboriginal Peoples in August of 1991. One of the two Co-chairs of the Commission was Georges Erasmus, the former National Chief of the Assembly of First Nations. Future AHF Board members Viola Robinson and Paul Chartrand were also RCAP Commissioners. The Commission had a very broad mandate, drafted by Brian Dickson, the former Chief Justice of the Supreme Court of Canada. The Commission held hearings across the country and oversaw an extensive analysis of Aboriginal issues.

In November 1996, the Commission issued its final five-volume report featuring over 100 pages of detailed recommendations. Chapter 10, which addresses the issue of residential schools, revealed the full extent of the abuse perpetrated in residential schools.

On January 7th, 1998, as part of the Federal Government response to the report of the Royal Commission on Aboriginal Peoples, the Honourable Jane Stewart, Minister of Indian Affairs, announced Gathering Strength – Canada’s Aboriginal Action Plan at a public ceremony. The Minister issued a Statement of Reconciliation to all Aboriginal peoples for the abuses in residential schools and announced a Healing Strategy and a \$350 million fund to address the healing needs of First Nations, Inuit and Métis individuals, families and communities who suffer the legacy of physical and sexual abuse at residential schools, including intergenerational impacts.

In mid-February, following discussions with residential school focus groups, a preliminary document entitled “Healing Strategy: principles and Proposed Approach” was tabled with five national Aboriginal organizations, and an interim Founding Board of prominent Aboriginal people was formed. During the three months of its initial mandate, the Interim Founding Board established a non-profit organization to oversee the \$350 million fund.

In March 1998, the federal government convened a two-day meeting to provide residential school survivors and representative groups, the healing community, and other

interested parties with an update and an opportunity for input on developments regarding the Healing Strategy and Fund. The Interim Founding Board took part in the meeting as observers, to listen to the input of the participants.

On July 14, 15 and 16, 1998, a residential School Healing Strategy Conference was held at the Squamish Longhouse, in Squamish Territory. This conference was held to listen to the recommendations and ideas of Survivors of the legacy of physical and sexual abuse in residential schools.

On March 31, 1998, a funding agency called the Aboriginal Healing Foundation was established as an Aboriginal-run, not-for-profit corporation, independent of the government and the representative Aboriginal organizations. The Foundation was established with an 11-year mandate, ending March 2009.

In the Spring of 2000, the Aboriginal Healing Foundation initiated discussion with the Government of Canada concerning potential improvement of its performance, through an extension of its mandate and a revision of its investment restrictions.

In February 2001, a meeting was held with Federal Government representatives. The AHF presented the findings of a KPMG study which substantiated its established track record. An in-depth analysis of the AHF’s current investment portfolio was also provided as well as alternative balanced and prudent investment strategies, with their respective financial benefits. This analysis provided several scenarios delineating the benefits of optional investment policies over their respective length of mandate.

Taking into account the amount of capital still available to the Foundation at the time of analysis, and with an annual grants and expenditure amount of \$21.2 million dollars, the Foundation would have been able to function indefinitely.

In late 2002, the capital of the Foundation, diminished

by 2 years of grants and expenditures, was no longer sufficient to implement the strategy it developed in early 2000, and with no governmental decision forthcoming the Board proceeded to commit its funds within the terms and conditions of the original funding agreement.

In 2003, the Government of Canada offered to extend the mandate for the Foundation's commitment of funds. The Board of the Aboriginal Healing Foundation, having already taken the step to commit its funds, declined the offer to extend the timeframe.

With the exception of Inuit applications and applications for Healing Centres, the last deadline for submitting proposals to the Foundation was February 28, 2003. In October 2003, approximately six months ahead of our March 31, 2004 mandated deadline, the Foundation's Board of Directors committed the remaining available funds, bringing the commitment phase of our 11-year mandate to a close.

On February 23, 2005, the Honourable Ralph Goodale, Minister of Finance, announced a commitment of \$40 million to the Aboriginal Healing Foundation. The AHF Board of Directors decided that there would be no call for new funding proposals and that the additional funds should be applied to existing projects. These additional funds assisted the AHF in extending the funding period of approximately one-quarter of the projects in operation at the time. The AHF mandate and timeframe were unchanged.

On May 10, 2006, the Indian Residential School Settlement Agreement (IRSSA) received cabinet approval. Part of the IRSSA was a \$125 million

commitment to the Aboriginal Healing Foundation. For more information on this funding, please see the section "Common Questions" beginning at page 8.

March 22, 2007 the Indian Residential Schools Settlement Agreement was fully and officially approved by all nine provincial and territorial courts involved. Funds from the 2007 Indian Residential School Settlement Agreement enabled the Aboriginal Healing Foundation to extend 134 Contribution Agreements to March 31, 2010. Funding for a network of twelve regional healing centres is extended to 2011 (and later to 2012).

The Prime Minister of Canada, Stephen Harper, delivered a Statement of Apology to former students of Indian Residential Schools, on Wednesday June 11, 2008 at 3:00 p.m.

On March 4, 2010, Canada's Finance Minister Jim Flaherty announces \$199 million in the 2010 Federal Budget to meet higher than expected funding needs in support of the settlement agreement with former students of the Indian residential school system. This funding is allocated to the Government of Canada's Common Experience Payment fund and to Health Canada. There is no funding for the Aboriginal Healing Foundation in the 2010 budget.

March 31, 2010 Aboriginal Healing Foundation funding expires for 134 community-based healing projects.

RESOLVING THE LEGACY



Residential schools officially operated in Canada from 1892 to 1969 through funding arrangements between the Government of Canada and the Roman Catholic Church, the Church of England (or Anglican Church), the Methodist (or United) Church, and the Presbyterian Church. Although in 1969 the Government of Canada officially withdrew from this partnership, a few of the schools continued operating throughout the 70s and 80s. For example, Gordon's Indian Residential School in Saskatchewan did not close until 1996.

The impacts of the residential schools have been felt in every segment of Aboriginal societies. Communities suffered social, economic and political disintegration. Languages were attacked and continue to be threatened. Families were wrenched apart. The lives of individual students were devastated. Many of those who went through the schools were denied any opportunity to develop parenting skills and lost the ability to pass these skills to their own children. They struggled with the destruction of their identities as Aboriginal people, the loss of personal liberty and privacy, and memories of abuse, trauma, poverty, isolation, and neglect. Thousands of former students have come forward to reveal that physical, emotional, and sexual abuse were rampant in the school system and that little was done to stop it, to punish the abusers, or to improve conditions. Many passed the abuse they suffered on to their children, thereby perpetuating the cycle of abuse and dysfunction arising from the residential school system.

After years of resistance, protest, and activism on the part of many Aboriginal people and others, the first major steps towards healing began. The churches involved in running the schools publicly apologized. The first to apologize was the United Church of Canada in 1986. Other apologies and statements followed – by the Oblate Missionaries of Mary Immaculate (Roman Catholic) in 1991, the Anglican Church in 1993, and the Presbyterian Church in 1994. Around this same time, the Royal Commission on Aboriginal Peoples (RCAP) was examining the issue of residential schools as part of its larger mandate, and in November 1996 its final report was released.

The report included a section outlining research and findings on residential schools and contained recommendations specific to residential schools.

In 1997, the Canadian Conference of Catholic Bishops issued a statement expressing their regret for the pain and suffering that many Aboriginal people experienced in the residential school system. Pope John Paul II expressed similar regrets in the year 2000.

The creation of the Aboriginal Healing Foundation, in 1998, heralded a period of attempts to find solutions to the trauma that still affects Aboriginal individuals, families and communities as a result of the residential school legacy of physical and sexual abuse as well as the assaults on cultures and languages.

Between 1998 and 1999, the Government of Canada conducted a series of nine exploratory dialogues across the country with abuse victims and religious denominations to resolve Indian residential schools claims of physical and sexual abuse. In 1999, Canada initiated a series of dispute resolution projects, which explored various approaches to resolving these claims.

In September 2000, Jean Chrétien announced the appointment of the Deputy Prime Minister, Herb Gray, as Special Representative on Residential Schools. Herb Gray was given the responsibility of co-ordinating all initiatives on behalf of the Government of Canada. To this end, the residential school file was moved from Indian and Northern Affairs Canada, and, in June 2001, the Prime Minister announced the creation of the Office of Indian Residential Schools Resolution Canada (IRSRC), to centralize federal resources and efforts dedicated to addressing the legacy of Indian residential schools.

In August 2002, the Honourable Ralph Goodale, Minister of Public Works and Government Services Canada and also Federal Interlocutor for Métis and Non-Status Indians, assumed responsibility for the Office of Indian Residential Schools Resolution Canada.

On May 30, 2006, the Government of Canada formally

approved the Indian Residential Schools Settlement Agreement and announced an Advance Payment program for former students 65 years of age or older on May 30, 2005, the day the negotiations began.

The Prime Minister of Canada, Stephen Harper, delivered a Statement of Apology to former students of Indian Residential Schools, on Wednesday June 11, 2008 at 3:00 p.m.

On July 8, 2009 Indian and Northern Affairs Canada provided details on the IRSSA's Commemoration Initiative. The Initiative is one component of the Indian Residential School Settlement Agreement, designed to provide former students, their families, and their communities the opportunity to:

- + pay tribute to
- + honour
- + educate
- + remember
- + memorialize their experiences
- + Acknowledge the systemic impacts of the residential school system

September 23, 2009 Indian and Northern Affairs Canada created the Advocacy and Public Information Program (APIP), encouraging partnerships between INAC and Aboriginal communities.

December 23, 2009, the Truth and Reconciliation Commission announced the date of the first national TRC event, to take place in Winnipeg, Manitoba on June 15, 2010.

