



Aboriginal Children in Care

Report to Canada's Premiers

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Executive Summary

Aboriginal children are over-represented in child welfare systems across Canada. In August 2014, Canada's Premiers directed provinces and territories (PTs) to work with Aboriginal communities in their respective jurisdictions to share information on local solutions; and acknowledged the need for governments and Aboriginal communities to work collectively to address this Canada-wide problem. Although Premiers also requested that the federal government be engaged in this work, neither the Minister of Aboriginal Affairs and Northern Development Canada, nor the Minister of Employment and Social Development Canada responded to invitations to participate.

Premiers also agreed to ask their appropriate Ministers to engage National Aboriginal Organizations in reviewing issues and best practices for reducing the number of Aboriginal children in care and improve the quality of care.

This report to Canada's Premiers provides examples of existing programs and services that have been shown to reduce the number of Aboriginal children in child welfare systems and/or improve outcomes for Aboriginal children in care. The report highlights a number of issues and challenges, and profiles some best and promising practices along three strategic child welfare themes: root causes of abuse and neglect; prevention and early intervention strategies for Aboriginal families; and better supporting the capacity of the child welfare workforce.

There are many programs and services in place to address issues related to Aboriginal child welfare. Those profiled in this report are only a small selection of existing efforts to support Aboriginal children and families. In spite of existing programming, Aboriginal children still vastly outnumber non-Aboriginal children in care on a proportional basis. These statistics underscore the need to continue to work together to support vulnerable Aboriginal families and children to change the outcomes for future generations.

This work has been accomplished within the context of a broader dialogue about Aboriginal issues in Canada. The significance of these broader issues is acknowledged and woven throughout the discussion. Many of the factors that lead to children being placed in child welfare systems are rooted in events that have a harmful and enduring impact on Aboriginal families, communities and individuals, including an ongoing cycle of poverty and social challenges for Aboriginal people.

Root Causes: Research demonstrates that addressing several key social determinants of health (the conditions in which people are born, grow, live and work) is fundamental and essential in promoting the health and well-being of Aboriginal children and families. Programs and services that strengthen broader social determinants assist in lessening family distress and support the building of healthy, empowered communities. Children who live in situations where families are vulnerable are at higher risk of being removed from their homes. As a result, by providing supports that address the social and economic factors (root causes) affecting Aboriginal peoples, it is expected that the number of Aboriginal children in care would be reduced over time and their overall outcomes would be improved.

Analysis of PT programs which target root causes at the family and community level highlight several common themes and areas of focus. These include poverty reduction strategies, measures to strengthen food security, stable and secure housing, improved mental health and addictions supports, and programs aimed at reducing family violence, supporting youth, and improving education and employment opportunities.

Prevention and Early Intervention: There is strong evidence indicating that access to a range of culturally relevant prevention and early intervention programs is highly effective in mitigating other factors that contribute to Aboriginal children coming into care. By facilitating family preservation, preventative programs promote children's safety and well-being while reducing or eliminating the need for further child welfare interventions. These preventative services can include home visiting, mental health and substance abuse treatment, early childhood education, family counseling and violence deterrence.

The initiatives profiled in this report range from sweeping policy and governance makeovers to provincial and territorial-wide programs, to smaller scale community efforts at organizational innovation and parental support programs. The successes of each case are consistently, attributed to the involvement of Aboriginal communities and organizations in their governance, design, delivery and/or evaluation.

Supporting the Systems: A supported, skilled and informed workforce is central to improving outcomes for Aboriginal children and families who are involved in child welfare systems. As child welfare systems are evolving across Canada, key components include the introduction of new planning, assessment and decision-making tools and processes that help child welfare workers make safe, appropriate and consistent decisions for the families and children they serve. These tools and processes range from Alberta's adoption of the Australian 'Signs of Safety' approach, to the Flexible Response Model being piloted in Saskatchewan, to beginning implementation in whole or in part of the Structured Decision Making System in British Columbia, Saskatchewan, Manitoba, New Brunswick, Newfoundland and Labrador and the Northwest Territories.

PT governments and Aboriginal partners share a collective goal to support healthy families who are connected to their own cultures and communities. In profiling some promising practices, some key themes have emerged. They include:

- An emphasis on meaningful Aboriginal engagement and sensitivity to cultural appropriateness.
- Many of the most successful initiatives have Aboriginal organization and/or community involvement in their governance, design, and delivery;
- Limitations in available outcome information which limits the ability to identify effective initiatives to support Aboriginal families and help to address the over-representation of Aboriginal children in child welfare systems;
- The preventative value in a focus on strengthening and preserving families; and
- The diversity, not only of Aboriginal communities and the needs of Aboriginal children across the country, but of the systems designed to provide child and family support.

This report suggests that the programs most successful at reducing the number of Aboriginal children in care are well coordinated, culturally responsive and prevention focused. Yet the programs profiled in all three thematic areas are diverse and address a number of different elements. No attempt has been made in this report to identify one-size-fits-all solutions to the problem of the over-representation of Aboriginal children in care. Given the complexity of existing child welfare systems and the many different communities and nations that make up the mosaic of Aboriginal cultures in Canada, there can be no 'one size fits all' response to the issue.

Creating permanent, meaningful change requires dialogue and commitment from governments, including the Government of Canada and Aboriginal partners, to address the multiple challenges faced by Aboriginal children and families in Canada today.

1.0 Introduction

Aboriginal¹ children are currently overrepresented in Canada's child welfare systems. This report has been developed for Canada's Premiers to share information on potential solutions to mitigate child protection concerns, reduce the number of Aboriginal children in child welfare systems across Canada, and improve outcomes for Aboriginal children in care².

While the wellbeing and success of all children starts within families and communities, governments along with Aboriginal leaders, Elders and communities play an essential role in ensuring that highly vulnerable children are protected.

1.1 - Background

According to the Assembly of First Nations (AFN), the overrepresentation of Aboriginal children within the child welfare systems is an extension of the historic pattern of removal of children from their homes. The residential school system removed and isolated children from the influence of their homes, families, traditions and cultures. Residential schools and the systemic adoption of Aboriginal children by non-Aboriginal families disrupted families and communities. The Government of Canada's apology for Residential Schools in 2008 stated "These objectives were based on the assumption that Aboriginal cultures and spiritual beliefs were inferior and unequal"³. While varied in their extent across provinces and territories, Residential schools, along with other policies which impacted Aboriginal culture and practices have had an enduring impact on perpetuating cycles of intergenerational social crises and poverty.⁴

In August 2014, Canada's Premiers discussed the disproportionate number of Aboriginal children in care across the country and the many complex social and economic factors that underlie this situation. During a meeting with National Aboriginal Leaders, Premiers also discussed the need for a more coordinated approach to address the high number of Aboriginal children who are in care across the country. Premiers reiterated their individual commitments to work with local Aboriginal communities in their respective jurisdictions on local solutions; and acknowledged the need for governments and Aboriginal communities to work collectively to address this Canada-wide problem.

Following this discussion, Premiers created a working group of provincial and territorial (PT) Ministers (Appendix A), co-led by Premier Robert McLeod of the Northwest Territories and Minister Kerri Irvin-Ross of Manitoba, and assisted by Premier Christy Clark of British Columbia, to report back at the 2015 Summer meeting of Canada's Premiers in St. John's, Newfoundland and Labrador.

The five National Aboriginal Organizations (NAOs) were invited to provide input into the report for Premiers and invitations to participate were also extended to the Ministers of Aboriginal Affairs and Northern Development Canada (AANDC) and Employment and Social Development Canada (ESDC). However, Federal ministers did not

¹ Section 35 of the *Constitution Act, 1982*, defines Aboriginal Peoples as the "Indian, Inuit and Métis Peoples of Canada". The term "First Nation" is often now used synonymously with "Indian", and the term "Aboriginal" is used to refer to each of these three peoples collectively.

² Canada's Premiers, August 29, 2014

<http://www.canadapremiers.ca/en/latest-news/74-2014/394-premiers-commit-to-improving-outcomes-for-aboriginal-children-in-care>

³ Prime Minister of Canada's Statement of apology to former students of Indian Residential Schools, June 2008

<https://www.aadnc-aandc.gc.ca/eng/1100100015644/1100100015649>

⁴ Final written submission by the Assembly of First Nations to the Canadian Human Rights Tribunal, August 29, 2014

respond to invitations to participate in this work. In addition, some PTs reached out at the local and regional levels to involve their jurisdictions' service delivery agencies, community-based organizations and other Aboriginal stakeholders to help inform their contributions to this report.

The PT Ministers agreed the report would profile some promising practices along three strategic child welfare themes:

- **Root Causes** - Developing strategies to address the social and economic issues that are the root causes of abuse and neglect;
- **Prevention and Early Intervention** - Improving prevention and early intervention supports including early childhood education provided to Aboriginal children and families; and
- **Supporting the Systems** - Modernizing tools, training and standards to better support the child welfare workforce.

Ministers also agreed that the initiatives, programs, policies and tools be targeted specifically to Aboriginal people; have been shown or promising in practice to be effective as demonstrated by evidence such as administrative data, reviews, and studies; and have the potential to be transferable to other jurisdictions.

1.2 - Momentum for Change

This Report to Canada's Premiers on Aboriginal children in care is occurring at a time of a broader, pan-Canadian dialogue on a range of issues related to the wellbeing, inclusion, and historical treatment of Aboriginal peoples in Canada, many of which were first highlighted at the national level in the Report of the Royal Commission on Aboriginal Peoples in 1996, and in numerous federal, provincial and territorial reports since that time.

A number of recent and upcoming events are expected to contribute to this national discussion. They include:

- **The Truth and Reconciliation Commission Summary Final Report** - The Truth and Reconciliation Commission has completed its mandate and released its summary of the final report on June 2, 2015. The report speaks to the "policy of cultural genocide", that "in establishing residential schools, the Canadian government essentially declared Aboriginal people to be unfit parents."⁵ The report links this history to a legacy that includes overrepresentation of Aboriginal children in care and calls on federal, provincial, territorial and Aboriginal governments to take action to reduce the number of children in care.
- **Canadian Human Rights Tribunal Ruling** - The First Nations Child and Family Caring Society and the AFN launched a complaint with the Canadian Human Rights Tribunal, alleging that the federal government is discriminating against First Nations by funding child welfare services on-reserve at a lower level than provincial and territorial governments fund services off-reserve.

⁵ Honouring the Truth, Reconciling for the Future – Summary of the Final Report of the Truth and Reconciliation Commission of Canada, June 2015
http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_31_web_o.pdf

- **Ontario First Nations Lawsuit** - The Attorney General of Canada has been named in a class action lawsuit launched by several Ontario First Nations, who purport that the federal government is liable for the removal of children under the auspices of the Canada-Ontario Welfare Services Agreement.
- **National Roundtable on Missing and Murdered Aboriginal Women and Girls** - The first Roundtable was held in Ottawa on February 27, 2015. The participants agreed to further dialogue and to a follow-up meeting to be held in 2016 to discuss progress.

2.0 The Current Situation

Aboriginal children and their families in Canada are more likely to live in poverty, and their poverty is more likely to be entrenched and intergenerational in nature. While more than half of Aboriginal Canadians now live in urban areas⁶, many live in rural and remote communities. Aboriginal families are more likely to live in sub-standard housing; struggle with addictions; experience food insecurity; be single parent led; experience a lack of family and other supports; and lack the skills, education and economic development opportunities required to become self-sufficient. Further detail is provided in Appendix B: Aboriginal People in Canada, Statistical Overview.

Aboriginal children in Canada are served by complex systems, driven by a mix of legislation, policy and standards developed and delivered by PT, federal, and Aboriginal governments. A number of these systems are in transition as PTs and Aboriginal governments move towards more culturally appropriate services for Aboriginal children and families. Despite progress to date, there have been tragic instances in recent years where child welfare systems have been unable to protect Aboriginal children in care.

Some of those tragedies have been documented in recent third party inquiries and reports, including the *Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair* (Hughes inquiry) in Manitoba, and *Out of Sight: How One Aboriginal Child's Best Interests Were Lost Between Two Provinces* (Turpel-Lafond inquiry) in British Columbia. There are also recent reports published by the Auditor General of Canada that highlighted shortcomings in the child welfare systems of Nunavut, the Northwest Territories and Yukon.

These reports contain disturbing, common themes: a need to provide more effective early intervention and prevention supports to Aboriginal families; systemic failures in practice, oversight and attention to children's needs; and the disproportionate number of Aboriginal children who end up in care.

Governments, to varying degrees, are responding to these reports by taking principled and inclusive approaches to address concerns. A focus on transformed relationships and new partnerships between PTs and Aboriginal partners is considered to be fundamental to preventing and addressing the reasons why Aboriginal children, youth, and their families disproportionately come into contact with child protection services. Extensive research demonstrates that improved outcomes are directly linked to the amount of community involvement and control in service governance, design and delivery, retention and the strengthening of culturally relevant programming. To help improve outcomes for Aboriginal children in Canada, a principle of co-development with Aboriginal partners is helping to shift child welfare systems to become more culturally appropriate.

While child welfare systems are changing and evolving in many positive ways across Canada, further action is required to address the circumstances that bring Aboriginal children in contact with child welfare systems in such disproportionate numbers.

⁶ 2011 National Household Survey

2.1 – Overrepresentation⁷

The *National Household Survey (2011)* indicated that 48% of 30,000 children and youth in foster care across Canada are Aboriginal children, even though Aboriginal peoples account for only 4.3% of the Canadian population. PT statistics demonstrate similar findings.

Comparing the rates of Aboriginal children in care across the country is challenging because the composition and growth rate of the population, economic conditions, employment rates, family and community relations and supports, and definition of “children in care,” vary by PT as do the child welfare standards, policies and legislation that are in place across PTs.

Furthermore, child welfare agencies across Canada do not follow a single definition of “child maltreatment” that would result in removing a child from the home. Instead, definitions of maltreatment vary. They include situations where severe physical or emotional harm was inflicted on a child, to situations where a significant risk of harm is deemed to exist but there is no allegation or suspicion that maltreatment actually occurred, to situations where living conditions make it very difficult to ensure a child's safety or basic physical, emotional or educational needs are met (i.e. “neglect” as opposed to “abuse”, an issue that is discussed later in this report).

