

Calling Our Spirits Back



Liard Aboriginal Women's Society

Kaska Health Profile

DRAFT: September 27, 2018

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Project Background

Since 1998, the Liard Aboriginal Women's Society (LAWS) has provided vital support to the five communities that make up the Kaska Nation. This includes Youth safety empowerment and women's justice programs. In 2010, LAWS led the development of the Liard First Nation's (LFN) 10-Year Vision for Health and Healing. Throughout the engagement process, they consistently heard from participants that incidents of violence and death are increasing due to drug and alcohol use along with corresponding issues related to women's safety and child welfare.

Core objectives identified in this plan include: expand health governance and leadership, increase local control and effectiveness of the treatment system, and promote self-reliance of citizens to take charge of their own health. This strongly aligns with the recent Yukon Mental Wellness Strategy (2016-2026) which emphasizes the need for robust relationships between government partners and other stakeholders in order to provide appropriate, accessible and culturally sensitive mental health, trauma and substance use services.

Local knowledge suggests that interconnected issues of substance use and mental health challenges negatively impact a majority of Kaska Nation members, particularly women and children. LAWS has heard from members that they need more support to address multiple issues. The LAWS 5-Year Plan Community Survey (delivered December 2017) gave 77 LFN/Watson Lake community members an opportunity to rank the issues they felt were most prevalent in their community. The highest ranked/most frequently mentioned issues are shown in Figure 1, with substance use/addictions and domestic/sexualized violence considered extremely to very prevalent in the community.



Figure 1: Most Prevalent Issues in the LFN Community

This requires a more substantial collection and assessment of relevant data to explain, through evidence, the state of the crisis. In order to shift how communities approach wellness and the effectiveness of treatment and child welfare efforts, a better understanding of the current situation is required.

With funding from National Indian Brotherhood (NIB) Trust Fund, LAWS undertook an inventory of current data being collected by relevant agencies on mental wellness, addictions, violence against women, and child welfare specific to First Nations in the Yukon, and Liard First Nation and Kaska-specific where possible. The purpose of this inventory was to develop a current evidence-based assessment of the community addictions issue and related issues and use this to undertake strategic planning. This Inventory has led to an analysis that summarizes the current status of Liard First Nation community health and wellness and related issues, identifies how to better respond to service and program needs, and summarizes knowledge and policy gaps in order to strengthen program and project work outcomes in these areas.

Overview of Research Approach and Methodology

The purpose of the Data Inventory project was to determine the availability and quality of existing data and information related to mental health and wellness, addictions, substance use, violence against women and child welfare (and the interconnection between these issues) among Liard First Nation and Kaska Nation members. Priority search terms included:

- Suicide, depression, anxiety, mental health support
- Substance use, overdosing, addictions substance abuse treatment and counselling
- Domestic violence, violence against women, victimization and crime, support for victims of violence
- Justice, incarceration, Indigenous support services
- Child apprehension, child welfare, child development support

Supporting search terms included:

- Health system performance
- Service accessibility
- Continuum of care
- Social determinants of health (housing, food security, nutrition, income, education, social assistance) and women’s health
- Indigenous population and identity

For comparative purposes and to supplement LFN and Kaska-specific data, data searches included Canada-wide data that specified provincial/territorial level statistics and/or included specific trends among Indigenous populations. Key elements of the research strategy are summarized in Table 1 below:

Table 1: Research Strategy

No.	Research Strategy
1	<ul style="list-style-type: none"> • Review of academic literature and studies
2	<ul style="list-style-type: none"> • Research portals and government databases • Canadian Child Welfare Research Portal • Government of Yukon: Women's Directorate Research Portal • Mental Health Commission of Canada Research Portal • First Nations Child and Family Caring Society Canada Research Portal • Canadian Social Research Links -Yukon • Yukon Bureau of Statistics • Yukon Health and Social Services • Yukon Education • Yukon Legislative Assembly
3	<ul style="list-style-type: none"> • Statistics Canada data summary reports arising from surveys • National Household Survey • Canada Census • Aboriginal People’s Survey • Transition Home Survey • Integrated Correctional Survey

	<ul style="list-style-type: none"> • Youth Custody and Community Services Survey • Adult Corrections Survey • Uniform Crime Reporting Surveys • General Social Survey on Victimization • Aboriginal Children’s Survey • Regional Health Survey • Canadian Community Health Survey • Statistics Canada fifth General Social Survey
4	<ul style="list-style-type: none"> • Organizational strategic plans and research summaries from organizations in the Yukon and Canada-wide

Summary of Engagement Process

Engagement with agencies and relevant government departments took place from October 2017 to January 2018 as a next step following the initial Data Inventory project. The purpose engagement was to obtain any additional information from relevant agencies on leading policy documents related to mental wellness, addictions, violence against women, and child welfare specific to First Nations in the Yukon, and Liard First Nation and Kaska-specific where possible. Of the 30 government departments and agencies that were contacted at the beginning of the engagement process, 10 were able to provide information on policy documents summarized in this report. These 10 key informants include individuals from government departments and agencies (including community justice organizations), councils, community health and outreach centres, transitional housing and support centres, and women’s organizations. (See Table 2 for a summary of government departments and local organizations that were engaged.)

This process was guided by the following principles:

- Develop mutual trust and respect
- Support relationship building between organizations and departments and a collaborative approach to working with addictions services
- Provide clear expectations of research needs
- Promote understanding of Kaska experiences and needs with regards to addictions and mental wellness

Table 2: Government Departments and Local Organizations Engaged

Government Departments	Local Organizations
<ul style="list-style-type: none"> • Health and Social Services • Justice • Women’s Directorate • Mental Health Services • Yukon Bureau of Statistics • Yukon Housing Corporation • Health Canada • Indigenous and Northern Affairs Canada • Watson Lake Detachment, RCMP 	<ul style="list-style-type: none"> • Skookum Jim Friendship Centre • Yukon Anti-Poverty Coalition • Blood Ties Four Directions Centre • Victoria Faulkner Women’s Centre • Council of Yukon First Nations • Yukon Status of Women’s Council • Help and Hope for Families Transition Home/ Women’s Shelter

	<ul style="list-style-type: none"> • Many Rivers Counselling and Support Services • Kaushee's Place
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Research Results

Data at the Yukon level on addictions, mental health, child welfare, victimization and justice is limited. A few key sources of data are listed below:

- Census data from 1995 to 2016 provides Liard First Nation and Yukon Indigenous-specific information related to population and identity.
- The most widely accessible Indigenous-specific data was broad health data collected across Canada through the 2016 Regional Health Survey. Although the sample size at the LFN level is fairly small (26 respondents) this is the most relevant LFN data acquired and it can be compared at Yukon First Nations and Canada First Nations levels.
- A few studies and strategies have been published on Indigenous women, child welfare, violence, addiction and mental health in the Yukon and/or Canada-wide, which supplement available data.

Successes

Before discussing limitations and challenges, it is also important to celebrate the successes accomplished through this research process. The following are key successes that came from the Data Inventory and engagement processes:

- ✓ Built relationships with agencies and government departments
- ✓ Government and agency leaders were enthusiastic and supportive of LAWS work
- ✓ Inventory of current data, statistics and qualitative information
- ✓ Documented research gaps and data needs
- ✓ Data and policy directions can be leveraged

Limitations and Challenges

It has been challenging to acquire relevant LFN and Kaska level data, both online and through government and agency contact persons. A summary of the limitations and challenges are listed below:

- The 2016 census provides basic information on Liard First Nation such as population and language but this data had to be analysed manually as data products for LFN were costly to acquire and can take several months to be finalized.
- Government departments provided minimal data for several reasons: certain information is not considered public information for confidentiality reasons; data was inaccessible due to outdated data management systems; and most commonly, First Nations specific (and in some cases both First Nations and non-First Nations) data is simply not being collected.
- Agency leaders expressed enthusiasm for LAWS' work and willingness to support data collection. However, it was ultimately difficult to acquire data from local agencies as their staff

are extremely busy with frontline work. This has made it challenging to achieve project outcomes related to activating a collaborative, integrated approach to data management among organizations working with addictions services.