The Government of Canada announces that the deadline for applications to the Common Experience Payment is September 19, 2011, and the deadline for applications to the Independent Assessment Process is September 19, 2012.

For more information on the Indian Residential School Settlement Agreement, please visit:

<http://www.residentialschoolsettlement.ca/>

or call 1-866-879-4913. Also as part of the Indian Residential School Settlement Agreement, the Government of Canada established a Truth and Reconciliation Commission (TRC), whose work was scheduled to begin on June 1, 2008.

The Truth and Reconciliation Commission (TRC) is an official, independent body with a five-year mandate to provide former students and anyone else affected by the Indian Residential School System with an opportunity to share, through statement-taking or truth-sharing, their individual experiences in a safe and culturally-appropriate manner. First Nations, Inuit and Métis former Indian Residential School students, their families, communities, the Churches, former school employees, Government and other Canadians are encouraged to participate.

The TRC will research and examine the conditions that gave rise to the Indian Residential School legacy and will be an opportunity for people to tell their stories about a significant part of Canadian history that is still unknown to most Canadians. For more information please visit: <http://www.trc-cvr.ca/>

A HEALING CONTEXT



Through two distinct initiatives – The Aboriginal Healing Foundation and the Indian Residential School Settlement Agreement’s Common Experience Payment (CEP) – the Government of Canada has been moving ahead in addressing the long-standing and destructive legacy of the Indian Residential School System, which includes lateral violence, suicide, poverty, alcoholism, lack of parenting skills, weakening or destruction of cultures and languages, and lack of capacity to build and sustain healthy families and communities.

The Common Experience Payment provides direct payments to all former students of Indian Residential Schools. In essence, its purposes are to avoid decades of legal confrontation and to provide a timely, symbolic out-of-court settlement. It is important to recognize these two initiatives, healing and payments, address separate issues.

While there is a complementary relationship, healing is not compensation, and compensation is not healing. As

the Government recognizes, healing programs do not fulfill legal responsibilities. Nor do financial payments for a victim’s pain and suffering heal physiological and psychological scars. Government’s commitment to the Common Experience Payment can lead to quicker settlements. As noted by the Law Commission of Canada, in its report *Restoring Dignity* (March 2000), money is but one means of reparation which, on its own, does not necessarily lead to healing and reconciliation; as payments flow to survivors, they should be received in the context of a healing environment. Community support networks should be established and maintained to maximize the potential benefits of the Common Experience Payment while minimizing its potential negative effects.

Although we have committed our existing funds and will be unable to accept new proposals, we continue to deliver the message that healing is a long-term effort requiring long-term planning and resources. The healing has just begun.

LEGAL OBLIGATIONS



The funding initiatives of the Aboriginal Healing Foundation have been developed and administered in conformity with the Funding Agreement between the Foundation and the Government of Canada.

Funding Agreement

Aboriginal Healing Foundation and Her Majesty the Queen in Right of Canada, as represented by the Minister of Indian Affairs and Northern Development. This agreement defines, for the purpose of funds allocation, the Eligible Recipients. In conformity with the Agreement's criteria regarding Eligible Recipients, Eligible Projects and Eligible Costs, AHF funds have been directed to the healing needs of Aboriginal Peoples residing in Canada who have been affected by the legacy of physical and sexual abuse in residential schools, including intergenerational impacts: First Nations, Inuit and Métis communities, organizations or groups in Canadian organizations (i.e. Aboriginal women's groups, Inuit youth, Friendship Centres or Survivors' groups), Individual Aboriginal people living in Canada who have survived the Canadian residential school system or who are descendants of survivors, and networks of Aboriginal communities. The Foundation provides funding only to those whose project answers the criteria set out for Eligible Projects and Eligible Costs.

Eligible Projects

Healing projects which will be funded by the Foundation should address the mental, emotional, physical and spiritual realms of life. The Foundation will support innovative approaches that reflect local differences, needs, geography and other realities relating to the healing process.

In order to be eligible, projects shall address the healing needs of Aboriginal people affected by the legacy of physical and sexual abuse in residential schools, which includes intergenerational impacts; shall establish complementary linkages, where possible in the opinion of the Board, to other health/ social programs and services (federal /provincial/territorial/ Aboriginal); and shall be

designed and administered in a manner that is consistent with the Canadian Charter of Rights and Freedoms and applicable Human Rights legislation. All projects must have a positive impact on community healing, long-term benefits in the transfer of knowledge and skills, and complete transfer to the community when Foundation funding ends. Projects that benefit individual(s) alone, without showing benefit to the larger community, will not be funded by the Foundation.

The Foundation cannot fund:

- the cost of purchasing, directly or indirectly, real property or of repairing or maintaining real property owned directly or indirectly by the eligible recipient
- the cost related to compensation, any litigation or any public inquiry related to Residential Schools (this does not however preclude projects involving locally-based public inquiries for healing purposes relating to Residential Schools)
- the cost related to a project which duplicates programs, activities or services provided by or within funding from the federal, provincial or territorial government
- research activities, except those related to developing the necessary knowledge base for effective program design/ redesign, implementation and evaluation.

The Foundation can, however, fund a project that moves into an area where there is an emerging need which is not being addressed. In this way, it can collaborate with and enhance programs and services to make them more responsive to Aboriginal needs and priorities.

Mandatory Criteria

1. Address the Legacy. Each proposal must address the Legacy of Sexual Abuse and Physical Abuse in Residential Schools, including Intergenerational Impacts.
2. Show support and links. A project will have more impact when it is linked with health, social services and other community programs. A project must have support in order to be funded.

3. Show how it will be accountable. The most important kinds of accountability you will need to show are accountability to people who have survived the residential school system, to the community where the project will take place, and to the target group who will benefit from the project.

4. Be consistent with Canada's Charter of Rights and Freedoms. Projects need to be designed and carried out in a manner that is consistent with Canada's Charter of Rights and Freedoms and all other Canadian human rights laws.

The following additional criteria have been developed and implemented: use of partnerships; meeting of a community need; the involvement of survivors, where possible and appropriate, or people who have suffered intergenerational impacts; use of safe healing processes; proposal of well-planned, strategic methods and activities; evidence of background and experience of the management team; evidence of lasting benefit of the proposal to the healing of survivors; evidence of sustainability of the project beyond the AHF funding contract; submission of a budget appropriate to the activities of the project.

SOME AHF RELEASES FOR 2009-2010



*The Indian Residential Schools
Settlement Agreement's
Common Experience Payment and Healing:
A Qualitative Study Exploring
Impacts on Recipients*



The Aboriginal Healing Foundation Research Series

Residential Schools, Prisons,
and HIV/AIDS among
Aboriginal People in Canada:
Exploring the Connections



The Aboriginal Healing Foundation Research Series

Aboriginal Healing in Canada:
Studies in Therapeutic Meaning
and Practice



The Aboriginal Healing Foundation Research Series



Response, Responsibility, and Renewal

Canada's Truth and Reconciliation Journey



Aboriginal Healing Foundation Research Series

FUNDING BREAKDOWN 2010



Revenues

Government of Canada Grants · **\$515 million**

Total interest generated · **\$106,528,856**

Total Fund · **\$621,528,856**

Expenditures

Total committed to project funding · **\$523,025,738**

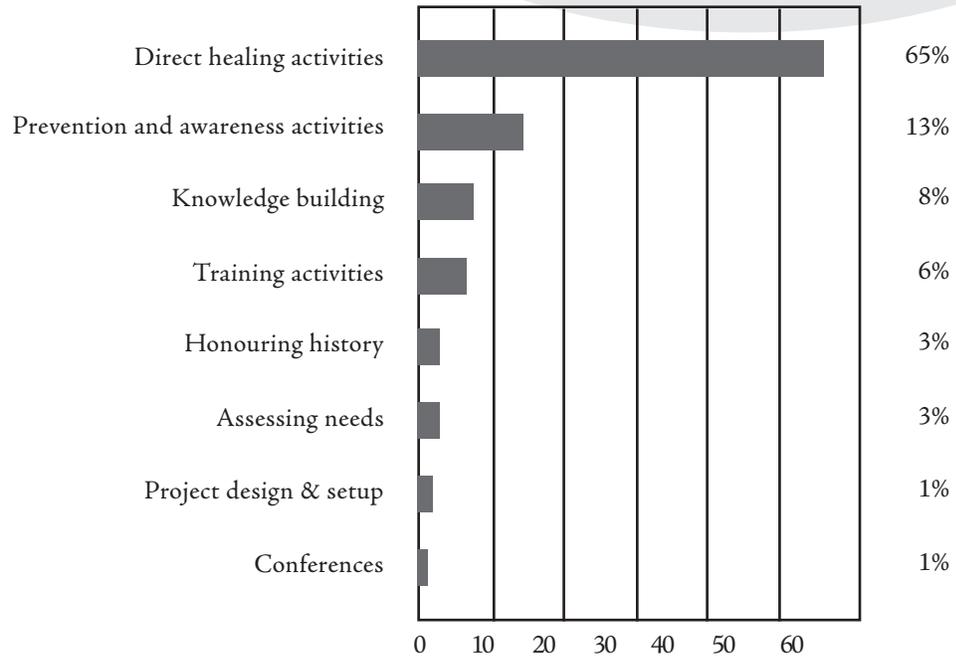
AHF Administration costs to date · **\$78,440,900**¹

Total expenditures/commitments · **\$601,466,638**²

1 Represents approximately 13% of Total Fund (includes research).

2 Represents approximately 97% of Total Fund (\$621,528,856).

PROJECT CATEGORIES



* the numbers for each category of project indicated above reflect the percentage of the total number of grants from June 1999 (when the first grants were announced) to March 31, 2010.