While there are differences in the types of information that is gathered, limited statistics from PTs nevertheless provide strong evidence that Aboriginal children are over-represented in Canada's child welfare systems. For example:

- In British Columbia, the Aboriginal child population makes up 8% of the total child population, yet more than 55% of children living out of their parental home in the province are Aboriginal. One in five Aboriginal children in the province will be involved with child welfare at some point during his or her childhood.
- In Alberta, 9% of the child population is Aboriginal, and 69% of children in care are Aboriginal.
- In Saskatchewan, 25% of the child population is Aboriginal, and about 65% of children in care are Aboriginal.
- In Manitoba, 23% of the child population is Aboriginal, and about 87% of the children in care are Aboriginal.
- In Ontario, 3% of the child population under age 15 is Aboriginal, and 21% of the children in care are Aboriginal children living off-reserve.
- In Québec, 2% of the child population is Aboriginal, and 10% of the children in care are Aboriginal.
- In New Brunswick, 3% of the child population is Aboriginal, and 23% of the children in care are Aboriginal.
- In Nova Scotia, 6% of the child population is Aboriginal, and 23% of the children in care are Aboriginal.
- PEI does not track nor report on ethnic origin of children in care. The provincial population is small, and the population of Aboriginal persons is low. Reporting on Aboriginal children in care could compromise confidentiality.
- In Newfoundland and Labrador, 11% of the population 19 years of age and younger were Aboriginal according to the 2011 National Household Survey, and 34% of the children and youth in care (17 and younger) were Aboriginal as of December 2014.
- In Yukon, 33% of the child population is Aboriginal, and 64% of the children in care are Aboriginal.
- In the Northwest Territories, 61% of the child population is Aboriginal, and about 95% of children in care are Aboriginal.
- In Nunavut, 85% of the child population are Inuit, and about 94% of the children in care are Inuit.⁸

⁷ Definition of overrepresentation: The proportion of children within a child welfare system, or in out-of-home care, who come from a specific ethno-racial group, is higher than the proportion of children from that ethno-racial group in the overall child population.

Similarly, the *First Nations Canadian Incidence Study of Reported Child Abuse and Neglect (FNCIS-2008)*, a national pilot study that analyzed reported child abuse and neglect in Canada, found that First Nation investigations involving informal kinship care during the three-month sampling period in 2008 was *11.4 times* the rate for non-Aboriginal investigations and the rate for investigations involving formal child welfare placement was *12.4 times* the rate for non-Aboriginal investigations.

2.2 - Child Welfare Systems in Canada

Child welfare falls under PT jurisdiction in Canada. Hence, each PT jurisdiction has developed systems to safeguard the welfare of children – practices, governance and legislation – that reflect and accommodate differing circumstances across the country. Child welfare has also become more complex as jurisdictions make efforts to provide more culturally appropriate services for their populations which lead to different systemic responses and varied service delivery models that attempt to better provide for the needs of vulnerable children and families, including Aboriginal children and their families. Further complicating the child welfare landscape is the fact that the Government of Canada has fiduciary responsibility⁹ for the provision of a range of services and supports to Aboriginal Canadians.

The development and history of child welfare systems in Canada, and their interaction with different Aboriginal peoples, families and children has varied between jurisdictions. These interactions, factors relating to these interactions, and their outcomes also vary significantly across jurisdictions. Although PTs retain overall legislative responsibility for, and oversight of, the regulation and provision of child welfare within their respective jurisdictions, under the Constitution Act (1867) and subsequent Federal Court Rulings (1939, 2013/14), the federal government has an overarching responsibility for First Nations, Inuit and Métis peoples in Canada.

Federal responsibility, however, is not well-defined. Generally, there is an acknowledged principle that federal funding be provided for on-reserve programming and services to address child welfare, and to support all health and social services on reserves. However, federal responsibilities towards Inuit and Métis peoples are less well-defined and the general lack of clarity around roles and responsibilities has also had the unintended effect of resulting in a mix of funding models and reporting structures across PTs and in Aboriginal communities.

Aboriginal Service Delivery Models

A focus on partnership with Aboriginal peoples has resulted in an assortment of service models that fall into four basic combinations for service delivery, governance and legislation¹⁰:

1. **PT Model:** Services are delivered directly by jurisdictions or through funding/contracts with non-mandated, non-profit community-based agencies that may be Aboriginal. In these scenarios, PT Child Welfare Agencies or provincial or territorial governments are responsible for service provision, governance, legislation, and a portion of the funding for child welfare services.
2. **Delegated Model:** Services are delivered through delegated transfers of responsibilities to mandated Aboriginal child welfare agencies. Aboriginal service agencies assume governance under PT legislation.

⁸ Statistics are based on data provided by PTs, studies, and Statistics Canada information.

⁹ The source of federal responsibility stems from s.91(24). It is not straightforward how the federal government discharges this responsibility

¹⁰ As defined by Sinha, V., Kozlowski, A. (2013). The Structure of Aboriginal Child Welfare in Canada. *The International Indigenous Policy Journal*, 4(2), p6.

3. **Integrated Model:** Services are delivered through regional Aboriginal authorities that share responsibility with the PT. Under this model, Aboriginal authorities direct the child welfare agencies under their control, while the PT determines policies, objectives and standards, and monitors (or shares in the monitoring of) performance. Like delegated agencies, Aboriginal child welfare agencies provide service but governance is split between the PT and Aboriginal communities under PT legislation.
4. **Individual agreements between individual First Nations, the PT and the federal government:** British Columbia provides the few rare examples of this model, in the agreement with Spallumcheen First Nation to operate child welfare services under band bylaws, and the treaty with Nisga'a First Nation that recognizes its law-making authority respecting children and family services so long as they are comparable to provincial standards. Service delivery, governance and legislative responsibility lies with the Aboriginal party.

Funding Arrangements

Under every service delivery model above, PTs essentially fund services for Aboriginal children and families living off-reserve. The federal government generally funds child protection services on-reserve through individual agreements with First Nations child and family services agencies or with communities or provinces. Ontario is an exception. In Ontario, the province delivers child welfare services on reserve with costs shared by Canada. Despite the recent Daniels ruling (2013), and its appeal (2014), which upheld the rights of and extended federal responsibilities to Métis peoples, the Government of Canada currently has not acknowledged their financial or policy/programming role in the provision of child welfare for off-reserve, non-status, Métis, and Inuit children.¹¹

Federal arrangements for funding on-reserve child welfare services vary considerably across the country. There are many specific cost-sharing and funding agreements¹², and three general federal funding models¹³ in place to support service provision on-reserve. They include:

1. Directive 20-1, which is focused on the operational costs of the child welfare agency and the costs of maintaining children in care.
2. The Enhanced Prevention Focused Approach (EPFA), which is focused on funding early interventions and prevention as well as agency operational costs and the costs of maintaining children in care. EPFA funding has been incrementally implemented; as of October 2014, it was only in place in six provinces (Alberta, Manitoba, Saskatchewan, Québec, Nova Scotia, and Prince Edward Island).
3. In Ontario, child welfare services on reserve are cost-shared between the province and the federal government through the *1965 Memorandum of Agreement Respecting Welfare Programs for Indians*. Under the agreement, Ontario extends its welfare programs (including child welfare) to reserves and the federal government reimburses the province for approximately 93% of the eligible expenditures.

Not only do federal funding formulas and contributions differ, but there are significant concerns from some Aboriginal organizations that federal on-reserve funding is not providing services that are comparable to those provided by PTs in off-reserve communities. Directive 20-1 and the EPFA are both subject to the upcoming ruling of the Canadian Human Rights Tribunal regarding a lack of parity between on- and off-reserve funding. In addition,

¹¹ The Supreme Court will hear two appeals on this case in October 2015

¹² Refer to Appendix C for details of exceptional funding arrangements.

¹³ These models are discussed in recent submissions to the Canadian Human Rights Tribunal

the Auditor General of Canada has repeatedly noted persistent federal underfunding of on-reserve child welfare services.

The availability of, and funding for, comprehensive health and social service programs also supports families and therefore impacts the welfare of children.

These complex funding arrangements can make navigating the programs and services that form the social safety net difficult for Aboriginal families and may result in unintended service gaps.

Some children are placed in care because of maltreatment resulting from willful child abuse or significant neglect. However, issues that often contribute and exacerbate child abuse and significant neglect (ex. poverty and substance abuse) could be addressed more effectively by comprehensive health and social service programs.

2.3 - Challenges

A number of specific challenges have been raised by the various third-party reports released on Canadian child welfare systems, and by those working within them; these challenges are:

Historical/Generational Impacts

Many of the factors that lead to children being placed in child welfare systems are rooted in events that have had a harmful and enduring impact on Aboriginal families, communities and individuals including an ongoing cycle of poverty and social challenges for Aboriginal people. Work to address the overrepresentation of Aboriginal children in child welfare systems needs to recognize that these past events are closely associated with today's family and child welfare problems. Child welfare systems need to acknowledge these issues in order to move forward and provide culturally appropriate programming that could address these historical and generational impacts.

For these reasons, the majority of programs profiled in this report are specifically targeted, or culturally sensitive, to Aboriginal families and those where Aboriginal partners are involved in the design and/or delivery of the program.

Effective Aboriginal child and family services should include proactive strategies to identify and address long standing systemic and structural barriers. Aboriginal child and family development policy, practice and approaches are most effective when they reflect and reinforce the intrinsic and distinct aspects of Aboriginal culture, knowledge, customs and languages.

Neglect

There is a growing body of evidence, drawn from both child welfare research and child protection practice, that the origins and impacts of child **abuse** are different than those of child **neglect**. Child abuse is often a deliberate, harmful act that carries an immediate risk to the child's well-being. Child neglect, on the other hand, is often a failure to act in the child's best interest, and carries a risk of cumulative harm over time.

Reports have found that neglect is the predominant reason for Aboriginal children coming into care. For example, a report by the AFN (*Kiskisik Awasisak: Remember the Children*) noted that neglect is closely linked with factors

such as poverty, caregiver substance abuse, social isolation and domestic violence that can impede a caregiver's abilities to meet children's basic physical and psychosocial needs. The association between poverty and child neglect is particularly strong. Children from low income families are many times more likely than other children to experience neglect. Given that First Nations people on average have higher unemployment rates, lower incomes, and more pervasive poverty compared to non-Aboriginal people, First Nations children also have a much higher likelihood of being placed in care as a result of a substantiated neglect investigation. Addressing the 'root causes' of neglect (as evidenced by the above correlations) is critical to reducing the number of Aboriginal children involved with child welfare systems.

Inconsistent Funding and Jurisdictional Disputes

The combined responsibilities of both PT and federal governments towards the welfare of Aboriginal families and children imply the need to work together, and with Aboriginal people, to look for solutions to the current issues for Aboriginal child welfare. While there are many examples within this report of PT government and Aboriginal partnerships, it is concerning that the federal government did not provide an official response to the invitation to participate in this work. The lack of a federal commitment to meet its obligations for Aboriginal peoples who are not living on reserve, coupled with problems associated with the varied funding mechanisms for on-reserve services, is cause for concern. PTs urge the federal government to implement funding under the Enhanced Prevention Focused Approach across the country to better improve outcomes for Aboriginal children and youth.

The Auditor General of Canada (2011) determined that the heavy use of contribution agreements also leads to significant uncertainty around funding in several ways, but primarily by detaching funding allocations from actual needs to be met.¹⁴ The Auditor General's report also observed that it was not clear whether the federal government is committed to providing services on reserves of the same range and quality as those provided to other communities.

PTs are working on *child-first* approaches for First Nation children, normally living on-reserve, that have multiple disabilities and thus, require services from multiple providers. Jordan's Principle is a *child-first* approach that was developed in a health services context, in response to the death of five-year-old Jordan River Anderson of Norway House Cree Nation. In 2007, a motion was unanimously supported in the House of Commons stating that, "the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children." However, there are different interpretations across the country as to the application of Jordan's Principle and the complex arrangements and a lack of clarity in and between some jurisdictions over roles contribute to disputes between federal and provincial governments over responsibilities for Aboriginal children.

Gaps in Complementary Programs and Services

Child welfare systems across the country place importance on supporting vulnerable families as much as possible. Removing children from their families is a serious step taken only when other alternatives to safeguard children are not seen to be viable. A narrow focus on the funding for and delivery of direct child welfare services is comparable to only paying attention to the tip of an iceberg.

¹⁴ Compared to statutory programs like land claim agreements that are fully funded.

Considerable social programming is provided under PT jurisdiction and accessed by both Aboriginal and non-Aboriginal people. The Government of Canada also provides complementary programs for status First Nations children and families, such as tax benefits, income assistance, training and employment programs for lower-income families (including childcare supports); health and community programs (including prenatal care, early childhood development, mental wellness, prevention of chronic diseases such as diabetes); and the Non-Insured Health Benefits Program for prescription drugs and medical supplies, equipment and transportation for First Nations people and Inuit regardless of whether they are on- or off-reserve or are able to pay.

However, Aboriginal families can face difficulties in navigating and accessing appropriate programs, for example after moving on-reserve, which may result in program or service gaps. Federal, provincial and territorial governments have a responsibility to address these underlying issues. The federal government also has an overall obligation towards Aboriginal peoples to make the changes necessary to dramatically improve outcomes for Aboriginal children.

Coordination of the Systems

Third-party recommendations from various child welfare systems reviews in recent years have called for improved sharing of information, improved coordination between service providers (including between child welfare providers and other community agencies), and more targeted training for social workers, specifically as it relates to legislation and tools.

The Turpel-Lafond report cited the lack of accurate documentation and communication between British Columbia and Saskatchewan which resulted in gaps that failed to prevent the severe abuse of an Aboriginal child from British Columbia who came under the custody of her grandfather in Saskatchewan. A key recommendation by Turpel-Lafond was that the PT Directors of Child Welfare conduct a review of the PT *Protocol on Children and Families Moving Between Provinces and Territories* to ensure there is a commitment by all PT child welfare authorities that placement decisions fully support the needs of children and families, and a seamless transition of services. PT Directors of Child Welfare continue to work on this protocol.

There is a similar need to improve communication and coordination of child welfare systems within jurisdictions. For example, in Manitoba Commissioner Ted Hughes noted that better coordination, communication and funding between child welfare agencies and the community-based organizations that are involved with families can strengthen the capacity of agencies and organizations to provide services to families in need.

Supporting children and youth in care into Adulthood

A recent Conference Board of Canada report on outcomes for Aboriginal youth found that former foster children:

- Earn about \$326,000 less income over their lifespan compared to the average Canadian. This disparity is largely due to less education - primarily lower levels of high-school graduation with most youth not having graduated from high school; and
- Are disproportionately affected by poorly treated mental health issues / mental illnesses.