To supplement the lack of available data at the LFN and/or Kaska level, additional research had to be conducted at the territorial and national level on Yukon and Canada Indigenous populations. This data was used to extrapolate trends on addictions, child welfare, victimization and justice, and mental health and substance use relevant to Kaska communities' experiences and needs. Still, territorial and national sources of data on Indigenous populations also proved limited for the following reasons:

- Survey reports through Statistics Canada typically provide data on Indigenous populations at the Canada level, with minimal analysis at the territorial level.
- Several Yukon-based resources provide data and information on health among children and Youth, violence towards women, and the child welfare system, but these have minimal First Nations specific information.
- Surveys conducted nationally on Indigenous populations are often one-time only and therefore survey reports typically do not include an analysis of data trends over time.

Child Welfare

The 2016 Canadian Census data reveals that just over half (51.2%) of children in care across Canada are of Indigenous descent. Within the Yukon, however, a full 91% of children in care are of Indigenous descent. Within the Indigenous Youth population in the Yukon, 4% were in care at the time of the census. This figure is quite high when compared with the national figure which is 0.2% (see Figure 1).

The Auditor General Report from 2012 reviewed 49 child protection files. Of these files, 37 (76%) involved First Nations children and families. Of the 49 files, substance abuse was identified as a key factor in almost 90% of cases. At least 65% of files reviewed pertained to First Nations children and families and had substance abuse as a key factor. The report also highlights that the Child and Family Services department does not meet all of the standard requirements such as annual reviews of foster homes and transitional plans for Youth. Data from the Whitehorse Point-in-Time Homelessness Count (2017) highlights that 43% of the homeless population in Whitehorse have a history of foster care or group home care.

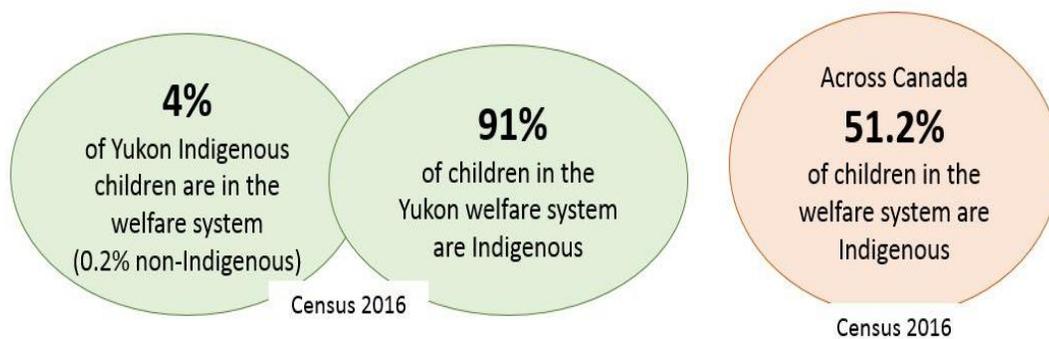


Figure 2: Indigenous Child Welfare Statistics - Canadian Census 2016

Households

The Regional Health Survey (RHS) reveals that, of 49 LFN respondents, 14 (26.8%) had their first child at age 18 or younger, and 25 (51%) were between the ages of 18 and 25 years old. The RHS also highlights a high percentage of single parent homes among LFN respondents, with 26 (39%) out of 66 respondents living in a single adult home.

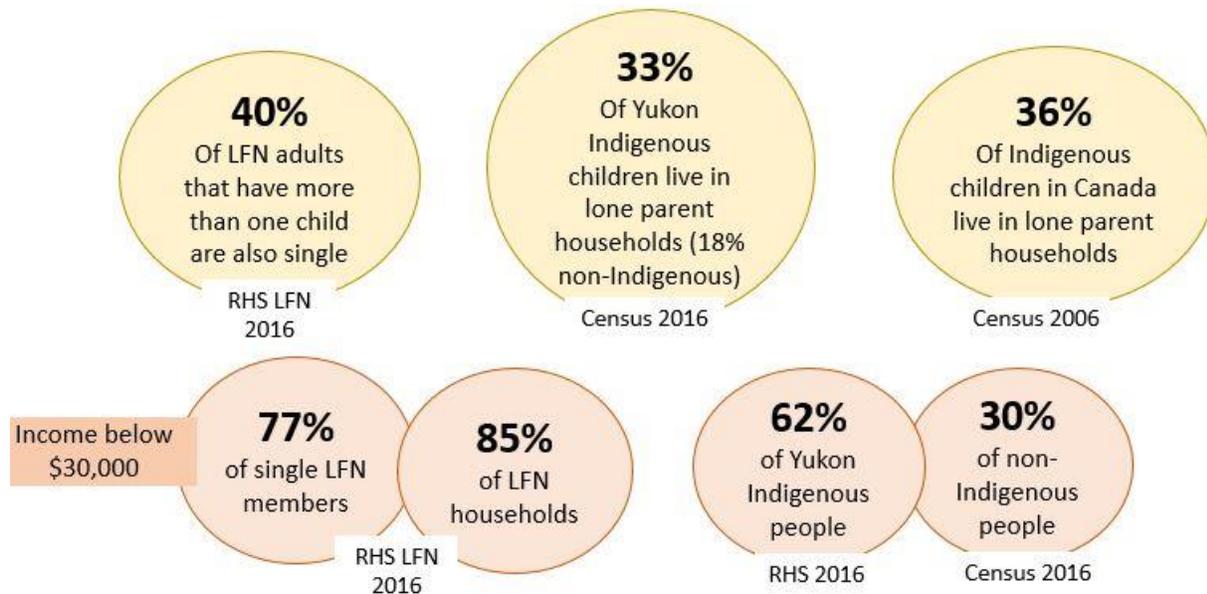


Figure 3: Indigenous Household Composition - Regional Housing Survey 2016 & Canadian Census 2016 & 2006

The 2016 census shows that, among Yukon Indigenous people, 33% of Youth (under 25 years of age) were living in lone-parent families (compared to 18% of non-Indigenous Youth) and 36% of Indigenous children in Canada live in lone parent households. The Yukon Health Status Report (2012) emphasizes that lone parent families are more likely to have low incomes and poorer health outcomes. This is relevant when advocating for services that support families both economically and socially, particularly since 77% (20) of 26 RHS respondents from LFN were living in lone parent households with household incomes below \$30,000 (See Figure 2).

As outlined in Figure 2 above, the RHS and Census data also reveal important information about household incomes, with 62% of Yukon Indigenous people making less than \$30,000 per year, compared to 30% of non-Indigenous people. A full 85% of LFN residents reported annual incomes under \$30,000.

Substance Use

The RHS revealed that, among the 74 LFN adult respondents, 15 (15%) reported binge drinking at least once a week, while 5 out of 27 Youth respondents (19%) said they binge drunk at least once per week. In regards to substance use, 58% of Yukon First Nations reported using drugs of some kind in the RHS.

Figure 3 below shows the different kinds of drugs used by LFN Youth and adults on a monthly basis. The most used drug was cannabis with 33% Youth and 21% adults using it monthly. The least used substance was cocaine, with 5% adults and 4% of Youth reporting monthly use. Neither opioids nor sedatives were reported to be used by Youth on a monthly basis. However, adults reported using opioids (18%) and sedatives (8%) monthly.

The RHS also revealed that, among 56 adult LFN respondents, 9 (16%) have sought treatment for drug and alcohol addiction in the past year, and 4 out of 16 (14.8%) Youth respondents sought treatment. The Yukon Health Status Report (2012) emphasizes that emotional well-being and early substance use require intensive interventions in rural areas in Yukon.