BOARD OF DIRECTORS



Board Elders

Nora Cummings



Ms. Cummings was born and raised in Saskatoon. Founder of the Saskatchewan Native Women's Association (in 1971), she has been involved in the creation of several organizations including the Saskatoon Metis Society Local #11 and the Native Women's Association of Canada (founding member of the Board of Directors). She is a former Member of the Saskatoon Indian and Metis Friendship Centre Board of Directors and former Chairperson of the Metis Nation – Saskatchewan Election Commission. Among her awards and recognitions are the Guy Bouvier Lifetime Achievement Award, Queen's Golden Jubilee Award (in 2002), and the 2003 Blue Lantern Award (Heritage/Culture). In December, 1993, Senator Nora Cummings took the Oath of Office, as a Senator for the Metis Nation Saskatchewan Senate, where she still remains.

Helen Joyce Gruben



Helen Joyce Gruben (nee Inglangasuk) was born October 28, 1930 to Lennie Inglangasuk and Sarah Kyikavichik at Napoyak Channel a few miles from Aklavik, NT.

Helen attended the Aklavik Residential School from 1938 to 1942 when she completed grade six. She moved to Tuktoyaktuk and travelled with her parents and has fond memories when her dad let her stand with him on the crow's-nest when they were travelling across the Arctic Ocean to Banks Island, a trip that took 14 hours. They also travelled to Anderson River and Nullok to live and to hunt and trap. She fondly remembers good times as her family had to work together to hunt for their food in order to survive the winters where the temperatures hovered at -70. They sewed their own clothing such as parkas, mittens, mukluks and hats using caribou and seal skins.

On September 7, 1947, Helen married Willie Gruben in Tuktoyaktuk. Willie is the son of Mary and John Gruben

and was born at Kittigazuit, NT. They raised six children and adopted two grandchildren. Today she has 25 grandchildren and 14 great grandchildren. Her husband passed away in 2001.

Helen began her career as a cook in 1955 when she was employed by the local school until 1970. In 1970 until 1982, she was employed by the Polar Shelf Continental Shelf Project as a cook. She also worked as a cook for the oil companies in the Tuk area in 1983. In 1990 she returned to school and graduated with a Community Health Representative Diploma. For seven years she was the CHR in Tuktoyaktuk and retired in 1997.

Helen has been actively involved with the Anglican Church since 1960 as a member of the Women's Auxiliary and a lay reader. She continues to attend church services and is often relied on to say a prayer for the sick or a community feast. She reads her bible daily.

Today at the age of 79, Helen continues to sew traditional clothing and moccasins. She enjoys reading, watching TV, going for long walks, visiting friends for tea and spending time with her family. Helen is currently a board member of the NWT Suicide Committee and the Aboriginal Healing Foundation.

Helen was the first native woman to be elected as a councillor of the Tuktoyaktuk Community Council in 1960.

Helen is the first person in Tuktoyaktuk who people call upon when there is a death, family crisis or when support is needed. She relies on her strong faith in the Lord and tells other "To pray and put your faith in the Lord."

Irene Lindsay



Irene Lindsay, is a Wolf Clan descendant, she is originally from the Cree/Sioux community of Wakaw, Saskatchewan. As a youth, Irene resided on One Arrow First Nations Reserve in Saskatchewan. She is a survivor of St. Michael's Residential School in Duck Lake Saskatchewan. As a young person she moved to Ottawa for employment, and later to

complete her schooling in nursing.

Her personal and professional pursuits have consistently directed her toward activities that help to enrich and complement the aspirations of Aboriginal people and communities. She is particularly concerned with the unique challenges that face Aboriginal women and children, and is committed to doing what she can to assist them. One example of that commitment is demonstrated by her work in establishing a group called, The Wisdom Keepers, a Grandmothers Circle through the Minwaashin Lodge, the Aboriginal Women's Support Centre. She has also served on the Women's Council for the Lodge for four years and has been a board member for an Aboriginal Men's Healing Lodge.

Irene is a guest lecturer on Native Culture and traditions for university and high school students in Canada. Her interest in giving back to her community eventually led to a career in the helping profession, facilitating a Residential School Survivors Circle, fund raising committees, numerous health video documentaries to promote awareness of Aboriginal Health Issues, and assisting organizations in developing culturally based programming which benefit all people in accordance with Aboriginal culture and traditions.

Irene Lindsay is presently an integral part of the dynamic team that is Minwaashin Lodge, the Aboriginal Women's Support Centre.

Danny Musqua



Mr. Musqua is currently the resident Elder for the Masters of Aboriginal Social Work at the First Nations University of Canada (formerly the Saskatchewan Indian Federated College). He also teaches in the Masters program, co-ordinates culture camp, provides traditional activities such as sweatlodge ceremonies and supports individuals through traditional counselling. He holds an honorary degree from the U of S, where he formerly taught. He has been a band councillor and has received a Citizen of the Year award from the FSIN.

Georges Erasmus Chair/President



Born August 8, 1948, Fort Rae,
North West Territories (N.W.T.),
Canada.

Education:

High School, Yellowknife,
N.W.T. Principal Occupation:

Chair, Aboriginal Healing Foundation/
Chief Negotiator, Decho First Nations.

Affiliations:

Secretary, Indian Band Council, Yellowknife, N.W.T. (1969-71); Organizer and Chairman, Community Housing Association, Yellowknife, N.W.T. (1969-72); Advisor to President, Indian Brotherhood of N.W.T. (1970-71); Fieldworker and Regional Staff Director, Company of Young Canadians (1970-73); Director, Community Development Program, Indian Brotherhood of Northwest Territories (later the Dene Nation) (1973-76); President, Indian Brotherhood of Northwest Territories/Dene Nation (1976-83); President, Denendeh Development Corporation (1983); elected Northern Vice-Chief, Assembly of First Nations (1983-85); elected National Chief, Assembly of First Nations, Ottawa, Canada, (1985); re-elected National Chief (1988-91); Co-Chair, Royal Commission on Aboriginal Peoples (RCAP), Ottawa, Canada (1991 - 1996); Chair, Aboriginal Healing Foundation, Ottawa, Canada (1998); Chief Negotiator, Decho First Nations (2004).

Membership:

Honorary Member, Ontario Historical Society (1990)

Awards, Honours:

Representative for Canada on Indigenous Survival International (1983-85); Canadian delegate to World Council of Indigenous Peoples International Conferences (1984-85); appointed Director of the World Wildlife Fund of Canada (1987-1990); appointed to the Order of Canada (Member, 1987; Officer, 1999); appointed to the Board of the Canadian Tribute to Human Rights (1987); Board Member, Energy Probe Research Foundation,

Operation Dismantle (1988-98); Honorary Committee Member, International Youth for Peace (1988); Advisory Council Member, the Earth Circle Foundation (1988); Honorary Degree of Doctorate of Laws from: Queen's University (1989), University of Toronto (1992), University of Winnipeg (1992), York University (1992), University of British Columbia (1993), Dalhousie University (1997), University of Alberta (1997), University of Western Ontario (2006), and University of Dundee (2007); Aboriginal Achievement Award for Public Service, (1998); Public Policy Forum Award for Public Policy Work (2006); Board of Directors, Earth Day (1990); Board of Directors, SAVE Tour (1990).

Published work:

Co-author, *Drumbeat: Anger and Renewal in Indian Country* (Summer Hill Publishers, 1990).

Richard Kistabish Vice Chair/Vice President



Mr. Kistabish is an Algonquin from the Abitibiwinni first nation, Quebec, who speaks English, French and Algonquin fluently. He is the former president of Social Services Minokin and has been involved in the field of health and social services at the regional and provincial levels for many years. He served as administrator and manager of the health committee, Kitcisakik, as Chief of Abitibiwinni First nation, and as Grand Chief of the Algonquin Council of Quebec for 2 terms. His publications include *Mental Health and Aboriginal People of Quebec*, the *Green Book Position Paper of the Algonquin Nation on Environmental Issues*, and the *National Inquiry into First Nation Child Care*.

Garnet Angeconeb Secretary



Garnet Angeconeb is an Anishinaabe originally from the Lac Seul First Nation and now lives in Sioux Lookout, Ontario.

Garnet attended Pelican Indian Residential School near Sioux Lookout from 1963 to 1969. In 1975,

Garnet graduated from Queen Elizabeth High School in Sioux Lookout. In 1982, he graduated from the University of Western Ontario with a diploma in journalism.

In 1985, Garnet was elected to the council of the municipality of Sioux Lookout. It was there that Garnet spearheaded the founding of the Sioux Lookout Anti-racism Committee. Today the Sioux Lookout Anti-racism continues its work with an added dimension to mandate that being the Sioux Lookout Coalition for Healing and Reconciliation. The SLCHR membership comprises of local former Indian Residential School students, clergy and interested citizens. The main purpose of the SLCHR is to promote awareness and seek renewed relations as a result of the Indian Residential School legacy. Garnet co-chairs the Sioux Lookout Coalition for Healing and Reconciliation.

He is a recipient of the Queen's Golden Jubilee award.

Riel Bellegarde



Riel Bellegarde is a proud member of Treaty Four and the Peepeekisis First Nation in Southern Saskatchewan. He is a graduate from the University of New Hampshire, Whittmore School of Business and Economics, with a Bachelor of Science in Business Administration.

Riel started his career with the Peepeekisis First Nation and subsequently with the File Hills Qu'Appelle Tribal Council. He joined the Federal Public Service in 1994 and Indian and Northern Affairs Canada in 1997. He was then appointed to the Executive Group in 1999 and has

held several executive positions across diverse portfolios, including Director, North Central District, Director, Economic Development, Acting Associate Regional Director General, and Acting Regional Director General. In March 2003, he was appointed to the senior executive position of Regional Director General, Saskatchewan Region.