In addition, the report found that over a 10-year period, the cost to the economy of not changing this situation could total an estimated \$8 billion through lost productivity.

Key to improving the outcomes of Aboriginal youth is investing in early interventions and prevention services and supports that can help youth experience a healthy and successful transition into adulthood.

Recruiting and Supporting Staff in Aboriginal Communities

A 2008 pan-Canadian report found that the majority of child welfare workers in Canada are non-Aboriginal and identify English as their primary language. Training and recruitment efforts should target Aboriginal workers who have experience or familiarity with Aboriginal community life. In addition, recognizing that many of the Aboriginal families who receive services from child welfare systems live in rural or remote communities, it is particularly important that child welfare worker training for new and existing workers include a focus on cultural awareness and respect, the effects of historical factors on Aboriginal peoples, as well as an introduction to the issues and challenges facing rural and remote Aboriginal communities.

3.0 Root Causes

Aboriginal children and youth living in Canada face persistent developmental and achievement gaps in comparison to their non-Aboriginal peers. As the 1996 Report of the Royal Commission on Aboriginal Peoples noted:

Aboriginal people in Canada endure ill health, insufficient and unsafe housing, polluted water supplies, inadequate education, poverty and family breakdown at levels usually associated with impoverished developing countries. The persistence of such social conditions in this country — which is judged by many to be the best place in the world to live — constitutes an embarrassment to Canadians, an assault on the self-esteem of Aboriginal people and a challenge to policy makers.¹⁵

To improve outcomes for Aboriginal families a broad range of social determinants of health must be considered. As explained by the National Collaborating Centre for Aboriginal Health, “social determinants influence a wide range of health vulnerabilities and capacities, health behaviours and health management. Individuals, communities and nations that experience inequalities in the social determinants of health not only carry an additional burden of health problems, but they are often restricted from access to resources that might ameliorate problems.”¹⁶

While there is no definitive list of social determinants for Aboriginal peoples, there is consensus in the research community that the following promote the health and wellbeing of Aboriginal peoples and communities:

- food security,
- housing and community infrastructure,
- access to potable water,
- income distribution and employment,
- mental and physical wellness,
- early childhood development and education,
- prevention of family violence, and
- access to language and culture.

Research demonstrates that the factors listed above, and their manifestation as indicators of poverty, too often lead to the abuse and neglect of children, and that programs and services that address these broader social determinants assist in lessening family distress and support the building of healthy, empowered communities. Children who live in situations where families are vulnerable are at higher risk of being removed from their homes, communities, languages, and cultures. As a result, by providing supports that tackle the social and economic factors affecting Aboriginal peoples, over time, we can expect to lower the number of Aboriginal children in care and overall improve their social and economic outcomes.

Measuring populations' health via social determinants is an established best practice with metrics implemented to suit specific groups and settings. The United Nations, for instance, uses its Human Development Index to calculate the health of nations through longevity, educational achievement, and adult literacy. The Government of Canada, through AANDC, uses the Community Well Being index to determine the health of First Nations communities based on education, labour force participation, income and housing.

¹⁵ “New Directions in Social Policy.” Report of the Royal Commission on Aboriginal Peoples. Volume 3, Chapter 1. Page 1.

¹⁶ Charlotte Loppie Reading and Fred Wien. *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. National Collaborating Centre for Aboriginal Health, 2009. Page 2.

Along with social determinants that affect socio-economic status and physical and mental wellbeing, several seminal reports have argued that the ongoing impact of colonization is a key factor in the poorer health and wellbeing outcomes for Aboriginal peoples. In its extensive work on this topic, the World Health Organization (WHO) concluded that the "colonization of Indigenous peoples was seen as a fundamental underlying broader health determinant."¹⁷ Aboriginal partners and organizations have consistently advocated for policies that target social determinants, including measures to combat the legacy of colonialism. Meaningful gains in Aboriginal child and youth outcomes will only be achieved by supporting the self-determination of First Nations, Métis and Inuit peoples which will enable them to realize their own social and economic goals.

All PTs are currently engaged in work to reduce poverty and associated/ underlying factors contributing to poverty, and most have poverty strategies, some of which are reinforced by legislation. However, for the purposes of this report, we have only included promising practices that have evidence to show that they support Aboriginal families and children.

Analysis of PT programs highlighted several common measures and areas of focus to combat and lower the number of Aboriginal children in care by addressing root causes at the family and community level. These include:

- measures to strengthen food security and access to nutritious, affordable food;
- stable and secure housing;
- improved mental health supports and treatments, and addictions programs;
- programs aimed at reducing and eliminating family violence;
- programs relating to youth, justice, and employment (ex: access to educational supports, and developmental programs for young children); and
- improving training and cross-cultural awareness for front line workers.

Listed below are a number of programs currently operating in PTs that address broader social determinants of health for Aboriginal peoples.

Healthy Baby Program

The Healthy Baby Program promotes healthy pregnancy, early childhood development, and mother-child attachment. Low-income pregnant women, including Aboriginal women and those who live in First Nations communities, receive a targeted financial supplement through the Manitoba Prenatal Benefit of up to \$81.41 per month, based on income. Women who apply for the benefit must provide a medical note from a health care provider, confirming their pregnancy and expected due date. This requirement is designed to encourage expectant mothers to undertake early and regular prenatal care. Pregnant women, and new mothers with children up to one year of age, may also access Community Support Programs, with several sites using an Aboriginal focus to their programming, employing Aboriginal facilitators and outreach workers, and targeting supports to best meet the needs of the Aboriginal peoples in the community. While many PTs have healthy baby programs, it is of note that an independent evaluation in 2010 found that this program prevented low birth weight and preterm births, and increased breastfeeding initiation, which are outcomes that correlate with lower rates of child welfare involvement.

¹⁷ World Health Organization. *Social Determinants and Indigenous Health: The International Experience and its Policy Implications*. 2007. Page 2.

Abecedarian Early Childhood Project

The Abecedarian pilot project is an early childhood development program in Winnipeg's Lord Selkirk Park community, an inner-city housing development. Using the Abecedarian approach, the pilot project incorporates learning into day-to-day adult-child interactions that are tailored to the needs of each child. Activities focus on social, emotional and cognitive areas of development but give particular emphasis to language. The majority of participating families are Aboriginal and provided input into program planning, including establishing a traditional Aboriginal parenting group led by an Elder. The Abecedarian approach is renowned internationally as a best practice for early childhood development programs. Early results from the Lord Selkirk Park project indicate that participating Aboriginal children made considerable gains in early language development.

Since research shows that poor early literacy and language development is associated with other risk factors (e.g. conduct problems) for child abuse, good outcomes from this project can reduce the risk of participating children being placed into the child welfare system.

PAX Good Behaviour Game (PAX GBG)

PAX GBG is a childhood mental health promotion strategy, delivered daily in first grade classrooms, that teaches students self-regulation and collaboration so that children learn they have control over themselves and their environment. About 40% of participating students are Aboriginal. Over 40 years of rigorous research and evaluation has shown that GBG results in less smoking, alcohol, and drug use; less violent crime; fewer suicidal thoughts and attempts; and more high school completion, post-secondary and labour force participation. Initial results for PAX GBG in Manitoba (including in First Nations) indicates it has positive effects in preventing early emotional, conduct, hyperactivity, and peer relationship problems, and promoting early pro-social behavior. New (unpublished) results suggest that PAX is up to two times as effective for participating Aboriginal children in improving early mental health outcomes. By lowering demands and stress on parents/caregivers, PAX may reduce the risk of children being placed into care, as well as contribute to the child's lifelong physical and mental health, and education and economic success.

Ontario Aboriginal Housing Services and Miziwe Biik Development Corporation

Ontario Aboriginal Housing Services (OAHS) is a not-for-profit housing corporation established in 1996 by the Ontario Federation of Indigenous Friendship Centres, the Métis Nation of Ontario, and the Ontario Native Women's Association. The OAHS provides culturally-appropriate housing support services to Aboriginal peoples living off-reserve in Ontario, outside of the Greater Toronto Area (GTA). This mandate is derived from extensive engagement with off-reserve Aboriginal populations.

Now supported by the Ontario Ministry of Municipal Affairs and Housing, OAHS gained administrative responsibility for a portion of the former Rural and Native Housing Program delivered by the Canadian Mortgage and Housing Corporation. With over 1600 homes in its portfolio, the OAHS is now the largest Aboriginal non-profit housing provider in the province.

The Miziwe Biik Development Corporation's Affordable Home Ownership (AHO) program works to provide housing to off-reserve Aboriginal peoples living within the GTA. The AHO program provides loans of up to \$30,000 to qualifying Canadian Aboriginal people to assist with a down payment towards the purchase of a home. The AHO

program has resulted in 179 Aboriginal households receiving loans to purchase homes, 171 benefitting from the repair program, and the approval of funding for the building of 145 rental units.

Both of these programs being controlled and operated by Aboriginal organizations helps to ensure that children and families have access to culturally sensitive housing options, lessening the risk of children entering into care.

Children Who Witness Violence Program

Ontario's Children Who Witness Violence Program (CWWV) is designed to mitigate the impact of witnessing violence by providing Aboriginal children with tools to support positive development and life choices as they grow. Delivered by Indigenous Friendship Centres across Ontario, CWWV promotes healing and positive development through implementing culturally appropriate and holistic support services and activities to children and their families. The integration of a cultural framework into CWWV has been fundamental as it supports children and their families in returning to optimal functioning and thereby helps to reduce the number of Aboriginal children taken into care.

Evidence from the CWWV Program identified that families attending the program demonstrated increased implementation of traditional parenting styles, specifically demonstrating traditional roles and responsibilities as a result of their participation. It was further shown that families and school staff observed an enhancement in children's academic performance as a result of participation in the program, and decreases in unfavourable behaviours both at home and at school. An overall increase of cultural knowledge has also been identified through children's participation as a result of CWWV and Friendship Centre cultural events, and it is this ongoing exposure and connection to culture based group sessions is critical to the success of CWWV, for example through Elders, teachings, ceremonies, language and peer interactions to enhance children's self-esteem, leadership skills, trust and respect.

Ententes de collaboration en santé mentale et en dépendance (Mental Health and Addiction Cooperation Agreements)

Québec recognizes that it has a responsibility in terms of ensuring the continuity and complementarity of services with Aboriginal communities not covered by the agreements (see Appendix C for Québec's agreements). It does this mainly by ensuring that appropriate referral mechanisms are in place when the residents of these communities receive services in the institutions of the Québec network, and by facilitating the transfer of expertise and knowledge in order to meet the needs expressed by these communities.

Mental health and addiction cooperation agreements seek to promote the continuity and complementarity of mental health and addiction services between the community and the health and social services centre for all individuals.

Initiated by the Ministère de la Santé et des Services sociaux (MSSS - Québec department of health and social services), this project is currently being implemented in two pilot regions, Abitibi-Témiscamingue and the North Shore.

Partners in this initiative are the First Nations of Québec and Labrador Health and Social Services Commission and Health Canada. Health Canada provided funding via the Health Services Integration Fund.

In the long term, this work should result in decreases to the number of children in care by ensuring families have access to appropriate mental health services when they are needed.

Saqijuuq Nunavik Québec (SNQ) project

In 2013, a Saqijuuq Nunavik Québec (SNQ) coordinating group was set up under the joint responsibility of Québec's Minister for Rehabilitation, Youth Protection, and Public Health and the Chair of Nunavik's Regional Partnership Committee, together with key local, regional, and provincial stakeholders in order to implement the SNQ project. The goal of the project is to reduce substance abuse and the resulting physical and psychological impact and over-criminalization, which in turn should result in fewer children in the child welfare system.

Saqijuuq (meaning *a change in wind direction* in Inuktitut) is a joint approach that focuses the participation of all partners in finding concrete solutions to problems identified by the region. The goal of the project is to reduce the use of alcohol and drugs, as well as the resulting physical and psychological impacts and over-criminalization, which in turn should result in fewer children in the child welfare system.

Enhanced First Nations Education Programs and Services Agreements

The New Brunswick Department of Education and Early Childhood Development has been mandated to negotiate Enhanced First Nations Education Programs and Services Agreements (Enhanced Agreements or EAs). In April 2008, a Tripartite MOU was signed between the province of New Brunswick, the First Nation Education Initiative Incorporated and Three Nation Education Group Incorporated and AANDC. The MOU committed the province of New Brunswick to a 50% targeted reinvestment in First Nations' education and stated that AANDC was to pursue contributing comparable tuition funding to First Nations in NB.

Through the EAs, many teachers have been hired and First Nations students are receiving educational resources required for academic success. The province, AANDC and First Nations education organizations are collaborating on the future of the EAs.

An independent report was completed by external consultants to review the impact of the agreements on the success of First Nations students in public schools. Preliminary analysis strongly indicated that the agreements and the reinvestment of tuition fees have had a significant positive impact on First Nations students.

Air Foodlift Subsidy

The Government Newfoundland and Labrador (GNL) delivers the Air Foodlift Subsidy (AFS) program through the Labrador and Aboriginal Affairs Office to help offset the cost of air freight on fresh milk and other perishable food items such as fruits and vegetables. Eligible communities include Nain, Natuashish, Hopedale, Makkovik, Postville, Rigolet and Black Tickle. The AFS provides access for Labrador residents of remote communities to nutritious, perishable items year round with a subsidy paid to retailers to offset the high cost of air freight to the communities.

The AFS has also been used to address special needs of the residents of remote communities in Labrador. For example, in 2013, through the AFS, the GNL provided a one-time \$30,000 grant to the Nunatsiavut Government (NG) to help address food related concerns in Inuit communities. The funding was used by the NG to purchase meat for the community freezers in the Inuit communities to be made available to lower income and elderly people.

Funding was also used to address food insecurity in Nunatsiavut communities due to the hunting ban on the George River Caribou Herd, as well as fish consumption advisories relating to contamination in Hopedale Harbour.