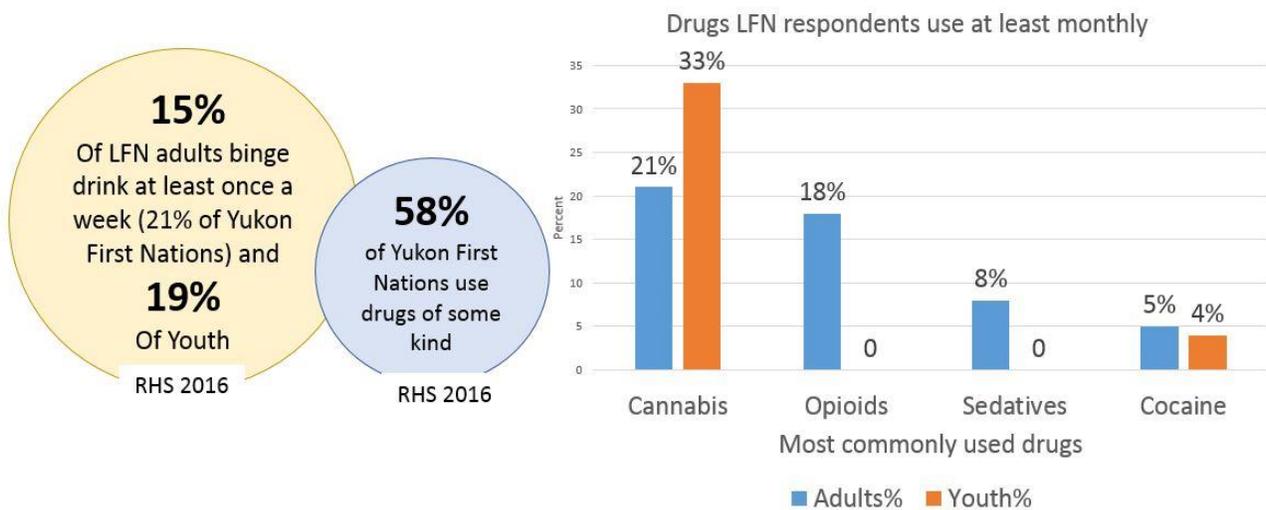


Figure 4: Substance Use and Addictions - Regional Health Survey, 2016

Mental Wellness

Of 73 adult LFN respondents to the RHS, 17 (28%) find their lives quite to extremely stressful. This is also the case for 7 (28%) out of 26 Youth respondents. Of 57 adult respondents, 12 (16%) have had a close friend or family take their own life. This is also the case for 9 (36%) Youth respondents. Out of 72 adults, 17 (24%) had considered suicide and 17 out of 74 (23%) had attempted suicide. Among 27 Youth, 7 (26%) had considered suicide and 5 (18.5%) had attempted suicide (See Figure 4).

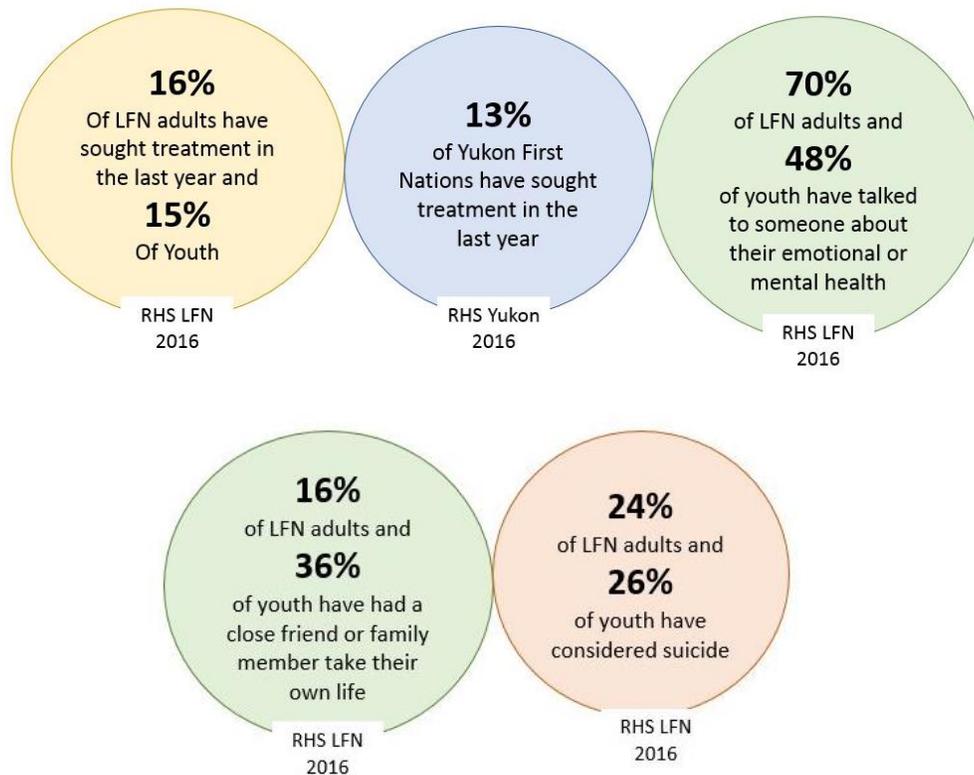


Figure 5: Addictions and Mental Wellness - Regional Health Survey Liard First Nation 2016 & Regional Health Survey Yukon Territory 2017

Justice

According to the Justice Department, in 2016/2017, of the 510 people admitted to the Whitehorse Correctional Facility, 64% (326) were First Nation (Figure 5). In the 2015 Report to the Auditor General it is estimated that 90% of offenders have a problem with substance use.

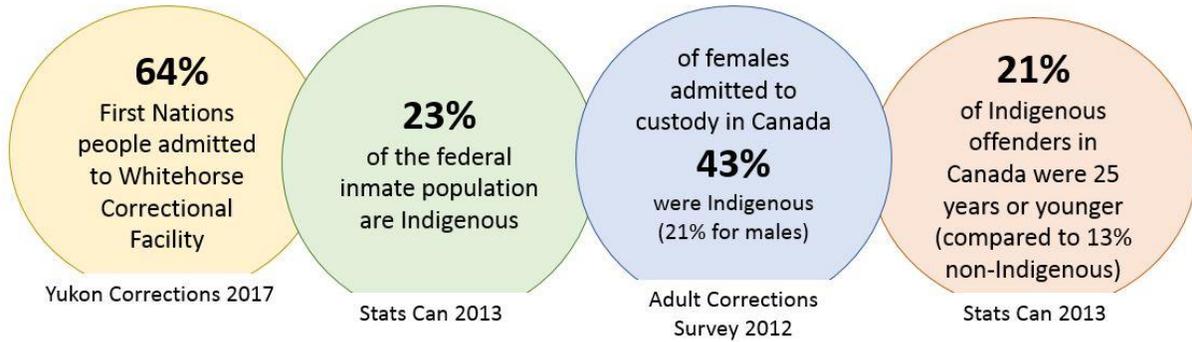


Figure 6: Corrections Data - Yukon Corrections 2017, Stats Canada 2013 & Adult Corrections Survey 2012

As represented in Figure 5 above, data from the 2013 Statistics Canada report reveals that 23% of the federal inmate population are Indigenous, and 21% of Indigenous offenders in Canada were 25 years of age or younger (compared to 13% of non-Indigenous offenders). Also represented in Figure 5 is a gendered breakdown collected by the Adult Corrections Survey of 2012 showing that, of all females admitted to custody in Canada, 43% were Indigenous (21% for males).

Victimization

According to the Yukon RHS, displays of aggression are common in the Yukon. Out of 75 LFN respondents, 20 (27%) experience aggression sometimes/often and 18 (24%) experience it rarely. Of those that experience aggression, 50% experience it in their communities and 47% at home (as seen in Figure 6). Racism was also identified as an issue in the community, with 34% of LFN members reporting that they experienced racism in the previous 12 months, and 76% experienced it in the community according to a 2016 LFN survey (see Figure 8).



Figure 7: Displays of Aggression -2016 Regional Health Survey

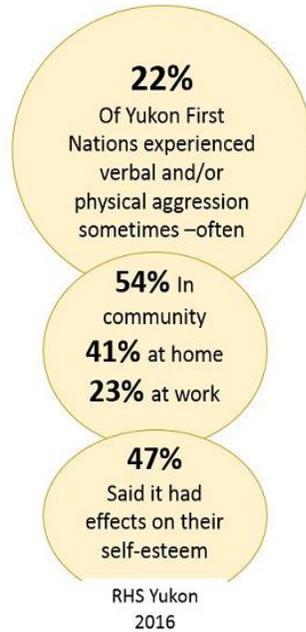


Figure 8: Displays of Aggression -2016 Regional Health Survey Yukon



Figure 9: Experiences of Racism -2016 Regional Health Survey LFN

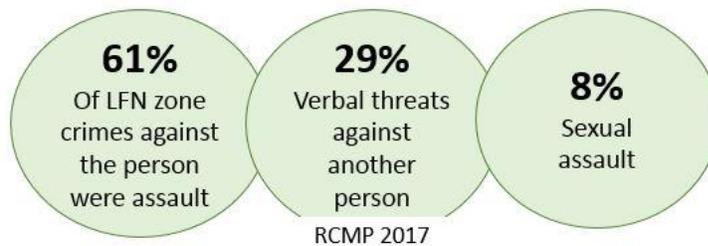


Figure 10: Crimes Against a Person - RCMP 2017

Across Canada, 15% of Indigenous women who had a spouse or common law partner reported that they had experienced violence (sexual assault, beaten, threatened with a weapon). As illustrated in Figure 9, in 2017 in the LFN Zone, the RCMP reported that there were 62 “crimes against a person”, of which 61% were assaults. Of those crimes, 29% were verbal threats against another person and 8% were sexual assaults.