Riel is married with two children.

Rose-Marie Blair



Ms. Blair is a White River First Nation member of the Crow clan from the Yukon. She holds a diploma in Social Work and a B. of Ed. from the University of Regina. She has held a number of political offices with the Council of Yukon First Nations, in addition to serving as

the Chief of her First Nation community. As the Vice-Chair, Social Programs, she implemented initiatives to combat the effects of residential schools on the Yukon First Nations. Rose-Marie was a key organizer for the Circumpolar Health Conference and was a researcher on Self-Government provisions for the Yukon Land Claim agreements. Over the years, Rose-Marie has contributed to many boards and committees, including the Yukon Territory Water Board, the Yukon College Board of Governors, the Training Committee for the White River First Nation, and the steering committee for the Yukon Education Act Review. She is currently the principal/teacher for the Kluane Lake school. Rose-Marie is a devoted grandmother to Nantsana, Daniel, Nints'ia and Amy Rose, and mother to Joleene and Curtis. As a survivor of Christ the King Convent, she continues to relearn her culture and language and works towards passing them on to the younger generation. Reclaiming traditions and relationships through healthy perspectives and choices is her current pet project in her journey towards wellness.

Dr. Marlyn A. Cook



Dr. Cook is a member of the Grand Rapids First Nation in Manitoba. A graduate of the University of Manitoba (M.D.), she currently practices Family Medicine in the James Bay area, where she is Chief of Staff and Director of the Traditional Healing

Program. Among her previous positions are Co-Chair, First Nations Task Force on Child and Family Services (in Winnipeg, Manitoba), Consultant to the First Nations and Inuit Health Branch (Winnipeg), Province of Manitoba Medical Examiner, University of Manitoba Faculty of Medicine's Traditional Teachings Program – Debriefing Tutorials, and Assistant Director, Clinical Operations, at the First Nations and Inuit Health Branch of Health Canada (Winnipeg). Marlyn Cook has sat on numerous Committees and Boards, including the Swampy Cree AIDS Steering Committee, the Manitoba Chapter of the College of Family Physicians of Canada Board, the Mino-Ayaawin Advisory Committee of the Native Women's Transition Centre, the Thompson General Hospital Perinatal Mortality Committee, and the Balancing Choices and Opportunities in Sciences and Technology for Aboriginal People National Steering Committee. She was also the Chair of the Facility Planning Committee and a Board Member at the Sioux Lookout Mino-Ya-Win Health Centre. Dr. Cook is a Member of the Ontario College of the Family Physicians, the First Nations and Inuit Health Branch Drug Utilization Evaluation Committee, the National Pharmaceutical Therapeutics Committee (FNIHB), and the advisory Council of the Nuclear Waste Management Organization.

Martha Flaherty



Ms. Flaherty was born in Inukjuaq, Nunavik (formerly Port Harrison, Quebec) and resides in Almonte, Ontario with her family. She is past President of Pauktuutit Inuit Women's Association, and also a previous Executive member of the Inuit Tapiriit Kanatami (ITK). Due to her

extensive experience and training, she is a distinguished Inuktitut interpreter and translator - one of the first Inuktitut/English Interpreters for television, film and radio, and one of the select few Canadian Interpreter/Translators for the Tunngavik Federation of Nunavut.

As a steadfast advocate for Inuit Women, children and youth, she has served as a member of the Canadian Panel on Violence Against Women, the Panel on Economic Development for Canadian Aboriginal Women, the Nunavut Implementation Commission on Gender Equality, and the Canadian delegation of representatives to counter the powerful anti-fur lobby groups in Europe.

Ms. Flaherty has studied journalism and photography and has developed her own photography collection of the North. One of the most respected Inuit leaders in Canada, she is inspired by her grandfather, Robert Flaherty, an internationally acclaimed film-maker.

Cindy Gaudet



Cindy Gaudet is a Metis woman from Saskatchewan currently living in Ottawa. She holds a Bachelor of Arts in General Studies and a Masters in Canadian Studies. The title of her research work

is "Metis Women and Memory: Learning to Live Beyond the Wounds of History." She is committed to supporting the remembrance of Indigenous knowledge, Indigenous teachings and Indigenous women's ways through education, prayer and ceremony. I am grateful to be a part of the Aboriginal Healing Foundation that is designed to support the healing of Aboriginal people of this land.

Dan George



Dan George is the President/CEO of Four Directions Management Services Ltd.(1994), a wholly owned Aboriginal economic, social and community development organization dedicated to responding to the expressed needs of Aboriginal and non-Aboriginal individuals, organizations

and communities.

Dan has extensive experience in strategic facilitation and public consultation employing a style that embodies active listening recognizing that the answers always lie within the group. He is a vigorous and passionate advocate for the “building of bridges of better understanding between Aboriginal Peoples, Industry, Private Sector, local communities and governments” recognizing that together we are stronger.

Dan is a proud member of the Gilseyhu Clan (Big Frog) of the Wet’suwet’en people from Hagwilget, B.C. He has been married for twenty-four years to his wife Teresa, and together they have two daughters, Amanda and Brittany, and one granddaughter, Kiana. They also raise their niece, Danielle, who is a key member of the George brood.

Currently, Dan is scheduled to complete (2010) his Masters of Administration in Conflict Analysis and Management at the Royal Roads University.

Susan M. Hare



Ms. Hare is an Ojibway of the M’Chigeeng First Nation. A practicing lawyer in the areas of aboriginal and treaty rights, she worked to establish the Intensive Program in First Nations Lands, Resources and Governance at York University’s Osgoode Hall. She has Adjudicated

institutional abuse settlements including Indian Residential Schools and finds time to practise native child welfare law and criminal law. She was a Member of the Ontario Press Council for eight years and is presently a Bencher with the Law Society of Upper Canada (elected 2007).

Murray Ironchild



Murray Ironchild is a former councillor and Chief of the Piapot First Nation in Saskatchewan. Currently working as a Cultural/Traditional Advisor with the All Nations’ Healing Centre of the File Hills

Qu’Appelle Tribal Council, Mr. Ironchild brings to the Aboriginal Healing Foundation his interest and experience in traditional medicine and Aboriginal health.

Elizebeth Hourie Palfrey



Ms Palfrey is a Métis grandmother born in BC and currently residing in Manitoba. For the past three decades, she has lived and worked in Nunavut. With a long history of community development initiatives in both the public and private sector, she has had extensive experience as a Managing Partner and board member of several privately owned businesses.

Ms Palfrey served as Chair of the Keewatin Regional Health Board for eight years, working diligently with other board members to foster increased health accessibility for residents of their communities. She was a member of the NWT Health Care Association and a board member of the Churchill Hospital Board and the Winnipeg Regional Health Board. She has contributed to many other local and regional community groups and boards as a volunteer.

She has served as Director of the Business Loan Fund and member of the Minister’s Advisory Council on Business and Economic Issues. She was President of the Tourism Industry Association for several years and was an active participant in fostering increased business development and employment opportunities as a board member with the regional Chamber of Commerce.

Ms Palfrey continues to volunteer in community service with a special interest and focus on Aboriginal youth initiatives.

Debbie Reid



Ms. Reid is a Skownan First Nation member with extensive experience in policy development and analysis, strategic planning, project development and management. She is currently Director of

Strategic Policy and Planning Division at Health Canada and has previously worked in the Privy Council Office and as a Senior Advisor to the National Chief at the the Assembly of First Nations. She is also a founding Board Member of the Aboriginal Healing Foundation.

Viola Robinson



Ms. Robinson is a Mi'kmaq woman born in Amherst, Nova Scotia. She attended the Indian Day School at Shubenacadie Reserve (Indian Brook), then went to the Sacred Heart Academy in Meteghan, Nova Scotia and Maritime Business College in Halifax, Nova Scotia.

She has spent her life as an advocate for the Mi'kmaq people and for the human rights of First Nations across the country. While she is best known as the founding and long time president of the Native Council of Nova Scotia as well as the Native Council of Canada, her other achievements are numerous. She was awarded an Honorary Doctorate of Law Degree from Dalhousie University in 1990. She served as a Commissioner with the Royal Commission on Aboriginal Peoples. She completed a law degree at Dalhousie Law School in May 1998. She is now a Senior Mi'kmaq Advisor on the Negotiations Team with the Mi'kmaq Rights Initiative. Although she is not a Survivor of the Residential Schools, her close family members, including her late brother, are all Survivors.

Cindy Swanson



Ms. Swanson is a Metis elementary teacher with the Edmonton Public School Board since 2000. She lives in Edmonton where she teaches in an Aboriginal school. She was appointed as a provincial member of the Metis National

Youth Advisory Council (from October 1995 to September 1998) and has participated with Metis and First Nations youth initiatives and organizations. She is completing her Master's degree in Technology Intergration in Elementary Education at the University of Alberta.