Aboriginal Women's Violence Prevention Grants Program

A safe home, devoid of family violence, is an important consideration in child protection cases. Initiatives to decrease or mitigate the impacts of family violence have a positive impact on helping to ameliorate the social and economic conditions that disproportionately impact Aboriginal children and families and may lead to them coming into care. In Newfoundland and Labrador, the Women's Policy Office, through the Violence Prevention Initiative, offers an Aboriginal Women's Violence Prevention Grants program. Aboriginal organizations and governments within Newfoundland and Labrador are invited to submit applications for projects to a maximum of \$30,000 to support the prevention of violence against Aboriginal women and children. Applications that include one or more of the following activities are considered for funding:

- Preparing and implementing a violence prevention plan of action;
- Implementing violence prevention programs aimed at men, women, children and youth, families, older adults, and other populations;
- Developing public awareness and education materials or activities such as posters, pamphlets or advertisements;
- Providing healing programs;
- Improving programs and delivery of services at shelters for Aboriginal women;
- Developing anti-violence training and materials;
- Providing violence prevention training for community members and service providers;
- Developing Aboriginal women's leadership capacity;
- Developing women's economic or educational capacities;
- Improving the cultural strength of Aboriginal communities;
- Supporting the transmission of cultural knowledge and language;
- Conducting research;
- Attending policy and program consultations on anti-violence work;
- Developing and delivering cultural and other wellness program, activities, and training that support violence prevention; and
- Developing mentoring programs.

Since the program began in 2006, approximately \$1.5 million has been allocated to support 102 projects for the prevention of violence against Aboriginal women and children. Feedback from Aboriginal communities has been overwhelmingly positive and the grants provide capacity for education and awareness programs that these groups and organizations do not otherwise have. The program has also provided funding to women's shelters to help ensure that women have a safe space in crises situations, and to enhance the violence and child abuse programming that shelters provide.

Iliasqsvik Society Community Programming

The Iliasqsvik Society is a non-profit, community-initiated and community-based Inuit organization in Clyde River, Nunavut, dedicated to promoting community wellness. Iliasqsvik provides space, resources, and programming that enable families and individuals to find healing and develop their strengths. The organization includes a variety

of community- and Inuit societal value-based programs, based on the premise that the people themselves know best. The programs include parents and tots programs, home visiting and pre-natal and parent support groups, counsellor training programs, men's and father-son groups, and land-based programming.

Programs are designed to help parents gain the skills and resources they need to facilitate healthy child development and deal with the challenges and stresses of parenthood. Programs for children help them gain skills in Inuktitut language, connect with elders in a positive way, learn Inuit cultural practices and traditional skills, and access healthy foods and develop healthy lifestyles. Programs are enhanced over time to meet the needs of parents and children identified by the community. All of Iisiasivik's children's programming is overseen by a Children's Programming Committee, and a Counseling Elder who works with the children's programs to help kids develop strong bond with Elders and to teach Inuktitut language and Inuit knowledge.

The society was a 2010 recipient of the Kaiser Foundation National Mental Health and Addictions Award for excellence in community programming, a 2012 recipient of the Prime Minister's Volunteer Award for Social Innovation.

The Residential School System in Canada: Understanding the Past – Seeking Reconciliation – Building Hope for Tomorrow

As part of efforts to develop culturally appropriate and engaging learning opportunities, and to begin to actually address some of the challenges facing northern communities today, The Governments of the Northwest Territories and Nunavut developed a unit on the history and legacy of residential schools in Canada. The residential schools unit comes with a full collection of teaching resources that help students and teachers explore the policies and historical context of colonialism that supported residential schools. Students learn about the positive and negative impacts that residential school experiences had on many people, and discuss the opportunities for reconciliation and healing that are needed today.

The curriculum resource includes a teacher's guide, a DVD with pictures, audio and video footage, a historical timeline of the residential school system in Canada, and a collection of books at various reading levels for students and the teacher's learning. The teaching materials cover topics ranging from the history and legacy of residential schools, traditional education and learning, colonialism, assimilation, the Indian Residential Schools Settlement Agreement, the federal apology, the Truth and Reconciliation Commission and suggestions for what reconciliation might look like. It is not exclusively tied to Aboriginal communities, because the intent is to increase all students' understanding of the Aboriginal experience. In both territories, it is a mandatory unit for all students to take in order to graduate.

Two studies of the curriculum have indicated that students and teachers reported increased empathy, critical thinking skills, ethical awareness, and decision-making strategies.

Aboriginal Cultural Awareness Training

The Government of the Northwest Territories (GNWT) launched Aboriginal Cultural Awareness Training for all employees in June 2013. This training is intended to enhance Aboriginal cultural understanding and reaffirm the fundamental interest the GNWT places on including Aboriginal values in program and service design and delivery.

Aboriginal Cultural Awareness Training provides GNWT employees with information and context for the communities and regions we live in and residents we serve. Diversity and inclusion are crucial aspects of a strong and stable public service. This training increases understanding about Aboriginal culture, enhances awareness, and promotes a spirit of inclusion. This training also reaffirms Aboriginal values and partnerships as a key foundation of the GNWT, based on respect, recognition and responsibility.

GNWT Employees, including those working in the social services sector and in front line social work positions now participate in mandatory training modules that include the importance of Culture and Cultural Awareness, Aboriginal Peoples of the Northwest Territories, The History of the Northwest Territories from an Aboriginal Perspective, and Present and Future Challenges for Aboriginal Peoples in the Northwest Territories. Employee satisfaction surveys show an increase in the number of employees reporting cross-cultural opportunities, particularly in departments where there has been a high uptake on the new training.

Increases in societal understanding and empathy and increased cross-cultural experiences including Aboriginal populations helps to reduce racism and misunderstanding, which should lead to improved outcomes for Aboriginal people as a whole.

Jackson Lake land-based addictions and mental health recovery program

The Jackson Lake land-based addictions and mental health recovery program held in a rural setting a half-hour's drive from Whitehorse, is based on First Nation cultural ways of healing but also includes clinical approaches.

In 2014, Kwanlin Dün First Nation (KDFN) increased its land-based healing programs at Jackson Lake Healing Centre thanks to a 3-year funding commitment from the Yukon government. The 4 week residential land-based healing program is supported by the Jackson Lake Wellness Team made possible by a multi-year funding from Health Canada. KDFN implements two gender specific 4 week land-based residential treatment programs open to citizens of all 14 Yukon First Nations. The Jackson Lake Wellness Team works with other First Nation and agency partners in program development, delivery and evaluation focused on:

- prevention of addictions and mental health problems;
- community based options for pre-treatment, support, outreach and treatment; and
- aftercare and recovery programming.

Since 2009 there have been one or two intakes per year for the 4 week land-based treatment programs with a maximum of 16 participants per intake. The community programming within KDFN attracts at least 20 participants per week. Outreach visits and calls to the other communities connects with former and future 4 week program participants and First Nation support staff. Results of program development is shared locally and with other mental wellness teams across the country.

This broad scope of services provided by KDFN will improve the long-term success of participants in the multi-week land-based programs. The prevention and short-term cultural and land-based options available also provide opportunities to people that want help but are not able to go out on the land for four weeks. The active preparation for treatment and aftercare offered post-treatment has increased the effectiveness of both land-based and community based treatment.

KDFN's Building a Path to Wellness model is founded on the First Nation's most recent twenty years of experience, particularly with three-to-five weeks programs offered to men and women from 2010 to 2012. The program, which was created specifically for First Nations people, involves four program streams:

- 1) First Nations therapy led by a FN therapist
- 2) Land-based and cultural healing
- 3) Clinical Therapy and
- 4) Complementary or Alternative Healing Approaches. The "healthy traditional family" is used as a model for developing relationships.

Evaluations of the program have shown positive results: Based on the 2010, 2011 and 2012 evaluation reports, more than 90% of participants complete the program and all participants show improvements in well-being. The patterns in the 2013 and 2014 programs are consistent with earlier findings.

Follow-up assessments done informally and formally for up to three months post program show lasting improvements in most cases, including improved quality of family relationships.

The 2010 report specifically highlighted that two participants were making strides towards negotiating the safe return of their children to their care and noted increased exposure to 'protective factors' which may help participants control drug / alcohol abuse; bounce back more quickly from difficult situations; etc.

Anecdotal evidence from KDFN Justice staff indicates that at least 2 or 3 participants in each program (which averages 14 participants) have children that have been apprehended or are at risk of being apprehended. In approximately half the cases, involvement with the Jackson Lake treatment program along with other programs and supports have provided the foundation for the return of the children. This pattern is more frequently found in the women's program.

In the recent men's programs, a significant number of the younger men are parents of young children and the program supports them in understanding parenthood from a traditional and contemporary perspective.

The program addresses the root causes of disruptions in traditional family life – loss of the healthy family experience and intergenerational trauma related to residential schools, loss of connection to identity, land, culture, extended family and community and the use of addictive substances to deal with the symptoms. Strengths and capacities are found and reinforced.

The program also helps to support young people aging out of the child welfare system and work with other KDFN team members to prepare parents to repatriate their children that have been in the care of child welfare authorities.

4.0 Prevention and Early Intervention

There is a body of evidence that suggests child welfare systems must evolve towards providing families with holistic, targeted, community-based programs and support systems that are culturally appropriate.

The most effective prevention programs that are known to improve child welfare outcomes encompass a constellation of services that encourage family preservation. These services can include mental health treatments, early childhood education, family counseling, and violence deterrence. In promoting the development of strong families, prevention services limit interactions with child protection authorities and quicken the return of apprehended children to the family home, thus reducing the numbers of children in care. It is for these reasons that prevention supports, including early intervention to families at risk, are seen as more effective than emergency intervention. Emphasizing early intervention and prevention services in child welfare is consistent with what Aboriginal communities have been espousing for decades, both in Canada and abroad.

In reviewing literature on international practices of Aboriginal child welfare, scholar Terri Libesman concluded that support for family preservation tactics is “unambiguous” in Aboriginal communities. Recommendations from a British Columbia legislative review, which engaged heavily with Aboriginal populations, support this finding. The review found that one of the most oft-repeated critiques of child welfare systems was “the lack of preventative services aimed at resolving family problems rather than at separating families.”¹⁸ Historical policies, such as residential schools and high rates of child apprehension beginning in the 1960s, have disregarded the rights of Aboriginal parents to care for their children.

The provision of culturally appropriate programming is acknowledged by Aboriginal partners and international research bodies as being imperative to child, family and community health, and cultural appropriateness is showing to be equally important to prevention services. Research has established a clear connection between Aboriginal culture and resilience/ self-esteem in Aboriginal children, youth and adults. There is extensive evidence that demonstrates how the use of Aboriginal languages and cultures has positive effects on health and wellness of individuals and also strengthens the family. Along with language, key themes that have been shown to provide protective measures against mental health issues, addictions, and youth suicides include access to the land, self-governance, traditional medicines, spirituality, and participation in traditional activities. For example, one peer-reviewed study concluded that the successes of the federally-funded National Youth Solvent Abuse Program are due to the program's holistic conception of resiliency that recognizes the intersecting roles of culture, spirituality, and community in supporting the health of Aboriginal youth who use solvents. Another study concluded that increased resilience through cultural attachment can improve outcomes in children and youth, including educational attainment.

To ensure that cultural supports are appropriate and responsive to the families accessing them, it is important that they are community-based and designed. Aboriginal communities and organizations, with sufficient capacity and resources, are best positioned to provide prevention and early intervention services to Aboriginal children and families because they are able to create programming that is culturally empowering to Aboriginal families in ways that other child welfare agencies may not be able. The Métis Nation of Ontario the Ontario Native Women's Association and the Ontario Federation of Indigenous Friendship Centres argue:

¹⁸ First Nations Child and Family Task Force. *Children First, Our Responsibility: Report of the First Nations Child and Family Task Force*. Winnipeg: The Task Force, Mannes, 1993.

In our view it has been amply demonstrated that it is functionally impossible to provide effective prevention and “protection” services simultaneously. Based on years of experience, we know at-risk families are highly unlikely to access prevention supports from child protection agencies given that this is perceived as a fast track to irreversible state intrusion. Conversely, at-risk families are more inclined to reach out to Aboriginal service providers to receive supports in solutions-oriented, strengths-based and cultural environments, leading to more positive outcomes.¹⁹

Yet experience in agencies where child welfare services are deeply rooted in cultural practice, values and beliefs show that prevention and protection can work simultaneously if done correctly.

In its submission to the WHO Commission on Social Determinants of Health, the AFN posited that the best way to prevent ill-health was to enable self-determination in Aboriginal communities. Studies show that increased Aboriginal control produces better socio-economic health outcomes. Healthy children and families, therefore, are sustained when First Nations, Métis and Inuit communities are able to exercise control over culturally appropriate services pertaining to children, youth and families.

Several PT jurisdictions in Canada have shifted their governance structures or are changing policies to encourage the expansion of culturally grounded early intervention and prevention supports with the aim of improving Aboriginal child and youth outcomes. In Ontario, the Ministry of Children and Youth Services is working with Aboriginal partners to co-develop an Aboriginal Children and Youth Strategy to transform the way services are designed and delivered, through nurturing more open and trusting relationships, and building in shifts in control over the governance, design and delivery of services. Similarly, in British Columbia, Delegated Aboriginal Agencies (DAAs) operate under a unique governance structure that is rooted in partnerships with First Nations and Métis peoples and guided by specific operational and practice standards. DAA responsibilities include the delivery of guardianship and child protection services and current work with Aboriginal partners in child and family service delivery is underway to further enhance prevention and early intervention initiatives. In Newfoundland and Labrador, in recognition of the need for Innu and Inuit involvement in the implementation of departmental programs and services in their communities, Memoranda of Understanding (MOUs) were signed with the Innu First Nations and the Nunatsiavut Government. These MOUs provided for the creation of “Planning Circles” whereby senior officials from the Department of Child, Youth and Family Services meet with senior officials from each of the Aboriginal governments/organizations to discuss how to improve planning and to enhance service coordination and delivery. Manitoba is also moving to improve its child and family services system by shifting from protection to prevention, offering more supports and services to families with the goal of keeping children at home and in their own communities rather than taking them into care.

Below is a presentation of early intervention and prevention services best practices for Aboriginal child welfare that have demonstrable evidence of enhanced outcomes and apprehension reduction, either directly or indirectly. The initiatives range from sweeping policy and governance makeovers, to province or territory-wide programs, to smaller scale community efforts at organizational innovation and in-home supports. Examples were chosen based on their adherence to established criteria for inclusion, which stress the importance of initiatives being specifically designed for or culturally sensitive to Aboriginal families rather than the mainstream population. The successes of each are directly related to the involvement of Aboriginal communities and organizations in the governance, design, delivery and/or evaluation of programs.