Housing

Data from the Yukon Government Housing Survey (2016) indicates that there is a waitlist for housing among LFN members of approximately 50 to 100 people. Of 75 adult RHS respondents, 12 (16%) live in a house with more than one person per room (crowding), while 7 of 20 children who responded (35%) lived in a situation with crowding.

As shown in Figure 10 below, 20% of Yukon Indigenous people live in homes that need major repairs, and 50 - 100 LFN members are on a housing waitlist. Data from the Whitehorse Point-in-Time Homelessness Count (2017) highlights that 78% of the homeless population in Whitehorse identify as Indigenous.

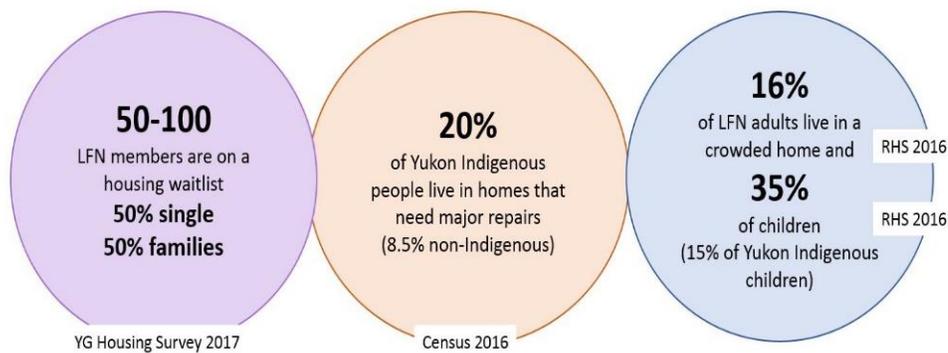


Figure 11: Data on Housing in Yukon - Yukon Government Housing Survey 2017, Canadian Census 2016 & Regional Housing Survey 2016

Summary of Findings

The limited data that is available highlights challenges related to child welfare, justice, and victimization, particularly substance use and addictions, as well as underlying issues related to various social determinants of health.

Figure 11 outlines some inter-related statistics to the categories that were outlined above. According to the 2014 and 2015 Auditor General report, 90% of offenders have substance abuse challenges, and 65% or more of child welfare files indicated substance abuse as a major factor. Additionally, 43% of the homeless population in Whitehorse have a history of being in the child welfare system (Point-in-time Homelessness Count, 2017) and 70% of admissions to shelters were due to abuse (Transition Home Survey, 2010).

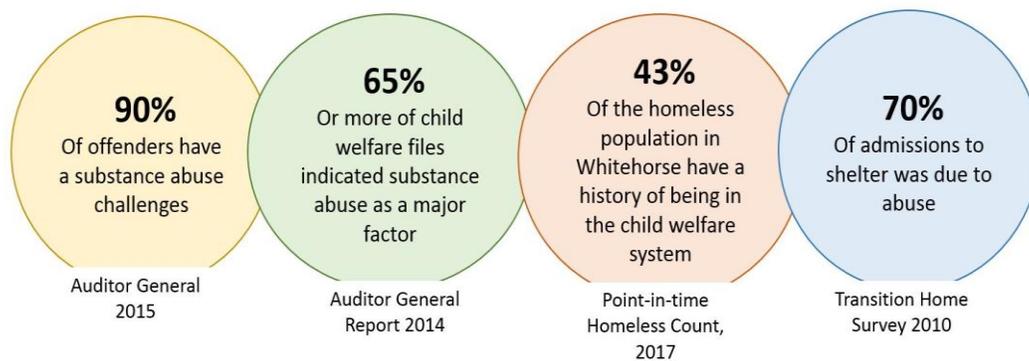


Figure 12: Inter-related Statistics - Auditor General 2014 & 2015, Point-in-time Homeless Count 2017 & Transition Home Survey 2010

The project research has revealed that data is highly limited and does not fully reflect the scope and severity of health challenges facing Kaska men, women and children. Despite limitations, available data on Indigenous women and children at the territorial and national level, as well as LFN data related to social determinants of health, reveals common challenges among Yukon First Nations and Indigenous people across Canada. A summary of six key findings is provided below:

- Overall, available data on LFN members and Indigenous people in Canada and Yukon highlights that Indigenous people are disproportionately represented in indicators related to homelessness, unemployment, justice, child welfare, and addictions. Existing data supports the need for programs and services that target the interconnected nature of these challenges.
- Several plans, strategies and calls to action highlight key factors that have contributed to current policy trends and directions around violence against women, social determinants of health, addictions, and child welfare. These policy directions can be used to supplement data, inform LAWS' strategic planning efforts, and justify the need for particular programs and services that LAWS might consider.
- Overall, the Data Inventory results can be used to bolster funding applications LAWS will be submitting related to program and service delivery and/or data governance.
- This research project highlights gaps in data on Kaska women and men, and Indigenous populations across Yukon and Canada. The dysfunctions in data collection and management

systems at the government level reveal the need for a local, Kaska-led system of data governance.

Given the high level of over-representation of Indigenous people in the child welfare and corrections systems and the prevalence of substance use and addictions, data across several indicators are needed to effectively monitor and evaluate policy and performance. A data system should:

- Enable analysis of Kaska representation across the various indicators of health and wellness
- Provide detailed information reflecting social conditions, such as demographics, employment, occupation, income, education, health and other factors that may have impacts on health and wellness, interaction with the justice system, violence against women, and child welfare
- Reflect the diversity of issues within Kaska communities
- Allow for comparisons between Kaska and other First Nations communities, as well as between Indigenous and non-Indigenous populations in Yukon and across Canada
- Show trends over time
- Facilitate informed policy and program development concerning Kaska people

The results of this Data Inventory project can be used by LAWS to consider a three-pronged approach in its planning efforts, which includes Advocacy, Data Governance and Collaboration, summarized in Table 4 below:

Table 3: Potential Next Steps

Strategy	Potential Activities
Advocacy	<ul style="list-style-type: none"> • Advocate for a health research initiative • Use existing data to justify the need for program and services funding • Acquire support letters and anecdotal evidence to bolster LAWS current and future efforts
Data Governance	<ul style="list-style-type: none"> • Initiate a data governance project that increases community pride and ownership of data and knowledge for sound decision-making • Secure funding to conduct a trends analysis on the state of Kaska members' health • Host a forum on the challenges of Indigenous data governance for Kaska people
Collaboration	<ul style="list-style-type: none"> • Develop joint research projects with relevant agencies in Whitehorse and Watson Lake and/ or at the Kaska governance level • Engage in inter-agency research projects and collaboration • Develop a data governance protocol and/ or MOI with relevant agencies and/ or government departments

Available sources of qualitative and quantitative information are summarized in a detailed bibliography and inventory. A summary was also developed on the best available data to date and key policy points emerging from various strategies and studies. Key documents are listed by project phase in Appendix 1.

Appendix 1: Liard First Nation Current Data

Theme	Year	Data Source	Best Available Data	Quick Facts
Population	2016	Census*	LFN: Population distribution by gender and age 2001-2016	<ul style="list-style-type: none"> • LFN has 313 members • 19% are between 0 to 14 years old
	2017	YG Housing Survey	LFN: Population	<ul style="list-style-type: none"> • LFN has 500 members residing with the traditional territory • Liard First Nation has 3,800 members in total
Language	2016	Census	LFN: Mother tongue, language spoken at home 2001-2016	<ul style="list-style-type: none"> • Kaska is the language most often spoken at home by 4.8% of members but the mother tongue of 24% of members
	2016	Regional Health Survey**		<ul style="list-style-type: none"> • 89.5% of respondents understand at least some Kaska. Within this group, 39.7% understood a few words, 26.5% had a basic understanding, 14.7% intermediate, and 19.1% fluent
Fertility	2016	Regional Health Survey	LFN: Age at which individuals had their first child	<ul style="list-style-type: none"> • 28.6% of respondents had their first child at age 18 or younger, 51% were in between ages 18 and 25, and 20.4% were 26 and older
Homelessness	2016	Yukon Planning Group on Homelessness, Council of Yukon First Nations	Yukon First Nations: Point-in-time count on homelessness in Whitehorse	<ul style="list-style-type: none"> • 43% have history of foster or group home care • 20% attended residential school • 78% identify as Indigenous
Housing	2016	YG Housing Survey	LFN: Housing repairs	<ul style="list-style-type: none"> • There is a waitlist for housing of approximately 50-100 people (50% single and 50% family homes)
	2016	Regional Health Survey	LFN: Crowding	<ul style="list-style-type: none"> • 16% of adults live in a house with more than one person per room and 35% of children
Household structure	2016	Regional Health Survey	LFN: Household size, marital status 2001-2016	<ul style="list-style-type: none"> • 48% of respondents were single/ never married (of these, 73% were female) • Of those with 1 or more children, 40% were also single/ never married • Of those with 1 or more children, 69% lived in a home with more than one adult
Income	2016	Census	Yukon First Nations: 2001-2016	<ul style="list-style-type: none"> • Median income \$ 32,359 (compared to \$49, 879 for non-Indigenous people)
	2014	Regional Health Survey	LFN: Household and individual income	<ul style="list-style-type: none"> • In 77% of single adult homes, household income was below \$30,000 • In 85% of households with two or more adults, household income was below \$30,000