Navalik Helen Tologanak



Born in Cambridge Bay, Nunavut. Also a survivor of residential school where she attended school in Inuvik for 9 years living at Stringer Hall, the Anglican hostel. Also attended junior high in Yellowknife for a couple of years, living at Akaitcho

Hall. Quitting school to return home to her parents to Cambridge Bay helping her mother with 9 other siblings. At home she managed to find jobs with the local settlement office and government of NWT doing jobs as clerical, mostly. Since returning home to Cambridge Bay Navalik has managed to get most of her traditional language back Innuinaqtun and getting to know her relatives and people whom she never knew from being away at residential school. Learning Innuinaqtun again has given her the talent to write and speak her dialect of the Kitikmeot region, has been now writing a weekly column in the only NWT/Nunavut wide newspaper "News North" since 1995. Also very active in Inuit issues, one of the founders of the local women's group in Cambridge Bay and also was a past board member for Kitikmeot Region on Pauktuutit – Inuit Women's Association of Canada and also was a member of the NWT Status of Women. Navalik continues to write in both Innuinaqtun and English for her readers across Canada for News North. Navalik also does volunteer work for her community working with Elders and youth. Also does contract work with various on her spare time. Her goal is to continue speaking and supporting Inuit of Canada. Also wishes to learn some of her cultural identity in sewing which Inuit women still carry the tradition and make it a fashionable and beautiful way showing Inuit culture and traditions. Navalik Helen Tologanak has two beautiful children and one grandson.

David Turner



A non-status Indian of Saulteaux (Fairford Band, Manitoba) and African American descent, David is an independent consultant with a Diploma of Social Work (Honours) from Mount Royal College in Calgary. Formerly a Program

Consultant for Health Canada's Aboriginal Head Start Program, David's experience includes initiatives in health, social services, management, and policy development. David has worked with both urban and First Nations social services programs. Mr. Turner has 20 years experience facilitating complex government contracts and public relations/stakeholder relations with Aboriginal communities across Canada. His current consulting activities include meeting facilitation, team development, and cross cultural understanding between northern First Nations and Métis Settlements and the oil and gas industry.

BOARD OF DIRECTORS



The Board of Directors, composed of First Nation, Métis, and Inuit members, governs the Aboriginal Healing Foundation. The Board manages the property, business, and affairs of the Foundation and is responsible for the establishment and monitoring of policy (including, but not limited to, investment policies), standards, and procedures. The Board gives final approval to the funding of healing projects. It is morally accountable to Aboriginal people and legally accountable to the Government of Canada and to Aboriginal people.

Main Objectives

- To establish and review as necessary the policies of the Aboriginal Healing Foundation
- To review and approve major organizational planning activities
- To review and approve projects
- To oversee the Executive Director's management of the AHF
- To manage Board affairs in conformity with all legal and ethical requirements
- To build public trust and communicate an effective public image of the AHF and its work
- To maintain integrity, reliability and transparency of the AHF.

EXECUTIVE DIRECTOR



The Executive Director reports to the Board of Directors. In partnership with the President, he enables the Board of Directors to fulfil its governance role and facilitates interaction between management, staff, and the Board of Directors. He provides the leadership required for the achievement of the AHF mission, strategy, and objectives, and exercises powers and duties as specified and delegated by the Board of Directors.

With a staff of three, the Executive Director's office assists the Board of Directors to fulfil its governance role, builds and maintains the integrity of the AHF in the eyes of the public and enhances its public profile, implements the AHF mission and objectives, ensures the efficient performance of Management and that all AHF activity complies with legal and ethical requirements.

The Executive Director's office attends to its responsibilities in the following areas:

- + Board of Directors
- + Management
- + Staff
- + Finance
- + Research
- + Communications

Objectives

- To assist the Board of Directors to fulfil its governance role
- To build and maintain the integrity of the AHF in the eyes of the public and to enhance its public profile
- To implement the AHF mission and objectives
- To ensure the efficient performance of Management
- To ensure that all AHF activity complies with legal and ethical requirements.

COMMUNICATIONS



Function

Communications is made up of four individuals: a Director, Executive Assistant, Communications Officer, and a Public Affairs Officer. Main strategic responsibilities are communicating Board policy decisions and promoting the vision, mission, and activities of the Aboriginal Healing Foundation among Survivors, Aboriginal people generally, and the Canadian public.

The work of Communications is guided by an Integrated Communications Strategy which identifies present and emerging considerations related to the residential school system, healing, and reconciliation, and which establishes principles and guidelines for Communications work.

Communications plays a supporting role for the staff of the AHF and bears lead responsibility for:

- ✦ Non-research publications
- ✦ AHF website (<http://www.ahf.ca>)
- ✦ Media liaison (interviews, media requests)
- ✦ Public presentations and presentations to Government and Aboriginal organizations
- ✦ Promotional items
- ✦ Public education initiatives
- ✦ Mailing and database
- ✦ Translation & editing
- ✦ Funded project support related to media work and informational resources
- ✦ Communications lines
- ✦ General public inquiries

Communications provides regular funding updates, advises the Executive on Communications issues, and facilitates the flow of information within and outside of the AHF.

Objective

To report on the Foundation's activities to Survivors and their descendants, as well as to Government and the Canadian public, and to generate awareness of our mandate.

Strategy

Communications maintains a full-time Public Affairs Officer to travel extensively to gatherings, conferences and other events, representing the Aboriginal Healing Foundation. Communications also prepared speeches, decks, and briefing notes for individual, community, Government, and university audiences.

Objective

To foster understanding of the nature and effect of Indian residential school abuses on victims, their families and their communities; to educate the public about the importance of healing initiatives.

Strategy

Communications works closely with Canadian media agencies, providing them with resources and arranging interviews to raise the profile of the residential school system and to foster awareness and understanding. This year several awareness-raising media campaigns were organized around the Common Experience Payment, the Indian Residential School Settlement Agreement, and the work of the Truth and Reconciliation Commission. Our strategy has been to situate all of these developments within the context of historic trauma, healing, and reconciliation.

Results

The message of the Aboriginal Healing Foundation has reached a broad national audience. Awareness of the residential school system and the work of community-based healing initiatives continues to grow. However, there remains much work to be done.

Objective

To provide support to AHF staff in the areas of document translation and editing, correspondence, briefings, and preparation of documents.

Strategy

- Providing editing and translation services
- Supervising the performance of a core team of external translators

Results

During this fiscal year, Communications arranged the internal editing and external translation of research studies (in-house and external), of items of correspondence, of documents and other materials from other AHF departments, and of all Communications publications.

Objective

Promote and support the funded projects of the Aboriginal Healing Foundation

Strategy

Communications supports projects through the provision of documents, images, and information related to the residential school system. We also provide resources and support for the projects' media relations. To promote awareness of funded projects, we have provided profiles and summaries through printed materials such as our newsletters and on the AHF website (<http://www.ahf.ca>). We also provide speakers and promotional items at project gatherings and workshops.

Results

We have provided funded projects with educational resources and supplemented their promotional materials. AHF documents are being used in the context of healing and education among our funded projects. Our newsletters Healing Words (English) and Le premier pas (French), the largest serial publication in Canada devoted exclusively to healing the effects of abuse suffered in Canada's Indian Residential School System, continue to receive universal positive feedback and are one of our most popular documents.

OPERATIONS



Functions

Led by the Chief Operating Officer, Operations is grouped into two units, Finance and Programs, who work closely together. Operations supports all corporate needs and objectives.

This Department has seventeen employees who are responsible for:

- information and community support services;
- data entry and proposal assessment;
- contracting and monitoring funded projects;
- budgeting and financial reporting;
- managing the \$515 million healing fund (initial \$350 million, \$40 million and \$125 million) investment portfolio;
- informatics and system maintenance, including the project database (GIFTS);
- overall administration, including reception, mail and supplies.
- managing all accounting processes and maintaining financial controls.

Strategic Objectives

Ensuring that Aboriginal communities across Canada have fair access to funding for healing projects which address the legacy of physical and sexual abuse in the residential school system, including intergenerational impacts. Ensuring that all proposals go through the same process for funding. Managing, in an effective and efficient manner, the \$515 million healing fund and carrying out the financial policies and objectives of the Aboriginal Healing Foundation.

Strategies

Support the Foundation Board of Directors to make appropriate funding decisions by providing accurate and timely information.

Deliver accurate and relevant information, assisting senior management with ongoing evaluation of the performance

of the Foundation at all levels of the organization.

Support communities by providing information and follow-up communication through a 1-888 toll-free line, as well coordinating Information Sessions and Networking Visits.

Specific Goals & Outcomes

1. To enhance eligible project contribution agreements for the \$125 million.
Result: Staff undertook twenty-six site reviews. A site review determines a project's governance, program delivery, and fiscal management performance levels.
2. To monitor all projects in accordance with the risk management strategy.
Result: Staff undertook twenty-six site reviews. A site review determines a project's governance, program delivery, and fiscal management performance levels.
3. To close all project files with end dates between April 1, 2003 and March 31, 2006.
Result: Seventy-five percent of files (25 of 37) have been closed. The remaining thirty-two percent are in the process of being closed.
4. To ensure the AHF exercises proper financial management.
Result: For the eleventh consecutive year, the AHF has received an unqualified or clean audit opinion.
5. To strengthen internal and external financial accountability.
Result: The AHF reviewed and improved upon its internal policies and procedures.
6. To develop and carry-out an organizational winding-down strategy.
Result: The AHF readjusted its wind-down strategy to accommodate the additional \$125 million provided by the Government of Canada under the Indian Residential Schools Settlement Agreement.
7. To prepare staff with knowledge and skills that will assist them in future organizational contexts.
Result: AHF staff improved their skills in computerized accounting packages, writing and presentations.

Prospects

Operations continually strives to streamline a process based on understanding, compassion and fairness while

ensuring that Aboriginal communities receive access to projects which offer real opportunities for healing. We will continue to offer information and support as applicants move from planning to realization and completion of their projects, addressing throughout a project's lifetime the needs of survivors and their descendants.

Operations' objectives for FY 2009-2010 are as follows:

1. To continue monitoring the twelve healing centres with a focus on sustainable funding.
2. To work toward digitalizing the project and administration files in the AHF.
3. To close all project files with end dates between April 1, 2003 and March 31, 2006.
4. To ensure the AHF exercises proper financial management.
5. To develop and carry-out an organizational winding-down strategy.
6. To prepare staff with knowledge and skills that will assist them in future organizational contexts.