¹⁹ Métis Nation of Ontario, the Ontario Native Women's Association, and the Ontario Federation of Indigenous Friendship Centres. *A Collaborative Submission Regarding the Child and Family Services Act*. 2015.

Family Development Response Program

British Columbia's child welfare policy framework prescribes the use of Family Development Responses (FDRs), whenever safe and possible to do so. FDRs focus on ways to keep a child safe within their own family, build on their strengths and address their challenges.

FDRs offer a more collaborative and supportive approach with families when there is a child protection concern, rather than more intrusive investigations. They typically include discussions with the family on community resources and services available to address their family and parenting needs, and often include direct referrals to counselling, parenting programs and other supports to help families safely care for their child and stay together. The use of FDRs has increased 20-fold since 2007; at the same time, the number of children in care has decreased by 10%. This decrease is believed to be related to the increased use of safe alternatives such as FDRs.

For Aboriginal families, when an FDR has been used, re-occurrence of child welfare issues has been lower than for those Aboriginal families where an investigation was used. However, re-occurrence remains higher for Aboriginal families than for their non-Aboriginal counterparts. Though the outcomes for Aboriginal children are promising, there are varying degrees of success amongst different bands in BC, suggesting that the uptake has been uneven across the province.

While many agencies deliver preventative programming in British Columbia, Hulitan Family and Community Services in Victoria is provided as one example of a fully incorporated and professionally accredited child and family service agency "committed to providing culturally sensitive and awareness programs and services to the Aboriginal community." They have an FDR program which is a short (3-6 months), intensive service to families identified by the Ministry of Children and Family Development (MCFD) as being in need of intervention. Families flagged for intervention are at high risk of having children removed from the home by the ministry due to issues impacting their safety and well-being. An FDR worker visits the home and works collaboratively with the family, using traditional learning and healing practices, to develop goals and activities to assist in reducing the risks identified by the ministry. Families taking part in the FDR program have experienced an early return of children to their homes. Of the 21 families that have successfully completed the program and have had their files closed, only one child was later taken into care.

This program's success would not have been possible had MCFD not revamped the intake process to ensure that it was more culturally respectful. The ministry granted the FDR program more autonomy to develop processes that best meet the needs of individual families. Additionally, guidelines were revised to support FDR workers being present at initial child protection investigations.

Intensive Parenting Program

Hulitan Family and Community Services in Victoria operates a second program that has demonstrable evidence of reducing the number of children in care. The *Kwen'an'latel Intensive Parenting Program* (KIP) is a three-stage parenting program for Aboriginal parents and caregivers, living either on- or off-reserve, who have already had their children removed by MCFD. KIP works to promote healing for families to strengthen and/or maintain their cultural identities and provides culturally appropriate holistic supports to heal from the intergenerational effects of colonization and residential schools, while enhancing parenting skills. Over 85% of clients met their goals, and the

program has a 55% return rate of children to their families. The project was designed by local Aboriginal community members through focus groups to provide a curriculum relevant to local cultural considerations.

Although the KIP program, like the FDR program at Hulitan, provides evidence of reducing the number of children in care, it is co-located with other programs that support the community more generally and this environment may be an important factor in its success. For example, families making use of either of these programs through Hulitan can also readily access an innovative cultural learning program for Aboriginal children, aged two to five, which fosters a strong sense of cultural identity. When programs such as infant development, early childhood support, speech and language, social assistance, family support, victim services, day care, recreation programs are co-located with programs identified to be "preventative", they allow the agencies to better know and support families.

Flexible Response Pilot Project

The *Flexible Response Pilot Project* (FR) in Saskatchewan seeks to strengthen the assessment of families' needs, and to provide more options to families coming into contact with the child welfare system. FR maintains a primary focus on child safety while promoting permanency for children within the family and community, and increasing the emphasis on engaging children and their families in services. The project aims to build on existing strengths to increase families' capacity to care for their children using culturally appropriate services. In a year-over-year comparison of the number of children entering care at the ministry's Saskatoon Office prior to the Flexible Response Pilot (November 1, 2012 through October 31, 2013), and during the pilot (November 1, 2013 through October 31, 2014), it was found that 49 fewer children had entered into the care of the ministry. Transfers to ongoing child protection have been reduced by over 50% in a year-over-year comparison.

Though not specifically directed towards Aboriginal families, FR was developed by the Ministry in collaboration with First Nations and Métis. The team responsible for reviewing child protection intake to determine the most appropriate FR pathway comprises members of Métis Community Family Justice, Mobile Crisis Services, Sturgeon Lake First Nation, and Saskatoon Tribal Council, along with the Ministry of Social Services. Indigenous research methodology also informs the project evaluation framework.

Intensive In Home Supports

Intensive In Home Supports (IHS) provides intensive in home family supports to ensure the personal safety of children while allowing them to remain within the family home instead of being taken into care. Operating out of multiple locations throughout Saskatchewan, the program is delivered collaboratively with Aboriginal partner organizations. Though only in operation for a short time, the program has already made a substantial impact on the lives of children and families in the province. Positive outcomes that participants have experienced include having more children safely supported at home and in their communities, as well as having more children accessing services to support healthy and positive development. From April 2014 to January 2015, approximately 335 families and 830 children have taken part in the IHS program.

Families First Program

Manitoba's Families First program promotes physical health and safety, supports parent-child attachment, and promotes healthy development through offering home visiting supports at no cost to families with children, from pregnancy to school entry. The program is delivered by paraprofessional home visitors supervised by community

public health nurses who work with families regularly, in a culturally-sensitive manner, for up to three years on what community resources might best meet the needs of the family. The program is targeted to vulnerable families with young children (prenatal to age five). Families First uses a partnership approach with the families, focusing on the parents' strengths, values, and hopes for their children. Nearly half of the participating mothers are Aboriginal. A culturally sensitive approach is key to the acceptance, participation, engagement and success of Aboriginal families in the program, and can include using Aboriginal home visitors and incorporating Aboriginal components in the programming. An evaluation covering the years 2002-2009 indicates that the Families First program reduces the rate of children being taken into care by 25% (by age 1) and reduces the rate of child maltreatment injury hospitalization by 41% (by age 3).

Isobel's Place Parent Support Program

Isobel's Place is an 11-bed adolescent parent support program providing pre- and post-natal care for young women of Aboriginal heritage who are three to six months pregnant and between the ages of 14 and 17. The initiative is offered by Ma Mawi Wi Chi Itata Centre Inc. (Ma Mawi), an Aboriginal human services organization providing child welfare and community-based programs and services to the Aboriginal community in Winnipeg and the surrounding area.

Clients participate in mandatory and non-mandatory education, health, nutritional, and parenting programming. Separate cultural programming is provided to clients, and cultural teachings are woven into all supports on offer through *Isobel's Place*. Young mothers and their children are assisted in relocating to independent living options, with outreach support services still available to them for a minimum of one year following relocation. In addition, young mothers are assisted in developing their own positive support network.

Isobel's Place's culturally responsive continuum of care has resulted in positive outcomes for participants. Although program participants are all wards of the Manitoba child and family services system, it is rare for their children to be taken into care. In fact, in the 2014/2015 fiscal year, only one of the mothers residing at *Isobel's place*, and only one of the mothers who had moved to independent living had their children taken into care.

Cooperative Planning Process for Child Welfare Services

Two related initiatives have seen a significant reduction in the numbers of First Nations children in care through increasing First Nations control over the design, delivery and governance of child and family services. The Cooperative Planning Process for Child Welfare Services (CPP), established under the Yukon's 2010 *Child and Family Services Act* (CFSA), mandates First Nations involvement in all aspects of planning and decision making for their children. Key features of CPP include:

- Valuing culture and community in all matters related to children and families, including a provision for custom adoption;
- Emphasizing support to families and extended families in caring for children; and
- Collaborative and inclusive decision making where extended family, informal support persons, service providers and professionals can come together to develop plans that respond to the needs of a child and their family.

First Nations governments played a significant role in developing Yukon's current child welfare legislation, including CPP.

The CFSA and CPP have enabled new relationship agreements between the territory and First Nations that afford greater First Nations control of child and family services. The 2012 Child Protection Memorandum of Agreement (MOA) between the Government of Yukon through the territory's Department of Health and Social Services (HSS) and Kwanlin Dün First Nation (KDFN) is one example. The MOA outlines principles and procedures to guide and direct child welfare services provided to KDFN families with the full inclusion of KDFN in the delivery and evaluation of child welfare services. In addition to procedures for service delivery, the MOA outlines processes for addressing systemic issues and resolving differing views. Yukon reports that relationships between the Department and KDFN have strengthened since signing the agreement.

There are indications that the practices and processes set out in CCP and the MOA are having a positive impact on First Nations populations throughout the territory. Yukon is exploring establishing more MOAs with other First Nations, modelled after KDFN. Moreover, there were 30% fewer Aboriginal children in care in the territory in 2013/2014 than there were in 2007/2008.

5.0 Supporting the Systems

A supported, skilled and informed workforce is central to improving outcomes for Aboriginal children and families in child welfare systems. In particular, to move systems toward a holistic approach, child welfare workers need training that supports prevention.

Provinces and territories have responsibility for the design of all aspects of their child welfare systems, including tools, training, standards and the workforce. PTs acknowledge the research that suggests the most successful outcomes for Aboriginal children and families are achieved when service models are based on policies and practice that promote and facilitate an individualized, strengths-based approach to child welfare.

The following definitions provide further clarification on the areas highlighted in this section.

Tools – provinces/territories use a number of tools/instruments to support the child welfare workforce in assessing a child's intervention needs and to support the planning of intervention services.

Training – includes training to obtain credentials from a post-secondary institutions as well as ongoing professional development.

Standards – measurable definitions of minimum acceptable levels of required performance, focusing on safety and achieving positive outcomes for children.

Child welfare workforce – could include provincial/territorial staff who work in front-line delivery offices, staff in delegated First Nation agencies, or staff who work for private mandated child welfare agencies. It could also include contracted non-profit agency staff delivering services that support the child welfare systems.

Child welfare systems are evolving in Canada, and a key component for many provincial and territorial systems is moving forward with new planning, assessment and decision-making tools that help child welfare workers make safe, appropriate and consistent decisions for the families and children they serve. These range from Alberta's adoption of the Australian 'Signs of Safety' approach, to the Flexible Response model that Saskatchewan is piloting, to the implementation in whole or in part of the Structured Decision Making® (SDM) system in British Columbia, Saskatchewan, Manitoba, New Brunswick, and the Northwest Territories. Newfoundland and Labrador is also in the process of implementing SDM.

The Child Intervention Practice Framework

The Alberta Child Intervention Practice Framework (CIPF), implemented in 2014, outlines a set of principles and core elements of leading practice that guide efforts in the child intervention system supporting an environment where family strengths are recognized and children and youth are respected and supported. The CIPF supports increased inclusion and collaboration with family and their supports, a renewed understanding of harm and danger to support assessment and understanding of risk, and provides tools and supports to facilitate critical thinking, shared decision making and reflective supervision.

Signs of Safety

Alberta's Signs of Safety (SOS) aligns with the CIPF as an evidence- and strengths-based approach to child safety in child protection work. SOS focuses on working collaboratively and in partnership with the family and their natural supports to increase safety for children, reduce risks and danger, identify complicating factors and support the development of meaningful safety plans. Alberta has formal agreements with 17 delegated First Nations Agencies (DFNAs). While several DFNAs are using SOS as part of their proactive, it is optional for DFNAs to use SOS.

Outcomes Based Service Delivery

Alberta's Outcomes Based Service Delivery (OBSD) also aligns with the CIPF and has shifted the focus of protection services to clearly identified expected outcomes of service provision, while providing for increased flexibility, creativity, collaboration and community-based services to address identified needs.

While the three initiatives outlined above are not specifically targeted to Aboriginal children, 69% of the children in care in Alberta are Aboriginal. Aboriginal OBSD sites in two large urban centers support urban Aboriginal peoples with services and supports that are culturally centered, community supported and family oriented.

All three initiatives have contributed to the safe reduction of all children in care and receiving intervention services in Alberta, including Aboriginal children. Despite the proportion of Aboriginal children in care in Alberta slightly increasing (from 68% in 2012/2013 to 69% in 2014/2015), the number of Aboriginal children in care has been safely reduced by 18%. Alberta attributes this reduction to the CIPF practice principles and strategies, SOS and OBSD initiatives which focus on principled practice, family and cultural connectivity and awareness, engagement of community and natural supports, shared decision-making and a focus on client-based outcomes.

Staff in Child and Family Services (CFS) Regions and Delegated First Nations Agencies (DFNAs), are being trained to practice according to the programmatic values and to focus specifically on positive outcomes for children and families. Specialized training is also being provided in the use of the Signs of Safety tools.

In 2013/2014, 19 engagement sessions were held across the province and over 700 individuals participated and provided feedback on the CIPF Working Principles. A working group comprised of department, CFS region and DFNA staff engaged in the development of the practice strategies tools and resources under the CIPF. A review of CIPF practice strategies tools, resources and implementation is ongoing.

Making Sense of Trauma Workshop

"Making Sense of Trauma" is a one-day training workshop offered to frontline service providers in Manitoba by New Directions for Children, Youth and Families. Its objectives are to help workers:

- Develop an understanding of the impact of trauma and trauma informed care;
- Explore current understanding of the nervous system and how trauma responses are triggered;
- Define what "working towards resilience" means;
- Identify specific tools that assist with freeze/flight/fight survival responses;
- Understand how anxiety and neglect impact our nervous system and how to modify their impact; and
- Identify a set of tools to utilize when working with clients.

Of the participants who completed questionnaires following the training workshop (Sept 2012 to June 2014), 39% identified as a Foster Parent, 21% identified as a Child and Family Services (CFS) Worker, 8% identified as a Therapist, 1% identified as a CFS Supervisor, and 28% classified their role as "other".²⁰ Approximately 87 per cent of children in care in Manitoba are Aboriginal (as at March 31, 2014).

Results of the post-training and 6-week follow-up evaluation questionnaires indicate that participants from various backgrounds affirmed the value and relevance of the Making Sense of Trauma Workshop to their work. Participants rated the value of the workshop highly – an average of 6.08 on a scale from 1 (not at all) to 7 (extremely). Six weeks following the workshop, 63 to 81 per cent of trainees used recovery trauma tools learned in the workshop with foster children.²¹

Importantly, participant data post-workshop and at the six week follow up demonstrate success in increased knowledge of trauma and use of workshop tools, as well as integrating a trauma informed perspective in their work in some capacity. Participants suggested a two day workshop would be beneficial as it would provide additional time to cover content and opportunities for participants to apply workshop materials through group discussion, case studies, and role-playing.