Source of Income	2011	National household Survey	Yukon First Nations:	<ul style="list-style-type: none"> • The largest share of income of Indigenous women across Canada aged 15 years and over comes from employment sources (70% (NHS 2011). • One-quarter of Indigenous women's income in Canada came from government transfer payments, such as old age security pensions, guaranteed income supplements, and child benefits (9% vs 3% among non-Indigenous women).
Education	2011	National Household Survey	Yukon First Nations: Education by age group 2001-2016	<ul style="list-style-type: none"> • More Indigenous females than males attend school and have post-secondary education • 28.7% of Yukon Indigenous vs 8.5% of non-Indigenous do not have a certificate, diploma or degree • 51.2% of Indigenous aged 25 to 64 in Yukon had a post-secondary qualification (70.8% of non-Indigenous) • Of the First Nations aged 25 to 64 years in Yukon: 31.1% had no certificate, diploma or degree; 19.8% had a high school diploma or equivalent; and 48.8% had a post-secondary certificate, diploma or degree
Employment	2016	Census	Yukon First Nations: Employment and labour market participation 2001-2016	<ul style="list-style-type: none"> • Labour force participation rate for Indigenous aged 15 and over in Yukon (70.0%) was the highest in the country. The Indigenous Youth (aged 15 to 24) participation and employment rates in Yukon were the highest in the country, at 59.8% and 43.5%, respectively. • Yukon Indigenous males (86.6%) had slightly higher rates of working full-time in 2010 than females (82.3%).
Unemployment	2011	Census	Yukon First Nations: Unemployment	<ul style="list-style-type: none"> • Despite having a high participation rate, the unemployment rate for Yukon Indigenous (22.8%) was the second highest of the provinces and territories. • Unemployment rate of Indigenous in Yukon, at 22.8%, was 16 percentage points higher than the unemployment rate for non-Indigenous (6.8%).
Safety	2016	Regional Health Survey	LFN: Feelings of safety in community and community strengths	<ul style="list-style-type: none"> • 15.8% Adults and 7.4% of Youth felt very to somewhat unsafe in their communities.
IRS	2016	Regional Health Survey	LFN: IRS family history, attendance at TRC events	<ul style="list-style-type: none"> • Among Adults, 34.7% had at least 2 family members who attended residential school. Among Youth, 40.7% had at least 2 family members. • 97% of respondents indicated physical and verbal abuse as negative impacts experienced by survivors and 72% indicated sexual abuse. • 43.4% of respondents have attended IRS events organized by TRC, a First Nation and/ or another organization. 51.5% said that the event(s) they attended were helpful in the healing journey

Traditional Activities	2016	Regional Health Survey	LFN: Engagement with traditional activities (type, frequenc7)	<ul style="list-style-type: none"> • 72.4% of Adults engage in traditional activities • 40% of LFN adults engage in hunting • Among those that do traditional activities, 90.6% have excellent to good mental health • Among those have good to excellent mental health, 76.2% participate in traditional activities
Health Limitations	2016	Regional Health Survey	LFN: Physical or mental condition that limits activities	<ul style="list-style-type: none"> • 25% of respondents have a physical or mental condition that limits activities that they can do at home, school, etc.
Substance Use	2016	Regional Health Survey	LFN: Adult and Youth alcohol and drug consumption in last 12 months	<ul style="list-style-type: none"> • Among Adults, 26% drink alcohol 2 to 3 times a month or less, 28.8% drink alcohol 2-7 times a week, and 20% binge at least once a week • Among Youth, 23% drink alcohol 2 to 3 times a month or less, 19% drink alcohol 2-7 times a week, and 18.5% binge at least once a week • Among respondents who use drugs at least month, 33% of Youth use cannabis and 4% use cocaine. 21% of Adults use cannabis, 18% use opioids, 8% use sedatives and 5% use cocaine
Addiction	2016	Regional Health Survey	LFN: Adult and Youth treatment sought for substance addiction in last 12 months	<ul style="list-style-type: none"> • 16% of Adult respondents and 25% of Youth respondents have sought treatment for drug and alcohol addiction in the past year
Mental Health	2016	Regional Health Survey	LFN: Adult and Youth ranking of various mental health factors (e.g. anxiety, depression, stress), support sought and barriers to access	<ul style="list-style-type: none"> • 65.5% of Adult respondents stated they had good to excellent mental health (13.5% fair to poor) • 89% of Youth respondents stated they had good to excellent mental health (11% fair to poor)
Suicide	2016	Regional Health Survey	LFN: Adult and Youth experiences of suicide, suicidal thoughts, attempts and support sought	<ul style="list-style-type: none"> • 16% of Adults and 36% of Youth have had a close family member or friend take their own life in the last 12 months • 23.6% of Adults and 25.9% of Youth have considered suicide in their lifetime. Of Adults, 23% have attempted suicide. Of Youth, 18.5% have attempted. • 70% of LFN Adults and 48% of Youth talked to someone about their emotional or mental health
Violence	2016	Regional Health Survey	LFN: Experiences of physical aggression and/ or racism in last 12 months	<ul style="list-style-type: none"> • 26.7% of respondents experience aggression sometimes-often and 24% experience it regularly. Of those who experience aggression, 50% experience this in their community and 47% at home • 34.2% of respondents experienced racism in the last 12 months. 76% of those who said yes experienced this in their community
	2017	RCMP	LFN: Charges laid against people living in LFN Zone***	<ul style="list-style-type: none"> • Among crimes classified as “crimes against the person” (62 in 2017), 29% included verbal threats against another person, 61% were assaults (of

				which 18% were assault with a weapon causing bodily harm), and 8% were sexual assault
Child Welfare	2011	National Household Survey	Yukon First Nations: Percentage of Indigenous children in foster care	<ul style="list-style-type: none"> 1.2% of all children under 25 years were in foster care in Yukon. All of these children had an Indigenous identity
	2012	Auditor General Report		<ul style="list-style-type: none"> 76% of Health and Social Services Department files involved Yukon First Nations children or families
	2016	Census		<ul style="list-style-type: none"> 91% of children in foster care had an Indigenous identity.
	2012	Auditor General Report	Yukon First Nations: Percentage of files in which substance use was a factor.	<ul style="list-style-type: none"> In 44 out of 49 child protection files, substance abuse was identified as a key factor contributing to the need for child and family services
Corrections	2017	Corrections, Justice Department	Yukon First Nations: Percentage of First Nations people incarcerated	<ul style="list-style-type: none"> In 2016/2017 64% of people admitted to the Whitehorse Correctional Facility were First Nations
	2012	Adult Corrections Survey	Canada: Indigenous admissions to custody	<ul style="list-style-type: none"> Indigenous people accounted for 28% of admissions to sentenced custody. Of females admitted to custody, 43% were Indigenous (compared to 21% male).
Victimization	2009	General Social Survey	Canada Indigenous: violent incidents per 1,000 Indigenous/ non-Indigenous people	<ul style="list-style-type: none"> 319 violent incidents for every 1,000 Indigenous people compared to 101 incidences for every 1,000 non-Indigenous people Over half (56%) of violent incidences committed against Indigenous people were perpetrated by someone they knew, compared to 41% for non-Indigenous people.
Shelters	2010	Transition Home Survey	Yukon: Rate of admission to shelters and transition homes Canada: Reason for admission to shelter	<ul style="list-style-type: none"> Rate of admission to transition homes six to eight times higher than the second highest among all provinces and territories at 98%. Across Canada, 70% of admissions to shelter was due to abuse -either escaping various kinds of abuse and/ or protecting children from abuse.
Spousal Violence	2009	General Social Survey	Canada Indigenous: proportion of women experiencing violence and nature of violence	<ul style="list-style-type: none"> 15% of Indigenous women who had a spouse or common-law partner reported that they had experienced spousal violence in the previous five years (compared to 6% of non-Indigenous women). Of those women who reported spousal violence, 48% of Indigenous women had been sexually assaulted, beaten, choked, threatened with a gun or a knife (compared to 32% of non-Indigenous women)

*LFN data is from Upper Liard, Two Mile and One-Half Mile Village. Data for Lower Post, Two Mile Village and Liard River not available.