Function

The Research unit for 2009–2010 included three core employees (director, executive assistant, and senior research officer) and two contract employees (one full-time research officer and one full-time senior research officer). Research is responsible for:

- supervising AHF Evaluation efforts;
- maintaining the AHF Resource Centre (now The Gail Guthrie Valaskakis Memorial Resource Library);
- undertaking research on AHF issues that inform Board decisions;
- conducting and contracting research that supports healing initiatives; and
- coordinating the preparation and publication of the AHF evaluation and research series.

The research agenda and activities of the Aboriginal Healing Foundation focus on applied or strategic research that contributes to developing the necessary knowledge base for the design, implementation, effectiveness, and evaluation of community-level healing projects.

Goals

1. To contribute to effective program design/redesign, implementation, and evaluation.
2. To promote holistic healing and to identify “promising healing practices” from community-based projects.
3. To provide information on substantive issues that support healing practices and enhance capacity building in Aboriginal communities.
4. To contribute to the national healing legacy of the Aboriginal Healing Foundation.
5. To encourage a more informed and supportive public environment.

Publications Printed/Reprinted in 2009/10

AHF printed or reprinted the following research reports in 2009/10:

- Summary of Response, Responsibility, and Renewal:

Canada’s Truth and Reconciliation Journey
(Inuktitut only)

- Réponse, responsabilité et renouveau : Cheminement du Canada vers la vérité et la réconciliation
- Reconciliation: A Work in Progress
- La réconciliation : Un cheminement en cours de réalisation
- Residential Schools, Prisons, and HIV/AIDS among Aboriginal People in Canada: Exploring the Connections
- Pensionnats, prisons et VIH/sida au sein de la population autochtone du Canada : à la recherche de liens d’interdépendance

AHF Research distributes over 3,500 copies of research studies through the Research database and a minimum of 2,500 copies to workshops, conferences, meetings, colleges and universities (for specific courses), and the general public.

AHF Evaluation and Research Series Publications

- Aboriginal Healing Foundation Final Report (hard copy and CD-ROM): Volume 1: A Healing Journey: Reclaiming Wellness; Volume II: Measuring Progress: Program Evaluation; Volume III: Promising Healing Practices in Aboriginal Communities
- A Healing Journey: Final Report Summary Points
- Aboriginal Sexual Offending in Canada
- Mental Health Profiles for a Sample of British Columbia’s Aboriginal Survivors of the Canadian Residential School System
- An Interim Evaluation Report of Aboriginal Healing Foundation Program Activity (2001)
- Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity (2002)
- Third Interim Evaluation Report of Aboriginal Healing Foundation Program Activity (2003)
- Directory of Residential Schools in Canada (revised working document)
- Aboriginal Domestic Violence in Canada
- Aboriginal People, Resilience and the Residential School Legacy;

- ♦ Fetal Alcohol Syndrome Among Canadian Aboriginal People in Canada: Review and Analysis of the Intergenerational Links to Residential Schools
- ♦ Aboriginal Elder Abuse in Canada (article)
- ♦ Historic Trauma and Aboriginal Healing
- ♦ Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People: A Resource Manual
- ♦ Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men: A Resource Guide
- ♦ Community Guide to Evaluating Aboriginal Healing Foundation Activity
- ♦ A Directory of Funding Sources for Healing Activities (revised working document)
- ♦ The History and Experience of Inuit in Residential Schools in Canada (Summary Booklet)
- ♦ Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland
- ♦ Métis History and Experience and Residential Schools in Canada
- ♦ Addictive Behaviors Among Aboriginal People in Canada
- ♦ Aboriginal Suicide Among Aboriginal People in Canada
- ♦ Lump Sum Compensation Payments Research Project: The Circle Rechecks Itself
- ♦ From Truth to Reconciliation: Transforming the Legacy of Residential Schools
- ♦ Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice
- ♦ Response, Responsibility, and Renewal: Canada's Truth and Reconciliation Journey
- ♦ Reconciliation: A Work in Progress
- ♦ Residential Schools, Prisons, and HIV/AIDS among Aboriginal People in Canada: Exploring the Connections
- ♦ The Indian Residential Schools Settlement Agreement's Common Experience Payment and Healing: A Qualitative Study Exploring Impacts on Recipients

In Progress:

- ♦ Traditional Healing Practices and Residential Schools
- ♦ Truth and Reconciliation - Volume 3: "New" Canadian perspectives
- ♦ Art Therapy and Healing
- ♦ "Mapping Progress" on Community Healing since implementation of the Settlement Agreement: Effectiveness of Evaluation Tools used by Projects funded by the Aboriginal Healing Foundation

Objective

To evaluate the impact of AHF-funded projects.

Strategy

As of September 2007, the Research unit's role with regard to evaluation is guided by the terms outlined within the Indian Residential Schools Settlement Agreement. As such, Research assisted Indian and Northern Affairs Canada in its obligation to conduct an evaluation as per the Agreement.

Results

INAC's evaluation, Evaluation of Community-Based Healing Initiatives Supported Through the Aboriginal Healing Foundation (December 2009), concluded that evidence exists of the effectiveness of AHF-funded healing programs on individuals at the community level and that there is also indications of healing beginning to show at the family and community levels as well.

Objective

To contribute to the knowledge base for effective program design/redesign, implementation, and evaluation of community-based healing projects.

Strategy

The AHF has published 34 reports or papers in the AHF Research and Evaluation Series to date; five in 2009–2010. As of 2008, Research contracted an external evaluator to review the evaluation tool provided to AHF-funded healing projects to monitor progress in community healing and assess its effectiveness since the implementation of the Agreement.

Results

Four research reports or papers are in progress. Evaluation of the AHF-funded project reporting tools specific to community healing is being assessed to determine its effectiveness since the implementation of the Indian Residential Schools Settlement Agreement.

Objective

To participate in networks to maximize the AHF's limited resources for research and to contribute to an informed and supportive public environment.

Strategy

With the Legacy of Hope Foundation, AHF Research continues to support the curatorship of an exhibit on residential schools that continues to travel across Canada, and the development of the Legacy of Hope Foundation's virtual exhibition project *Where Are the Children*: (www.wherethechildren.ca). Support has also been given to the Legacy's other exhibit, "We were so far away...": *The Inuit Experience of Residential Schools*. AHF Research continues to be an active participant in the network of Aboriginal, academic, and government organizations involved in research that is relevant to healing the Legacy of Physical and Sexual Abuse in the Residential School System including intergenerational impacts. Some of these activities in 2009–10 include:

- 1) Community Impacts Working Group Meeting – INAC;
- 2) Truth and Reconciliation Committee Research Advisory meeting;
- 3) Mental Health Commission of Canada, First Nation Inuit Métis Advisory Committee – National Round Table on Ethical Principles and Cultural Safety;
- 4) Pan-American Health Organization;
- 5) Reconciliation Symposium, Nippissing University;
- 6) Aboriginal Curatorial Collective Colloquium;
- 7) National Network for Aboriginal Mental Health Research; and
- 8) Spanish Indian Residential School Reunion.

Results

Networking will continue to increase our knowledge of the impacts of the residential school experience and allow us to maximize the return of our investments in research and to expand our research initiatives. In addition, through research partnerships and relevant presentations, we will continue to access the expertise and resources of outside agencies and to contribute to a more informed and supportive public environment.

Objective

To develop a National Aboriginal Archives and Library to house materials that relate to residential schools. The AHF Incorporation Papers makes reference to

establishing and operating "A National Aboriginal Archive and Library to house records concerning residential schools." This activity responds in part to the Report of the Royal Commission on Aboriginal Peoples, recommendation 1.10.3, which calls for the "establishment of a national repository of records and video collections related to residential schools ... to facilitate access to documentation and electronic exchange of research on residential schools."

Strategy

Research has continued to assemble books, articles, reports, and videos on subjects related to the Legacy of Physical and Sexual Abuse in the Residential School System, including Intergenerational Impacts. This growing collection includes documents donated by the Law Commission of Canada; material related to the design and implementation of healing practices; archival materials; and material developed by AHF-funded projects. Research has also undertaken a project to scan and index all AHF records to ensure permanency and ease of access to information after AHF closes its doors. Since 2006 Research has focused on organizing and cataloguing the material collected over the past several years and continues to do so.

Results

In 2007–08 the AHF focused on formalizing and standardizing the organization and management of this highly specialized collection to develop a relevant, professional-quality, sustainable resource library, which was renamed The Gail Guthrie Valaskakis Memorial Resource Library in honour of the original AHF Director of Research who passed away in 2007. The Library currently contains over 5,800 documents.

In addition to external research material, the Library houses a growing collection of materials on "promising" healing practices drawn from AHF-funded projects; and materials produced by AHF-funded projects. The Library will also house any archival documents received by the AHF, including personal memoirs, journals, photographs, or other items consigned by the Residential School Survivors, their descendants, or other parties. These efforts will be formalized within a collections development plan, including an acquisitions strategy and formal policies and procedures will be

developed to guide the operation of the Library.

These efforts to formalize and professionalize the collection in this manner address the need for the Library's eventual transfer to a partner organization when the AHF sunsets as per its mandate. These efforts will ensure a smooth transition, the ongoing availability of the resource material, and a long-term memorial for both the AHF and Dr. Gail Guthrie Valaskakis.