The workshop was developed and facilitated by staff of New Direction's *Families Affected by Sexual Assault Program*. The training was developed, delivered and evaluated in consultation with a joint training team that included representation from multiple social service agencies, health, education, the Child Protection Branch of Family Services, and the four Manitoba Child and Family Services Authorities, three of which are Aboriginal. This Training Team has met regularly to offer feedback. An Elder from the community provided consultation regarding Indigenous Family Practice in the design/development, evaluation and delivery of this training. The Assembly of Manitoba Chiefs requested the training and offered additional evaluative feedback which was integrated into the curriculum.

The Making Sense of Trauma Workshop continues to meet its goals and is effective in assisting service providers who care and support traumatized children, youth and their families within the child welfare system to be better able to do their work in a manner that promotes trauma resolution.

Aboriginal Alternative Dispute Resolution

Aboriginal Alternative Dispute Resolution (ADR) is a strategy used to resolve child protection disputes and prevent them from ending up in the court system. It is used to streamline court processes and encourage alternatives to court. Its strengths-based orientation is an inclusive and collaborative approach to resolving child protection disputes, by encouraging the involvement and support of the family, extended family and the community, in planning and decision-making for children. By regulation, Ontario Children's Aid Societies (CASs) are required to use one of the following prescribed methods of ADR:

- Child protection mediation;
- Family group conferencing;
- Aboriginal approaches; or

²⁰ "Other" includes Social Service Professionals from non-mandated community agencies: Knowles, MacDonald Youth Services, Marymount, New Directions and Ma Mawi Wi Chi Itata Centre; Interlake/Eastman Regional Health Authority; Assembly of Manitoba Chiefs and others. The remaining 3% of respondents did not identify their role. Percentages are based on 1,250 workshop participants.

²¹ At the six week follow up, percentage of trainees that had used recovery trauma tools since workshop with foster children: a. Connecting to the Present – 65.9%; b. Understanding Developmental Stages – 77.9%; c. Managing Feelings – 64.8%; d. Imagining a Future – 80.8%; and e. Dealing with Memories – 62.6%.

- Other (i.e., where the above methods are not available or where another method is deemed more suitable).

Aboriginal approaches to ADR are defined as traditional methods of dispute resolution, including circle processes, which have been established by First Nations communities or Aboriginal organizations. These services are delivered by trained, impartial Aboriginal facilitators who assist the participants to develop plans that are supported by the participants and/or the Aboriginal community and address the protection concerns identified.

The use of ADR within the context of child protection has an impact on the length or number of times families are involved in the child welfare system, and has led to more positive results. The number of referrals in the last three years are 2011/2012 - 263; 2012/2013 - 440; 2013/2014 - 331. Aboriginal ADR is viewed by Aboriginal communities as an effective mechanism for providing them with more decision-making control over the care of their children.

Formal Customary Care

The Ontario *Child and Family Services Act* recognizes customary care as the care and supervision of an "Indian or native" child by a person who is not the child's parent, and according to the custom of the child's Band or Native community and that customary care practices may vary from Band to Band and change over time. All CASs, whether Aboriginal or non-Aboriginal, can work with families to enter into customary care placements. Formal customary care is a culturally appropriate placement option for First Nations children and youth in need of protection in which the child is placed with a person who is not the child's parent, according to the custom of the child's Band or First Nation community. There is a formal customary care declaration by the band, and the CAS supervises the home. The caregiver is entitled to the same reimbursements, training and support systems as foster parents.

CASs are reporting increases in the number of First Nations children and youth determined to be in need of protection moving to customary care placements, meaning that more children are able to remain living in appropriate community and cultural contexts. In 2013-2014, an average of 1,388 children and youth were placed in customary care arrangements (up from 1,212 in 2011-2012).

Conseil de personnes significatives (Council of Significant Individuals)

The overall objectives of a Council of Significant Individuals are to keep children in their immediate environment (with family, friends, school and culture) and to avoid placing a child in a non-Aboriginal family.

Specific objectives of the initiative set up by the Centres jeunesse de l'Outaouais (CJO) are to:

- Allow parents to bring together people who are significant to their child;
- Identify potential ways to help and support the child and the child's family;
- Work together with the child's needs in mind;
- Provide the child with stable and consistent care and relationships;
- Look for a living situation that is most similar to the child's home environment; and
- Promote collective responsibility for the child.

At CJO, a Council of Significant Individuals is used for both Aboriginal and non-Aboriginal children. However, it quickly became obvious that this approach was especially suited to First Nations communities served by the youth centres, namely the Algonquin communities of Barrière Lake and Kitigan Zibi, given that it addressed one of their

fundamental values: the importance of family and community involvement. The initiative was thus tailored to First Nations culture through the integration of symbols, practices and cultural objects such as the medicine wheel, talking stick, traditional medicinal herbs, smudge shell, and Eagle Feather to promote honesty and strength.

When a child is removed from his or her family environment, the caseworker (responsible for evaluation and orientation of the child or for applying protective measures) has two weeks following the removal to hold a Council of Significant Individuals with the parents (and the child, if needed). The goal is to provide the child with a stable and appropriate living environment as quickly as possible. The mandate of the Council of Significant Individuals is to:

- Help parents bring together people who are significant to their child to discuss and determine together what help these people can offer the child and the parents
- Identify the person or persons to be evaluated with a view to taking the child in.

For more information, see the *Meetings of Significant Individuals – Facilitator's Guide / Guide d'animation d'un conseil de personnes significatives* available in English and French.

Aboriginal partners were involved in adapting this initiative to the First Nations culture by working together with community workers. The Council of Significant Individuals includes:

- a community Elder,
- people from the child's extended family, and
- the Aboriginal caseworker responsible for evaluation /orientation or applying protective measures, as applicable.

If the significant person designated to receive the child does not live near the parents, the child continues to be in contact with the latter given that it is usually someone from his or her extended family.

The Council of Significant Individuals is a win-win approach for the children, their families, First Nations communities and Youth Protection services. The children are kept in their community and environment. Furthermore, this initiative can be easily adapted to other communities.

Since the implementation of the Council of Significant Individuals adapted to Aboriginal's culture two years ago, 18 councils were held for 48 Aboriginal children. All of the children were placed in an Aboriginal family instead of non-Aboriginal family. Before that, Aboriginal children were often placed in a non-Aboriginal family, since there was a lack of Aboriginal foster care families.

Système d'intervention d'autorité Atikamekw (Atikamekw Authority Intervention System)

The Système d'intervention d'autorité atikamekw (SIAA) is a Youth Protection system that operates differently from Québec's general system. It targets children and families from the Atikamekw de Manawan and Wemontaci communities under an agreement between the Atikamekw Nation Band Council and two youth centres: the Centre jeunesse de Lanaudière and the Centre jeunesse de la Mauricie et du Centre-du-Québec. It intervenes in situations where children's security or development is in danger and aims at contributing to the well-being of members of the Atikamekw Nation using an approach that is respectful of the Atikamekw values, culture and traditions. To achieve its objectives, the SIAA promotes the involvement of the immediate and extended family as well as other community members. The SIAA also works to promote the care of children whose security or

development is in danger by family or community members and therefore contributes to reducing children's placement in non-Aboriginal homes.

When a child's security or development is in danger, a Family Council is created. Decisions regarding the reasons for the authority's intervention and protective measures taken are made by members of the Family Council and the Social Protection Director, the person ultimately responsible for ensuring the security and development of Atikamekw children. If a Family Council cannot be put together or if there is disagreement about the measures to be taken to rectify the situation, the latter is referred to the Elder Council, comprising ten community Elders recognized for their wisdom. Once protective measures are determined by the Family Council or Elder Council, a Support Circle is formed to help apply the protection measures. The child's situation is reviewed by the Social Protection Director periodically, depending on the child's age or at any time if the circumstances so warrant.

The SIAA operations are described in greater detail in the *Règlement relatif au système d'intervention d'autorité atikamekw dans les situations d'enfants et de jeunes dont la sécurité ou le développement est ou peut être considéré comme compromis*. (Regulation regarding the Atikamekw Authority Intervention System in situations of children and youth whose security or development is or may be deemed in danger).

The creation of the SIAA is an Atikamekw initiative stemming from the *Politique sociale Atikamekw* (Atikamekw social policy) written by the Atikamekw to address social needs and ensure the well-being of members of their communities. Applying the Atikamekw Social Policy has contributed to reducing the number of situations turned over to the Youth Protection authorities by ensuring the delivery of current services to the people and families who need them. The SIAA is used as a last resort. Of the situations requiring the intervention of Youth Protection services, roughly 90% are dealt with by the SIAA; only 10% are submitted to the general Youth Protection system. Two major positive outcomes:

- The majority of the children are entrusted to an Aboriginal person or resource; and
- The court system (Court of Québec, Youth Division) rarely needs to be used.

As of March 31, 2014, 125 children have been taken into the care of the SIAA because their security or development was in danger. Of these children:

- 34 % were returned or maintained in their family;
- 42 % were placed with a family relative or in a Atikamekw foster care family;
- 18 % were placed in a non-Aboriginal foster care family; and
- 6 % were placed in a re-habilitation center.

The SIAA promotes greater involvement of the Atikamekw communities in the organization and delivery of Youth Protection services and a better fit of services with the values, culture and lifestyle of Atikamekw children and families.

Intervention and Risk Assessment Practice Improvement Project

The Minister of Community Services has delegated the provision of child welfare services on-reserve to Mi'kmaw Family and Children's Services of Nova Scotia (MFCS), a First Nations agency. A Tri-Partite working agreement defines the roles and responsibilities of the three parties: MFCS, the Department of Community Services (DCS) and AANDC. These three parties form a Steering Committee that oversee the implementation of the Tripartite working agreement which includes a requirement for a working group comprised of officials from all three parties

to monitor the work plans and financial arrangements of the agency, to share ideas, and to seek solutions for emerging and ongoing issues and challenges.

In 2012, a caseload/staffing evaluation, conducted by DCS, found significant deficits in resources, especially in terms of clerical support, frontline child welfare staff and service providers. DCS completed an evaluation which confirmed that the current agency staffing complement was not sufficient to allow for early intervention and risk assessment. As a result, AANDC increased operational funding and increased the staff complement by 40% across all positions. This allowed for the hiring of an additional family support worker, a family group conference worker and a move from generic caseloads to program specific caseloads. Program specific caseloads resulted in better clarity of mandate and lower caseloads provided the opportunity for comprehensive review of files, more time to build relationships with clients and improved information for risk assessment and case planning. In collaboration with MFCS and to support the move to program specific caseloads, DCS provided core training for social work staff and supervisors, with an emphasis on risk management and case planning. In collaboration with MFCS, DCS arranged for a senior staff to be present on site for 2-3 days per week for a 6 month period. The Tri-Partite Working Group contracted with an external consultant to assist MFCS to develop strategic goals, which included the development of a third site and the hiring of a First Nations Child Welfare Specialist.

Agency program managers are part of the Tri-Partite Working Group and were involved in the presentation of the evaluation outcomes to AANDC, supporting the request for additional funding for staffing. Program managers meet regularly with DCS senior staff members on site. They are now working to develop new programs and services and to increase community partnerships to ensure First Nations services are available on-reserve.

The numbers of Aboriginal children in temporary care and custody was reduced by 48%, from 61 on March 31, 2010 to 38 on March 31, 2014. An increased number of kinship foster care arrangements and improvements in permanency planning for children and youth (increase in adoption vs. permanent care until maturity) has also been noted.

A Collaborative Approach to the Delivery of Child Protection Services to PEI First Nation Children and Families

The province of Prince Edward Island is responsible for providing child protection services to Aboriginal children and families residing on- and off-reserve. A First Nations organization, the Mi'kmaq Confederacy of Prince Edward Island, delivers the Prevention Respect Intervention Development Education (PRIDE) program. The province collaborates with the PRIDE program concerning child protection services on reserve.

In Prince Edward Island, the *Child Protection Act* requires that Child Protection Services (CPS) consult and collaborate with Designated Band Representatives regarding delivery of child protection services. The Director of Child Protection meets regularly with the Designated Representative identified for the two PEI bands to ensure issues are brought forward and quickly addressed in a collaborative way.

In December 2013, a formalized protocol was developed between CPS and the Mi'kmaq Confederacy of Prince Edward Island. This protocol provides clarity on roles, responsibilities and procedures in the delivery of child protection services involving PEI First Nation children and families. The goal of the protocol is to ensure child protection services are provided to PEI First Nation children and families in a manner that preserves and promotes the Aboriginal cultural identity of children and families.

As a result of the new protocol:

- Child Protection Services are being delivered with enhanced cultural sensitivity to Aboriginal children and families;
- Joint training has been provided to CPS staff and PRIDE program staff; and
- Department staff report better relations with First Nations partners.

Community of Natuashish Service Enhancement Program

Newfoundland and Labrador (NL) has faced challenges in the recruitment and retention of social workers in the small isolated community of Natuashish. In an effort to stabilize staffing requirements in the community, the Department of Child, Youth and Family Services (CYFS) implemented the Community of Natuashish Service Enhancement Program (CONSEP) approach. This program is a fly-in, fly-out arrangement which includes two teams, each comprised of a Clinical Program Supervisor and two Social Workers who fly into the community on a two-week rotational basis to provide child protection services.

The work arrangements allow for extended hours of employment whereby four weeks of paid work is compressed into two weeks. These extra hours have allowed staff to be more engaged in community activities on evenings and weekends and, as a result, they are more available and visible in the community. The program, which has been in effect since December 2013, allows employees to sign up for the program in 6 month increments.

While the Mushuau Innu First Nation (MIFN) did not play a role in the establishment of the CONSEP model, CYFS did partner with MIFN to develop private accommodations for staff and, most recently, acquire additional office space in response to this program. MIFN has indicated that the CONSEP program is working well as there is an increased and consistent presence of frontline social workers providing more interaction with families in the community.

While no formal evaluations have been conducted on the program to date, the ability to recruit and retain Clinical Program Supervisors and Social Workers in the community has improved. NL is currently in the third 6-month cycle and all but one Social Worker has returned for an additional 6-month cycle at least once. Additionally, while NL was only able to recruit a single Social Worker to the community prior to the launch of CONSEP, there is now a staff complement of three social workers in the community as well as a clinical program supervisor at all times.