**Regional Health Survey data provided by Helen Stappers, Data Analyst, Council of Yukon First Nations

***The LFN zone covers the communities of Upper Liard, Albert Creek, Two Mile, Two and a Half Mile, Brodhagenville, Lower Post and LRIR #3. Race of individuals not identified but safe to assume that the majority of the incidents reported would have involved First Nations people.

Appendix 2: Review of Relevant Policy Reports and Strategies

Title	Key Points
Child and Family Services	
Report to the Auditor General of Canada to the Yukon Legislative Assembly on Child and Family Services (2014)	<ul style="list-style-type: none"> • Yukon’s Child and Family Services Act came into effect in April 2010. It recognizes that First Nations should be involved in the planning and delivery of programs and services to their members. • The Department does not meet all of the standards requirement (e.g transitional plans for Youth, annual reviews of foster homes and case plans) • The Department does not measure their performance and Client Index System does not support the needs of social workers or management.
Yukon Health Status Report: Focus on Children and Youth. Yukon Government (2012)	<ul style="list-style-type: none"> • High rate of children in long parent households or with non-relatives may suggest less stability or fewer resources in a community • Lone-parent families are more likely than couple families to have relatively low incomes and poorer health outcomes (Public Health Agency of Canada • The 2009/10 Health Behaviour in School-Aged Children (HBSC) shows prominent differences between rural Yukon and Whitehorse and that emotional well-being and early substance use require more intensive interventions. • Need for health and wellness plan with concentration of effort on our children and Youth
Indigenous Resilience, Connectedness and Reunification: From Root Causes to Root Solutions – Report in Child Welfare in British Columbia. Special Advisory to Grand Chief Ed John (2016)	<ul style="list-style-type: none"> • Once placed in care, children can expect poorer outcomes in education, health and general well-being than those of the general Youth population. • Indigenous parents, families, and communities, social service departments, and the federal and provincial governments must work together to address underlying root causes. • Canada’s recent endorsement of the United Nations Declaration on the Rights of Indigenous Peoples, Section 35 of the Constitution Act, 1982, the 2016 Canadian Human Rights Tribunal decision, the 2015 TRC Final Report, recent reports of the Conference of the Federation, and the BC Representative for Children and Youth report point to the duty of Canada and provinces/ territories to revise and reform the existing child welfare system as it relates to Indigenous peoples.
Corrections and Justice	
Corrections in Yukon: Report of the Auditor General of Canada to the Yukon Legislative Assembly (2015)	<ul style="list-style-type: none"> • The majority of offenders in Yukon are male and of First Nations descent and half are from communities outside of Whitehorse. • New Corrections Act in 2009 intended to provide a responsive approach to corrections that primates rehabilitation, healing, and reintegration for offenders. • Evidence suggests that Yukon has a prevalence of mental health issues and fetal alcohol spectrum disorder much higher in the corrections population. An estimated 90 percent of offenders have problems with substance abuse.

	<ul style="list-style-type: none"> • Programs and services for mental health, substance abuse, and fetal alcohol spectrum disorder are limited in the territory, particularly in communities outside of Whitehorse. • Department is not yet meeting Corrections Act obligation to incorporate needs of Yukon First Nations into their programs and services. • The Yukon justice system emphasizes using community supervision of offenders over incarceration • Most offenders who were not offered the core rehabilitation programs identified for them while in the correctional centre were also not offered the programs while they were under community supervision.
<p>An Evaluation of Yukon’s Community Wellness Court. Submitted to Yukon justice (2013)</p>	<ul style="list-style-type: none"> • The Yukon Community Wellness Court (CWC) is a therapeutic court model that is designed to work with offenders to address underlying, root causes of offending behaviour. • Intent of the court to work with local First Nations to provide culturally sensitive services and supports. Partners included Yukon Legal Services Society, Public Prosecution Service of Canada, the Yukon Department of Health and Social Services, and the RCMP. • The majority of clients were male (75%) and/ or First Nations (70%). Many clients had addictions (42%) or addictions and mental health issues combined (38%). A common problem was substance abuse (86%). Almost one-third (30%) of current active clients have FASD. • The most common service used was counselling (89%) and the second were Alcoholics Anonymous/Narcotics Anonymous and White Bison. Clients made significant progress in dealing with their substance abuse and mental health challenges while in the program. There was also a decrease in the pattern of offending during and after the CWC.
<p>Inaugural Report Card on the Criminal Justice System –Yukon. B. Perrin and R. Audas, McDonald-Laurier Institute (2016)</p>	<ul style="list-style-type: none"> • While the average criminal case length in the Yukon is better than typical for Canada at 148 days, it is much longer than in the other territories. Number of Criminal Code incidents per police officer in the Yukon is higher than average. • In its support for victims of crime, the Yukon has one of the lowest proportions of offenders given restitution orders (2.1 percent) and lower than average referral rates to victim services per 1,000 crimes. • The Yukon has the second highest number of police officers per capita in Canada. • Territory has among the lowest per-crime expenditures on legal aid for criminal matters in Canada, and a higher proportion of Aboriginal persons incarcerated than in the other territories.
<p>Collecting Data on Aboriginal People in the Criminal Justice System: Methods and Challenges. R. Kong and K. Beattie, Canadian Centre for Justice Statistics (2005)</p>	<ul style="list-style-type: none"> • Aboriginal people comprise 3% of Canada’s population, yet make up about 20% of the population in custody • Sound data are essential for providing empirical evidence of justice outcomes for Aboriginal people, monitoring trends, to inform policy, programming and evaluation, maintain government accountability and to inform policy and program development. • R. v. Gladue ruling that courts, when sentencing, are obliged to consider the context of Aboriginal offenders’ lives and culturally-sensitive sentencing options • Several gaps in information exist (e.g. Aboriginal or non-Aboriginal status for almost one-half of charged and chargeable suspects in 2003).

Victimization and Violence	
<p>Violence Against Indigenous Women and Girls in Canada: A Summary of Amnesty International’s Concerns and Call to Action. Amnesty International (2014)</p>	<ul style="list-style-type: none"> • Available statistics consistently point to a greatly disproportionate number of missing and murdered women and incidences and severity of violence against Indigenous women in Canada. • Constitutes a national crisis with high levels of international concern and requires comprehensive and coordinated national response • Unequal access to services needed to escape violence • Indigenous women are more vulnerable coupled with bias among police • In majority of homicide cases across Canada, police fail to record whether or not the victim identified as Aboriginal. Gaps in the data mask the severity of the problem, making it more difficult to allocate resources • Organizations working to advance the rights of Indigenous women and girls face an uncertain funding climate • UN campaign UNiTE to End Violence against Women, calls on all countries to have adequately-resourced National Action Plans to end violence against women adopted and underway by 2015.
<p>Action Plan to Address Family Violence and Violent Crimes Against Aboriginal Women and Girls. Government of Canada. (2014)</p>	<ul style="list-style-type: none"> • Five-year Action Plan identifies actions the Government of Canada will take under three pillars: Preventing Violence by supporting community level solutions; Supporting Aboriginal Victims with appropriate services; Protecting Aboriginal Women and Girls by investing in shelters and continuing to improve Canada’s law enforcement and justice systems. • Supporting: the development of more community safety plans across Canada, including in regions identified as high risk by RCMP; projects to break intergenerational cycles of violence and abuse by raising awareness and building healthy relationships; projects to engage men and boys and empower women and girls in efforts to denounce and prevent violence; victim services and assistance to victims and families; actions to share information and resources with communities and organizations, and report regularly on progress made and results achieved under the Action Plan • Also funding shelters and family violence prevention activities, supporting the creation of a DNA-based Missing Persons Index to help bring closure to families of missing persons, continuing to support police investigations through the National Centre for Missing Persons and Unidentified Remains and dedicated RCMP Project teams.
<p>Not Your Fantasy: Sex Trade & Trafficking of Women & Girls in the Yukon Needs Assessment Findings Report. Yukon Status of Women’s Council (2017)</p>	<ul style="list-style-type: none"> • Learned about six different highly organized pimps • Many service providers said that they thought this happened to Indigenous girls/women more often than non-Indigenous girls/women due in part to prevalence of addictions • Sex trade may be a requirement to survive if a woman has left an abusive partner • Early childhood sexual abuse blurs physical boundaries, decreases the ability to say no, and increases the risk of re-victimization. • Connected to the legacy of residential schooling, colonization and intergenerational trauma. • Outcome of poverty and need to meet basic necessities • May be exploited by own community members

