

TRAUMA-INFORMED CULTURAL AND EMOTIONAL SUPPORTS ACTIVITY REPORT

DCI Number/Fiscal Year:
HC-P013 (2023-2024)

Purpose:

This report should be completed by funding recipients who report on the programs that they organize in order to provide services related to both health and cultural supports to Indigenous family members and survivors of traumas.

Trauma-Informed Health and Cultural Supports include community-based health and cultural support services provided through the Indian Residential Schools Resolution Health Support Program (IRS RHSP), Missing and Murdered Indigenous Women and Girls Health Supports (MMIWG HS), Indian Day Schools Health Supports (IDS HS), and as of 2021/2022, the Expanded Trauma-Informed Health and Cultural Supports serving all Indigenous people who are not otherwise eligible through the above program areas.

Reporting Period:

The period for reporting is either quarterly or annually, depending on the above programs.

Due Date:

The due date is specified in your Contribution Agreement.

Field Definitions:

Field	Definition
Identification	
Recipient Name	The name of the organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Recipient Number	The number assigned by Indigenous Services Canada / Crown-Indigenous Relations and Northern Affairs Canada to the organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Region	Select the region in the drop-down menu from which the recipient is reporting.
Contact	
Given Name Family Name Title/Position	The name and contact information of the responsible official to verify the content and information contained in this report.

Field	Definition
Mailing Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Telephone Number Extension Email Address	A valid postal code is in the upper case in the format 'A##A##'. A valid telephone number includes the 3 digit area code in the format '###-###-####'. A valid email address may be in upper or lower case in the format 'a@a.a'.
Reporting Period	Indicate the reporting period by clicking the check box either for quarterly or annually.
Program Information	Choose the program from the list below for which you are reporting. Fields that are not required for that program are hidden. <ul style="list-style-type: none"> ○ Indian Residential Schools Resolution Health Support Program (IRS RHSP) ○ Missing and Murdered Indigenous Women and Girls (MMIWG) Health and Cultural Supports ○ Federal Indian Day Schools (IDS) Health and Cultural Supports ○ Expanded Trauma-Informed Health and Cultural Supports ○ Health and Cultural Support Workforce
Health/Cultural Supports	<ul style="list-style-type: none"> - IRS RHSP - MMIWG - IDS - Expanded Trauma-Informed
Total number of clients	Indicate the total number of individual clients. This will include: <ol style="list-style-type: none"> 1) Indian Residential Schools Resolution Health Support Program (IRS RHSP) - IRS Former Students and family members. 2) Missing and Murdered Indigenous Women and Girls (MMIWG) Health and Cultural Supports – Survivors, family members and others affected by the issue of Missing and Murdered Indigenous Women and Girls 3) Federal Indian Day Schools (IDS) Health and Cultural Supports – Former Federal Indian Day School Students and their family members 4) Expanded Trauma-Informed Health and Cultural Supports – All Indigenous people who are not otherwise eligible through the above program areas.

Field	Definition
Gender	Indicate the number of individuals who identify as either male, female or another gender identity. "Another Gender Identity" refers to individuals who do not identify in the gender binary system (i.e. do not identify as either male or female).
Age	Indicate the total number of individuals for each designated age grouping.
Indigenous Identity	Indicate the number of clients <u>per</u> cultural identity, which includes First Nation, Métis, Inuit, Non-Indigenous (i.e. any other culture), and those who choose not to disclose this information.
Total number of interactions	Indicate the total number of interactions with eligible clients. Every interaction with an individual client is counted as a separate interaction. A group or family session is counted as one interaction. (i.e. a group session with 4 family members is counted as 1 interaction, but with 4 clients). Community outreach and information sessions are counted as one single interaction.
Health/Cultural Supports	Health and Cultural Support Workforce
Health Support	Previously known as Emotional Support Workers. Resolution Health Support Workers/Health Support Workers are Indigenous support workers, employed by community organizations, who listen, talk and support former students of Indian Residential Schools and their family, those affected by Missing and Murdered Indigenous Women and Girls, and former students of Federal Indian Day Schools and their family, and all Indigenous people who are not otherwise eligible through the above program areas.
Cultural Support	Cultural Support Workers are Elders or Traditional Healers, identified by communities to provide cultural services such as ceremony, prayer, and other traditional healing activities. Cultural Support Workers work with clients to determine their cultural needs.
Total Workforce	Indicate the total number of Health and Cultural support workers (full and part time) employed by the CA recipient during the fiscal year. This count will apply to the IRS RHSP, MMIWG, IDS, and Expanded Trauma-Informed Health Support workers. Workers that deliver health (emotional) and cultural support services across more than one program, should only be counted once to avoid a false worker count (e.g. a Cultural Support worker

Field	Definition
	that provides support under IRS RHSP and IDS should only be counted as 1, not 2).
Total number of Health and Cultural Support Workers that were newly hired this fiscal year	Indicate the total number of Health and Cultural support workers that were newly hired this fiscal year. Workers that deliver health (emotional) and cultural support services across more than one program, should only be counted once to avoid a false worker count (e.g. a Cultural Support worker that provides support under IRS RHSP and IDS should only be counted as 1, not 2).
Total number of Health and Cultural Support Workers that left their position this fiscal year	Indicate the total number of Health and Cultural support workers that left their position this fiscal year. Workers that deliver health (emotional) and cultural support services across more than one program, should only be counted once to avoid a false worker count (e.g. a Cultural Support worker that provides support under IRS RHSP and IDS should only be counted as 1).
To what extent were the number of Health and Cultural Support Workers sufficient to meet community needs?	Describe to what extent the number of Health and Cultural Support Workers were sufficient to meet community needs.
Comments	Provide further information if necessary.
Supporting Documents	This table allows you to identify the supporting document(s) being submitted and the method of submission.
Title	Enter the name of the supporting document.
Submission Method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> - Attachment - Email - Facsimile - Mail - By Hand/Courier <p>If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach File' button changes to 'Remove File'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>

Declaration

Field	Definition
Given Name Family Name Title/Position Date (YYYYMMDD)	The given name, family name and title/position of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.