Finally, case load ratios, a ratio of the number of case files assigned to a social worker has dropped by approximately 43% since the implementation of the initiative. An increased and consistent presence of social workers in the community has facilitated improved service delivery by ensuring that each social worker can devote additional time to their clients.

Family Support Worker Transfer Agreements with First Nations

Yukon Health and Social Services (HSS) has entered into transfer agreements with Yukon First Nations that provide funding to the First Nations for Family Support Workers. This assists the First Nation to carry out requirements related to collaboration, joint planning and decision making required in the *Child and Family Services Act*.

The objectives of the Family Support Worker transfer agreements are to:

- Work collaboratively in the delivery of child welfare services to First Nations citizens;
- Assist and support families involved in child protection investigations;
- Liaise between families and HSS social workers to facilitate case planning;
- Assist in identifying extended family or other placement resources or other supports;
- Assist to ensure understanding of expectations and processes related to planning and decision-making and in the development and implementation of culturally appropriate plans for children in care;
- Assist and support families to access support programs and services related to case planning;
- Inform HSS policies and programming from a cultural and community perspective; Coordinate and facilitate community awareness forums to provide info on child welfare services in conjunction with HSS staff; and
- Ensure children, youth and families understand their individual rights and responsibilities.

Each agreement is collaboratively agreed to by the First Nation and Yukon HSS.

There has been an increase in the number of calls and numbers of families at risk documented by Yukon Family and Children's Services. Yukon HSS believes that this is a result of trust and confidence between First Nations and government partners.

Good working relationships with the First Nations Family Support Workers have strengthened HSS involvement and increased the number of extended family placements for children. It has decreased the number of Aboriginal children in care and the involvement of court activity in families' lives. It has also provided needed support to families (before child welfare involvement) in assisting and encouraging families to seek assistance and support when issues begin rather than waiting until there are protection concerns that require children move out of a home.

6.0 Conclusion

A collective goal shared by all PTs is to support healthy, empowered families. This report has been developed for Canada's Premiers to engage governments and Aboriginal partners across Canada to address the overrepresentation of Aboriginal children in child welfare systems.

The programs profiled in this report are promising or have been shown effective in reducing the numbers of Aboriginal children in care, in improving the outcomes of Aboriginal children in care, or in addressing socio-economic factors that place Aboriginal children at a higher risk of entering into care. The programs are diverse, set in varied child welfare systems and meet the needs of a wide range of Aboriginal communities with different community strengths and challenges. As appropriate, PTs may wish to study the programs and initiatives profiled in this report to find new and innovative ways to improve their child welfare systems and to address their unique child welfare challenges.

In developing this report, several key themes emerged. For example, PTs faced challenges in finding supporting evidence for programs and services, highlighting the need for more Aboriginal-specific outcome information. Outcome data specific to Aboriginal children and families is essential to determining the efficacy and quality of supports.

Research and on-the-ground practice has shown that culturally-appropriate, prevention-based services that have Aboriginal community involvement in program development, governance, and/or delivery are effective at diverting children and families from coming into contact with child welfare systems. In addition, a skilled workforce that understands the communities and cultures in which Aboriginal people live, and is knowledgeable of the issues facing Aboriginal populations, was shown to be important for providing families with effective programming.

Programming designed to enhance the social determinants of health and well-being for Aboriginal peoples is key to improving outcomes for children and families. By working to combat the detrimental impacts linked to poverty, family capacity can be strengthened, which in turn can lessen the likelihood of neglect and the number of children coming into care.

Meaningful engagement with First Nations, Métis and Inuit partners is essential to creating holistic supports that meet the needs of Aboriginal families. The involvement of Aboriginal partners is critical to designing outcome measures that are culturally relevant and effective for program assessment, and is necessary to support agencies and staff to better serve Aboriginal children and families. Many of the programs included in this report provide important examples of co-development between PT governments and Aboriginal communities leading to successful outcomes.

Finally, as PTs and Aboriginal partners focus on reducing Aboriginal children in care and improving outcomes for Aboriginal children – either separately or in collaboration with each other – the need for meaningful federal engagement remains a critical necessity for positive change.

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Appendix A: Aboriginal Children in Care Working Group Members

Premier Appointed Ministers

Name	Ministry	PT
Hon. Robert McLeod Co-chair	Premier, Minister of Aboriginal Affairs and Intergovernmental Relations Minister Responsible for Women	Northwest Territories
Hon. Kerri Irvin-Ross Co-chair	Minister of Family Services, Deputy Premier	Manitoba
Hon. Stephanie Cadieux	Minister of Children and Family Development	British Columbia
Hon. Irfan Sabir	Minister of Human Services	Alberta
Hon. Donna Harpauer	Minister of Social Services	Saskatchewan
Hon. Eric Robinson	Minister of Aboriginal Affairs	Manitoba
Hon. Tracy MacCharles	Minister of Children and Youth Services, Minister Responsible for Women's Issues	Ontario
Hon. Lucie Charlebois	Minister of Rehabilitation, Youth Protection & Public Health	Québec
Hon. Geoffrey Kelley	Minister of Aboriginal Affairs	Québec
Hon. Ed Doherty	Minister of Aboriginal Affairs	New Brunswick
Hon. Joanne Bernard	Minister of Community Services	Nova Scotia
Hon. Valerie E. Docherty Hon. Doug Currie	Minister of Community Services and Seniors Minister of Human and Family Services	Prince Edward Island
Hon. Sandy Collins	Minister of Child, Youth & Family Services	Newfoundland and Labrador
Hon. Jeannie Ugyuk	Minister of Family Services	Nunavut
Hon. Glen Abernethy	Minister of Health and Social Services	Northwest Territories
Hon. Doug Graham Hon. Mike Nixon	Minister of Health and Social Services	Yukon

Appendix B: Aboriginal People in Canada - Statistical Overview

Children in Care

- A child aging out of foster care today [April 2014] will earn about \$326,000 less income over his or her lifespan, compared with the average Canadian. Estimating that approximately 2,291 children age out of foster care every year, the total economic gap between this cohort and the average Canadian cohort of a similar size is \$747 million. For example, over a 10-year period, this represents a different of about \$7.5 billion as each year a new cohort of children ages out of care. (Conference Board of Canada)
- On a per person basis, each former foster child over his or her lifetime will cost all levels of Canadian government an estimate of more than \$126,000 in the form of higher social assistance payments and lower tax revenues. (Conference Board of Canada)
- Investing in the education and mental health of a single cohort of 2,291 youth aging out of care shows that government can save \$65.5 million in social assistance payments, and raise an additional \$169 and \$55 million in income and consumption taxes, respectively, over the course of this cohort's lifespan. In aggregate, the overall total improvement to Canada's government finances is \$289 million (in 2013 \$ millions). (Conference Board of Canada)
- First Nations children are 12.4 times more likely to be placed via court order than other children. (Kiskisik Awasisak: Remember the children)
- The First Nations Canadian Incidence Study of Reported Child Abuse and Neglect (FNCIS-2008) found that First Nations children were eight times as likely to have a substantiated investigation of maltreatment, with an overall incidence rate of 59.8 per 1,000 in comparison to 11.8 per 1,000 for non-Aboriginal children. (NCCAHA)
- FNCIS-2008 results found that 30.6 out of 1,000 First Nations children in child welfare systems were investigated due to neglect compared to 3.7 out of 1,000 non-Aboriginal children. Primary forms of neglect among First Nations children resulting in substantiated neglect investigations included: physical harm (45% or 13.7 out of every 1,000 First Nations children), physical neglect (35% or 10.6 out of every 1,000 First Nations children) and educational neglect (7% or 2.1% out of every 1,000 First Nations children). Among non-Aboriginals, forms of neglect resulting in substantiated neglect investigations included: physical harm (43% or 1.6 out of every 1,000 non-Aboriginal children), physical neglect (34% or 1.3 out of every 1,000 non-Aboriginal children), and abandonment (7% or 0.3% out of every 1,000 non-Aboriginal children). (NCCAHA)
- FNCIS-2008 results found that 0.6 out of every 1,000 First Nations children were investigated due to neglect because of sexual abuse (2% of all substantiated neglect investigations) compared to 0.1 of every 1,000 non-Aboriginal children (3% of all substantiated neglect investigations). (NCCAHA)
- Most cases of substantiated abuse involved neglect (37% versus 24%) as opposed to physical abuse, which was commonly substantiated for non-Aboriginal investigations (5% of First Nations investigations compared to 17% of non-Aboriginal investigations). (NCCAHA)

- For every 1,000 First Nations children there were 13.6 formal out-of-home children welfare placements compared to only 1.1 per 1,000 for non-Aboriginal children placed out-of-home. (FNCIS-2008) (NCCAH)
- The most common type of out-of-home care for First Nations children is informal kinship care (42.0% or 10.3 investigations for every 1,000 First Nations children compared with 4.4% or 0.9 investigations for every 1,000 non-Aboriginal children) followed by family foster care at 37% or 8.9 investigations for every 1,000 First Nations children, compared with 37% or 0.8 investigations per 1,000 non-Aboriginal children. (FNCIS-2008) (NCCAH)

Sources: Bounajm, F., Beckman, K., Thériault, L., *Success for All: Investing in the Future of Canadian Children in Care*. The Conference Board of Canada. April 2014.

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National Collaborating Centre for Aboriginal Health. *Understanding Neglect in First Nations Families*, October 2013.

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Early Child Development and Child Care

- Less than a third of children living in First Nations communities receive child care (defined as care from someone other than a parent or guardian). Of those who do, only 39 per cent receive child care in a formal setting, such as a daycare centre or a private home daycare, and 78 per cent do not have access to licensed regulated child care services.
- Inuit Regions have not received First Nations and Inuit Child Care Initiative (FNICCI) funding for infrastructure maintenance or construction since 1998. The Kativik Regional Government in Nunavik has determined that the cost of building a new childcare centre in their Region is \$5-6 million – four times the cost of building a new childcare centre in the south. (ITK Report)

Sources: First Nations Information Governance Centre (FNIGC). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNIGC. 2012. <http://www.fnigc.ca/sites/default/files/First%20Nations%20Regional%20Health%20Survey%20%28RHS%29%202008-10%20-%20National%20Report.pdf>

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Employment and Earnings

- In 2014, the employment rate for Aboriginal peoples was: 57.0% (61.5% for non-Aboriginal Canadians).
 - The employment rate among all Aboriginal males 15 years and older was 59.7% (65.5% for non-Aboriginal Canadians).
 - The employment rate among all Aboriginal females 15 years and older was 54.6% (57.7% for non-Aboriginal Canadians).
- In 2014, average weekly earnings of Aboriginal peoples were: \$831.56 (\$899.40 for non-Aboriginal Canadians)

- The gap in earnings between Aboriginal males and females 15 years and older was \$275.68 (the gap was \$251.52 among non-Aboriginals).
- The gap in earnings between Aboriginal males and females has been increasing over time.

Source: Manitoba Bureau of Statistics, *Labour Force Survey, annual*, custom tabulation.

- The median total income of persons of Aboriginal identity in 2010 was \$20,701, compared to \$30,195 among non-Aboriginals.
- Persons of Aboriginal identity received a higher percentage of income from government transfers and child benefits in 2010 than non-Aboriginals in 2010.

Source: Statistics Canada, 2011 National Household Survey, *Selected Demographic, Income and Sociocultural Characteristics, Income Statistics in 2010 and Income Sources for the Population Aged 15 Years and Over in Private Households of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, 2011 National Household Survey*. Ottawa, ON: Government of Canada, 2011.

Income

- In 2012, according to the Market Basket Measure (MBM), 154,000 Aboriginal persons lived in low income (compared to 4.4 million Canadians). Using the after-tax Low Income Cut-Offs, 108,000 Aboriginal persons lived in low-income (compared to 3.5 million Canadians).
- In 2012, 23.4% of Aboriginal peoples lived in low income according to the MBM or 16.5% using the LICO AT. By comparison, 12.9% of all Canadians lived in low income according to the Market Basket Measure or 9.9% using the LICO AT.
- Using the MBM, the average depth of low-income for Aboriginal peoples was 37.9% in 2012 (or 40.75% using the LICO AT). For all Canadians, the average depth of low income using the MBM was 34.5% (or 36.26% using the LICO AT).
- In 2011, the poverty rate for indigenous children was 40% which is twice the overall rate for children in Canada (CEDAW Report)
- An estimated 36.2% of women living on-reserve have a personal income of \$15,000 or less, with an overall 10% of women having no income at all, and 42% reporting they struggle to meet 'food' as a basic need. Regional Health Survey (2008-2010)
- The employment rate is significantly lower across Inuit Nunangat than in the rest of Canada, and that Inuit earn less than the Canadian average in terms of median income. However, in three out of six Regions in 2010 (Nunavik, Qikiqtaaluk, and Kivalliq) median Inuit household income was higher than median household income in the rest of Canada. This is due in part to a higher number of Inuit households having more than 1-2 income earners. It is important to emphasize that the average Inuit household is larger than the size of the average non-Aboriginal household, and household earnings in Inuit homes often need to support more people than in a non-Aboriginal home. (ITK Report)

Sources: Statistics Canada, *Canadian Income Survey 2012*, custom tabulation.

First Nations Information Governance Centre (FNIGC). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNIGC. 2012.

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Education

- 35% of Aboriginal women aged 26 years and older have not graduated from high school. (NHS)
- Only 9% of Aboriginal women aged 25 years and older have a University degree compared with 20% of non-Aboriginal women. (NHS)
- In 2012, 72% of First Nations people living off-reserve, 42% of Inuit and 77% of Métis aged 18 to 44 had a high school diploma or equivalent (“completers”). The 2011 National Household Survey data showed that the figure for the non-Aboriginal population was 89%.
- According to the Aboriginal Peoples Survey 2012, while the majority of [high school] leavers dropped out once, 39% of off-reserve First Nations leavers, 34% of Inuit leavers and 32% of Métis leavers dropped out multiple times. Men commonly dropped out due to a desire to work, money problems, school problems, and lack of interest. “Pregnancy/childcare responsibilities” was reported by one-quarter of off-reserve First Nations and Métis women and 38% of Inuit women who did not complete high school.