	<ul style="list-style-type: none"> • Sex trade impacts on the health care, legal and social services systems as well as lost potential contributions of women and girls
Gender-Based Violence Strategy. Status of Women Canada (2017)	<ul style="list-style-type: none"> • Honourable Maryam Monsef, Minister of Status of Women, announced It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence with three pillars: Prevention; Support for survivors and their families; and Promotion of responsive legal and justice systems. • It will fill important gaps in support for diverse populations which includes women and girls, Indigenous people, those living in northern, rural, and remote communities • Budget 2017 included \$100.9 million over five years, and \$20.7 million per year ongoing. This will include the creation of the Gender-Based Violence Knowledge Centre within Status of Women Canada.
Those Who Take Us Away: Abusive Policing and Failures in Protection of Indigenous Women and Girls in Northern BC, Canada. Human Rights Watch (2013)	<ul style="list-style-type: none"> • By 2010 Native Women's Association of Canada (NWAC) had documented 582 murdered and missing women cases nationally. 39 percent occurred after 2000 (about 20 a year) • Element of dysfunctional relationship between the Canadian police and indigenous communities. • Indigenous women and girls are under-protected by the police and/ or abused • In ten towns across the north, Human Rights Watch documented RCMP violations of the rights of indigenous women and girls including attacks, physical, sexual and verbal abuse • Human Rights Watch strongly urges an independent civilian-led investigation of these allegations • The RCMP do not apply policies addressing violence in domestic relationships consistently in indigenous communities. • Limited recourse against police abuse (time consuming, dealt with by RCMP itself, or falls outside of mandate of particular mechanisms)
Interim Report -Call into The Night: An Overview of Violence Against Aboriginal Women. Standing Committee on the Status of Women (2011)	<ul style="list-style-type: none"> • In March 2010, the Standing Committee on the Status of Women passed a motion to undertake a study on violence against Aboriginal women. • Between April 2010 and February 2011, the Committee heard from over 150 witnesses from across Canada (urban areas, smaller communities, reserves) • Committee were seized by the urgency of the situation of daily severity and frequency of violence -greater among Aboriginal than non-Aboriginal and it continues in science • Interim report is a first step toward the full report which this Committee plans to issue on violence against Aboriginal women. Start towards giving voice to the women and men who have shared their stories
What Would Make You Act to Stop Violence Against Women and Girls? Women's Directorate, Government of Yukon	<ul style="list-style-type: none"> • Overview of What Would Make You Act to Stop Male Violence Against Women and Girls survey undertaken by the Yukon government Women's Directorate between August 1 and 31, 2011 as part of three-year (2010-2013) social marketing campaign to raise awareness of violence against women and girls and aligned with second objective of Department of Justice, Victims of Crime Strategy, "Moving Forward Together" • The rate of sexual assault in Yukon is 3 times higher than in the rest of Canada and 9 out of 10 cases go unreported • Yukon was one of the jurisdictions with the highest rates of charges laid for spousal abuse.

<p>Interagency Working Committee (2012)</p>	<ul style="list-style-type: none"> • The survey results indicate that more public education is required to address the problem of violence against women and girls, that the issue should be a formal part of school curriculum, and the need to deal with societal issues such as drug and alcohol addiction, poverty, and patriarchy
<p>Aboriginal Victimization in Canada: A Summary of the Literature 1990-2008. K. Scrim, Department of Justice Canada.</p>	<ul style="list-style-type: none"> • More attention is given to the criminal justice system and Aboriginal offenders, but less on criminal victimization of Aboriginal people, coupled with under-reporting of victimization • Aboriginal people are disproportionately represented as victims of crime in Canada and in the sex trade, especially women. Perpetrators of violence against Aboriginal people are most often other members of the community (spouses, relatives, or friends) • Connection between certain social factors and risk of offending and/or victimization including: being young, living in a lone-parent family situation, unemployment, and substance use • Individuals with FASD are more likely to be involved in the criminal justice system • Violence is often committed by individuals for whom violence has become normalized • Gaps in the availability of victim services in the territories, particularly outside of urban centres, as well as the inadequate supports for staff • Link between the improvement in services (e.g. Victim Services) and lower reported rates of spousal assault, sexual assault, and child abuse • Incomplete statistical information may limit our understanding of Aboriginal victimization and hamper the delivery of appropriate policy responses
<p>Mental Wellness</p>	
<p>Repairing the Holes in the Net: Responding to the Mental Health and Wellness Needs of Northern Women. Yukon Status of Women's Council (2016)</p>	<ul style="list-style-type: none"> • 2-year applied health services study to inform the development of services that address the web of determinants of women's homelessness in Canada's North and accompanying physical and mental health challenges. • Requires coordinated action on the part of key decision makers and service providers • What works well: Services and service providers that treat women with dignity; responsive and kind staff; women-only spaces with female staff; collaboration among service providers; central location; outreach • Service limitations: rigid rules, wait lists, lack of capacity and collaboration, negativity among service providers, lack of training in mental health and First Nations history and culture • Recommendations: variety of housing and shelter options on housing, types and methods of service delivery, addictions services, and training for frontline workers
<p>Mental Health and Contact with Police in Canada. J.Boyce, C.Rotenberg, M.Karam,</p>	<ul style="list-style-type: none"> • Most people with a mental health disorder do not commit criminal acts; however, a mental or substance use disorder was associated with increased odds of coming into contact with police • Process of deinstitutionalization shifted the treatment of mental health disorders from a hospital to a community setting, which can leave police as the first responders

<p>Canadian Centre for Justice Statistics (2013)</p>	<ul style="list-style-type: none"> • No standardized framework for collecting data on police interactions with people who have a mental health disorder. 2012 Canadian Community Health Survey—Mental Health is a starting point • Of those 5 million Canadians who came into contact with police over 12 months, 18.8% also had a mental or substance use disorder • Canadians with a disorder had higher rates of childhood maltreatment (66.5%), than those without a disorder (44.9%).
<p>Changing Direction, Changing Lives: The Mental Health Strategy for Canada. Government of Canada (2012)</p>	<ul style="list-style-type: none"> • The scope of the Mental Health Strategy for Canada is broad, with 26 priorities and 109 recommendations for action that are grouped into six key strategic directions: <ol style="list-style-type: none"> 1. Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible 2. Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights 3. Provide access to the right combination of services, treatments, and supports, when and where people need them 4. Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and northerners; 5. Work with First Nations, Inuit, and Métis to address their mental health needs, acknowledging their distinct circumstances, rights, and cultures 6. Mobilize leadership, improve knowledge, and foster collaboration at all levels.
<p>Forward Together Yukon Mental Wellness Strategy 2016-2026. Yukon Health and Social Services (2016)</p>	<ul style="list-style-type: none"> • Collecting accurate statistics in Yukon can be challenging as data is often limited, existing data must be suppressed in order to ensure the privacy and confidentiality • 10-year strategy for addressing mental wellness in Yukon, and provides the overall direction for system response and improvement. • Drew on Changing Lives — The Mental Health Strategy for Canada, and The First Nations Mental Wellness Continuum Framework to develop guiding principles • Four strategic priorities for the next ten years with objectives: Promotion and Prevention across the lifespan; Service Delivery that is family and community focused, accessible and ends based; System Performance and Access including cultural competency and partnerships with First Nations; and Innovation and Research • First Nations will be an important partner and input from those who experience mental health, trauma and addictions problems, their families, caregivers and community members. • First Nations communities who are engaged in rebuilding their cultural continuity have lower suicide rates.
<p>National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) Program Framework</p>	<ul style="list-style-type: none"> • In September 2004, Aboriginal leaders, the Prime Minister, and First Ministers met to discuss joint actions to improve Aboriginal health outcomes, and to adopt measures to address the health disparities facing Aboriginal peoples in Canada.