Financial Statements of

**ABORIGINAL HEALING
FOUNDATION**

Year ended March 31, 2010



KPMG LLP
Chartered Accountants
Suite 2000
160 Elgin Street
Ottawa, ON K2P 2P8
Canada

Telephone (613) 212-KPMG (5764)
Fax (613) 212-2896
Internet www.kpmg.ca

AUDITORS' REPORT TO THE DIRECTORS

We have audited the statement of financial position of Aboriginal Healing Foundation as at March 31, 2010 and the statements of operations, changes in deferred contributions and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles. As required by the Canada Corporations Act, we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

Chartered Accountants, Licensed Public Accountants

Ottawa, Canada

May 28, 2010

ABORIGINAL HEALING FOUNDATION

Statement of Financial Position

March 31, 2010, with comparative figures for 2009

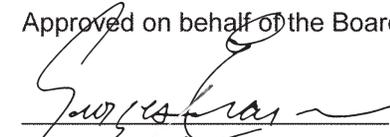
	2010	2009
Assets		
Current assets:		
Cash	\$ 233,526	\$ 277,994
Amounts receivable	54,274	82,317
Interest receivable	289,275	395,709
Prepaid expenses	77,978	76,987
	<u>655,053</u>	<u>833,007</u>
Capital assets (note 4)	355,175	399,264
Investments (note 5)	40,571,878	84,459,239
	<u>\$ 41,582,106</u>	<u>\$ 85,691,510</u>

Liabilities and Deferred Contributions

Current liabilities:		
Accounts payable and accrued liabilities	\$ 2,372,027	\$ 1,159,913
Deferred contributions:		
Deferred capital contributions	355,175	399,264
Deferred grant	38,854,904	84,132,333
	<u>39,210,079</u>	<u>84,531,597</u>
Lease commitments and guarantees (note 6)		
Project commitments (schedule)		
	<u>\$ 41,582,106</u>	<u>\$ 85,691,510</u>

See accompanying notes to financial statements.

Approved on behalf of the Board of Directors:



Chairman



Treasurer

ABORIGINAL HEALING FOUNDATION

Statement of Operations

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Revenue:		
Grant	\$ 45,192,742	\$ 35,925,402
Indian Residential Schools Resolution Canada - research	159,814	250,191
Investment (note 5(b))	506,451	3,936,225
Amortization of deferred capital contributions	128,776	149,090
Other revenue	39,618	49,775
	<u>46,027,401</u>	<u>40,310,683</u>
Expenses:		
Project:		
Project funding (schedule)	40,002,098	33,964,198
Administrative:		
General (note 7)	4,451,088	4,485,239
Research	908,296	811,249
Governance	336,419	385,799
Communication and promotion	106,584	340,730
Amortization of capital assets	128,776	149,090
Monitoring	94,140	106,366
Regional meetings	–	13,287
AHF 10 th Anniversary	–	49,226
Loss on disposal of capital assets	–	5,499
	<u>6,025,303</u>	<u>6,346,485</u>
	<u>46,027,401</u>	<u>40,310,683</u>
Excess of revenue over expenses	\$ –	\$ –

See accompanying notes to financial statements.

ABORIGINAL HEALING FOUNDATION

Statement of Changes in Deferred Contributions

Year ended March 31, 2010, with comparative figures for 2009

	Deferred capital contributions	Deferred grant	Total 2010	Total 2009
Balance, beginning of year	\$ 399,264	\$ 84,132,333	\$ 84,531,597	\$ 120,606,089
Recognized as revenue	–	(45,192,742)	(45,192,742)	(35,925,402)
Capital asset additions	84,687	(84,687)	–	–
Amortization of deferred capital contributions	(128,776)	–	(128,776)	(149,090)
Balance, end of year	\$ 355,175	\$ 38,854,904	\$ 39,210,079	\$ 84,531,597

See accompanying notes to financial statements.

ABORIGINAL HEALING FOUNDATION

Statement of Cash Flows

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Cash provided by (used for):		
Operations:		
Items not involving cash:		
Amortization of capital assets	\$ 128,776	\$ 149,090
Amortization of deferred capital contributions	(128,776)	(149,090)
Loss on disposal of capital assets	-	5,499
Realized gain on sale of investments	(258)	(99,074)
Change in cumulative unrealized gains on investments	1,010,017	104,082
Change in non-cash operating working capital:		
Decrease in amounts receivable	28,043	108,031
Decrease in interest receivable	106,434	131,525
Decrease (increase) in prepaid expenses	(991)	73,045
Increase (decrease) in accounts payable and accrued liabilities	1,212,114	(3,570,318)
	2,355,359	(3,247,210)
Investments:		
Purchase of investments	(89,017,488)	(102,414,429)
Sale of investments	131,895,090	141,641,671
Capital asset additions	(84,687)	(80,504)
	42,792,915	39,146,738
Financing:		
Increase in deferred capital contributions	84,687	75,005
Decrease in deferred grant	(45,277,429)	(36,000,407)
	(45,192,742)	(35,925,402)
Decrease in cash	(44,468)	(25,874)
Cash, beginning of year	277,994	303,868
Cash, end of year	\$ 233,526	\$ 277,994

See accompanying notes to financial statements.

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements

Year ended March 31, 2010

1. Description:

Aboriginal Healing Foundation (the "Foundation") was incorporated without share capital on March 30, 1998 under Part II of the Canada Corporation Act. The Foundation is a not-for-profit organization and therefore is, under Section 149 of the Income Tax Act, exempt from income tax.

The Foundation was established for the purpose of funding projects which address the healing needs of Aboriginal People affected by the Legacy of Physical and Sexual Abuse in Residential Schools, including intergenerational impacts. In 1998, The Foundation entered into a funding agreement with the Department of Indian Affairs and Northern Development (the "Department"), under which the Foundation received a one-time grant of \$350,000,000. The Foundation is required to hold, invest, administer and disburse the grant, plus any investment income earned on it, in accordance with the funding agreement. The decisions with respect to grant approval were to be made by April 1, 2003 and the actual disbursements were to be made over a ten-year-period ending March 31, 2009.

The funding agreement was amended in the 2005 Federal Budget and, as a result of the amendment; the Foundation received a one-time grant of \$40,000,000 during that year. The Foundation is required to hold, invest, administer and disburse the grant, plus any investment income earned on it, in accordance with the funding agreement. The decisions with respect to grant approval were to be made by March 31, 2008 and the actual disbursements were to be made over a four-year period ending March 31, 2009.

In fiscal 2008, the Government of Canada made a payment to the Foundation of \$125,000,000 in accordance with the Contribution Agreement. The Foundation is required to hold, invest, administer and disburse the grant, plus any investment income earned on it, in accordance with the funding agreement. The funding agreement requires the Foundation, on a best efforts basis, to commit the grant by March 31, 2009, and, on a best efforts basis, to distribute the grant by March 31, 2012. Those best efforts are to continue until the following conditions are met:

- (a) none of the amount remains with the Foundation;
- (b) eligible recipients have accounted for all funds received from the Foundation in a manner acceptable to the Foundation; and
- (c) the Foundation has fulfilled all its obligations under the funding agreement.

2. Significant accounting policies:

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

(a) Basis of presentation:

The Foundation follows the deferral method of accounting for contributions for not-for-profit organizations.

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements, page 2

Year ended March 31, 2010

2. Significant accounting policies (continued):

(b) Revenue recognition:

Unrestricted contributions are recognized as revenue when received or receivable. Externally-restricted grant contributions are deferred and recognized as revenue in the period in which the related expenses are recognized.

Investment income restricted for a specific purpose is recognized as revenue in the year that the related expenses are incurred.

(c) Capital assets:

Capital assets are recorded at cost. Amortization is provided on a straight-line basis using the following estimated useful lives:

Asset	Useful life
Furniture and equipment	10 years
Computer hardware	5 years
Leasehold improvements	5 years

Capital assets are reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted cash flows to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset.

(d) Financial Instruments:

(i) Investments:

Investments are designated as held for trading and are measured at fair value. Realized investment income and unrealized gains or losses from the change in fair value are recorded in the statement of operations. Fair value is determined at quoted market prices. Sales and purchases of investments are recorded on the settlement date. Transaction costs related to the acquisition of investments are expensed.

(ii) Other financial instruments:

The Foundation has classified amounts receivable and interest receivable as loans and receivables and accounts payable and accrued liabilities as other liabilities.

Upon initial recognition, these financial assets and liabilities are measured at fair value. Subsequent to initial recognition, these financial assets and liabilities are measured at amortized cost using the effective interest rate method at amortization.

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements, page 3

Year ended March 31, 2010

2. Significant accounting policies (continued):

(e) Deferred capital contributions:

Contributions received for capital assets are deferred and amortized over the same term and on the same basis as the related capital asset.

(f) Expenses:

In the statement of operations, the Foundation presents its expenses by function, except for amortization of capital assets.

Expenses are recognized in the year incurred and are recorded in the function to which they are directly related. The Foundation does not allocate expenses between functions after initial recognition.

(g) Use of estimates:

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates. These estimates are reviewed annually and as adjustments become necessary they are recorded in the financial statements in the period in which they become known.

3. Adoption of new accounting standards:

Effective April 1, 2009, the Foundation adopted the following new accounting standard and amendments:

(a) *Amendments to Accounting Standards that Apply Only to Not-For-Profit Organizations:*

Effective April 1, 2009, the Foundation adopted the Canadian Institute of Chartered Accountants ("CICA") amendments to the 4400 Sections of the CICA Handbook. These amendments revised the financial statement presentation and disclosure requirements for the Foundation. The adoption of these amendments had no effect on the Foundation's financial statements, except for the additional disclosure in the statement of cash flows, and the inclusion of \$39,618 (2009 - \$33,190) in other revenue and other expenses for the golf tournament.