Sources: Statistics Canada, 2011 National Household Survey

Bougie, E., Kelly-Scott, K., Arriagada, P. *The Education and Employment Experiences of First Nations People Living Off Reserve, Inuit, and Métis: Selected findings from the 2012 Aboriginal Peoples Survey*. Catalogue no. 89-653-X — No. 001 November 2013. <http://www.statcan.gc.ca/pub/89-653-x/89-653-x2013001-eng.pdf>

Health

- **Tuberculosis** - For on-reserve First Nations, the committee heard that tuberculosis rates on-reserve were 31 times higher than non-Aboriginal Canadians and infant mortality rates were 1.5 times higher than the national average. The committee heard from witnesses that the tuberculosis rates among the Inuit were 127 times higher than the non-Aboriginal Canadian rates and life expectancy among the Inuit remained 12 years below the Canadian average.
- **Health of Aboriginal women** – The life expectancy of Aboriginal women was three years lower than that of non-Aboriginal women; their suicide rates were three times higher than the national average and they were three times more likely to contract HIV/AIDS than non-Aboriginal women.

The Standing Senate Committee on Social Affairs, Science and Technology, *“Proceedings from the Standing Senate Committee on Social Affairs, Science and Technology,”* Issue 7, Evidence, 17 November, 2011, 1st Session of the 41st Parliament, http://www.parl.gc.ca/Content/SEN/Committee/411/soci/07mn-49183-e.htm?Language=E&Parl=41&Ses=1&comm_id=47.

Food Bank Use and Food Insecurity

- In March 2014, 841,191 people received food from a food bank in Canada. 37% of those helped by food banks in Canada were children.

- One in seven individuals receiving food from a food bank self-identified as First Nations, Métis or Inuit (up from 11% in 2012 to 14% in 2014).
- Rural food bank users were more likely to self-identify as First Nations, Métis or Inuit (26% as compared to 14% overall)
- In 2012, nearly 4 million Canadians lived in food insecure households, of which approximately 800,000 lived in households that were severely food insecure. 70% of Canadian households that receive social assistance are food insecure, and 30% of these are severely food insecure.
- In 2012, 28.2% of Aboriginal households reported being food insecure. This is more than double the national average (12.6%).
- In 2012, an estimated 41,300 Aboriginal households (or 8.3%) reported being severely food insecure, compared to 2.6% of all Canadian households.
- Households in Yukon, the Northwest Territories and Nunavut experience extremely high levels of food insecurity, ranging from 17% of households in Yukon, to 45% of households in Nunavut.
- Seven in ten Inuit preschoolers live in food insecure households.

Sources: Tarasuk, V, Mitchell, A Dachner, N. *Household food insecurity in Canada 2011. Research to identify policy options to reduce food insecurity* (PROOF). <http://nutritionalsciences.lamp.utoronto.ca/resources/proof-annual-reports/annual-report-2012/>

Food Banks Canada, *HungerCount 2014*. <http://www.foodbanksCanada.ca/FoodBanks/MediaLibrary/HungerCount/HungerCount2013.pdf>

Housing

- In 2011, an estimated 96,000 off-reserve Aboriginal households²² experienced core housing need (19.0%) compared to 1.4 million non-Aboriginal households (12.2%).
- Core housing need among Aboriginal lone-parent households was 40.4% compared to 25.2% for non-Aboriginal lone-parent households in 2011.
- In 2011, 34.7% of off-reserve Aboriginal renter households lived in core housing need, compared to 25.9% of non-Aboriginal renter households. Additionally, 26.6% of on-reserve Aboriginal renter households lived below core adequacy and/or suitability housing standards.

²² An Aboriginal household is defined by the Canadian Mortgage and Housing Corporation as one of the following:

- a) A non-family household in which at least 50% of household members self-identified as Aboriginal; or
- b) A family household that meets at least one of two criteria:
 - At least one spouse, common-law partner, or lone parent self-identified as an Aboriginal; or
 - At least 50% of household members self-identified as Aboriginal.

A person self-identifies as being Aboriginal. Aboriginal identities include North American Indians (both status and non-status), Métis and Inuit.

- Core housing need for off-reserve Aboriginal households varied in 2011 by Aboriginal household identity; Inuit households had the highest incidence (33.6%), followed by Status Indian households (23.4%), Non-status Indian households (18.6%) and Métis households (15.3%).
- In 2011, among all Aboriginal households living on-reserve (note there is limited homeownership on-reserve), 20.9% lived below only the adequacy standard, 5.9% lived below only the suitability standard, and 6.7% lived below both standards²³. These households also had insufficient income to access acceptable housing in their local market.
- By comparison, among all Canadian households (not including on-reserve households), 5.2% lived below only the adequacy standard, 4.4% lived below only the suitability standard, and 0.7% lived below both standards in 2011. These households also had insufficient income to access acceptable housing in their local market.
- Among all off-reserve Aboriginal households, 15.1% lived below only the affordability standard, 5.2% lived below only the adequacy standard, and 3.9% lived below only the suitability standard.
- In 2011, 33.4% of Aboriginal on-reserve households lived below one or both of the adequacy and suitability standards and had incomes that were insufficient to meet the costs of acceptable housing.
- In 2011, and estimated 40.0% of Aboriginal on-reserve households living in band housing lived below one or both of the adequacy and suitability standards.
- 44% of women and girls living on reserves live in homes that need repair and 31% of Inuit women/girls live in crowded houses compared with 3% of non-Aboriginal females. (CEDAW/C/OP.8/CAN/1 Report)

Source: Canadian Mortgage and Housing Corporation, *Canadian Housing Observer* 2014. <http://www.cmhc-schl.gc.ca/en/>

Water

- As of **January 31, 2015**, there were **136 Drinking Water Advisories** in effect in **93 First Nation communities** across Canada, excluding British Columbia. (Health Canada)
- First Nation communities receive their water through a variety of methods, with national figures showing 72 per cent of all homes being piped, 13.5 per cent on truck delivery, 13 per cent serviced by individual wells and 1.5 per cent having no water service. A similar national breakdown can be found for wastewater systems with 54 per cent of homes being piped, 8 per cent having their sewage hauled by truck, 36 per cent having septic and other individual wastewater systems and 2 per cent of the homes having no service. (AANDC)
- 1,880 homes are without in-house drinking water service, and 1,777 homes are without wastewater service (these are primarily located in Northern Manitoba and Ontario). (AANDC)

Sources: Health Canada. Drinking Water Advisories in First Nations Communities. <http://www.hc-sc.gc.ca/fniah-spnia/promotion/public-publique/water-dwa-eau-aqep-eng.php>

²³ Information on shelter costs for on-reserve housing is not collected by the National Household Survey; however, adequacy and suitability of housing on-reserve can be examined. Using household incomes (collected on-reserve); the percentage of households living in housing below standard(s) and unable to meet the cost of acceptable housing can also be derived.

Aboriginal Affairs and Northern Development Canada. *Fact Sheet - The Results of the National Assessment of First Nations Water and Wastewater Systems (2009-2011)*. 2011.

<http://www.aadnc-aandc.gc.ca/eng/1313762701121/1313762778061>

Violence Against Women

- Aboriginal women report rates of violence including domestic violence and sexual assault 3.5 times higher than non-Aboriginal women. (CEDAW Report)
- Young Aboriginal women are five times more likely than other Canadian women of the same age to die of violence. (CEDAW Report)
- More than 70 per cent of the 53 Inuit communities across the Canadian Arctic do not have a safe shelter for women, and often the homes of family and friends are overcrowded. (Pauktuutit Report)
- According to Police-Reported Victims of Violent Crime Data from 2011, the rate of violent crime against women in Nunavut (15,453 per 100,000 females) was nearly 13 times higher than the rate for Canada. (Pauktuutit Report)

Source: United Nations. *Committee on the Elimination of Discrimination against Women Report of the inquiry concerning Canada of the Committee of the Elimination of Discrimination against Women under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*. CEDAW/C/OP.8/CAN/1. March 6, 2015. (Advance Unedited Version) http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CAN/CEDAW_C_OP-8_CAN_1_7643_E.pdf

Pauktuutit Inuit Women of Canada. *Inuit Vulnerabilities to Human Trafficking*. August 2013.

Justice

- While Aboriginal people account for just four per cent of the Canadian population, one in three females in the federal correctional system is Aboriginal (43%). In addition, over the last 10 years, the representation of Aboriginal women in the prison system has increased by nearly 90 per cent, making them the fastest-growing offender group (compared with 27% for men over the same period).

Source: Assembly of First Nations, *Submission in support of the 4th National Aboriginal Women's Summit –Promoting Empowerment, Equity and Leadership*. October 2014.

Demographics

- In 2011, there were 88,465 Aboriginal female lone parent households in Canada (80% of all Aboriginal lone parent households and 8% of all Aboriginal households in Canada). By comparison, there were 1,098,055 non-Aboriginal female lone parent households (79.1% of all Canadian lone parent households and 4.4% of all Canadian households).
- In 2011, in Canada, 34.4% of Aboriginal children aged 14 and under lived in a lone parent family (28.4% lived in female lone parent families and 6.0% lived in male lone parent families). By comparison, 17.4% of non-Aboriginal Canadian children lived in a lone parent family (14.4% female lone parent families and 2.9% male lone parent families).
- In 2011, there were 18,515 foster children with Aboriginal identity (9,890 males and 8,625 females) living in private households in Canada, representing 8% of the total number of persons not in census families²⁴. By

²⁴ Persons not in census families may live with relatives (without forming a census family with them), or they may live with non-relatives only or they may live alone.

comparison, there were 28,865 non-Aboriginal foster children (15,660 males and 13,205 females) living in private households in Canada, representing 0.5% of the total number of persons not in census families).

- In 2011, in Canada, 3.6% of all Aboriginal children aged 14 and under were foster children, compared to 0.3% of non-Aboriginal Canadians. Among families by Aboriginal identity, 4.5% were First Nation foster children, 1.7% were Métis foster children, and 2.8% were Inuit foster children.
- In 2011, 26 per cent of Inuit children in Inuit Nunangat lived in households headed by single parents. (NHS). (ITK Report)
- According to Statistics Canada, in 2011, the median age of the Inuit population was 23 years, compared to the 41 years for non-Aboriginal people, 26 years for the First Nations population and 31 for the Métis population. (NHS)
- Aboriginal people form a significant proportion of the general population in the territories. For example, 86.3% of Nunavut's population identifies as Aboriginal, as does 51.9% of the population in the NWT and 23.1% in Yukon. (NHS)

Sources: Statistics Canada. *NHS Aboriginal Population Profile, Canada, 2011*. 2011 National Household Survey. <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/aprof/index.cfm?Lang=E>

Statistics Canada. *Census Family Status (12), Aboriginal Identity (8), Registered or Treaty Indian Status (3), Area of Residence: On Reserve (3), Age Groups (8A) and Sex (3) for the Population in Private Households of Canada, Provinces and Territories, 2011*. <http://www12.statcan.gc.ca/nhs-enm/2011/rt-td/index-eng.cfm>

Inuit Tapiriit Kanatami. *Assessing the Impact of the First Nations and Inuit Child Care Initiative (FNICCI) across Inuit Nunangat*. August 2014.

Statistics Canada. *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit*. Catalogue no. 99-011-X2011001. Ottawa, (ON): Government of Canada. 2013.

Appendix C: Details of Exceptional Funding Arrangements

Under certain circumstances, PTs also play a role in the provision of services on-reserve. Some PTs deliver child welfare services on-reserve by delegation to an Aboriginal service agency in situations where the community is not served by a First Nation Child and Family Service (FNCFS) agency or to supplement existing FNCFS programs. British Columbia and Alberta have funding agreements with the federal government involving delegated Aboriginal service agencies. In fact, the Delegated First Nation Agencies (DFNAs) operating in 39 of 48 First Nations in Alberta, are funded directly by the federal government, unlike DAAs in British Columbia, which are cost-shared between the federal and provincial governments.

In Ontario, child welfare services on reserve are cost-shared between the province and the federal government through the *1965 Memorandum of Agreement Respecting Welfare Programs for Indians*. Under the agreement, Ontario extends its welfare programs (including child welfare) to reserves and the federal government reimburses the province for approximately 93% of the eligible expenditures.

Québec assumes responsibility for the financing of health and social services offered in the Aboriginal communities covered by the James Bay and Northern Québec Agreement as well as the Northeastern Québec Agreement signed respectively with the Cree, Inuit, and Naskapi Nations. Pursuant to the Youth Protection Act (YPA), the Government of Québec assumes responsibility for the protection of all children in Québec, including Aboriginal children. The Québec Ministry of Health and Social Services and its network are responsible for applying the provisions of the YPA in Aboriginal communities. The financing of protection services is guaranteed by the federal government for Aboriginals living in communities not covered by agreements, and by the Government of Québec for Aboriginals living in communities covered by agreements.

Alberta has a delivery model similar to the BC model. Child intervention services are delivered on the Reserves of 39 of the 48 First Nations in Alberta, by Delegated First Nation Agencies (DFNAs) pursuant to delegations of authority from the statutory Director to the DFNA and formal service delivery agreements with the DFNA or the DFNA and Canada. However, in Alberta, the DFNAs are funded directly by the federal government, not the province.

Appendix D: Criteria for Consideration of Promising Practices

PTs agreed that while the data collection templates may need to vary slightly across the three groups given their different areas of focus, the identification of programs/strategies and initiatives to be profiled in the July 2015 report will be based on the following common principles and criteria for inclusion.

Each initiative, program, policy or tool profiled in the report will align with at least one of the three priority areas of focus as outlined above and must:

- Be considered a best practice or promising approach to reducing the number of Aboriginal children in care or improving the care provided to Aboriginal children and families in the child welfare systems, or ameliorate the social and economic challenges that are disproportionately faced by Aboriginal families and communities and are the root causes of abuse and neglect.
- Be targeted to support Aboriginal children, families and/or communities
- Be operational or have been implemented or tested (not just announced in concept). If the initiative is a new program/policy that builds on a previous program that had demonstrated success, the project description will include an explanation of the linkage.
- Be an initiative that is unique to a PT or NAO (rather than a cross-jurisdictional program that is routine or ongoing), or one that has the potential to be transferrable to other PT or NAOs.
- Be proven effective in achieving the goals of reducing the number of Aboriginal children in care or improving the services and supports provided to Aboriginal children in care, or ameliorating the social and economic challenges that are disproportionately faced by Aboriginal families and communities and are the root causes of abuse and neglect.²⁵

²⁵ There must be evidence of positive impacts (evaluation results, administrative data, etc.) to demonstrate some measure of positive results. If no measure of positive results is available, the initiative will not be included in the inventory. Success measures must be more than anecdotal.



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