<p>2010-2015. Government of Canada (2010)</p>	<ul style="list-style-type: none"> • The meeting led to a federal announcement of \$700 million in funding for a series of new federal programs. Of this commitment, \$65 million over five years (2005-2010) went towards establishing a National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) for First Nations living on reserve and Inuit living in Inuit communities. <ol style="list-style-type: none"> 1. Increase awareness and understanding of preventing suicide among Aboriginal Youth 2. Strengthen key protective factors (e.g. strong sense of identity, meaning and purpose, community connectedness) 3. Strengthen and facilitate collaborative approaches and linkages within and across government, agencies, and organizations 4. Develop and carry out locally-driven community plans for preventing suicide in First Nations and Inuit communities 5. Improve and increase crisis response efforts to intervene more effectively in preventing suicide and suicide clusters following a suicide-related crisis in First Nations communities south of 60. 6. Enhance the development of knowledge about what we know about what works in preventing suicide among Aboriginal Youth
<p>Social Determinants of Health</p>	
<p>A Little Kindness would go a Long Way: A Study of Women's Homelessness in the Yukon. Yukon Status of Women's Council (2007)</p>	<ul style="list-style-type: none"> • This report presents the findings of a territorial study of the determinants and impacts of women's homelessness in the Yukon conducted by the Yukon Status of Women Council in conjunction with Kaushee's Place, Women's Transition Home in 2005/06 • Interviews and focus groups with 66 women (51% Aboriginal) who were currently or had recently been homeless, as well as Government and non-government personnel • No statistics are being kept on women and homelessness in the Yukon, only some from local agencies. Estimates varied from about 50 absolute homeless women to about 1,000 relatively homeless women. When their dependent children are factored in, the figure would raise substantially. • Identified determinants of homelessness, including being female, partner's behaviour and circumstances, forced eviction, relocation, lack of support system, personal wellness and capacity, community structures, cost of living, indifference towards homeless • Being homeless impacts the capacity of a woman to keep her family together and may increase likelihood of entering the sex trade • Many of the community support systems contribute to the challenges Northern women have in keeping a home including: income support policies and services, jurisdictional issues, lack of support for 16 – 18 year olds, public housing policies, landlord and tenant act, addictions treatment services, limited resources in voluntary sector, minimum wage policies, justice system, bureaucratic indifference • Recommendations: development of a national housing policy that addresses needs of vulnerable women; increase in the supply of decent, safe low-income housing and supportive housing options, policies that remove barriers for women living in violence and those who are homeless or are at risk of becoming homeless; the provision of services that address

	<p>the full range of determinants of women’s homelessness; appropriate funding for front-line services; education and training programs; collecting, managing and sharing information</p>
<p>Aboriginal Women in Canada: Gender, Socio-Economic Determinants of Health, and Initiatives to Close the Wellness Gap. R. Halseth, National Collaborating Centre for Aboriginal Health (2013)</p>	<ul style="list-style-type: none"> • Gender is a key social determinant of health status • Health issues mentioned illustrate “the intersecting issues of racialization and gender, the continuation of multiple forms of systemic discrimination, and the extent to which health and social inequalities shape the lives of many” • Aboriginal women across Canada face considerable barriers to health and wellness, including gendered racism, violence, poverty, single motherhood, and low rates of educational attainment and employment. • Reviews promising initiatives and factors that intersect with gender to impact health and well-being of Aboriginal women, as well as recent evidence regarding their health status.
<p>Housing Action Plan for Yukon and Data Review. Options Consulting/ Yukon Housing Corporation (2017)</p>	<ul style="list-style-type: none"> • Limited statistics on children and Youth ageing out of care. Reports suggest that this population will require transitional or ongoing supports, including housing. • Housing with services for individuals living with mental illness and addictions has been a longstanding challenge. Mental Health Services offers transitional mental health supportive housing. • Women and families fleeing violence and ready to transition into long term housing need affordable, appropriate housing to make room in women's shelter emergency and transitional housing. • Housing with services for First Nations needs to provide culturally appropriate supports. • Issues of housing adequacy, affordability and availability disproportionately impact aboriginal populations, on and off settlement lands and in all forms of tenure • Yukon Housing Corporation has launched a First Nations Partnership program to assist First Nation Governments, Development Corporations, and housing providers in with construction, renovation/ rehabilitation, and rent supplements. • Emerging, innovative First Nations approaches include diverse housing and land tenure practices • In many First Nation communities, housing construction will need to match the number of Youth entering adulthood • Housing adequacy (major repairs needed), particularly for rural and Aboriginal households is a bigger problem in Yukon than other parts of Canada. • The National Housing Strategy consultation report identified that 20% of aboriginal people who live off-reserve are homeless or live in overcrowded, unsafe, or inadequate housing.
<p>A Better Yukon for All: Government of Yukon’s Social Inclusion and Poverty Reduction Strategy. Department of</p>	<ul style="list-style-type: none"> • Guiding values include recognizing the unique population of Yukon and the roles individuals and communities can play and the responsibility of different levels of government in addressing issues of social exclusion and poverty; planning in timely, accountable, and evidence based ways; focusing action on preventing and reducing social exclusion and poverty; and delivering services with a client-centred approach. • Aims to guide social development, improve access to services, reduce inequalities, and strengthen community vitality

<p>Health and Social Services (2012)</p>	<ul style="list-style-type: none"> • Poverty is one of the most obvious factors contributing to social exclusion but social exclusion also tends from and is exacerbated by inadequate education, housing, health, social participation, employment and access to services • Areas of intervention: early childhood, housing, employment • Indicators include distribution of income, sources of income, rates of material deprivation, high school completion rates, literacy and numeracy scores, labour force participation rates, access to affordable housing, access to health services
<p>Improving Access to Health Services for Yukon First Nations. Mullet et al. (2010)</p>	<ul style="list-style-type: none"> • Mental wellness service providers and agencies traveling to communities have a mandate which may compromise their ability to respond to the needs of the community or individual in a flexible manner • First Nations living in small communities have difficulty getting appointments with health care providers which is mitigated by the lack of flexibility in hours of services. • Lack of continuity in care providers and lack of cultural training among agency workers
<p>Yukon First Nations Mental Wellness Workbook. Council of Yukon First Nations (2010)</p>	<ul style="list-style-type: none"> • Aim is to take the findings from the <i>Mental Wellness Toolkit for Front Line Workers</i>, along with additional resources to create a tool that the Yukon First Nation Health and Social Departments can draw information from and use in strategic planning within their home First Nation and among Yukon First Nations • Describes underlying causes of co-occurrence of substance use and mental health challenges including residential school • Addictions stem from mental wellness and trauma and mental health declines as a result of drug and alcohol addictions • Determinants of health: Housing, poverty, residential school experience, cultural disconnectedness, racism and stigma, homelessness, safety • Need to focus on wellness holistically • Explores children’s mental health including anxiety, attachment disorders, behavioural problems, complex problems, attention difficulties, trauma, FASD • Identifies five pillars for Yukon First Nations Mental Wellness Strategy: Incorporation of Culture, Access and Systems, Capacity, Holistic Approach to Care, Best Start (early intervention) • Various holistic assessment tools: Individual and Family Framework, Community Assessment and Inventory Framework, Community Resource Map, Wellness indicators to be used for individual and family support and assessment, community assessment and inventory, community resource mapping
<p>Point-in-Time Homelessness Count Whitehorse/ Homelessness Partnering Strategy. Council of Yukon First Nations, Yukon Planning Group on Homelessness (2016)</p>	<ul style="list-style-type: none"> • 219 Whitehorse Point in time Count April 14 and 14, 2016. 45 Unsheltered (living on the streets, in vehicles, or tents) • 22 Emergency Sheltered (using Salvation Army Emergency Shelter, Kaushee’s Place, SJFC Youth Emergency Shelter) • 15 Provisionally Accommodated (Using Betty’s Haven, YARC, Detox, WGH or WCC) • 137 At Risk of Homelessness (living in hotel/ motel, rental, own home, or staying with friends) • 43% have history of foster or group home care; 20% attended residential school; 78% identify as Aboriginal • Top 6 reasons people experience homelessness: Eviction, Addiction or Substance Use, Family Conflict, Domestic Abuse, Unsafe Housing Conditions, Job Loss • 142 Currently Looking for Permanent Housing (#1 Barrier Low Income, #2 Barrier Rents too high)