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements, page 4

Year ended March 31, 2010

3. Adoption of new accounting standards (continued):

(b) *Disclosure of Allocated Expenses by Not-for-Profit Organizations:*

Effective April 1, 2009, the Foundation adopted CICA Handbook Section 4470, *Disclosure of Allocated Expenses by Not-for-Profit Organizations* which establishes disclosure standards for Entities that choose to report their expenses by function and allocate expenses between functions. Adoption of these recommendations had no effect on the financial statements for the year ended March 31, 2010, except for the additional disclosure in note 2(f).

(c) *Amendments to Section 1000, Financial Statement Concepts:*

Effective April 1, 2009, the Foundation adopted the CICA amendments to Section 1000 of the CICA Handbook. These amendments clarified the criteria for recognition of an asset or liability, removing the ability to recognize assets or liabilities solely on the basis of matching revenue and expense items. Adoption of these recommendations had no effect on the Foundation's financial statements for the year ended March 31, 2010.

4. Capital assets:

	Cost	Accumulated amortization	2010 Net book value	2009 Net book value
Furniture and equipment	\$ 739,189	\$ 553,798	\$ 185,391	\$ 184,765
Computer hardware	727,185	617,635	109,550	124,475
Leasehold improvements	185,934	125,700	60,234	90,024
	<u>\$ 1,652,308</u>	<u>\$ 1,297,133</u>	<u>\$ 355,175</u>	<u>\$ 399,264</u>

Cost and accumulated amortization at March 31, 2009 amounted to \$1,704,426 and \$1,305,162 respectively.

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements, page 5

Year ended March 31, 2010

5. Investments:

- (a) Investments held by the Foundation are to be used for project funding and administration. The cost and fair values of the investments are as follows:

	2010 Cost	2010 Fair value	2009 Cost	2009 Fair value
Cash equivalents:				
Federal government	\$ 14,669,095	\$ 14,669,095	\$ 29,811,391	\$ 29,811,391
Corporate	3,050,267	3,050,267	—	—
	17,719,362	17,719,362	29,811,391	29,811,391
Bonds, coupons and residuals:				
Federal government	18,429,832	18,765,232	36,301,614	37,452,470
Provincial government	—	—	12,904,446	12,987,935
Corporate	4,004,480	4,087,284	4,013,567	4,207,443
	22,434,312	22,852,516	53,219,627	54,647,848
	\$ 40,153,674	\$ 40,571,878	\$ 83,031,018	\$ 84,459,239

Investments are managed by investment managers in accordance with an investment policy approved by the Board of Directors. The Foundation's investment policy limits investments to bank certificates of deposit; bankers acceptances; treasury bills, commercial paper and other short-term securities, bonds and notes issued by the federal, provincial, and municipal governments and corporations; asset-based securities and mortgage-backed securities. The investment policy also limits the percentage of the portfolio invested in each type of security.

The Foundation's bonds have interest rates of 0.14% to 6% and maturity dates ranging from April 2010 to September 2011.

- (b) Investment revenue is comprised of:

	2010	2009
Interest	\$ 1,516,210	\$ 3,941,233
Realized gains on sale of investments	258	99,074
Change in cumulative unrealized gains on investments	(1,010,017)	(104,082)
	\$ 506,451	\$ 3,936,225

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements, page 6

Year ended March 31, 2010

6. Lease commitments and guarantees:

(a) Commitments:

The Foundation has committed to make the following future minimum payments by fiscal year under various equipment operating and premises rental leases:

2010/2011	\$ 461,668
2011/2012	445,961
2012/2013	215,863
	<hr/>
	\$ 1,123,492

(b) Guarantees:

In the normal course of business, the Foundation has entered into lease agreements for premises and equipment. It is common in such commercial lease transactions for the Foundation as the lessee, to agree to indemnify the lessor for liabilities that may arise from the use of the leased assets. The maximum amount potentially payable under the foregoing indemnities cannot be reasonably estimated. The Foundation has liability insurance that relates to the indemnifications described above.

7. General expenses:

	2010	2009
Salaries	\$ 2,973,572	\$ 3,053,100
Rent	399,734	366,772
Office	233,093	244,362
Computer maintenance	169,102	144,881
Travel	214,437	214,324
Professional fees	110,018	117,760
Training	114,841	128,816
Investment fees	102,977	82,213
Insurance	26,573	30,000
Equipment lease	48,419	47,045
Translation	18,704	21,373
Fundraising	—	1,403
Other	39,618	33,190
	<hr/>	<hr/>
	\$ 4,451,088	\$ 4,485,239

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements, page 7

Year ended March 31, 2010

8. Related party transaction:

The Foundation is related to the Legacy of Hope Foundation (the "Charity"), which is a registered charity by virtue of its ability to appoint the majority of the Board of Directors.

The Charity's mission is to encourage and support Aboriginal communities in building the capacity to sustain healing processes that address the broader Intergenerational Legacy of the Residential School System.

The Charity's assets, liabilities, revenue and expenses are as follows for the years ended March 31:

	2010	2009
Assets	\$ 303,118	\$ 220,509
Liabilities and Net Assets		
Liabilities:		
Due to Aboriginal Healing Foundation	\$ 13,184	\$ 4,226
Other liabilities	234,799	171,624
	247,983	175,850
Net assets	55,135	44,659
	\$ 303,118	\$ 220,509
Revenue	\$ 974,418	\$ 1,118,469
Expenses	965,942	1,207,209
Excess (deficiency) of revenue over expenses	\$ 8,476	\$ (88,740)

The Foundation provides payroll services without charge and subleased office space to the Charity at \$15,251 (2009 - \$12,000) for the year including operating costs.

The Foundation holds an annual golf tournament on behalf of the Charity and remits the net proceeds to the Charity. In the current year, the Foundation remitted \$16,767 (2009 - \$3,297) relating to proceeds from the golf tournament. This amount is included in other expenses (note 7).

ABORIGINAL HEALING FOUNDATION

Notes to Financial Statements, page 8

Year ended March 31, 2010

9. Capital disclosures:

The Foundation considers its capital to consist of deferred capital contributions and deferred grant. The Foundation's overall objective for its capital is to fund capital assets, future projects and ongoing operations. The Foundation is not subject to any other externally imposed capital requirements and its approach to capital management remains unchanged from the prior year.

10. Fair value of financial instruments:

The carrying values of cash, amounts receivable, interest receivable and accounts payable and accrued liabilities approximate their fair values because of the relatively short period to maturity of these instruments. The fair value of investments is disclosed in note 5.

The Foundation does not believe it has significant exposure to interest rate, credit and currency risks from its financial instruments.

The Foundation's interest rate risk relates to its investments in cash equivalents and bonds.

11. Comparative figures:

Certain 2009 comparative figures have been reclassified to conform with the financial statement presentation adopted for 2010.

ABORIGINAL HEALING FOUNDATION

Schedule of Project Commitments and Expenses

Year ended March 31, 2010

	Opening cumulative project commitments	Current year net project commitments	Closing cumulative project commitments	Opening cumulative project expenses	Current year project expenses	Closing cumulative project expenses	Remaining project commitments
General Projects	\$ 522,970,336	\$ 55,402	\$ 523,025,738	\$ 461,037,674	\$ 40,002,098	\$ 501,039,772	\$ 21,985,966

Statement of Remuneration*

With respect to Section 11.05 (i) of the Funding Agreement between the Government of Canada and the Aboriginal Healing Foundation, the following represents those Employees, Board Members and Contractors earning over \$75,000.

Employees

Position	Public Service Equivalent
Executive Director	EX-05
Chief Operations Officer	EX-03
Director, Research	EX -01
Director, Communications	EX -01
Comptroller	FI-04
Operations Manager	PM-06
Human Resources Manager	PE-06
Corporate Secretary	AS-06

The remuneration package for the Executive Director has been developed and recommended by an independent compensation consultant and approved by the Board of Directors. A review of Executive Director remuneration is conducted every three years. All other staff remuneration is based on two comprehensive reviews by external consultants, conducted in 2000 and 2006 by Hay Group and Peralman Iddon Associates Inc., respectively. AHF salaries are consistent with salaries for similar work in the federal public service. Note: For fiscal year 2008-2009, Managers in senior positions have voluntarily accepted salary increases capped at 1.5%, consistent with the public sector.

AHF positions do not qualify for the Public Service Benefits and Pension Plan. Accordingly, staff are provided an equivalent plan, budgeted at 18 percent of base salaries for benefits and a payment in lieu of pension.

Other allowances are provided for health, healing, and fitness.

Contractors

The Aboriginal Healing Foundation has 2 (two) contractors receiving total payments in excess of \$75,000. Informici Information Services provides computer and technical services to the AHF. The second contractor, Sara Fryer, provides research services.

Board Members

Acting in the capacity of both President and Board Chair, the President is remunerated up to a maximum of \$75,000, as approved by Board policy.

* This Statement of Remuneration does not form part of the audited financial statements of the Aboriginal Healing Foundation.

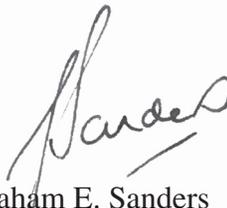


March 31, 2010
Aboriginal Healing Foundation,
75, Albert Street,
Suite 801,
Ottawa,
Ontario K1P 5E7

Ladies and Gentlemen,

I am writing to confirm that the investments of the Foundation continue to be managed in accordance with the Guidelines laid out in the Funding Agreement with the Federal Government. These guidelines cover the credit quality, diversification and maturity structure of eligible investments and have been met since the inception of the fund in 1998.

Yours sincerely,



Graham E. Sanders
President

Aboriginal Healing Foundation 75 Albert Street, Suite 801, Ottawa, Ontario K1P 5E7
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